Barnet's Market Position Statement

Adults and Communities

July 2013

BARNET
LONDON BOROUGH

Contents

Introduction

Barnet is one of the best places in the UK to live, with green spaces, quality housing and a thriving business community. It is also one of the fastest growing areas of London. However, in adult social care, we face considerable challenges in the coming years as reductions in public spending have to be managed at the same time that forecast rising demand for care and support is likely to generate unprecedented pressures. The current pattern of services is not affordable as the basis for meeting the needs of future generations of older people and for younger people with complex disabilities, nor for meeting the support needs of the growing number of family carers.

Together we need to change our approach to care and support in adult social services; controlling new demand and reshaping the supply base with a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention. The way services are provided has to be redesigned to make available new, more creative ways of working, supporting carers, promoting enablement and telehealth care, and encouraging arrangements which allow more individuals to receive a personal budget as a direct payment or individual service fund, giving people greater choice and control.

Critically we are seeking a shift of mind-set from one of dependency on services to one of enabling a relationship between customers and their care and support. To do this we have a 'market' that we want to see offering a variety of care and support options. Here, customers[1] (the citizens of Barnet), will be able to choose from suppliers in the knowledge that services are safe and of a stated quality and price. People who work and volunteer in care and support – the suppliers - are integral to that relationship with customers and their family carers.

Background

Thus increasing demand, greater numbers of self-funders and personal budget holders, and restrictions in local government expenditure mean significant change to the social care market in the coming years.

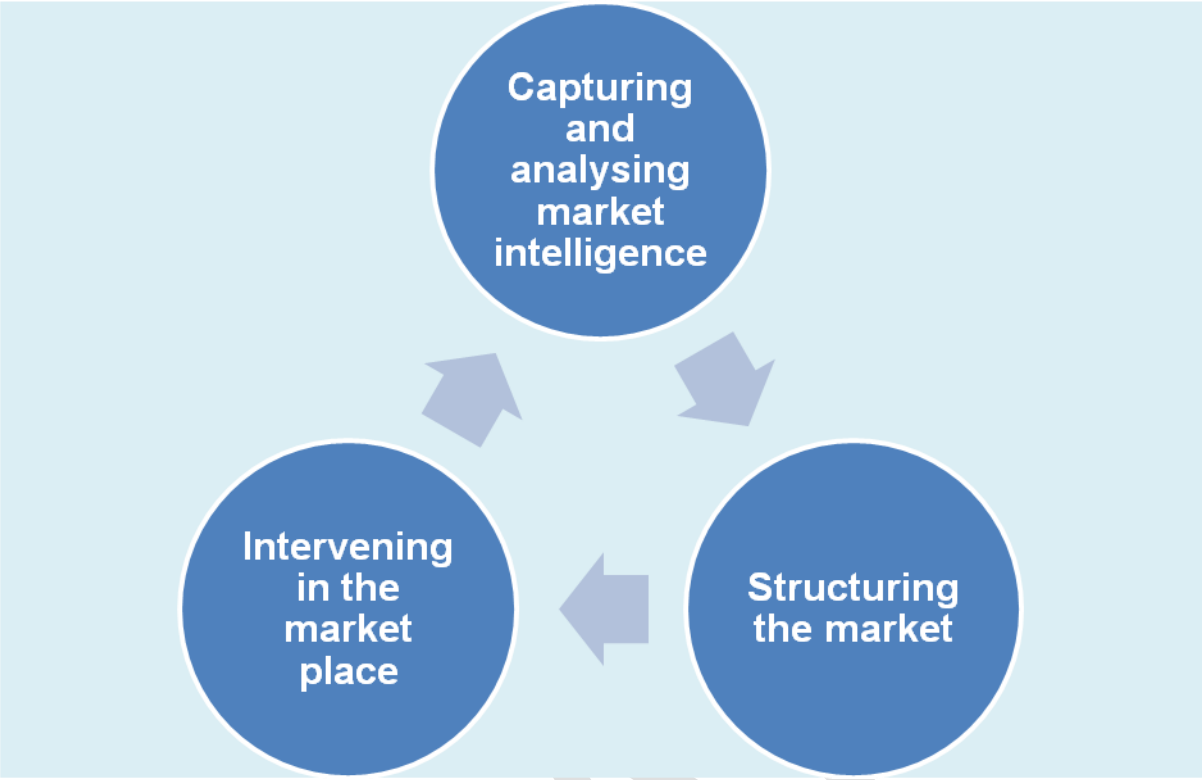
To date national and local policies have consistently sought to ensure that those eligible for social care provision should have greater choice and control over the services they might use. In itself this requires the creation of a more diverse social care market. Add to that the necessity to stem the demand through early support and preventative approaches prior to eligibility and the duty to ensure that people purchasing care privately can do so safely and from a well-informed position then the role of the local authority as 'market maker' is manifest.

Facilitation of the social care market requires local authorities to engage in three distinct tasks, as Figure 1 illustrates. This document is focused on the first of these activities: the understanding of market intelligence through the development of a market position statement. [2]

[1] We have used the term customer to include, potentially, all citizens of Barnet rather than using the idea that some people are service users and some not.

2 Developing a Market Position Statement for Adult Social Care: A Toolkit for Commissioners IPC, 2011

Figure 1: The tasks of market facilitation



Market intelligence - the development of a common and shared perspective of supply and demand, leading to an evidenced, published, market position statement for a given market.

Market structuring - the activities designed to give the market shape and structure, where commissioner behaviour is visible and the outcomes they are trying to achieve agreed, or at least accepted.

Market intervention - the interventions commissioners make in order to deliver the kind of market believed to be necessary for any given community.

Improving care and support by developing the market

In Barnet we want the market to feature a diverse range of care and support providers. Enabling people to choose from different care and support providers, which offer different ways of meeting people's needs and aspirations, will help to drive up quality and value for money. This objective will soon rest on a statutory footing as the Government plans to introduce a duty upon local authorities to promote diversity and quality in the provision of services.3 The market place will be characterised by access to information and advice with advocacy and brokerage, where required, to point people to appropriate suppliers. LB Barnet would like to encourage user and carer led organisations, small and micro social enterprises as well larger private and voluntary

3 Caring for our future: reforming care and support White Paper. HMG, July 2012

organisations to offer what people want and need. The important messages are ones of voice, choice and control and not ones of preferred types of providers.

What is the purpose of the Market Position Statement?

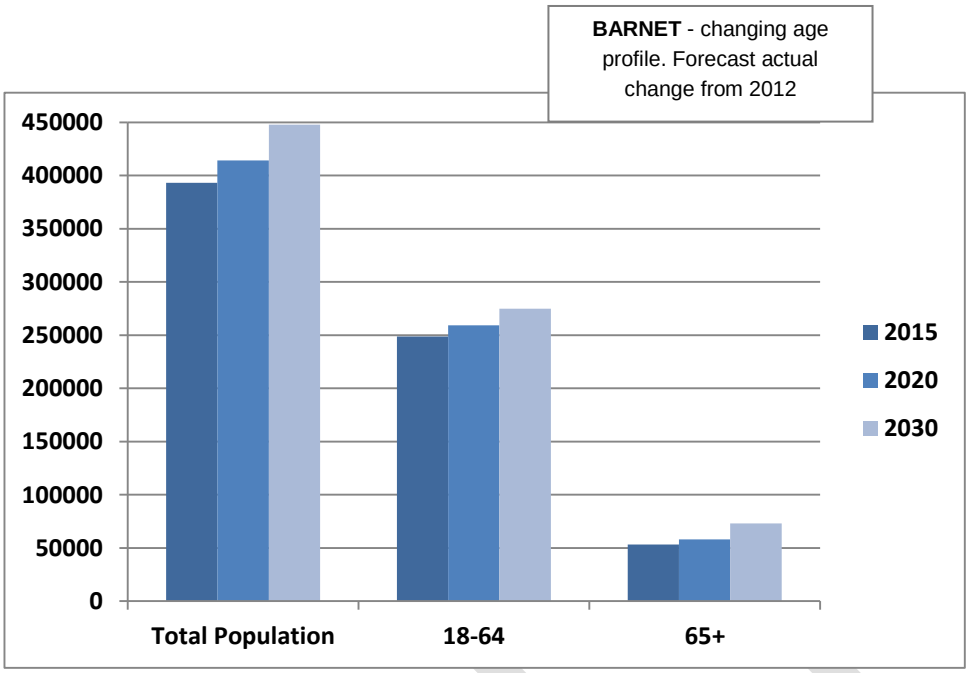
This Market Position Statement (MPS) is intended to provide the foundation for our relationship with the care and support market, and to particularly set out our ambitions for working with providers to encourage the development of a diverse range of options. It provides information about the current demand for care and support services and how they are provided, together with projections of future demand and consideration of how the market will need to develop to provide the range and level of support that will be required. Barnet is committed to stimulating a diverse market and the MPS has been produced to encourage and inform a dialogue with current and potential providers of care and support. [4]

Demand for care and support

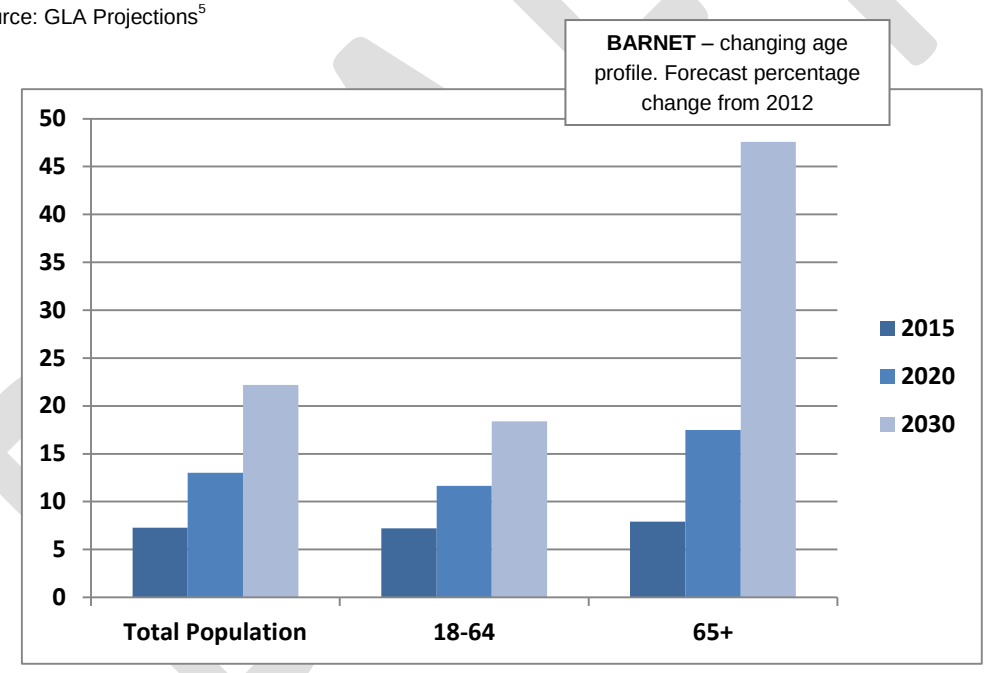
The growing demand – demographic change

Barnet starts from a position of having a significant demographic pressure on local services. Already London's second most populous borough, with 357,5385 residents in 2011 and a history of integrating diverse migrant communities, Barnet's story is one of growth. This growth is forecast to continue, driven by regeneration and recent high birth rates, bringing increasing pressure on the health and social care system

4 What is a Market Position Statement IPC, 2012



Source: GLA Projections[5]



Source: GLA Projections[5]

Over the next five years (2013 – 2018), the local population is projected to grow by 9% – an increase of 32,768 people[6]. The JSNA report states that the greatest growth will be concentrated in Colindale, Golders Green, Mill Hill and West Hendon; which are also the regeneration areas.[7]

5 Greater London Authority (GLA), data management and analysis group - 2012 round of demographic projections - SHLAA
6 Greater London Authority (GLA), data management and analysis group - 2012 round of demographic projections - SHLAA
7 JSNA Op Cit, 2011

Substantial growth in the adult population

England is forecast to experience a steady 5% increase in the 16 - 64 population by 2030 and a much more rapid increase of 29% in the number of over 65s[8]. During the same period Barnet is forecast to have a much greater population growth rate with the 16 – 64 age group growing by 19% and the over 65s growing by 48%[9].

Table 1 Overall population trends adults 16 and over Barnet

	2012	2015	2020	2025	2030
Barnet: Total population 16-64	240,815	257,662	268,244	279,923	285,884
Barnet: Total population 16-64 % change	0	7%	11%	16%	19%
England: Total population aged 16-64 % change	0	1%	2%	4%	5%
Barnet: Total population 65 and over	49,427	53,337	58,077	64,980	72,944
Barnet: Total population 65 and over % change	0	8%	18%	31%	48%
England: Total population aged 65 and over % change	0	6%	13%	20%	29%

Source: GLA Projections[8] & ONS[9]

Rapid increase in the numbers of people aged 65 years and above

The number of people aged 65 and over in Barnet is forecast to increase, from the current level of 49,427, by 8%, between 2012 and 2015, to show an 18% increase by 2020 and a 48% increase by 2030 to 72,944. The number of people over 85 is projected to increase even more markedly, growing by 9% between 2012 and 2015, 25% between 2012 and 2020 and increasing by 82% to 501in 2030.The highest percentage rate of increase is expected to take place in the number of older people in the 90+ age band which is forecast to increase by 130% from its 2012 level by 2030.[9]

Table 2 Forecast population growth of older people in Barnet

	2012 Estimated Population	2015 fig + % increase	2020 fig + % increase	2025 fig + % increase	2030 + % increase
All people aged 65+	49,427	53,337 = 8%	58,077 = 18%	64,980 = 31%	72,944 = 48%
All people aged 85+	7,977	8,687 = 9%	10,009 = 25%	11,985 = 50%	14,501 = 82%

Source: GLA Projections[9]

8 ONS 2010-based National Population Projection, published Nov 2011 – Data set selected as later projections do not go beyond 2021. National projections classify 16 & 17 year olds as adults.
9 Greater London Authority (GLA), data management and analysis group - 2012 round of demographic projections - SHLAA

According to local customer profiling, areas that have high numbers of older people are Totteridge and in the centre of the borough near Finchley Church End and Mill Hill.

The higher incidence among older age groups of many health conditions, disabilities and incapacities means that Barnet's ageing population poses a great challenge to the health and social care systems in terms of managing demand for services with increasingly tighter resources. Increased life expectancy in Barnet implies longer periods for individuals where health, social care and support are required.[10]

Key factors associated with older age that influence the demand for social care

Five key health and disability factors that are particularly likely to provide sound indicators of demand for health and social care in people over 65 have been identified by the National Adult Social Care Intelligence Service (NASCIS). The following table sets out the forecast changes in Barnet for each of the factors from 2012 until 2030.

Table 3 Key factors that may influence potential changes in demand for health and social care in people over 65 [11]

	2012 Estimated Population	2015 fig + % increase	2020 fig + % increase	2025 fig + % increase	2030 fig + % increase
People 65+ living with dementia	4,006	4,247 = 6%	4,802 = 20%	5,553 = 39%	6,528 = 63%
People 65+ with a limiting long-term illness	21,528	23,108 = 7%	25,587 = 19%	28,923 = 34%	33,224 = 54%
People 65+ unable to manage at least one personal care task	17,932	19,031 = 6%	21,123 = 18%	24,003 = 34%	27,669 = 54%
People 65+ unable to manage at least one domestic care task	21,833	23,161 = 6%	25,750 = 18%	29,270 = 34%	33,637 = 54%
People aged 75 and over providing more than 50 hours care per week	2187	2271 = 4%	2496= 14%	2953 = 35%	3300 = 51%
Average % change from 2012 (rounded)		**6%**	**18%**	**35%**	**55%**
Increase from the previous period		**6% (0-6%)**	**12% (6%-18%)**	**17% (18%-35%)**	**20% (35%-55%)**

10 JSNA Op Cit, 2011
11 Projecting Older People Population Information (POPPI) IPC 2012 http://www.poppi.org.uk/

% Population Change over 65 in Barnet		**8%**	**18%**	**31%**	**48%**

Source: POPPI[14]

Marked and rapid increase in demand over the next 18 years

All of the indicators show marked and relatively similar increases through time, with the rate of increase steadily accelerating, by 6%, 12%, 17% and eventually 20% between 2025 and 2030.

Dementia

The number of people aged 65+ in the borough living with dementia is forecast to rise by 20% between 2012 and 2020, 39% by 2025 and 63% by 2030.[12] This has been identified in the Joint Strategic Needs Assessment 2011-2015 (JSNA) as 'a key pressure on services for older people and their carers' and that it is 'a challenge for the entire health and social care system to think about how better support can be provided to dementia sufferers.' [13]

Locally, Barnet, Enfield and Haringey NHS Mental Health Trust's 2010 Dementia Strategy notes that two-thirds of people with dementia live out in the community. It identifies the need for memory assessment services for early diagnosis, dementia home treatment teams to prevent admissions into hospital or registered care, and personalised services to help enable individuals to regain lost skills or retain existing capabilities.[14]

Falls and fractures

The consequences of falls have a significant impact on both NHS and social care services. Falling can precipitate loss of confidence, the need for regular social care support at home, or even admission to a care home. Fractures of the hip require major surgery and inpatient care in acute and often rehabilitation settings, on-going recuperation and support at home from NHS community health and social care teams. In addition, hip fractures are the event that prompts entry to a care home in up to 10% of cases. Indeed, fractures of any kind frequently require a care package for older people to support them at home.

In the UK, 35% of over-65s experience one or more falls each year. About 45% of people aged over 80 who live in the community fall each year. Between 10% and 25% of such fallers will sustain a serious injury.

There is strong evidence that physical activity is important in preserving adequate to good skeletal health and in preventing fractures. Exercise, even at advanced ages and in people of varying physical activities, can improve balance, strength and other risk factors for falls and injury. Multi-component exercise programmes which include strength and balance training and Tai chi are most effective.[15]

12 Projecting Older People Population Information (POPPI) IPC 2012 http://www.poppi.org.uk/
13 JSNA Op Cit, 2011
14 Referenced in JSNA Op Cit, 2011
15 JSNA Op Cit, 2011

Adult social care for people aged 65 and over

The ageing population in Barnet poses major challenges to the health and social care sector, in particular how to continue to allocate resources to meet needs. Nearly two-thirds of Adult Social Services users are aged 65 or over; a majority of these need help or support in their own home, and nearly half of these become eligible for help after a spell in hospital. It is important that these people are supported to regain their independence as soon as possible.

Loss of control and independence is detrimental to the wellbeing of older people, as are feelings of social isolation and loneliness. Adult Social Services have for a number of years tried to restrict admissions into care homes for older people, responding to users' and the public's feedback that where possible people would like to remain in their own homes receiving community and home based support. Performance figures suggest a lot of success with this policy – 19.5% of service users aged 65 or over received residential care services in 2006/07; this figure had dropped to 15.1% in 2009/10. Adult social services, working with health services and the voluntary sector, need to do more to build the confidence and capability of older people to remain in their own homes.

In Barnet there are an estimated 18,300 older adults living alone, making up 38% of the elderly population in the borough. Over two-thirds of these single pensioner households will be aged 75 or over. As more and more older and frail residents elect to stay at home for longer, the need for local social groups, community health services, and preventative care facilities increases even further.

Where older people do not live alone, they are quite often looking after an elderly partner within their home, or indeed being looked after themselves. Within Barnet, it is estimated that there are 5,334 people over the age of 65 providing unpaid care to a partner, family member or other person. This represents 11% of older people in the borough, and by 2020 this number is set to increase by over 1,000. Nearly 40% of these carers are aged 75 or over; there is also a small but significant number of carers aged 85 or over (estimated to be 356 in 2010).[16]

Adult social care for adults under 65

Care related characteristics of the 18-64 adult population of Barnet

The following tables show the forecast growth in the adult population in Barnet of adults with disabilities, mental health and substance misuse related needs.

Table 4 People aged 18-64 in Barnet predicted to have a learning disability [17]

	2012	2015	2020	2025	2030
Total population aged 18-64 predicted to have a learning disability	5,639	5,874	6,228	6,523	6,790

16 JSNA Op Cit, 2011
17 Projecting Adult Needs and Service Information (PANSI) IPC 2012 http://www.pansi.org.uk/

Table 5 People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services [18]

	2012	2015	2020	2025	2030
Total population aged 18-64 predicted to have a moderate or severe learning disability	1,263	1,326	1,422	1,510	1,589
Average % change from baseline (rounded)		5%	13%	20%	26%

The overall number of adults 18-64 in Barnet with a learning disability is forecast to increase steadily between 2012 and 2030. The number of people, with a moderate or severe learning disability, who are likely to be in receipt of services, is also expected to increase over the period from 1,263 to 1,589, more or less in line with the forecast increase in the overall 18-64 population in the borough.

Table 6 People aged 18-64 predicted to have a moderate or serious physical disability, projected to 2030 [19]

	2012	2015	2020	2025	2030
Total population aged 18-64 predicted to have a moderate physical disability	17,009	17,797	19,297	20,591	21,512
Total population aged 18-64 predicted to have a serious physical disability	4,841	5,069	5,575	6,047	6,347

The overall number of people with a moderate physical disability in Barnet is forecast to rise from its current level of 17,009 to 19,297 2020 and 21,512 in 2030, while for those with a serious physical disability the forecast is for a rise from 4,841 to 5,575 in 2020 and 6,347 in 2030.

Table 7 People aged 18-64 predicted to have a mental health problem, projected to 2030 [20]

	2012	2015	2020	2025	2030
People aged 18-64 predicted to have a common mental disorder*	37,223	38,666	40,893	42,778	44,362
People aged 18-64 predicted to have a borderline personality disorder	1,040	1,079	1,140	1,192	1,235
People aged 18-64 predicted to have an antisocial personality disorder	815	851	907	955	995
People aged 18-64 predicted to have psychotic disorder	925	960	1,015	1,062	1,101

18 Projecting Adult Needs and Service Information (PANSI) IPC 2012 http://www.pansi.org.uk/
19 Projecting Adult Needs and Service Information (PANSI) IPC 2012 http://www.pansi.org.uk/
20 Projecting Adult Needs and Service Information (PANSI) IPC 2012 http://www.pansi.org.uk/

People aged 18-64 predicted to have two or more psychiatric disorders	16,670	17,335	18,358	19,230	19,960
Total all mental health problems	56,673	58,891	62,313	65,217	67,653
Total of those with other than a 'common mental disorder'	19,450	20,225	21,420	22,439	23,291

* 'Common mental disorder' usually refers to types of anxiety or depression, and includes obsessive compulsive disorder

The overall number of people with a mental disorder in Barnet is forecast to rise from its current level of 37,223 to 40,893 in 2020 and 44,362 in 2030, while for those with other than a common mental disorder the forecast is for a rise from 19,450 to 21,420in 2020 and 23,291 in 2030.

Table 8 People aged 18-64 predicted to have a drug or alcohol problem including those with a drug problem in effective treatment, projected to 2030 [21]

	2012	2015	2020	2025	2030
Total population aged 18-64 predicted to have alcohol dependence	13,945	14,543	15,458	16,249	16,904
Total population aged 18-64 predicted to be dependent on drugs	7,894	8,227	8,736	9,175	9,540
People aged 18 or over with a drug problem in effective treatment	791	829	886	940	998

For people predicted to have alcohol dependence in Barnet the expected increase is from 13,945 today, to 15,458 in 2020 and 16,904 in 2030.

There are an estimated 7,894 people dependent on drugs in the borough currently rising through 8,736 to 9,540 in 2020 and 2030 respectively. The number with a drug problem but in effective treatment is 791 at present and expected to rise over the same period to 886 and 998.

Carers

Carers have a vital role in supporting people who are ill, disabled, frail or who have mental health problems or learning disabilities so they can remain living at home. It is estimated that 60% of the population will care for someone at some point during their lives, and this informal care makes an enormous contribution to society. In Barnet, around 9% of the population are currently carers, of which at least 2,000 are 75 years or older, with nearly 5,000 providing 50 hours or more of care per week. These rates are relatively higher in the North and West localities. Many carers do not identify themselves as carers and therefore, these 'hidden carers' may not be accessing the support and advice available to them.[22]

The demand for carers is projected to increase with the increase in life expectancy, with the increase in people living with a disability needing care and with the changes to service

21 Projecting Adult Needs and Service Information (PANSI) IPC 2012 http://www.pansi.org.uk/
22 JSNA Op Cit, 2011

provisions in community settings away from institutions. In particular there will be a sharp increase in the demand for carers of older people and of people with dementia. With this comes a risk of increased social isolation, particularly where carers are experiencing declining health themselves.

Changing diversity

With regeneration and demographic growth comes a shift in the ethnic profile of the borough. Over the next five years, the local black and minority ethnic (BME) population is projected to increase from 33.1% to 35.0% of the total populace

Although Barnet continues to attract individuals and families from around the world, the rise in local diversity is predominantly driven by births in the existing BME community. The consequence of this is that, aside from a bump in the 30 to 44 cohort, each rising age band is progressively less diverse than the former; just 21.9% of the current 65 to 69 year old population are non-White compared to almost half of all 0 to 4 year olds (49.7%). [23]

Faith

The 2011 census reported that 47% of 16 to 64 year olds were Christian, 13% Jewish, 7% Hindu and 6% Muslim. 15% were reported as having no religious affiliation, and a further 9% reported nothing. Levels of non-believers are higher among men than women.

Religion plays more of a part for older adults – during the 2001 census only 16% of residents aged over 65 either did not state their religion or claimed they had no religious affiliation, compared to 26% for residents aged 16 to 64. Unfortunately, the census figures are the last accurate measure of the religious makeup of the borough and are likely to have changed dramatically much in the same way as ethnicity has in the past nine years. In 2001, 57% of the older adult population in Barnet were recorded as Christian, 21% as Jewish, 4% as Hindu and 2% as Muslim. It is highly likely that the Hindu and Muslim populations are now much higher than this.

The Office of National Statistics has released some initial information from the 2011 census results. The Census data gives us very useful information about the population and demographics within the borough and we expect to update information included here in 2013.

Supply of care and support - overview of the market in Barnet

What is a care market?

We use the term 'care market' to describe the framework in which individuals, local authorities and the NHS buy care and support services and public, voluntary and private sector bodies supply them. There is no doubt that the local authority and the NHS are seen as key facilitators in the development of this market both locally, regionally and to some extent nationally.

23 JSNA Op Cit, 2011

The changing market role of the public sector will see a reduction in direct purchasing as finances are channelled towards customers. It will feature a duty to ensure access to information and advice to benefit all customers whether publically or privately funding. Market activity by the local authority is likely to be targeted at ensuring a variety of choices at stated quality and price, at gaps in the market that will prevent demand through early support or that respond to crisis through re-enablement and at a range of business supports including labour market development and practice improvements.

Key characteristics of the care market in Barnet

Many people who fund their own care

The influence of private wealth in Barnet has a clear and beneficial impact on the range of choices available. Choice and quality have been stimulated through individual demand as well as statutory demand. A challenge is to widen access for all through a successful blend of public and private funds. Access to financial advice will be useful for all, but particularly for self-funders.

The market overall has continued to respond to greater level of complex need being catered for outside institutional settings. This also potentially places greater responsibilities on families and informal networks which provide the great majority of care and support through their families and households.

Increasing numbers of carers - many needing support

The care market in Barnet has aspects that are well-established and others that are immature. It is shaped by commissioners, independent and voluntary sector providers, regulators, services using customers and their carers. It can be estimated that the 28,000 informal carers identified locally during the 2011 census is likely to be well over 30,000 today[24]. Whether this will be sufficient to meet the swell of demand is yet to be seen. Well over a quarter of these provide care for over 20 hours a week. Carers, particularly those with long-term caring commitments, are especially vulnerable to physical and mental ill health. This creates an individual personal burden, increases demands on health and social care services and undermines the viability of informal care arrangements.

A large residential care sector

The care market in Barnet is dominated by residential care, with 121 care homes within Barnet offering 3,082 places, around a half of which are registered as 'dementia beds'. Barnet social services purchases just over a quarter of available beds in Barnet, as well as buying a third of its provision from homes outside the borough. With NHS purchasing included, this proportion rises to around 50%. The remaining half of the market is made up of people funding their own care and people placed here by other local authorities.

Nearly a half of residential homes and beds within Barnet are located in the North locality, although homes and beds with nursing facilities are concentrated in the South locality.

24 JSNA Op Cit, 2011

Community support increasing and some smaller residential homes closing

In line with its policy to support people within their own home for as long as possible, admissions to residential care of social services funded customers dropped from 231 in 2006/07 to 171 in 2009/10. Nursing care admissions have gone the other way in recent years though, rising 42% from 2007/08 to 94 in 2009/10[25], possibly indicating rising levels of severe dementia cases.

However the trend for overall admissions to care homes remains downwards – in 2010/11 there were only 40 net new placements of older people by Adult Social Services reflecting increasing confidence in some of the alternatives which are gradually replacing this option[26]. We also know that many care homes operate with a level of vacancies except in periods of extreme pressure in other parts of the system. The care homes market in Barnet consists of a relatively high proportion of small homes with sole owners, many of whom are nearing retiring age and we will gradually see a contracting of this type of provision in the borough.

There has been new investment into larger high specification care homes with generous space dimensions which attract the older person who does not wish to retain the burden of managing and paying for their own property, and may also be reluctant to take on any further housing tenure very late in life. Barnet and its residential placement partners, the West London Alliance (WLA), have a joint commitment to reduce residential placements and to carefully plan Nursing Home provision.

The domiciliary care market remains stable

Registered provisions for domiciliary care continue to remain stable although with some mergers over the last two years.[27] However we would expect domiciliary care to decrease as the use of Personal Assistants increases, and at the same time expect them to develop health competencies and support community inclusion. Under the boroughs procurement arrangements 3 agencies have been approved to act as lead providers which will help to mitigate against risks.

Market sustainability

The national picture

The provider landscape nationally in health and social care continues to be affected by mergers, closures and debt particularly as they are affected by rising costs, the general economic downturn and lower levels of public funding in some cases. In addition the commissioning arrangements are increasingly based on individual or short term arrangements rather than long term or block commissions from social services.

The concerns that emerged around Southern Cross have heightened the public sectors antennae to issues of market risk and business continuity. The preference as a responsible

25 JSNA Op Cit, 2011
26 JSNA Op Cit, 2011
27 Joint Strategic Needs Assessment – Barnet. LLB and NHS Barnet, 2011

safeguarding and commissioning authority is for early engagement with planned change and improvement support rather than with emergency closures.

The local picture

Costs for care and support continue to be disaggregated as preparation for more personalised menu based services for all citizens who need these services including those with social services funding. In Barnet, due to the levels of personal finance of many of the residents, there has been a long tradition of care services being not reliant on public subsidy. Capacity in community home and community support type services remains relatively stable. There is evidence that many providers are starting to diversify from their traditional style provisions with care homes offering day care and drop in services and domiciliary type services moving into personal assistant type roles.[28]

Housing care and support

Housing is now a crucial component of the care system as accommodation, care and support continues to be disaggregated. Housing related support funded through the Supporting People programme is focused on maintaining independence and supporting stable accommodation arrangements for adults in the community who experience a range of difficulties including disability, mental health problems, domestic violence, substance misuse and homelessness.

After a consistent year-on-year rise in the numbers of people supported through these arrangements, 2009/10 saw a fall for the first time in the programme's history, with the number of new client forms received dropping 23% to 1,559. In that year, 81% of new clients in Barnet received floating support (the support goes to where the need is), whereas in London an average across boroughs was only 42%. The other key difference is that only 14% of Barnet's new clients received supported housing (where support is linked to specific housing options), compared to a London average of 31%[29].

The council's Public Sector Housing Team run a Handy Person Scheme with Age UK Barnet. This service assists clients with small jobs around the home. The work carried out by handyperson schemes can help local authorities to reach vulnerable clients much faster. These schemes can also assist health service providers to reduce hospital admissions of older people having accidents. Carrying out minor repairs prevents hospital admission from falls and accidents in the home. In 2010/11 this assisted one thousand three hundred and fifty eight

Finance and funding arrangements

Council financial pressures

The Council's Medium Term Financial Strategy shows a year on year decline in the total income from grant and Council Tax available to the Council between 2013/14 and 2015/16 requiring savings to be made by Adult and Communities of: £2.9m in 2013/14, £8.3m in 2014/15 and

28 JSNA Op Cit, 2011
29 JSNA Op Cit, 2011

£7.9m in 2015/16[30]. As noted earlier the Borough's over 18 population will grow by 18,400 between 2012 and 2015 and the over 65s by 8%. The combined effect of the savings requirement and the increase in the adult population will put considerable pressure on all Council services, including ASCH, to 'achieve more with less'.

Current allocation of adult social care funding - by type of service

Table 9 Allocation of expenditure on adult social care provision 2013-14

Total Adult Social Services	
Assessment and care management	£532,043
Care homes with nursing	£5,619,267
Care homes	£32,658,067
Supported accommodation	£7,888,347
Home and community support	£8,785,226
Day Care/Day Services	£6,872,606
Direct Payments	£8,961,805
Equipment and adaptations	£958,307
Meals	£331,715
Other services to adults with mental health needs	£2,795,304
Total Adults - excluding SP	**£75,402,687**
Supporting People (SP)	£3,505,569
Total Adults – including SP	**£78,908,256**

Appendix 1 provides further information on this expenditure.

A significant proportion of the current budget is committed to a few major contracts. In addition to this relatively small number of major providers Adults and Communities have a substantial number of smaller contracts. For example, the Delivery Unit has 319 contracts with residential and nursing providers and 1400 people placed with them. There are significant numbers of contracts in place where Barnet is only funding one or two placements

Lead Provider arrangements

Adult Social Care and Health now work with lead providers in a number of service areas. These are service areas where there were once numerous providers and there is now a lead organisation that holds the contract for each group of services.

The following organisations are lead providers:

- Home and Community Support: Enara, Personnel and CareBank and London Care Plc

30 Finance and Business Planning Process 2013/14 to 2015/16, Report to LBB Cabinet (2012)

- Short Term Enablement Homecare: Housing 21
- Floating Support: Outreach Barnet from Notting Hill Housing Group
- Information, Advice, Advocacy and Brokerage: Barnet, Centre for Independent Living
- Carer's Support Services: Barnet Carer's Centre
- Learning Disability Support Services: Working for You from Dimensions
- Mental Health Day Opportunities: Richmond Fellowship
- Older Adults Neighbourhood Services: Age UK

Many of the lead provider arrangements are characterised by partnership and sub-contracting relationships with other providers.

The move to lead provider arrangements reflects a number of common objectives and some service specific benefits. The general drivers are as follows:

- Larger contracts mitigate the impact of budget reductions through efficiencies achieved through larger volumes
- The council direction is to reduce the number of contracts held and therefore the number of contract management obligations
- Lead providers can provide a single front door which simplifies access for the customer
- Joining up similar service types reduces the risk of duplication

Allocation of services across care groups

In 2012 – 2013:

- 61% of the people who used ASCH's services had a physical disability (4,589 people)
- 25% had mental health needs (1875 people)
- 11% had a learning disability (851 people)
- 3% had other support needs (224 people)

During the period of 2012/13, most of these people (84%) received a community-based service such as meals at home, home care, or day services, whilst19% received residential or nursing care. 3% of service users received both community-based services and residential / nursing care within the same year.

The challenge we face

The prospect we are facing is one of a steady and significant decline in the level of resources at the same time as a very substantial increase in the size of the adult population, particularly in the older elderly and people with dementia, together with growth in the number of people with complex needs in the younger adult age group.

The current ASCH Commissioning Plan observes that 'If social care usage remained the same, and similar proportions of each age group continued to access and use services as they do today, then the impact on resources would be enormous.'[31]

The table below shows how the increase in population would impact on areas of service, by age group, over the next 5, 10 and 15 years if there was a similar pattern of service usage.

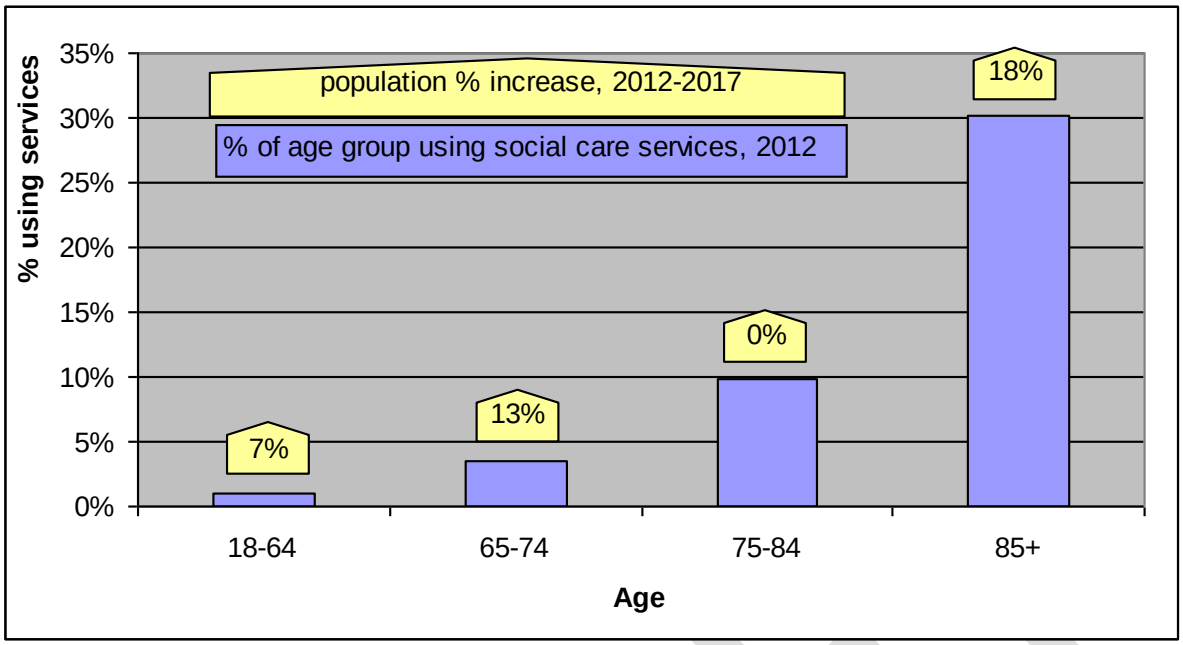
Table 13 Potential growth in service users with forecast increase in population[32]

	Service users in 2011/12	By 2017	By 2022	By 2027
All users	7,525	+ 732	+ 1,464	+ 2,298
18-64	2,663	+ 190	+ 270	+ 352
65-74	813	+ 105	+ 124	+ 178
75-84	1,636	+ 10	+ 220	+ 414
85+	2,413	+ 427	+ 850	+ 1,354
Residential	1,078	+ 111	+ 230	+ 362
18-64	354	+ 25	+ 39	+ 51
65-74	88	+ 11	+ 13	+ 19
75-84	211	+ 1	+ 28	+ 53
85+	425	+ 75	+ 150	+ 239
Nursing	363	+ 42	+ 93	+ 148
18-64	28	+ 2	+ 4	+ 5
65-74	38	+ 5	+ 6	+ 8
75-84	102	+ 1	+ 14	+ 26
85+	195	+ 34	+ 69	+ 109

The disproportionate effect on the demand for services of the forecast increase in the number of older elderly people is shown in Table 14.

31 Commissioning Plan 2012/13 Barnet Adults and Communities Delivery Unit
32 Commissioning Plan 2012/13 Barnet Adults and Communities Delivery Unit

Table 14 increasing population together with forecast impact on services by age-group[33]



An ageing population

In terms of numbers, older people dominate social care - roughly two-thirds of Barnet's social care users are aged 65 or over and a third are aged 85 or over. These proportions may well increase as over the next five years there will be 4,459 more residents aged 65 or over (a 9.2% increase) and 1,424 more residents aged over 85 (a 17.7% increase), compared to average growth of only 8.1% expected in the Barnet population as a whole.

Considering that 1 in 10 Barnet residents aged 65 or over access social care services from the Council, and nearly one in three aged 85 or over, these projected population increases pose a serious challenge to the sector of how we can continue to meet increasing needs and demands on our services amid continuing capacity reductions and budget cuts.

Increasing complexity of needs

Increases in the total population and improvements in medical expertise means that the number of residents with multiple and complex needs is likely to increase over the coming years. Improved survival rates at birth, increasing life expectancy, and growth among communities at higher risk of learning disabilities (for example, the South Asian community) all mean that we can expect more and more complex cases to be transitioning into adult services. Their health and care support needs are very costly and pose a significant challenge to commissioning in terms of providing appropriate and safe services near to family and support networks.[34]

33 Commissioning Plan 2012/13 Barnet Adults and Communities Delivery Unit
34 JSNA Op Cit, 2011

Transitions numbers coming through

There is increased demand for services from the younger adult age group. The last three years have seen a 13% increase in numbers claiming Disability Living Allowance, and by 2013 there is predicted to be an additional 100 working-age residents with a serious physical disability, an extra 32 with a moderate or severe learning disability, and a further 41 with an autistic spectrum disorder.[35]

Key features of the changing demand for care and support in Barnet

- Barnet is forecast to have a high level of population growth over the next 20 years well above the national rate
- There is likely to be a proportional high level of increase in the level of demand for support for people with learning disability, mental health, physical and sensory disability, and drugs/alcohol related needs
- There is forecast to be an increasingly ethnically diverse population some of whom can be expected to have greater care needs
- There is a projected higher rate of growth in the number and proportion of older people particularly the 'older elderly', well ahead of the national trend.
- Ageing is associated with a number of ill-health and disability conditions that require care and support. Locally the number of people with particularly complex needs is forecast to increase.
- Dementia increases exponentially in the over 65 population, and people with dementia require continuing support in almost all instances
- Care may be purchased by self-funders, be provided by unpaid carers or from the social care and health services
- Carers who are generally family members are often hidden, often older people and often experiencing increasing health problems and isolation. They are entitled to a social care assessment and to care to meet their own support needs.
- Barnet has exceptionally high levels of self-funders who, under proposals set out in the Care and Support Bill (see below) will in future be entitled to assessment, support planning and care management.

35 JSNA Op Cit, 2011

Changing entitlements

The Care and Support bill draws together existing social care law into a single statute and replaces out dated legal aspects. Both the draft Care and Support bill[36] and White Paper 'Caring for our future: reforming care and support'[37] set out a range of new entitlements that include:

- The right to a personal budget and direct payments will be enshrined in law for the first time
- Carers are to receive extended assessment rights and for the first time, a legal entitlement to support services and review.
- Councils will be required to offer assessment, support planning and care management to people who fund their own care (self-funders).

New duties for local authorities

In addition to the requirements described above, additional requirements include the duties to:

- Commission and provide preventative services and information and advice.
- Inform users about rights to direct payments (DPs) and what needs could be met by DPs. This updates the legal framework to reflect current best practice.
- Promote social capital and prevention by opening up council community buildings for local use.
- Promote diversity and quality in care and support provision.

Meeting rising public expectations and increasing demand for services while experiencing financial pressures

Successive governments' health and social care policies have reflected a clear understanding that people's expectations of care and support are that they will have access to good quality information, have choice and control, be treated with dignity and respect and be supported to retain their independence in the community, while carers are recognised as partners in care.

Personalisation is central to the model for care and support. The current coalition government policy gives additional emphasis to promoting people's independence and wellbeing by focusing on enabling them to prevent or postpone the need for care and support. As a growing and changing Borough with less public money available to spend, Barnet, through its Health and Wellbeing Strategy 2012-15, aims to reduce health inequalities by focusing on how more people can 'Keep Well' and 'Keep Independent'. It intends to

- support the delivery of safe, high-quality health and social care services, within available resources directed to providing the greatest benefit for the greatest number of people in need, and

36 Draft Care and Support Bill. HMG, July 2012
37 HMG, Op Cit, 2012

- ensure that service users' experiences are good across the range of services available.

The way forward

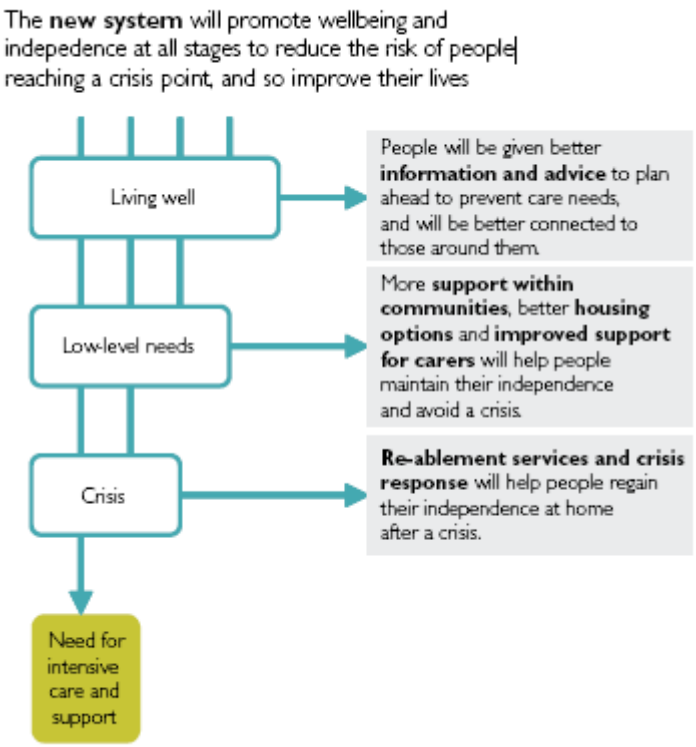
A strong focus on health and wellbeing is essential if we are to live within our means. In line with most local authorities we need think about how we ensure availability of high quality services with a significant reduction in funding from the public purse. Changing demographics means there is a growing demand for our services at a time when public spending is being reduced.

The focus has shifted to the following opportunities for demand management

- Prevention – delaying and or stopping people becoming FACs eligible or reaching crisis point. This describes a shift in the funding balance from crisis services to prevention services
- Expectation management of what will be provided – emphasis on cost-effective short term interventions rather than long term packages of care
- Integration – joining up health and social care services to better manage the whole system including referrals from health to social care and improving value for money of back office functions

Demand management

The three principles aim to tackle the reasons for social care need. This is described in the 'Social Care White Paper; Caring for our Future' by the diagram following:



Prevention

The preventative vision is a key theme running through current government and local care and health strategies This is expressed in terms of more holistic assessments of need; stronger joint commissioning; a strong focus on choice and control; a much greater recognition of the role of carers and families, neighbours and communities; the role of housing and housing support; assistive technology and equipment.[38]

- Offer **timely information, advice and advocacy** to enable local people to arrange their own bespoke support and care
- Provide **support for family carers** that will enable them to care and also have a life for themselves
- Build a network of services and supports that **promote enablement, independence and well-being** for the diverse community of the borough
- **Strengthen working with voluntary and community sector** to promote independence, choice, build community resilience and promote involvement, active lifestyles and choice
- **Create a physical environment, including use of assistive technology and extra care housing,** that promotes the independence of people with disabilities and sensory impairments
- Challenge stereotypes, promote positive images and where possible **avoid the need for more intensive forms of support**
- Offer greater control though **direct payments and individual budgets**
- **Promote a strategic shift to preventative services**, working with all council departments and other statutory partners, to achieve health and social care outcomes that empower people.

Transforming Social Care requires a shift in practice and investment to support activities that reduce the impact of barriers experienced by people with disabilities and ill-health on a person's health and social well-being. This includes activities that build up and grow personal and physical resilience, develop and maintain social networks, increase skills and employment opportunities, encourage healthy lifestyles and support families and friends who provide care.

Part of this shift needs to be supporting the communities, from those defined by geography, background or interests, to build up their own capacity and resilience. In practical terms this means self-help initiatives, volunteer support networks, local community organisations offering assistance, non-traditional support e.g. allotment groups.

Some practical examples include:

- Information and advice – through a community contract and adult specific
- Ageing Well – initiative with Local Government Improvement Development (LGID)
- Say Go – exercise programme for older people

38 JSNA Op Cit, 2011

- Active voluntary sector involving many people aged over 65
- Regeneration opportunities in the Borough, maximizing provision of accessible housing and community spaces
- Work on falls prevention
- Time Banks that use hours of time rather than pounds as a community currency: participants contribute their own skills, practical help or resources in return for services provided by fellow time bank members[39]

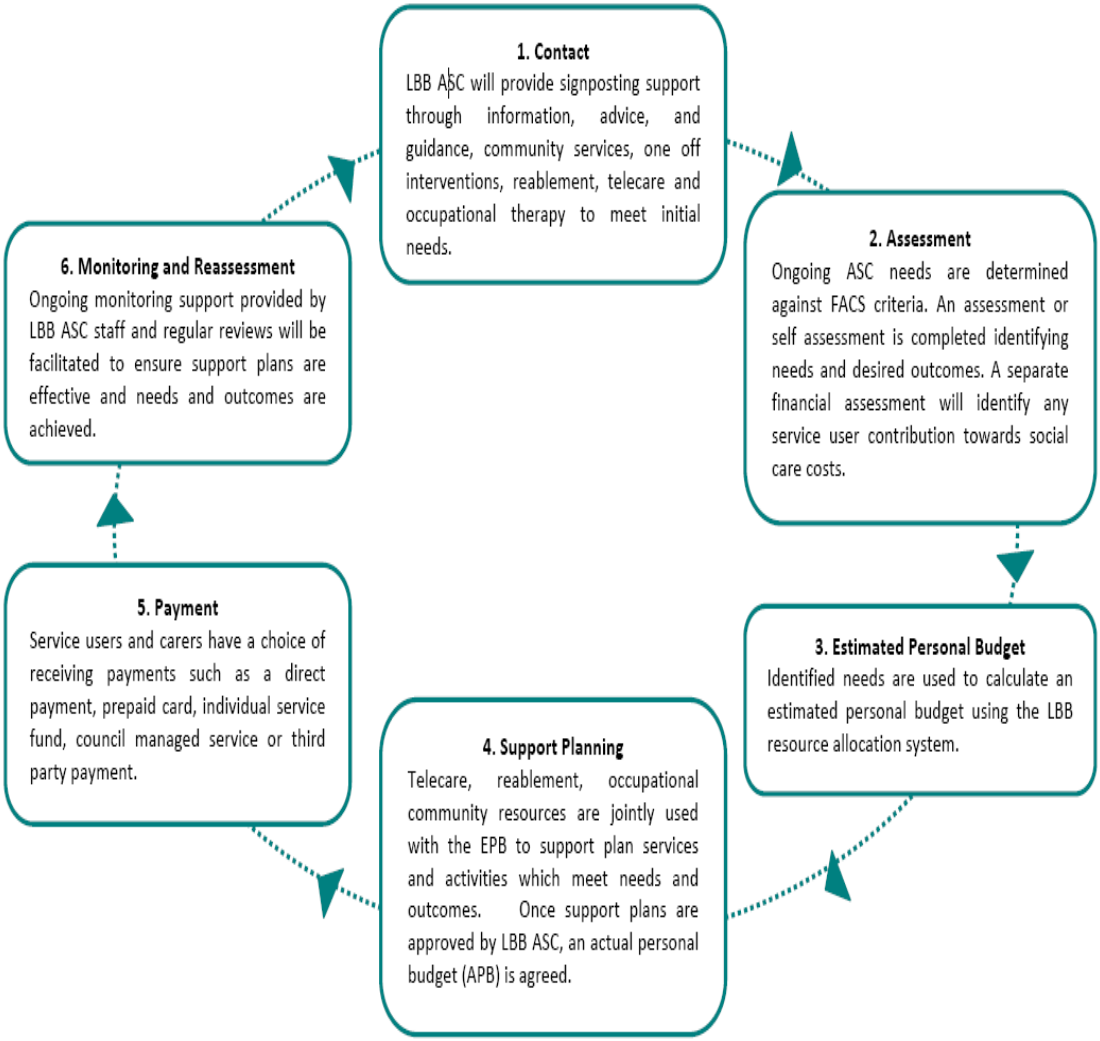
Creating a market environment that supports choice and control

Under Self Directed Support (SDS), instead of a council managed package of support, service using customers with eligible assessed needs will be offered an indicative personal budget generated through RAS[40] to spend on meeting their social care needs. They will be supported to choose and organise their support in the way that suits them best.

Barnet will offer all such eligible people a personal budget, the option of taking cash payment (Direct Payment) paid directly to them (into their main bank account, or a pre-paid card account) or to a third party. Barnet will also have in place for those customers who do not want to have a direct payment a range of other options to organise their support, and for a small number it will continue to provide a council managed budget including Individual Service Funds (where all or part of the person's budget is held by a provider of their choice under the terms of a contract held between the council and the provider.)

39 JSNA Op Cit, 2011

40 The **Resource Allocation System or RAS** is designed to be a fair funding system and to allocate money from adult social services. The RAS works against a set of strict guidelines to ensure it remains fair. It relies on a scoring system based on answers given to a series of questions and then places people within a series of funding bands



A significant proportion of the Adults and Communities budget is used to provide people with Personal Budgets so that they can direct their own support. Tapering of the investment in our block purchased services will shift resources to individuals. Whilst the move to personal budgets is gradual, new types of services will be required as people are increasingly in control of purchasing their own care and support.

We will be developing more flexible contracts, including fewer block contracts and in supporting users if services change. We will support the market by gathering information about what consumers intend to buy recognising that this will information will build over time.

We already know from the experience of Self Directed Support that there is a need for a different use of language to talk about the provision of care and support – language which places the ownership with the person concerned. For example, terms such as personal assistant, befriender etc.

The idea of co-production of care and support shifts control to the person needing care, and their personal network of care such as friends and relatives. The professional experts, including providers, work alongside the person to achieve the outcomes they require. It challenges

traditional models of service that providers offer, and we commission by focusing on the assets people have rather than the deficits they are labelled with.

Maintaining the quality and safety of services

Barnet Council is committed to working in partnership with other organisations to support adults at risk to maintain their independence and to be able to live a life that is free from abuse and neglect.

Where abuse is suspected or reported, the Pan-London Safeguarding Adults Policy and Procedures will be used to make sure that a consistent and comprehensive response is provided.

The PAN London Safeguarding Adults Policy and set of Procedures is being used by Local Authorities across London, to make sure that everyone is protected in the same way and that organisations such as the police and NHS who work across London only have one set of procedures to follow. You can see the new Policy and Procedures on the Social Care Institute of Excellence website. There is also a presentation outlining the changes introduced in this policy and procedures document which staff need to know about.

The Safeguarding Practice Guidance for use in Barnet has been updated until there is a London-wide version available.

For example, a current priority is safeguarding and quality in care homes. Over the last year the council has considered how to move from funding placements and reacting to quality concerns in care homes to how to invest in improved outcomes for care home residents, through improved engagement, monitoring and market management, including the implementation of a fair price and improved partnership with the NHS.

In 2012/13 there will be additional resources to support the coordination of activity relating to monitoring, intervention, training and learning to create joined up channels for receiving and acting upon feedback from a range of professional, multi-agency and informal sources. This may include web based portals and sites for exchange of quality information.

There will also be a focus on improving the quality and stability of the workforce, which are key determinants of the quality of care in a care home and in particular the clinical and professional leadership of the home to implement policies including personalised care, dignity, and person centred dementia care, end of life care and safeguarding. Investment has already been made in a number of initiatives to start to address these factors including a leadership programme for care home managers, training on safeguarding and investigation and My Home Life – a co-produced programme on dignity and quality.

Reviewing existing care, controlling new demand for services and reshaping supply

The shape of the care market has been determined over time by council funded contracts and procurement, self-funders, community and secondary healthcare provisions, increasing numbers of direct payments and personal budgets and purchasing by social workers on behalf

of people with assessed need and the choices of service using customers and their families. More recently the market has been affected by the need to create efficiencies and respond to more complex demand in greater volumes.

The current pattern of services is not affordable as the basis for meeting the needs of future generations of older people and for younger people with complex disabilities. ASCH's commissioning strategy sets out the key elements to drive through a reshaping of the care and support market over the next 5 years.[41]

Because there are savings to be made each year, every year, for the next five years the borough is addressing the funding gap for current services by reviewing existing care packages, controlling new demand for services and reshaping the supply base.

Services are being reshaped to deliver new more creative ways of working which allow more individuals to receive a direct payment as a personal budget. The Resource Allocation Tool (RAS) is central to the achievement of personal budgets which are affordable for the public purse as well as giving purchasing power directly to the person in need of care and support.

It is clear from ASCH's experience and track record that Direct Payments are popular. They have particularly high take up from BME groups and there are now over 1000 service users who arrange their own support packages this way – engaging in direct discussions with care providers and using the cash to enable informal arrangements to work which suit their lifestyle. Individual purchasing power, more than anything else, is likely to drive the market to deliver new services and interventions and consequently it is a priority for the council.

Workforce and the local authority's leadership role

Barnet's Integrated Adult Social Care Workforce Strategy and Implementation Plan 2012- 2015 sets out the vision, aims, outcomes and values that will enable the social care workforce in the London Borough of Barnet to deliver high quality, person centred, safe services focused on enabling service using customers and their families who need adult social care support to have as much choice and control over their lives as possible.

The strategy and supporting implementation plan take into account the leadership role of the local authority to help service areas, and providers of care design their own business plan and develop the skills of their workforce within the context of significant policy reform.

Workforce intelligence

The headline analysis on the available data[42] shows 3,995 people working in the care sector across providers, with 80% female, 54% aged between 35 – 54 and the majority working in traditional care roles. Currently data is not available from the National Minimum Data Set on the numbers of personal assistants, and other staff directly employed by service using customers (although this is a priority area for Skills for Care to develop.)

41 Commissioning Plan 2012/13 Barnet Adults and Communities Delivery Unit
42 Integrated Social Care Workforce Plan 2012 - 2015

Barnet social care sector faces similar issues to those found nationally, including recruitment, retention, and attracting young people into social care roles. Confidence and competence in delivering prevention, early intervention, self-care and shifting the focus to promoting quality and dignity are low across the sector, with an over reliance on task orientated interventions.

Providers do not feel confident in establishing their own workforce development strategies however they are keen to develop them. They understand that the focus on prevention and quality will reduce safeguarding concerns and assist the shift to a model of relationship based care and support which has the outcomes customers want.

Workforce reform

The challenges and opportunities have already been recognised at a national level, with reform already in place focusing on commissioning, developing, regulating and shaping the workforce. [See Appendix 2]

Commissioning intentions – Barnet's vision of the future market

In the current Commissioning Plan, the Barnet Adults and Communities Delivery Unit has set out commissioning intentions that help to define the evolving market position in the borough, which include:

Universal Support (The Prevention Environment)

- Telecare and Equipment become the norm and are considered for every care package where appropriate
- Extra Care and other similar options become the default with developers actively encouraged to build quality support housing instead of care homes
- The market is supported to convert residential care to supported housing

Short-term intensive support / Enablement: (including - Crisis Response)

- Temporary assistance for people to manage a crisis or get back home from hospital
- Increased support for carers following a crisis

Community Services for FACS eligible clients

- Enhanced availability of personalised support planning and brokerage support from third sector, peers and care coordinators
- Increased support in the community with capacity building of Third sector to deliver more of these services
- Enhanced peer support to access transport, leisure and employment opportunities
- Regular practical assistance for people to continue living in their own home

- High quality end of life care in people's homes (including care homes)
- Ensure there are fit for purpose contracts in place with providers that set out quality, safeguarding and pricing arrangements

Intensive Care and Support

24 hour assistance to live safely

- Shared planning with providers about expected demand for nursing places and planned reductions in residential places
- Partnerships with providers to develop new models of care - short, medium and long
- New model of targeted care with a personalised approach
- Training and development for care home staff and managers

Facilitating the market

Conversations and discussions with providers and stakeholders have increased the shared understanding of market intelligence and the development of Adults and Communities first Market Position Statement.

The statement is not the end product but the start of an evolving constructive and creative dialogue between the local authority and its public, private and voluntary sector providers. We hope that providers see this as a 'calling card' or a starting point. To that end, it represents a summary and statement of intent towards the market.

Barnet's 'Social Care Market' website (www.barnet.gov.uk/BarnetSocialCareMarket) is our platform to launch and share the Market Position Statement. The website will grow and be updated periodically[43].

Key messages will be discussed at our provider forums and we encourage providers to continue these with their own provider networks. This way, we can actively promote our view of the range and types of care based on good practice, both within and external to the authority.

The Market Position Statement website – what it will do

Key information can be found on the website including our priorities, provider messages for key markets, a store of documents and data. Other sections will signpost organisations to business related items and customers to consumer advice.

[43] Comments and suggestions on the website can be made through the contact points and links on the website

Our priorities - a series of briefing sheets that will show where and how Barnet Council intends to facilitate and intervene to either support or 'police' the development of the care and support market place. These include:

- Information, Advice, Advocacy and Brokerage
- Carers
- Technology
- Living Healthy, Independent and Fulfilling Lives
- Care and Support Pathways
- Supported Housing
- Transitions – young people with complex needs

Provider messages for key markets – set out the Council's intentions to commissioning key services in social care, including:

- Extra Care Housing
- Supported Housing
- Care Homes
- Enablement
- Home and Community Support
- Right to Control
- Prevention Services

Next steps for the Barnet Social Care Market website

To develop our website, we held workshops with providers in December 2012 and April 2013 to demonstrate the website and test out the functionality, content structure. This is also gave providers the opportunity to input their ideas on improving the site. The feedback was really valuable and we have made every effort to make improvements based on this.

We are still considering a number of the suggestions made and developing content to add to the website in due course. The table below summarises these and providers will be kept up to date on progress.

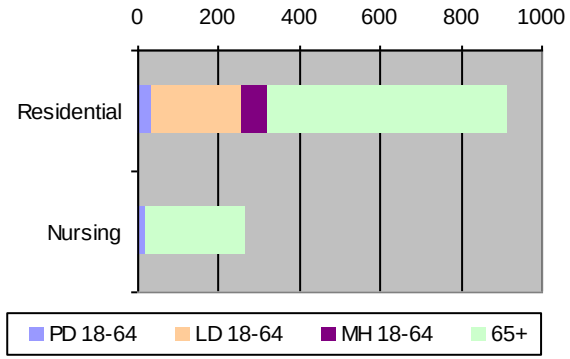
Website development suggestions
Online Forum, to allow sharing information amongst each other , best practice, training, diets / meal provisions, reducing falls (admissions to hospital), e-events, e-groups / virtual groups, webinars, twitter chats
'News' to be able to identify new items quickly
More information on personalisation and coproduction
End of Life care and support, including advance care planning.
Development of self-directed support mechanisms, including personal assistants
Information on welfare reform and contributions policy
Census data
Links to organisations that provide grants
Information on developing services for diverse communities
Reviews of other facilities in borough with rankings
How to get 2 ticks Accreditation (LD quality standard)
How to improve and develop facilities e.g. adapting homes
Interactive training using web resources
Information about vacancies in supported housing
Information on workforce related issues including advice on recruitment and retention and collective sourcing of training or consultancy in consortia
Linking job finding programmes with care agencies vacancies
The council's approach/policy to organisations in 'financial distress'
Tenancy issues i.e. letting to people lacking mental capacity and links to In Control
Training resources e.g. food hygiene, manual handling
Good practice examples

Conclusion

The Market Position Statement has started a process of on-going communication with providers and people who use services. We would like to thank the 70+ people and organisations who have contributed their thoughts, comments and suggestions. We welcome on-going discussion and draw your attention to ways of getting involved listed on our website.

Appendix 1: Allocation of expenditure

<table>
<tr><td>Residential and Nursing Care</td><td>Spend</td><td>Contracts</td></tr>
<tr><td>As at 29th February 2012 we had:
919 users in permanent residential placements
269 in permanent nursing placements
The vast majority of nursing care placements are among the over-65 age group
In residential care there are significant numbers of younger adults in placements</td><td>Nursing; £7,680,017

Residential; £42,169,828</td><td>319</td></tr>
<tr><td rowspan="2"> 
</td><td colspan="2">Procurement and Policy considerations</td></tr>
<tr><td colspan="2">Policy to reduce and delay entry to residential care
People leaving hospital should be offered enablement prior to entering residential care
Nursing and residential framework will be procurement route from April 2013 onwards
Maximum unit price was set in 2012
Regionally the WLA are introducing CarePlace to manage vacancies</td></tr>
<tr><td>Supported Living</td><td>Spend</td><td>Contracts</td></tr>
<tr><td>As at 2012 we had:
tenancy based accommodation for around 300 service users
Younger adults. Lowering numbers of residential care and increasing numbers of supported living</td><td>£8.75m</td><td>40</td></tr>
</table>

	Procurement and Policy considerations	
	• As part of the Move On project over 70 younger adults with complex care needs have been offered housing based accommodation with care/ Support and enabled to move out of their residential home. • current schemes commissioned by the council result from a mixture of new developments and deregistered care homes set up over the last 5 to 7 years • Care Funding Calculator has been used to determine cost • Supported Living framework will be procurement route from April 2013 onwards • Managing expectations are challenging where these are no stated ceiling rates for community packages or policies around *home for life* v *transition*	
Home and Community Support provision	**Spend**	**Contracts**
As at 2012 we had: • 3 lead providers supported 1,560 people As at 2011 we had: • Over 39% of users with a care package receiving some sort of homecare • On average we commission homecare to 1,700 service users every week • Older adults account for over 80% of homecare clients every week, with younger adults with physical disabilities a further 13%. • Trend over the last few years has been for fewer clients in the older age ranges (as eligibility criteria is tightened) but more in the younger age ranges (as supported living takes over from care homes). • Average homecare package – 12.5 hours per week	£6,139,870 (in 2012/13 between 3 lead providers)	3 lead providers

Weekly package sizes for homecare clients, as at 2011

Weekly package	2 hours or less	3 to 5 hours	6 to 10 hours	11 to 15 hours	16 to 20 hours	More than 20 hours
% of clients	6%	20%	22%	23%	11%	18%

Procurement and Policy considerations

- 3 lead provider model with 5 year contract
- Shift to banded visits to manage client expectations
- Commissioning by outcome not time/ task
- Monitoring through CRM call monitoring
- Service for all care groups

Equipment

As at 2012 we had:

- 33,000 transactions in last 12 months

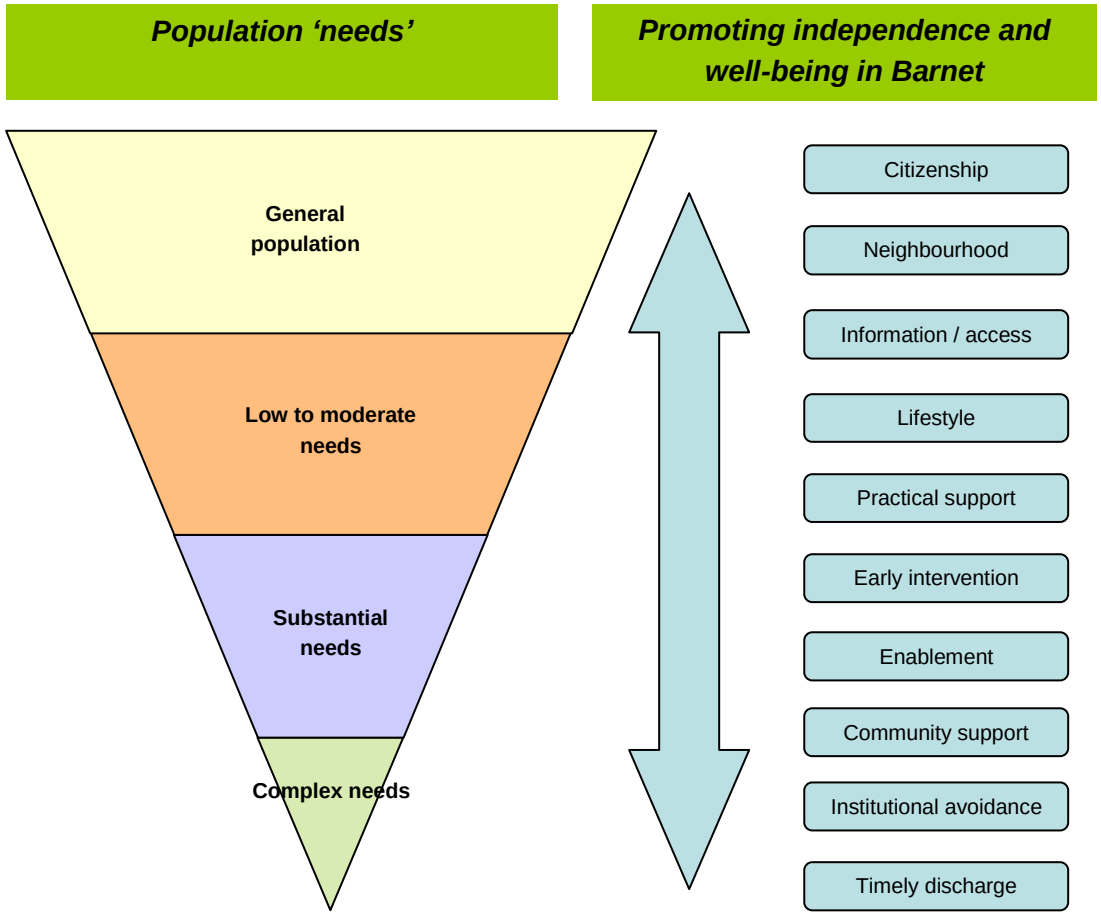
Spend	Contracts
£1.9 million between Council and NHS	1

Spend Data (12 Months)	LB Barnet	NHS Barnet	Total
Activities	£415.9k	£214.2k	**£630.1k**
Equipment Repairs	£51.3k	£26.4k	**£77.7k**
Equipment Servicing	£44.3k	£22.8k	**£67.1k**
Standard Equipment	£195.8k	£433.0k	**£628.8k**
Joint 50/50 Equipment	£35.3k	£35.3k	**£70.6k**
Specials (SSD)	£184.4k		**£184.4k**
Specials (PCT)		£67.6k	**£67.6k**
Specials (Joint 50/50)	£21.5k	£21.5k	**£43.0k**
Minor Adap (SSD)	£147.3k		**£147.3k**
Total	**£1.096k**	**£820.8k**	**£1.916k**

Procurement and Policy considerations

- The Community Equipment Contract supports the ASC Directorate Plan to promote independent living and postpone or mitigate the need for entry in to more costly care services.
- The current contract with Medequip ends in March 2013 and it is proposed to contract with them again through the pre-existing London Consortium Framework Agreement. In doing this, opportunity exists to remain with Medequip as the supplier, at lower cost, mitigate the need for a lengthy tender exercise and minimise disruption associated with bedding-in a new supplier

Prevention support- Voluntary sector	Spend	Contracts
• Recent reconfiguration of voluntary sector legacy grants to reduce number of contracts, reduce funding by 33% and embed personalisation • Significant volunteer contributions	£2 million	6 lead providers



Procurement and Policy considerations

- 6 lead providers for niche markets
- Lead provider arrangements should reduce back office spend
- Review of Outreach Barnet Floating Support in Autumn 2012
- Competitive procurement of LD Support Services and Information/advice in 2013
- Increase to peer performance review amongst lead providers

Appendix 2: Workforce reform

National Progress on Workforce Reform

The challenges and opportunities have already been recognised at a national level, with reform already in place, focusing on commissioning, developing, regulating and shaping the workforce. Changes already in place include the introduction of the College of Social Work and new roles as a result of personalisation are also beginning to emerge. National priorities for the social care workforce include:

- Changing the social care and health system away from the complex, bureaucratic traditional service provision towards a more straightforward, flexible approach which delivers the outcomes that people want and need and promotes independence, well-being and dignity.
- Create a strategic shift in resources and culture from intervention at the point of crisis towards prevention and early intervention.
- Raise the skills of the workforce to deliver the new system, through strengthening commissioning capability, promoting new ways of working and new types of worker and remodelling the adult social care and health workforce.
- Develop leadership at all levels to enable this to happen
- Develop mechanisms to actively involve family members and other carers as expert care partners, with appropriate training and practical support to enable carers to develop their skills and confidence
- Develop a workforce that is able to manage risk – confident in their ability to strike a balance between protecting those who find themselves in vulnerable situations and supporting people to determine their lives

Local Progress

Barnet has approved an Integrated Social Care Workforce Plan 2012 – 2015 which will guide workforce development in the borough for the next 3 years.

The plan sets out the vision, aims, outcomes and values that will enable the social care workforce in the London Borough of Barnet to deliver high quality, person-centred, safe services focused on enabling service users and their families who need adult social care support to have as much choice and control over their lives as possible. The plan and supporting implementation programme takes into account the leadership role of the local authority to help service areas, and providers of care to design their own business plan, and develop the skills of their workforce within the context of the 'Caring for our Future: reforming care and support' White Paper.

The plan focuses on eight strategic priorities:

- Leadership and Partnership
- Safeguarding, Quality and Dignity in Care
- Prevention and Self Care
- Capable and Competent Workforce
- Effective and Efficient Workforce Intelligence
- Increased Capacity in the workforce and a wider economic contribution
- Integrated Working
- Think Family

It aims to guide those involved in commissioning, assessing and delivering adult social care, and support other organisations operating within the London Borough of Barnet in developing their own annual workforce plans. The plan provides a resource for commissioners and providers on the national policy and context, the current workforce picture based on the National Minimum Data Set-Skills for Care (NMDS-SC) data, and future demand based on the Joint Strategic Needs Assessment. It places the views, needs and aspirations of service users and carers at the centre of workforce planning, and provides a framework to develop the skills of the workforce required to meet these aspirations.

The *Integrated Social Care Workforce Plan 2012 – 2015* can be downloaded from: http://www.barnet.gov.uk/downloads/download/1016/integrated_social_care_workforce_plan