

# **Adults & Safeguarding Committee - Commissioning Plan 2015 - 2020**

## **1. The context for the development of this plan.**

Public services in England during the decade 2010-2020 face an unprecedented challenge as the country deals with the impact of the financial crisis of 2008, alongside the opportunities and challenges that come from our changing and ageing population.

Despite a growing economy, the UK budget deficit is forecast to be £75bn at the 2015 General Election, with cuts set to continue to the end of the decade no matter who is in Government. At the same time, demand on local services continues to increase, driven by a growing population, particularly the number of young and older residents. We therefore must plan for the fact that austerity will affect all parts of the public sector to the end of the decade and that we will not be able to meet increasing levels of demand by simply doing more of what we are currently doing.

The public too, does not expect simply more of the same. Expectations of local services are increasing, advances in customer services and technology provide the ability to interact with services 24/7. Local residents as a result expect better services and more prompt responses from the Council. However satisfaction with the Council and local services remains relatively high in Barnet, and over recent years resident satisfaction with a number of local services has increased, despite these challenges.

In thinking about how the Council lives within its means, the Council needs to recognise that residents are also facing wider financial pressures, from high energy bills, increasing housing costs, continued wage restraint, and benefit reforms, so the ability of many households to absorb the impact of reductions from public sector funding through increased financial contributions is constrained.

We can however expect over the duration of this plan that significant opportunities will flow from Barnet being part of a growing and arguably booming London economy. Unemployment levels have fallen by a third in the last year, the number of 16-18 year old 'NEETs' in Barnet is, at 2.3%, the fourth lowest in England and fewer Barnet residents are claiming out-of-work benefits than the London average. This plan needs to ensure that all residents of Barnet can benefit from the opportunities of growth, whether through new employment opportunities, increased investment in infrastructure such as roads and schools, or enjoying new neighbourhoods and places in which all people can live and age well.

## **Barnet Council's Overarching Approach to meeting the 2020 Challenge**

The Council's Corporate Plan sets the framework for each of the Commissioning Committees' five year commissioning plans. Whether the plans are covering services for vulnerable residents or about universal services such as the environment and waste, there are a number of core and shared principles which underpin the commissioning outcomes.

### **The first is a focus on fairness.**

Fairness for the Council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities - young, old, disabled, and unemployed - benefit from the opportunities of growth.

The Council must 'get the basics right' so people can get on with their lives – disposing of waste, keeping streets clean, allowing people to transact in more convenient ways, resolving issues promptly in the most cost effective way.

We must shift our approach to earlier intervention and demand management. Managing the rising demand on services requires a step change in the Council's approach to early intervention and prevention. Across the public sector, we need to work with residents to prevent problems rather than treating the symptoms when they materialise.

### **The second is a focus on responsibility.**

Continue to drive out efficiencies to deliver more with less. The Council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

Change its relationships with residents, with residents working with the Council to reduce the impact of funding cuts to services. In certain circumstances, residents will also need to take on more personal and community responsibility for keeping Barnet a great place particularly if there is not a legal requirement for the Council to provide services. In some cases users will be required to pay more for certain services as the Council prioritises the resources it has available.

### **The third is a focus on opportunity.**

Prioritise regeneration, growth and maximising income – Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the Council less reliant on government funding; helps offset the

impact of service cuts and allows the Council to invest in the future infrastructure of the Borough.

Redesign services and deliver them differently through a range of models and providers - The Council has no pre-determined view about how services should be designed and delivered. The Council will work with providers from across the public, private and voluntary sectors to provide services which are more integrated, through a range of models most appropriate to the service and the outcomes that we want to achieve.

Planning ahead is crucial - The Council dealt with the first wave of austerity by planning ahead and focusing on the longer-term, thus avoiding short-term cuts - the Council is continuing this approach by extending its plans to 2020.

### **Adults and Safeguarding Committee Commissioning Plan**

Adults and Safeguarding Committee agreed the priorities and key outcomes which will inform the 5 year Commissioning Plan at the Committee meeting on 30 July 2014. This Commissioning Plan outlines how the London Borough of Barnet will manage the key changes required by the Care Act, health and social care integration at a time of rising demand, increased expectations and shrinking resources. In order to allow for the Council to live within its means, the Adults and Safeguarding Committee has been required to identify £12.6m of savings through to 2020.

In addition, during the period of this plan, the Care Act 2014 will be implemented. The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support together with a Central Government commitment to make joined-up health and care the norm by 2018. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care as well as giving carers new rights to support that put them on the same footing as the people they care for. These two significant and welcomed changes will lead to an increased demand for adult social care support over and above the increased levels of demand from demographic pressures referred to above. At the time of setting this plan, the Council has estimated that the costs of implementing the Care Act during the duration of this plan could amount to an additional £7.8m recurring commitment by 2020.

The key priorities and outcomes reflect the corporate ambition to ensure that the London Borough of Barnet focuses its resources on those most in need whilst supporting people to help themselves as much as possible. In addition the priorities and outcomes are in keeping with those of local and national policy, legislation and feedback from service users and carers.

The Committee's vision is that all adults will be given the opportunity to live well, age well and stay well. This means that all adults will feel safe and be safe in their

environment. Financial constraints should not hinder the delivery of good outcomes for all but to achieve this Barnet's community will need to continue to play an important part, creating responsive and responsible neighbourhoods and communities in which vulnerable adults can live well and with personal autonomy, meeting principles of fairness through a targeting of resources on those that need it most. In order to support our growing and ageing population we will need a stronger focus on prevention and early intervention with a reshaped specialist care offer for those that need it. The commissioning intentions described below support this vision.

In summary we need to redesign the current offer and find new ways to reduce the demand for adult social care through enabling people to live healthier, full and active lives and to take responsibility for their future as they plan to age well. For those that need care and support, we need to find ways to improve the quality of services whilst reducing overarching care packages costs through more creative and personalised support plans, improved carer support, use of new technologies and integrating care and health services where this delivers the best outcomes. As the Borough grows, the new communities created need to be inclusive for adults with disabilities and support residents to age well in Barnet.

Proposals within the Commissioning Plan to address the challenges, reshape services and deliver the savings for services within this committee area over the next five years include:

### **Alternative ways to deliver services, in partnership with other organisations and residents**

- Integrating care and health services where this delivers the best outcomes.
- Introduce a 0-25 disabilities service to better bring together health, care and education and support the development of more effective relationships of trust with families.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Stronger integration with customer services and public health to help people better self-manage and plan to age well.

### **Implementing the Care Act**

- Re-modelling our approach to assessment and support planning to meet the increase in demand predicted to arise from the new cap on care costs.
- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- Greater support to enable carers to continue in their caring role.

### **Going further with personalisation – developing more creative approaches to meeting care needs**

- More creative and personalised support plans.

- Increased use of new support and enabling technologies.
- A shift from specialist segregated services to community settings.
- Support to remain at home for longer.

**Focus of efficiency, effectiveness, and impact**

- Challenge all services we commission, our own workforce and our partners to evidence the impact they have.
- Explore alternative delivery models for adult social care to maximise the Council’s chance of achieving the above.

None of this is easy and will require the Council to work more closely than ever with the residents, the voluntary and community sector, NHS, Department for Work and Pensions, Public Health and housing. The overarching priorities and key outcomes for the Adults and Safeguarding Committee commissioning plan which were agreed on the 30 July 2014 are as follows.

**Barnet’s Adult Social Care Outcomes 2015-2020**

Underpinning this Commissioning Plan are six outcomes that shape the commissioning intentions contained within this plan. These have been developed based on consultation undertaken as part of the Priorities and Spending Review Process, review of best practice as well as linking to the Council’s overarching strategic priorities and principles. The Council cannot achieve these outcomes alone, but they represent the ambition that we have for the residents of the Borough who require social care services or who use the Council’s leisure provision. Within the resources available to the Committee up to 2020, achieving the following outcomes will steer the strategic decision making in relation to service delivery and investment.

| <b>Priority</b>          | <b>Key Outcomes</b>   |
|--------------------------|---|
| <b>Planning for Life</b> | <p>Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected.</p> <p>Working age adults and older people live in homes that meet their needs and are well connected socially.</p> <p>Older people have sufficient finances to meet the full range of their needs and are able to access advice to make sure they spend wisely.</p> |

|   |  |
|---|--|
| <p><b>Early Intervention and Prevention</b></p> | <p>Older people have timely access to diagnosis and are provided with the tools which enable them to manage their condition and continue to live a full life.</p> <p>Working age adults and older people know what is available to increase and maintain their well-being and independence and can obtain it when they need to.</p> <p>Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well</p>  |
| <p><b>Person centred Integrated support</b></p> | <p>Working age adults and older people are able to access help when needed for as long as they need it.</p> <p>Working age adults and older people are supported to get back on their feet when they have a crisis and to identify ways of preventing further crises.</p> <p>Person centred support plans inform the delivery of support in the most appropriate place (usually someone's home or community) that best meets people's needs in the most cost-effective way possible.</p> <p>Working age adults and older people have timely access to health and social care support that maintains independence and avoids hospital admission or admission to residential care.</p> <p>Working age adults and older people who have health or social care needs can still expect to live an independent life and have relationships based on reciprocity.</p> |
| <p><b>Safeguarding</b></p>                      | <p>Working age adults and older people are supported to live safely through strategies which maximise independence and minimise risk.</p> <p>Where people acquire vulnerabilities as they age, every effort is made to enable older people to remain in familiar surroundings, being cared for safely by people who know and love them.</p>  |

|                         |   |
|-------------------------|---|
| <b>Carers</b>           | <p>Carers are supported to continue caring for as long as they wish.</p> <p>Carers are valued as expert partners in supporting working age adults and older people to live independent lives.</p> <p>Families provide support to other families, sharing their experience of using certain services and what they have learnt from the process.</p> <p>Carers are supported to achieve their ambitions whilst continuing to care.</p> |
| <b>Leisure Services</b> | <p>Health and wellbeing outcomes are achieved in a manner that is sustainable.</p>  |

### **About this Plan**

This commissioning plan has been developed in sections for the following service components that make up the Adults and Safeguarding Committee's remit:

- Social Care Services for Adults with a Learning Disability
- Social Care Services for Adults of Working Age with Mental Health Needs
- Social Care Services for Adults with a physical disability / sensory impairment
- Social Care Services - Information, Advice and Prevention Services
- Social Care Services for Older People
- Social Care Services for Carers
- Leisure Services (sports centres) provided by the Council
- Cross-cutting commissioning intentions.

For each service component, the strategic direction is set out together with the commissioning intentions, proposed revenue budget up to 2020 and the outcomes to be achieved.

## 1. Service component: Adults with Learning Disabilities

Over recent years significant progress has been made in improving social care services for adults with learning disabilities. This has been through **moving away from specialist segregated services** which often overly restricted their lives to community based opportunities, building on friendships and relationships, utilising the flexibilities provided by personalisation, a wider range of housing options. However, the Council is ambitious to do more to further improve outcomes and reduce cost for this cohort.

The **introduction of a 0-25 disabilities** service that better brings together health, care and education should support the development of more effective support for families and disabled children, improve the way in which agencies work together in partnership with families and help young people to achieve more. Our ambition is **every young person with a disability will have the opportunity to live in their own home as a part of their family and local community** and not in registered care homes often out of the Borough.

Services will also recognise that adults with learning disabilities deserve to have the same rights and opportunities as everyone else to live a full life, realising their ambitions whether that be to contribute economically to society, have fulfilling relationships or to remain close to families and friends, receiving specialist support as and when they need it. As such, through every contact with services, the Council will seek to maximise the opportunities that people with learning disabilities have, using a wide range of resources and different approaches which include increasing the use of social networks and ordinary mainstream activities. Where possible **specialist segregated services will be minimised** and instead, learning from the lessons of Winterbourne View, people will receive the specialist support they require in a community setting where both they and those that support them can develop the skills they need in a respectful and dignified way that values the individual.

In addition, the Council needs to ensure a more creative and cost effective review and support planning process which **promotes an ordinary life and can take advantage of housing, technology, employment and other support options.**

### For residents this will mean:

- Better planning and support to support children and young people with disabilities to achieve their personal potential for independence in adulthood. There will be a reduction in use of specialist residential placements in adolescence and transitions.
- Greater involvement in the planning of care services and use of direct payments to fund care and support.
- A smoother journey through childhood, adolescence and early adulthood.
- Some individuals in residential care will be supported to transition to supported living where appropriate.



- More travel training to support people to travel more independently

**For suppliers this will mean:**

- A continued shift from out-of-Borough provision to Barnet provision.
- A shift in demand and spend from expensive specialist registered provision to community based services.
- Increased demand for enabling technologies to replace face to face care where appropriate.
- Refocussing of day care to employment support.
- Integrated specialist support for people with complex disabilities is delivered locally as part of a community based offer.

**1a Commissioning intentions:**

|   | <b>Commissioning intention</b>   | <b>What needs to happen?</b>  |
|---|--|---|
| 1 | Implement a 0-25 disabilities service that better brings together health, care and education to enable young people with disabilities to fulfil their potential to be an active citizen and improves relationships between families and the local authority. | <ul style="list-style-type: none"> <li>- Business case for 0-25 service presented to committee in spring 2015.</li> <li>- Mobilisation of the new model by autumn 2015.</li> <li>- Development of shared decision making and funding arrangements by March 2016.</li> </ul> <p>Some rebalancing of cost from expensive specialist provision to preventative and enabling services commencing from 16/17.</p>  |
| 2 | Increase the supply and take-up of supported living and independent housing opportunities supporting more people to live in a home of their own with support and not in residential care.  | <ul style="list-style-type: none"> <li>- Work with private landlords and other organisations to increase the supply of housing options during 15/16 and beyond.</li> <li>- Utilise the housing revenue account to develop new supported living accommodation options.</li> <li>- Work effectively with individuals and their families to enable moves out of residential care where appropriate.</li> </ul>   |
| 3 | Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with learning disabilities to live more independently.   | <ul style="list-style-type: none"> <li>- Review of the section 75 agreement for health and social care learning disabilities services by summer 2015.</li> <li>- Further testing and embedding of new review approach in 15/16.</li> <li>- Continued exploration of alternative support planning processes including the Centre for Independent Living in 15/16.</li> <li>- Implementation of Care Act and new IT to include training on community resources and family networks.</li> <li>- Increase range of technology on offer and</li> </ul> |

|   | <b>Commissioning intention</b>   | <b>What needs to happen?</b>  |
|---|--|---|
|   |  | support offered to take this up as part of the assessment and support planning process by March 2016.   |
| 4 | Improve the carer's offer and support planning process to ensure carers feel able to continue to support an individual for as long as they can. This should enable a reduction in the number of carer breakdowns and improved family satisfaction from sustaining the family environment.  | <ul style="list-style-type: none"> <li>- A strengthened carer focused approach to be implemented as part of the Care Act implementation programme by April 2015.</li> </ul>   |
| 5 | Stimulate the market to encourage providers who can effectively focus on enablement and personal development.  | <ul style="list-style-type: none"> <li>- Enhance commissioning strategies and ensure procurement exercises incentivise enablement and development by summer 2015.</li> <li>- Offer a series of workshops highlighting best practice and enabling the identification of outcomes to be delivered in 15/16.</li> <li>- Develop a toolkit with providers to use to evidence outcomes (e.g. outcomes star) by March 2016.</li> </ul>  |
| 6 | Develop the employment support offer for adults with learning disabilities and ensure there are sufficient employment opportunities available in the Borough. Raise employment aspirations as a key component of the review and support planning process and increase the proportion of adults with learning disabilities in employment. | <ul style="list-style-type: none"> <li>- Identify the potential to increase the proportion of adults with learning disabilities in employment by summer 2015.</li> <li>- Develop a strategic partnership between social care, public health and Job Centre Plus to increase the number of people with learning disabilities in employment.</li> <li>- Offer work placements / trials in the Council and across the strategic partnership in Barnet to enable the development of individual work portfolios and employment opportunities.</li> <li>- Council contracts to include the requirement to increase the number of disabled people in paid employment.</li> </ul> |

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

### 1b Outcome measures

| Measure  | Baseline – 13/14 | Target - 19/20 |
|--|------------------|----------------|
| % of people with a learning disability receiving direct payments                 | 20.5%            | Increase       |
| Proportion of people with learning disabilities who feel safe                    | To be baselined  | Increase       |
| Proportion of adults with learning disabilities in paid employment               | 9.4%             | Increase       |
| Proportion of adults with learning disabilities who live in stable accommodation | 58.1%            | Increase       |
| Proportion of people with learning disabilities accessing telecare services      | To be baselined  | Increase       |
| Average weekly cost of care for people with learning disability                  | £1,483           | Decrease       |

### 1c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

|                     | 14/15   | 15/16                     | 19/20                     |
|---------------------|---------|---------------------------|---------------------------|
| General fund budget | £34.35m | £31.20m                   | £31.77m                   |
|                     |         | <i>Taking account of:</i> | <i>Taking account of:</i> |
| Savings             |         | (£3.46m)                  | (£4.37m)                  |
| Inflation           |         | -                         | £1.85m                    |
| Demographic growth  |         | £0.31m                    | £3.09m                    |

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

## 2. Service component: Working Age Adults with Mental Health Needs

Adults with a severe and enduring mental illness face considerable social exclusion. This is evidenced through high rates of worklessness, social isolation, poorer physical health and insecure housing arrangements all of which create demand on other elements of the state for support.

Across London and in Barnet adult mental health services across the NHS and social care are under considerable pressure. As the number of acute in-patient beds decreases, the pressure on social care budgets for adult mental health services now represents the fastest area of demand-led spend.

With social care services integrated into secondary care mental health services, specialist assistance and advice is not always readily available in the community for low level issues. This risks assistance only being provided following a crisis situation. There are opportunities to **redefine the role of mental health social workers** to focus on more protective factors such as having a job and a secure home, being socially connected and to provide independent challenge and review of support proposals for people with mental health needs.

In Barnet, there are instances where individuals are being placed in residential settings because of a lack of local supply of alternatives. There is the need for the **development of a wide range of accommodation options**, including home ownership schemes, with a varying spectrum of support to meet the differing needs of the adult mental health population. The quality and availability of community mental health support will drive demand for restrictive and traditional placements where quality is poor or where support is not provided in a timely and accessible manner.

For residents this will mean:

- Improved whole system response when mental health issues arise that supports recovery, social inclusion and enablement.
- Better support for individuals with mental health issues to retain or regain employment and suitable housing that supports their well-being.
- Greater involvement in the planning of social care services and use of direct payments to fund care and support.

For suppliers this will mean:

- A new specification for mental health social work focused on employment, housing, earlier intervention and enablement.
- A shift in demand and spend from expensive specialist registered provision to community based services.
- Increased demand for community based services including early intervention and prevention.
- Greater integration of housing functions with social care.

**2a Commissioning intentions:**

|   | <b>Commissioning intention</b>  | <b>What needs to happen?</b>   |
|---|---|--|
| 1 | <p>The re-focusing of social care on recovery, social inclusion and enablement. This will require a redefining of the integrated services model with the mental health trust to enable both parties to focus on core competencies and develop effective partnership practice.</p> <p>A smaller number of social workers would be based within the Mental Health Trust to support effective crisis resolution and effective management of people subject to community treatment orders and section 117.</p>  | <ul style="list-style-type: none"> <li>- Development of new model for social care to include stronger working with primary care. Redefine the mental health social work role to provide a move away from delivery of the approved mental health professional (AMPH) role and care co-ordination to one which focuses on promoting recovery and social inclusion with individuals and families by summer 2015.</li> </ul> |
| 2 | <p>Review delivery models to ensure that the social work service for working age people with mental health issues can best focus on the quality of services and strengthen the voice of both workers and service users. We will have a model for social work which is commissioned to promote recovery, maximise inclusion and reduce long term care costs. This will require working co-productively and innovatively with local communities, primary care and housing providers to support community capacity, personal and family resilience, earlier intervention and active citizenship.</p> | <ul style="list-style-type: none"> <li>- Delivery model options appraisal completed by June 2015.</li> <li>- Develop a 'community budgets' based approach to ensure that mental health services are effectively incentivised to reduce the overall public sector burden of mental illness within Barnet, particularly to address issues of long term worklessness by March 2016.</li> </ul>                              |
| 3 | <p>Introduce a 'Consultant Social Worker' role to work with acute mental health services and children's social care. The role will provide independent review and challenge to support plans and proposed changes to ensure all appropriate support opportunities are explored and provided in situations characterised by high</p>   | <ul style="list-style-type: none"> <li>- Development of 'Consultant Social Worker' role by spring 2015.</li> </ul>   |

|   | <b>Commissioning intention</b>  | <b>What needs to happen?</b>  |
|---|---|---|
|   | levels of social, family and interpersonal complexity, risk and ambiguity.  |   |
| 4 | Align social work delivery model with community development, whole family approaches and wider wellbeing, particularly focusing on tackling social exclusion and worklessness.  | <ul style="list-style-type: none"> <li>- Working closely with other public sector agencies such as Job Centre Plus, develop a clear pathway to support people with mental health problems back into work by summer 2015.</li> <li>- Explore opportunities for the social work delivery model to be jointly commissioned by Job Centre Plus to ensure people are work ready and supported back into work by March 2016.</li> <li>- Council contracts to include the requirement to increase the number of disabled people in paid employment.</li> </ul> |
| 5 | Increase the range of sustainable accommodation options for people with mental health problems in conjunction with the NHS. There is a compelling evidence base that where we live has a significant impact on our mental health. For the NHS, inadequate access to housing increases costs and demand for acute services. Supported housing for people with a mental illness could benefit the NHS year in and year out to a suggested annualised return of investment of 7% when compared to inpatient care or residential provision. | <ul style="list-style-type: none"> <li>- Needs assessment and supply analysis of housing options and housing support completed as part of the work on Housing Strategy by spring 2015.</li> <li>- Development of commissioning approach by summer 2015.</li> </ul>  |
| 6 | Promoting mental well-being and reducing stigma through establishing joint commissioning of social care with public mental health provision.  | <ul style="list-style-type: none"> <li>- Including mental health within the preventative agenda as an equal to physical health, and targeting support at those with known risk factors, will create reduced demand and allow earlier intervention.</li> </ul>   |

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

## 2b Outcome measures

| Measure  | Baseline – 13/14 | Target - 19/20 |
|--|------------------|----------------|
| Proportion of people with mental health needs who feel safe                                  | To be baselined  | Increase       |
| Proportion of adults with mental health needs in paid employment                             | 5.7%             | Increase       |
| Proportion of adults with mental health needs who live in stable accommodation               | 71%              | Increase       |
| Proportion of people with MH volunteering  | New indicator    | Increase       |
| Proportion of people with MH accessing telecare  | To be baselined  | Increase       |
| Admissions to residential care   | New indicator    | Decrease       |
| Average weekly cost of supporting adults with mental illness in residential and nursing care | £870.64          | Decrease       |

## 2c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

|                     | 14/15  | 15/16                     | 19/20                     |
|---------------------|--------|---------------------------|---------------------------|
| General fund budget | £7.98m | £6.89m                    | £7.31m                    |
|                     |        | <i>Taking account of:</i> | <i>Taking account of:</i> |
| Savings             |        | (£1.14m)                  | (£0.51m)                  |
| Inflation           |        | -                         | £0.41m                    |
| Demographic growth  |        | £0.05m                    | £0.51m                    |

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

### **3. Service component: Disabled working age adults with physical disabilities or sensory impairments**

Significant progress has been made in supporting disabled working age adults with physical disabilities, sensory impairments and long-term conditions through developments in healthcare, enablement, personalisation – in particular direct payments, and more opportunities for disabled people to carry on working. All of these initiatives have improved the quality of life for disabled working age adults and contributed to them being, and feeling, in control. We need to build on this foundation, working closely with people to design how people access the kind of help they want.

The **introduction of a 0-25 disabilities service** that better brings together health, care and education should support the development of more effective relationships of trust with families, improve the way in which agencies work together in partnership with families and help young people to achieve more.

In addition, health and social care integration, **increasing use of technology, promotion of accessible housing**, whether through DFGs or lifetime homes, ensuring that people have access to skills development such as self-management and support to help **people get back on their feet through enablement** will all contribute to ensuring that an increasing number of people stay as independent as possible. As a result we will see more disabled adults living fuller lives as an active and valued member of their local communities.

For the cohort of individuals already receiving services, the Council needs to ensure a **more creative and cost effective review and support planning process** that not only builds upon peoples' abilities and choices but also can take advantage of housing, technology, employment and other support options.

For residents this will mean:

- Better planning and support to support the growth and development of children and young people with disabilities which also results in a reduced need for social care services.
- Greater involvement in the planning of care services.
- A smoother journey through childhood, adolescence and early adulthood.
- Better support to live independent lives.

For suppliers this will mean:

- A shift in demand and spend from expensive specialist provision to community based services. There will always be a demand for high quality specialist services.
- Increased demand for enabling technologies.
- Refocussing of day care



### 3a Commissioning intentions:

|   | <b>Commissioning intention</b>   | <b>What needs to happen</b>  |
|---|--|--|
| 1 | Implement a 0-25 disabilities service that better brings together health, care and education to enable young people with disabilities to fulfil their potential to be an active citizen and improve relationships between families and the local authority | <ul style="list-style-type: none"> <li>- Business case for 0-25 service presented to committee in spring 2015.</li> <li>- Mobilisation of the new model by autumn 2015.</li> <li>- Development of shared decision making and funding arrangements by March 2016.</li> <li>- Some rebalancing of cost from expensive specialist provision to preventative and enabling services commencing from 16/17.</li> </ul>   |
| 2 | Increase the supply and take-up of supported living and independent housing opportunities supporting transitions from those currently in residential settings. This should lead to improved outcomes for adults supported to live more independent lives.  | <ul style="list-style-type: none"> <li>- Work with private landlords and other organisations to increase the supply of housing options during 15/16 and beyond.</li> <li>- Utilise the housing revenue account to develop new supported living accommodation options. Work effectively with individuals and their families to enable moves out of residential care where appropriate.</li> </ul>   |
| 3 | Develop a more creative and cost effective review and support planning process. Ensure that this considers how technology can enable people with disabilities to live more independently.  | <ul style="list-style-type: none"> <li>- Further testing and embedding of new review approach in 15/16.</li> <li>- Continued exploration of alternative support planning processes including the Centre for Independent Living in 15/16.</li> <li>- Implementation of Care Act and new IT to include training on community resources and family networks. Increase range of technology on offer and support offered to take this up as part of the assessment and support planning process by March 2016.</li> </ul> |
| 4 | Commission an integrated health and social care service for those with long term conditions.   | <ul style="list-style-type: none"> <li>- Finalise and agree the health and social care integration business case.</li> <li>- Agree funding and risk share arrangements.</li> <li>- Section 75 agreement in place that includes joint equipment service by April 2016.</li> </ul>   |
| 5 | Commission high quality flexible specialist home support services including personal assistants (PAs).   | <ul style="list-style-type: none"> <li>- Develop homecare strategy to inform the tender of homecare services.</li> <li>- Develop the PA strategy to increase the number of PAs in Barnet</li> </ul>  |

These commissioning intentions will contribute to the following outcomes:

- Planning for Life
- Early Intervention and Prevention
- Person centred Integrated support
- Safeguarding
- Carers

### 3b Outcome measures

| <b>Measure</b>  | <b>Baseline – 13/14</b> | <b>Target - 19/20</b> |
|---|-------------------------|-----------------------|
| Proportion of adults with physical disabilities/sensory impairment who feel safe                                | To be baselined         | Increase              |
| Proportion of people with physical disabilities/sensory impairments who receive direct payments                 | To be baselined         | Increase              |
| Proportion of adults with physical disabilities or sensory impairments known to our services in paid employment | New indicator           | Increase              |
| Proportion of people with physical disabilities or sensory impairments volunteering                             | New indicator           | Increase              |
| Proportion of people with physical disabilities or sensory impairments accessing telecare                       | New indicator           | Increase              |
| Average weekly cost of residential and nursing care for people with physical disabilities                       | £1066.30                | Decrease              |
| Number of people with physical disabilities or sensory impairments accessing housing advice and adaptations     | New indicator           | Increase              |
| Number of people with long term conditions accessing self-management support                                    | New indicator           | Increase              |
| Number of residential care admissions   | To be baselined         | Decrease              |
| Number of emergency hospital admissions   | New indicator           | Decrease              |

### 3c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

|                     | <b>14/15</b> | <b>15/16</b>              |  | <b>19/20</b>              |
|---------------------|--------------|---------------------------|--|---------------------------|
| General fund budget | £6.64m       | £6.00m                    |  | £5.90m                    |
|                     |              | <i>Taking account of:</i> |  | <i>Taking account of:</i> |
| Savings             |              | (£0.70m)                  |  | (£1.10m)                  |
| Inflation           |              | -                         |  | £0.36m                    |
| Demographic growth  |              | £0.06m                    |  | £0.63m                    |

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

#### 4. Service component: Older People: Feeling Well, Enjoying Life

**Barnet will experience one of the largest increases in elderly residents** out of all London Boroughs over the next five to ten years. This is because the life expectancy of our residents is growing due to the general good health of our population. There are currently 52,000 people in Barnet over the age of 65, and this will increase to 59,800 by 2020.

More than half of our residents aged 65 and over will not acquire a limiting long-term illness and Barnet Council wants to increase this proportion by encouraging people to stay healthy, well and independent, living life to the full. Our older people are a significant resource – nationally **58% of people aged 65 and over are volunteers**, and local surveys have indicated that the proportion may be higher in Barnet. In addition, Barnet Council wants those older people who do suffer from a long-term illness to take advantage of the full range of opportunities on offer so that they too maximize their independence and well-being.

Not only does this approach benefit older residents, but it also means that there will be less call on our health and social care services as many of the health conditions experienced in old age are preventable. For example, obesity increases the risk of Type 2 diabetes twenty-fold and doubles or triples the risk of other chronic conditions including high blood pressure, heart disease, and colon cancer. Smoking accounts for nearly one-fifth of all deaths from cardiovascular disease. Men who smoke increase their risk of dying from lung cancer by 22 times, and women by nearly 12 times. Studies have shown that activities such as ballroom dancing can reduce or delay dementia, and that the reduction of social isolation can reduce visits to the GP from 13 visits a year to 5 or 6 times a year.

The commissioning outcomes in this service component therefore focus on **keeping older people healthy and well for longer**, and in supporting those people who have been unfortunate enough to need a little bit of help to access that support in a timely fashion but in a way that means that older residents are still firmly in control of their own lives.

The commissioning intentions focus on enabling older residents, and their families, to be able to find out about what is available in the Borough whether looking for advice about making homes easier to live in, interesting activities to do or opportunities to continue working or volunteering. Not all of the opportunities that older residents will want to engage in will be run by or even commissioned by the Council. **Many services will be run by older people themselves**. Barnet Council also recognizes that older people will often prefer to receive a little bit of help from a friendly neighbour who they can help in return rather than through a commissioned service. The role of Barnet Council will be primarily in removing barriers from communities supporting each other, and in ensuring that with health colleagues, there is a **robust prevention offer** which delays, reduces or avoids the need for care and support through targeted health promotion services, such as self-

management, a wide range of assistive technology and equipment and a full range of easily available information and advice services.

For residents this will mean:

- Improved advice and advocacy services with a greater availability of helpful information to support ageing well.
- An increased use of new technologies to support independence and safety.
- New opportunities to develop local communities and continue to contribute positively to society.

For suppliers this will mean:

- New specifications for services.
- An increase in demand for assistive technology, equipment, adaptations.

#### 4a Commissioning intentions:

|   | <b>Commissioning intention</b>   | <b>What needs to happen</b>  |
|---|--|--|
| 1 | To develop improved information, advice and planning services  | <ul style="list-style-type: none"> <li>- New information, advice and advocacy services to be commissioned by April 2015</li> <li>- Social Care Connect to be reviewed and improved by April 2015</li> <li>- Database of all voluntary and community organisations to be developed by September 2015</li> </ul>             |
| 2 | To promote digital inclusion, assistive technology, equipment, adaptations   | <ul style="list-style-type: none"> <li>- Enhanced advice and adaptation service to be offered from April 2016</li> </ul>   |
| 3 | To increase social networks and community connections  | <ul style="list-style-type: none"> <li>- Establish Dementia Friendly Communities from April 2014</li> <li>- Continue with neighbourhood services and later life planners</li> <li>- Expand navigator service (part of health and social care integration) to include developing social networks from April 2015</li> </ul> |
| 4 | To commission and influence the development of opportunities for older people to continue working or offer mentoring | <ul style="list-style-type: none"> <li>- Continue to promote Trading Times</li> <li>- Promote mentoring as part of the volunteering offer</li> </ul>   |
| 5 | To develop a joined up prevention offer which is easy to recognise and use   | <ul style="list-style-type: none"> <li>- Identify funding to further this as part of Tier 2 of the HSCI model</li> </ul>   |
| 6 | To commission the best delivery vehicle possible to support older people who need a little bit of help               | <ul style="list-style-type: none"> <li>- Review the current offer in the light of HSCI and the Care Act and develop an option to improve delivery and increase independence and well-being</li> </ul>  |

These commissioning intentions will contribute to the following outcomes:

- Early Intervention and Prevention
- Person centred Integrated support
- Carers

#### 4b Outcome measures

| Measure  | Baseline – 13/14   | Target - 19/20 |
|--|--------------------|----------------|
| Number of people who are supported by later life planners to develop plans and other navigator services.   | New indicator      | Increase       |
| Number of older people who access services to help them plan financially.  | New indicator      | Increase       |
| Number of older people who volunteer.  | New indicator      | Increase       |
| Number of older people supported to remain in employment through later life planning.  | New indicator      | Increase       |
| Number of older people given advice and supported to adapt homes or move.  | New indicator      | Increase       |
| Number of older people who take up leisure services.   | New indicator      | Increase       |
| Number of people who have as much social contact they want with people they like (Public Health Outcomes Framework measure) <i>a) all service users</i><br><i>b) older people.</i> | a)41.1%<br>b)41.8% | Increase       |
| Number of people who feel that 'loneliness is something that affects my life'.   | New indicator      | Decrease       |

#### 4c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

|                     | 14/15  | 15/16                     | 19/20                     |
|---------------------|--------|---------------------------|---------------------------|
| General fund budget | £1.08m | £1.08m                    | £1.09m                    |
|                     |        | <i>Taking account of:</i> | <i>Taking account of:</i> |
| Savings             |        | (£0.00m)                  | (£0.04m)                  |
| Inflation           |        | -                         | £0.05m                    |
| Demographic growth  |        | -                         | -                         |

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

## 5. Service component: Older People Social Care Services

Barnet's Health and Wellbeing Strategy sets out the Borough's ambition to make Barnet 'a place in which all people can age well'. With the increasing numbers of older people, and the expectations about the kind of care and support available, the challenge is to make this a reality in the context of rising health and social care needs among older people, and the financial pressures facing both the Council and the NHS. The challenge for both agencies is significant - approximately 45% of the adult social care budget and 70% of the health budget is spent on frail older residents with complex needs.

In order to deliver the quality of care and support that our older residents deserve, **Barnet Council will tackle the reasons why older people need social care – poor health, unsuitable housing, loneliness and carer breakdown.** The limited resources that the Council has will focus on support for the most vulnerable older people that cannot be provided by any other means.

At present, there is estimated to be 23,355 people aged 65 or over in Barnet with a limiting, long term illness – approximately 45% of people aged 65 and over. This particular cohort is expected to increase by more than 20% over the next ten years and in addition this cohort overlaps with an estimated 17,922 over 65s unable to manage at least one self-care activity on their own. The conditions most commonly associated with ageing are: coronary heart disease and stroke, diabetes, cancer, chronic pulmonary obstructive disease, incontinence, Alzheimer's disease and other forms of dementia, osteoporosis and osteoarthritis. Older people may also experience some decline in hearing, vision, physical strength and balance and there may be some loss in mental acuity.

The chances of developing dementia are significantly increased in old age. Barnet will experience an increase in the volume of dementia cases reported, because the life expectancy of its residents is continually increasing. **In 2012, Barnet had a higher population of adults with dementia than any other London Borough** (the 2012 percentage was also significantly higher than national averages). In 2014, there was estimated to be 4,000 people living in Barnet with dementia. This number is rapidly increasing (1.5 times faster than other London locations) making this a key challenge for health and social care.

As the number of older people requiring social care support increases because of illness, it is essential they are offered services that help them to remain independent and live healthily in their own homes for as long as possible. They need access to crisis response services, and support to recover quickly from illness. Barnet Council will ensure, with health colleagues, that the required community provision is in place to enable older adults to be better supported at home, avoiding the need for hospital or residential care admissions. In addition, residents will receive high quality, compassionate care that is designed to meet their personal needs delivered by an appropriately skilled workforce. Such provision will also delay and reduce the

potential requirement for a higher cost traditional package of care. When a hospital admission does become necessary, Barnet Council will support patients to be discharged and returned to their home as quickly and as efficiently as possible. This will reduce the need for care home placements.

Housing which supports people to live as independently as possible is crucial for all older people but can particularly restrict the lives of people who require health or social care services. The impact of having a fall, for example, for someone who has arthritis or who has limited mobility because of a stroke, can result in long-term complications significantly affecting the person's quality of life and costing social care services up to £17,000 per person. The total social cost of falls alone to Barnet Council is over £19,000,000 based on the projected number of falls of 1135. (Projected Older People Population Information Systems analysis of ONS data). Barnet Council will ensure that there is a choice of available housing within the Borough, which through the design, supports to enable older people to age well and live life to the full.

Traditionally, care packages have focused entirely on service delivery. Older people and their families have reported that they do not always feel fully in control of their lives, and many older people feel that services present a barrier to remaining connected to social and family networks. Other older people have become more socially isolated and lonely as their families move away, their neighbourhood changes and their own health prevents them from engaging as actively as they used to. **Barnet Council will use every contact to actively reconnect people with their family and social networks and communities**, using such services as enablement, not only to help people get back on their feet, but wherever possible as a step on the way to develop or redevelop contact with local people and community based resources. With over 5,000 older people aged 75 and over who are socially isolated and at risk of being lonely, this is an essential development in ensuring that Barnet's older residents have a good quality of life.

For residents this will mean:

- The right support to remain at home for longer - with greater use of technology to help keep people safe
- Greater use of direct payments and self-directed support.
- Greater choice and flexibility of accommodation options and home based support.

For suppliers this will mean:

- New contracts for home based support that further focus on achievement of outcomes.
- A shift in demand from acute and residential provision to community based support.
- Single contracts for health and social care provision.



## 5a Commissioning intentions:

|   | <b>Commissioning intention</b>  | <b>What needs to happen</b>  |
|---|---|--|
| 1 | Commission an integrated health and social care service for frail older people and those with long term conditions. Consider alternative models of delivery to ensure best fit. | <ul style="list-style-type: none"> <li>- Finalise and agree the HSCI business case by November 2014</li> <li>- Agree funding and risk share arrangements by March 2015</li> <li>- Implement and evaluate the tiers</li> <li>- Review the model and assumptions and develop commissioning intentions with clarity around delivery models by March 2015</li> </ul> |
| 2 | Increase housing choices for older people where the existing accommodation is not suitable  | <ul style="list-style-type: none"> <li>- Develop 150 extra care and specialist integrated housing by 2020 and promote lifetime homes throughout the regeneration period</li> </ul>   |
| 3 | Commission high quality flexible specialist home support services including personal assistants   | <ul style="list-style-type: none"> <li>- Develop homecare strategy to inform the tender of homecare services by November 2014</li> <li>- Develop the workforce strategy to inform the tender of homecare services by March 2015</li> <li>- Develop the PA strategy to increase the number of PAs in Barnet by March 2015</li> </ul>                              |
| 4 | Increase the use of enablement services for all older people  | <ul style="list-style-type: none"> <li>- Review and implement the policy framework to ensure that all older people who would benefit from enablement are offered it at every opportunity by March 2015</li> <li>- Increase the number and variety of telecare choices offered</li> </ul>   |
| 5 | All support plans will increase the ability of older people to access community resources and social/family networks  | <ul style="list-style-type: none"> <li>- Implementation of Care Act and new IT will include community resources and family networks in modules and social workers will receive training on this</li> <li>- Commission brokerage service</li> </ul>   |

These commissioning intentions will contribute to the following outcomes:

- Person centred Integrated support
- Safeguarding
- Carers

## 5b Outcome measures

| Measure   | Baseline – 13/14 | Target - 19/20 |
|---|------------------|----------------|
| Number of appropriate safeguarding alerts   | To be baselined  | Increase       |
| Proportion of older people accessing enablement   | 5.6%             | Increase       |
| Proportion of older people accessing telecare   | To be baselined  | Increase       |
| Proportion of people who feel in control of their own lives                                       | 73.3%            | Increase       |
| Proportion of people who leave enablement with a reduced/no care package                          | 50%              | Increase       |
| Proportion of older people remaining at home 90 days after discharge                              | 71.9%            | Increase       |
| Unit cost of care for older people  | £591             | Decrease       |
| Number of non-elective hospital admissions.   | New indicator    | Decrease       |
| Number of residential care admissions   | 486.9            | Decrease       |
| Number of people who feel that their social situations and relationships are as good as they want | To be baselined  | Increase       |

## 5c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

|                     | 14/15   | 15/16                     | 19/20                     |
|---------------------|---------|---------------------------|---------------------------|
| General fund budget | £37.40m | £34.73m                   | £34.41m                   |
|                     |         | <i>Taking account of:</i> | <i>Taking account of:</i> |
| Savings             |         | (£3.02m)                  | (£6.47m)                  |
| Inflation           |         | -                         | £2.41m                    |
| Demographic growth  |         | £0.37m                    | £3.74m                    |

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

## 6. Service component: Carers

Barnet Council recognises that the best people to provide support and care are usually those people that know and love their family members or friends. For some carers, this can be one of the most rewarding experiences of their lives – for others, caring can be at the expense of their health, wealth and personal aspirations. The support that carers require to prevent or minimise the negative aspects of caring will vary according to the individual circumstances of the carer and the disability or illness of the person who is being supported. For example, carers may require support to juggle the competing demands of work or education, such as employers or teachers who understand what they can do to help; access to emergency help in a crisis etc. For others it may be gaining a better understanding of the condition and the best way of supporting their family member through expert carer programmes, and for many carers, it will be access to support where they can share their concerns or frustrations.

**The Care Act 2014 brings with it new duties of assessment and support for carers** and will increase the number of carers that identify as carers and request support in their role. This will bring with it new opportunities to better support more carers. The census identified 32,320 people who are carers in Barnet, yet we currently support less than 10,000 carers, and the majority of this support is information and advice. The Care Act will also bring financial challenges in terms of an increased ask of Council resources.

Barnet Council values the support that carers offer and will **strengthen and expand the range of support that is offered to carers** to continue to support people for as long as they wish. **Carers will be treated as expert partners in the delivery of care** and support. In order to maintain and strengthen, rather than intervene in the relationship between the carer and cared for, each assessment will focus on the carer and their service requirements, **developing a foundation offer**, which will then be topped up with additional support where required for the cared for. The full range of available help – from assistive technology to training in caring tasks – will be explored with the carer to make sure that caring is doable and rewarding. All carers will also be able to take advantage of the opportunities that have been described in other service components, whether for themselves or for the people they support.

For residents this will mean:

- Greater support to enable carers to continue in their caring role.

For suppliers this will mean:

- Procurement of new carer support services.
- Expectation that family carers are actively involved in the planning, delivery and design of support packages.

## 6a Commissioning intentions:

|   | <b>Commissioning intention</b>  | <b>What needs to happen?</b>  |
|---|---|---|
| 1 | To prioritise meeting the needs of carers, including young carers, through the assessment and support planning process by better supporting carers' own physical and mental health needs. | A carer focused approach will be implemented as part of the Care Act implementation programme by March 2015   |
| 2 | To strengthen the current carers' support offer e.g. assistive technology, intensive support for carers of people with dementia.  | A full analysis of how the carers' offer can be strengthened to be undertaken as part of the Care Act implementation. It will be promoted as part of the carers' offer from 2015<br>The intensive support package for carers of people with dementia will be commissioned and piloted in 2015 |
| 3 | To better support carers to balance work and caring commitments. Local small businesses know how to retain carers in their workforce.   | Workability carers package will be commissioned in 2015   |

These commissioning intentions will contribute to the following outcomes:

- Person centred Integrated support
- Safeguarding
- Carers

## 6b Outcome measures

| <b>Measure</b>   | <b>Baseline – 13/14</b> | <b>Target - 19/20</b> |
|--|-------------------------|-----------------------|
| Proportion of carers satisfied with social services                              | 34.6%<br>(12/13)        | Increase              |
| Proportion of carers included or consulted in decisions                          | 66%<br>(12/13)          | Increase              |
| Number of carers attending peer group / support networks run through carers hubs | New indicator           | Increase              |
| Carers' reported quality of life   | 7.7 (12/13)             | Increase              |
| Number of carers giving up work to care  | New indicator           | Decrease              |
| Number of carers giving up caring to work  | New indicator           | Decrease              |
| Number of residential admissions as a result of carer breakdown                  | New indicator           | Decrease              |
| Number of safeguarding cases where carer is found to have instigated abuse       | To be baselined         | Decrease              |

## 6c Financial impact

A summary of the change in net revenue budget for this service component is shown in the table below:

|                     | <b>14/15</b> | <b>15/16</b>              |  | <b>19/20</b>              |
|---------------------|--------------|---------------------------|--|---------------------------|
| General fund budget | £1.87m       | £1.78m                    |  | £1.88m                    |
|                     |              | <i>Taking account of:</i> |  | <i>Taking account of:</i> |
| Savings             |              | (£0.10m)                  |  | (£0.11m)                  |
| Inflation           |              | -                         |  | £0.09m                    |
| Demographic growth  |              | £0.01m                    |  | £0.12m                    |

The savings profiled above include a contribution to service wide procurement and workforce savings which when fully planned may result in a different attribution.

A fuller profile of savings can be found in Appendix B.

## 7. Service component: Leisure Services

The Council owns five leisure centres at Burnt Oak, Hendon, Finchley, Copthall and Church Farm with their management sub-contracted out to Greenwich Leisure Limited (GLL) under their 'Better' brand (a charitable trust). The contract for their management of the leisure centres runs until December 2017 when it will need to be re-commissioned.

The overall aim is to end up with a contract that can **improve the participation levels in sport and physical activity across the Borough while delivering cost neutral sport and physical activity services for the Council**. In parallel, the current SPA project will take a wider strategic approach to SPA provision to ensure that key Public Health objectives, inclusive of the health and wellbeing outcomes as incorporated into the current Health and Wellbeing strategy and Public Health commissioning strategy, are considered to ensure sustainable delivery in the long term.

National evidence indicates that the health of Barnet's population is likely to be enhanced by increased physical activity across the population with the greatest gains coming from enabling the sedentary, those who are least active, to undertake a degree of physical activity. **Increasing physical activity can create less dependency on health and social care by** having a preventative effect on the development of conditions such as diabetes, Coronary Heart Disease (CHD), some cancers and obesity. Being more active can also assist in re-enabling people with long-term conditions to manage their own health and well-being, therefore delaying the progression into more dependency. For many people, enjoying being more active can bring them into contact with others; this might be through volunteering in a club or sports organisation, joining in with an informal activity or being part of a regular session. Although we know that purely being in contact with others does not address social isolation, we know that the more contact points people have and the more belonging they feel as part of a community, the easier it is to tackle some of the issues that arise from social isolation, and becoming more active can contribute to this.

### 7a Commissioning intentions:

|   | Commissioning intention   | What needs to happen?   |
|---|---|---|
| 1 | Achievement of a cost-neutral provision of the Council-owned leisure centre facilities. | <ul style="list-style-type: none"> <li>To finalise the vision for leisure services with a clear strategy for each of the 5 leisure centre sites described in a feasibility study and masterplan. <b>(Complete Feb 2015)</b></li> <li>To develop a procurement specification that will deliver the vision from the feasibility study and planning masterplan. <b>(Complete April 2015)</b></li> <li>To work with stakeholders throughout the Council to ensure that any new leisure contract delivers against strategic priorities across the authority e.g. health, prevention, re-ablement.</li> </ul> |

|   | <b>Commissioning intention</b>   | <b>What needs to happen?</b>   |
|---|--|--|
| 2 | Improved levels of physical activity within Barnet, particularly in target geographical areas for both adults and children, leading to improvements in public health outcomes and general wellbeing. | <ul style="list-style-type: none"> <li>• More focussed KPI's on new leisure services contract and more effective and pro-active contract management.</li> <li>• Public Consultation with residents, including focus groups (<b>Complete Jan 2015</b>)</li> </ul> |

## 7b Outcome measures

| <b>Measure</b>  | <b>Baseline</b>          | <b>Target - 19/20</b> |
|---|--------------------------|-----------------------|
| Increasing participation in sport and physical activity         | 38.3% (12/13)            | Increase              |
| Increasing residents' satisfaction with the Council's provision | 38% satisfaction (13/14) | Increase              |

## 7c Financial impact

The current contractual commitment includes a c. £1.2m annual management fee which the Council pays to GLL to operate and maintain the current leisure centre facilities. This annual payment runs to the end of the contract in December 2017. The project intends to deliver a zero subsidy leisure services contract from January 2018.

|                     | <b>14/15</b> | <b>15/16</b>              |  | <b>19/20</b>              |
|---------------------|--------------|---------------------------|--|---------------------------|
| General fund budget | £0.46m       | £0.46m                    |  | £0.46m                    |
|                     |              | <i>Taking account of:</i> |  | <i>Taking account of:</i> |
| Savings             |              | -                         |  | -                         |
| Inflation           |              | -                         |  | -                         |
| Demographic growth  |              | -                         |  | -                         |

## 8. Service component: cross-cutting issues

In order to **preserve the frontline face to face services**, the Council will seek to make efficiencies across the Council in a number of key areas – efficiencies will focus on the Council workforce, support costs – such as IT and in the costs of externally procured services.

### 8a Commissioning intentions:

|   | <b>Commissioning intention</b>   | <b>What needs to happen next?</b>  |
|---|--|--|
| 1 | Ensure that the voice of people who use adult social care and carers contributes to the design and delivery of services.   | <ul style="list-style-type: none"> <li>- All service redesigns must evidence that people who use adult social care and carers have contributed to the design and delivery of the service.</li> </ul>                         |
| 2 | Promote and maintain the quality and consistency of the social care workforce.<br>Ensure that the workforce development programme is focused on strengthening the quality and consistency of practice. | <ul style="list-style-type: none"> <li>- Workforce strategy to be developed which looks at recruitment, retention, skill set, qualification requirements and costs of the adult social care workforce as a whole.</li> </ul> |
| 3 | Constrain inflationary pressure on procured goods and services to 0.5% from 16/17 – 19/20.   | <ul style="list-style-type: none"> <li>- Timetable for negotiation and agreement of contract costs.</li> </ul>   |
| 4 | Identify measures to reduce the cost of the workforce employed by LBB.   | <ul style="list-style-type: none"> <li>- Plan to achieve cost savings needs to be developed and agreed</li> </ul>  |
| 5 | To adopt new policies on eligibility, contributions and deferred payments.   | <ul style="list-style-type: none"> <li>- Consultation on proposals to take place during winter 2014/15</li> <li>- Report on new policies to be agreed by Adults and safeguarding Committee in March 2015</li> </ul>          |

### 8b Outcome measures

| <b>Measure</b>   | <b>Baseline – 13/14</b> | <b>Target - 19/20</b> |
|--|-------------------------|-----------------------|
| Number of Personal Assistants supporting adult social care clients in Barnet | To be baselined         | Increase              |