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MEETING:	Overview and Scrutiny Committee
DATE:	Tuesday, 24 April 2018
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

AGENDA

Administrative and Governance Issues for the Committee

1 Apologies for Absence - Parent Governor Representatives

To receive apologies for absence in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

2 Declarations of Pecuniary and Non-Pecuniary Interest

To invite Members of the Committee to make any declarations of pecuniary and non-pecuniary interest in connection with the items on this agenda.

3 Minutes of the Previous Meeting (Pages 3 - 6)

To approve the minutes of the previous meeting of the Committee held on 28th March, 2018 (Item 3 attached).

Overview and Scrutiny Issues for the Committee

4 Adult Social Care Local Account 2017/18 (Pages 7 - 32)

To consider a report of the Executive Director Core Services (Item 4a attached) in respect of Barnsley's Adult Social Care Local Account 2016/17 (Item 4b attached)

5 Support to Live at Home (STLAH) and Adult Community Support & Enablement Service (ACSES) (Pages 33 - 38)

To consider an update report of the Executive Director Core Services and the Executive Director People (Item 5 attached) in respect of Barnsley's STLAH and ACSES services.

6 Financial Contributions Policy for Adult Social Care (Pages 39 - 42)

To consider an update report of the Executive Director Core Services and the Executive Director People (Item 6 attached) in respect of Barnsley's Financial Contributions Policy for Adult Social Care

7 Exclusion of the Public and Press

The public and press will be excluded from this meeting during consideration of the items so marked because of the likely disclosure of exempt information as defined by the specific paragraphs of Part I of Schedule 12A of the Local Government Act 1972 as amended, subject to the public interest test.

8 Children's Social Care Reports (Pages 43 - 92)

Children's Social Care Performance Cover Report (Item 8a), Data Report (Item 8b) and Explanatory Document (Item 8c)

Reason restricted:

Paragraph (2) Information which is likely to reveal the identity of an individual.

Enquiries to Anna Marshall, Scrutiny Officer

Email scrutiny@barnsley.gov.uk

To: Chair and Members of Overview and Scrutiny Committee:-

Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, K. Dyson, Ennis, Franklin, Frost, Gollick, Daniel Griffin, Hampson, Hand-Davis, Hayward, Lofts, Makinson, Mitchell, Phillips, Pourali, Sheard, Sixsmith MBE, Tattersall, Unsworth, Williams and Wilson together with co-opted Members Ms P. Gould, Mr M. Hooton, Ms J. Whitaker and Mr J. Winter and Statutory Co-opted Member Ms K. Morritt (Parent Governor Representative)

Electronic Copies Circulated for Information

Diana Terris, Chief Executive

Andrew Frostdick, Executive Director Core Services

Rob Winter, Head of Internal Audit and Risk Management

Michael Potter, Service Director, Business Improvement and Communications

Ian Turner, Service Director, Council Governance

Press

Witnesses

Item 4 (2:00pm); Item 5 (2:50pm) and Item 6 (3:10)

Rachel Dickinson, Executive Director – People

Lennie Sahota, Service Director - Adult Social Care & Health

Sharon Graham, Head of Service - Joint Commissioning

Jane Wood, Head of Service - Assessment & Care Management

Claire Edgar, Head of Service - Mental Health & Disability

Councillor Margaret Bruff, Cabinet Spokesperson for People – Safeguarding

Item 8

Mel John-Ross, Service Director – Children's Social Care & Safeguarding

Councillor Margaret Bruff, Cabinet Spokesperson for People - Safeguarding

MEETING:	Overview and Scrutiny Committee
DATE:	Wednesday, 28 March 2018
TIME:	2.00 pm
VENUE:	Council Chamber, Barnsley Town Hall

MINUTES

Present

Councillors W. Johnson (Chair), P. Birkinshaw, G. Carr, Charlesworth, Clarke, Clements, Ennis, Frost, Gollick, Daniel Griffin, Hand-Davis, Hayward, Mitchell, Pourali, Tattersall and Unsworth together with co-opted member Ms P. Gould.

63 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Kate Morrith in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

64 Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary or non-pecuniary interest.

65 Minutes of the Previous Meeting

The minutes of the meeting held on 6th March, 2018 were approved as a true and accurate record.

66 Barnsley Adult Skills and Community Learning Service (ASCL)

The following witnesses were welcomed to the meeting:-

Anne-Marie Holdsworth – Adult Skills, Employability & Community Learning Manager.

Vikki Annetts – Performance Improvement Manager, Adult Skills & Community Learning Service.

Councillor Chris Lamb – Cabinet Support Member, Communities.

The Chair noted that a Task and Finish Group of the Committee had considered the service approximately two years ago, which was led by Councillor Hand-Davis. The report was received by the Committee, and in the ensuing discussion Members asked a number of questions and the following points were raised:

- With regards to working towards a rating of ‘Good’ by Ofsted, all performance indicators were heading in the right direction with a particular focus on improving teaching and learning, and assessment to ensure a high quality learning experience. New teaching staff were in post and areas of underperformance being addressed with existing staff, consequently it was thought that performance was more consistently good. It was noted that a number of areas were thought to have improved previously, but more recently this improvement could be evidenced securely. Members heard of the implementation of the Quality Improvement Plan which detailed actions down to curriculum areas.

Members also noted the sharing of good practice through regional and national networks to aid improvement.

- Councillors noted the recent interim support and challenge visit by Ofsted, which went well, with feedback provided being in line with the thoughts of officers.
- The Committee discussed how provision ensured the needs of each individual were met. This included a system in place to consider the needs of each learner on entry. Any issues or specific triggers were logged and once sufficient would necessitate an intervention to consider the reasons for this and the support required. In addition it was noted that teaching within the class was differentiated in order that the needs of all learners were met, and this included the needs of adults with learning difficulties.
- Members noted that a more sophisticated software package was being trialled, which would help staff to consider progress in more detail. It was expected that this would be rolled out by September, 2018.
- Members discussed the basis of employment of teaching staff and it was noted that these were permanent with term time hours. All bar 2 were fully qualified with both subject specific and teaching qualifications; those in question had one of these, but would become fully qualified with both aspects within 2 years.
- In relation to British Values, it was noted that their promotion was mandatory by all Further Education (FE) establishments, and much had been completed with staff to ensure they were properly equipped and had the confidence to ensure this was done effectively. Members heard how the service was working with other partners in adult education as part of the Prevent and British Values Group to share good practice.
- The meeting heard how the annual budget for the service was £2.1m from the Education and Skills Funding Agency (ESFA) which rose to £2.3m when fees were added. The service employed approximately 60 staff assisted by around 30 support staff. The average learner experience was 80 hours over 1 year part time. The Committee noted that witnesses were satisfied with the quality of teaching staff, but difficulties with recruiting the quantity required were noted. This was especially true for those with specialities in English and maths, however this mirrored issues nationally.
- The Committee discussed the take up of English for Speakers of Other Languages (ESOL) courses, and it was noted that these were often oversubscribed in community settings as many community projects sought external funds to fully fund the courses for participants.
- Members heard of the overall gender mix, which was approximately 72% females and 28% males, though it was recognised that this balance was reversed for ESOL courses. Members noted that the high proportion reflected the national picture and acknowledged the efforts to encourage more men to take part.
- In relation to those from disadvantaged backgrounds, it was noted that approximately 46% of participants were in receipt of benefits, which is significantly above the national statistic of 14%. In addition it was noted that 23% of learners declared that they had a learning difficulty or disability, which was high compared to national rates.
- Members heard how those most disadvantaged were made aware of the service through networks working in the heart of communities; however it was noted that a prospectus was available for all to access. It was noted

that referrals were received from a number of places such as community safety, troubled families, and area council services; however referrals were not currently made from the criminal justice system.

- The Committee acknowledged that courses such as Health and Safety, First Aid, and Food Safety often provide a starting point for many learners and a gateway to improving English and maths.

RESOLVED:-

- (i) That the witnesses be thanked for their contribution and the report be noted;
- (ii) A link providing further information regarding British Values is provided to the Committee;
- (iii) A breakdown of the data in relation to ESOL learners including numbers and percentages is provided to the Committee;
- (iv) That the Committee receives further reports on progress, including feedback from future inspections

67 Scrutiny Task and Finish Group (TFG) Reports from 2017/18 (Reports for Information)

The Chair introduced the item, referring to the reports from the Task and Finish Groups which had been presented to Cabinet on 21st March, 2018.

Councillor Hand-Davis provided a brief introduction to the report produced as a result of the investigation of Asset Management within the Council. The investigation had looked into the impact of the Grenfell disaster on Barnsley, and it was reported that none of the estate in Barnsley was over 7 stories and no property was clad in the type used at Grenfell. It was noted that Berneslai Homes would consider the outcome of the national enquiry before making any further response.

The investigation also considered Community Asset Transfers (CATs) and the forms these took. Members were inspired by the visits to organisations that were now running assets successfully. However, also noted were the challenges faced by groups in running community assets, with volunteers now legally responsible for matters such as health and safety and employment.

It was noted that a review of the Council's arrangements for Employer Supported Volunteering would try to encourage the use of the professional skills of officers in assisting community groups.

Members commented on the very interesting presentation on affordable housing and it was noted that this would now be available for all members through an All Member Information Briefing.

Councillor G. Carr introduced the report produced as a result of the investigation into Public Health. The work focused on encouraging residents to take preventative action to ensure a better quality of life. The investigation considered the importance of oral health in children, and had recommended that a Member take part in the Oral Health Improvement Action Group. It was agreed that the details of this be circulated to Members with anyone interested to contact the Scrutiny Officer.

Members commented on the health disparities within the borough. Also noted was the impact of regeneration on improving the economy and the link between work and improving health.

The Committee discussed the work of the Area Councils and Ward Alliances in contributing to improving health, including improving oral health, but the challenges in changing behaviour were also noted.

Councillor Charlesworth provided an overview of the work of the Task and Finish Group considering community engagement, part of which had resulted in the changing of the name of the 'Barnsley Deal'. Thanks were given to all Councillors that had taken part, and the recognition given to Members in their role in the community. The recommendation, within the report, for Members to be made aware of all consultations taking place was endorsed by all, and the Committee noted the role of Ward Alliances in engaging the community.

RESOLVED:-

- (i) That thanks be given to each of the Task and Finish Group lead Members in taking forward their respective investigation, and to all Members taking part in the groups;
- (ii) That the reports of the Task and Finish Groups on Assets, Public Health, and Community Engagement be received and their contents noted;
- (iii) That details of the Oral Health Improvement Action Group be circulated and Members interested in sitting on the group notify the Scrutiny Officer.

Item 4a

Report of the Executive Director Core Services to the Overview and Scrutiny Committee (OSC) on 24 April 2018

Barnsley Adult Social Care Local Account 2016/17 – Cover Report

1.0 Introduction

1.1 The purpose of this report is to present the sixth Barnsley Adult Social Care Local Account 2016/17 (Item 4b) to the Overview & Scrutiny Committee.

2.0 Background

2.1 The Local Account is a public document designed to enable transparency, scrutiny and accountability. As recipients and funders of public sector services, the target audience is adult social care service users and the public in Barnsley.

2.2 The report shows achievements made in the year and how Barnsley has performed compared to other authorities. The measures used in the report are taken from the Adult Social Care Outcomes Framework (ASCOF) – a national dataset introduced by the Department of Health & Social Care. The information contained within ASCOF is taken in part from BMBC systems and from questions asked of service users and carers through surveys.

2.3 As well as performance information, each section of the report provides information about what the service thinks is important for users to know and understand about their priorities, plans, and some of the aspirations and challenges for 2017/18.

3.0 Current Position

3.1 Minor adjustments have been made to the Barnsley Local Account over the years. This year a workshop was held with equal representation from service users and carers and officers of the Council, Barnsley Clinical Commissioning Group (CCG) and voluntary sector organisations.

3.2 As a result of the feedback from these sessions, the Local Account has been simplified to make it more meaningful and easy to understand. Links to other Council reports and strategies have also been added for those wanting more detail.

3.3 This year, the Local Account will be published on the Council's website and publicity material will be sent to a range of key partners, including libraries, voluntary sector organisations and health services. This publicity material will be displayed in public access spaces to maximise exposure. Monitoring will take place to see how many times the online report is accessed and the findings will feed into future marketing strategies.

4.0 Future Plans & Challenges

4.1 Adult Social Care priorities for 2017/18 include:-

- the 'Live Well Barnsley' website to become the one trusted source of information about community and adult social care services in Barnsley
- continue to embed safeguarding principles to ensure vulnerable adults are at the centre of all work
- the delivery of an improved carers' offer

- the review and development of housing schemes as an alternative to residential care
- focussed work to improve performance in supporting adults with learning disability and mental health conditions into paid employment
- continue to focus on the management of adult social care demand and budgets

4.2 Challenges in terms of publishing the Local Account include:-

- the need to balance service user feedback against the need to adhere to sector led guidance
- delays in the publication of the ASCOF data affects the timeliness of the Local Account
- the need to reach more people in order to justify the time it takes to produce the document

5.0 Invited Witnesses

5.1 The following experts have been invited to today's meeting to answer questions from the committee:

- Rachel Dickinson, Executive Director - People
- Lennie Sahota, Service Director - Adult Social Care & Health
- Sharon Graham, Head of Service - Joint Commissioning
- Jane Wood, Head of Service - Assessment & Care Management
- Claire Edgar, Head of Service - Mental Health & Disability
- Councillor Margaret Bruff, Cabinet Spokesperson for People - Safeguarding

6.0 Possible Areas for Investigation

6.1 Members may wish to ask questions around the following areas:

- Of the actions and priorities identified for 2017/18, where are we now and how are these actions being evaluated to ensure they are adding value?
- How are the ASCOF indicators rated as red progressing?
- What has been done to manage the financial pressures facing the service and how has this affected service delivery?
- Are the responses from the adult social care survey an accurate representation of service users or is this only a small percentage of the target group? If so, how do you engage with users throughout the year?
- How do you plan to tackle social isolation of both carers and service users?
- How does the service ensure that they effectively keep up-to-date with the changing needs of service users to ensure quality of care, and are targets being met?
- What needs to be done to improve the ratings of care homes in the borough and what responsibility does the Council have?
- How do you communicate with new users and manage their expectations of what the service can and cannot offer?
- Is there an adequate number of appropriate care providers in the borough and how quickly can commissioned services be changed to address the needs of the community?

- What are the usage figures for the electronic version of the report showing and what would be considered 'good'?
- What actions could be taken by Members to support Adult Social Care and the plans and priorities contained within the Local Account?

7.0 Background Papers and Useful Links

Item 4b - Barnsley Adult Social Care Local Account 2016/17 (attached)

8.0 Glossary

ASCOF Adult Social Care Outcomes Framework
CCG Clinical Commissioning Group

9.0 Officer Contact

Anna Marshall, Scrutiny Officer: scrutiny@barnsley.gov.uk
16th April 2018

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Performance information in this document relates to April 2016 to March 2017, unless stated otherwise. Most of the performance information is taken from our contributions to national data collections, which NHS Digital publish every year. We regularly review our own performance throughout the year. We have a number of performance indicators relating to adult social care that we report on every three months. Further information is available on our website:

<https://www.barnsley.gov.uk/services/our-council/our-performance/how-we-measure-our-performance/>

Our performance reviews include a focus on the quality of our services, including how well they are meeting the needs of people in Barnsley. We use this information to make sure that we are offering the most appropriate services at the right time.



Foreword

Welcome to our sixth Local Account, which tells you about how well our adult social care services performed last year. It also sets out how we plan to improve our services in the future.

This year, we have made changes to the format of our Local Account, following a workshop with service users and carer representatives and officers from the council and the NHS. The readings of the chapters were agreed at the workshop. We have made the report shorter and simpler, as well as adding lots of links to more information for those who want more detail.

In each section, we have given some information about what we think is important for you to know and understand about our priorities, plans and performance.

The Adult Social Care Outcomes Framework (ASCOF) is a national set of performance indicators that all councils must report on. Some of the indicators are things that we record in our information system and some are from questions we ask service users and carers through surveys. We have started this

Local Account with a summary of how we have performed against the ASCOF indicators.

We really want this report to reach more people who are interested in adult social care in Barnsley. We are working with our partners to help as many people as possible to access this report.

We hope you find this Local Account interesting and that it answers any questions you may have about adult social care in Barnsley. If you have any comments or suggestions you would like to feedback, please send them to us via our website, at:

www.barnsley.gov.uk/about-us/how-we-are-performing/adults-and-communities-performance-and-plans



Rachel Dickinson, Executive Director, People – Barnsley Metropolitan Borough Council

Councillor Margaret Bruff, Cabinet Spokesperson for People (Safeguarding)

How did we perform in 2016/17?

Key

B Barnsley's performance

S Statistical neighbour average

E England average

Green shading highlights where our performance is well above comparators.

Red shading highlights where our performance is well below comparators

The proportion of adults in contact with secondary mental health services living independently, with or without support
B 73.0%
S 58.0%
E 54.0%

The proportion of adults with learning disabilities in long term employment
B 2.2%
S 4.8%
E 5.7%

The proportion of adults in contact with secondary mental health services in paid employment
B 5.0%
S 6.5%
E 7.0%

Social Care related quality of life score
B 19.4
S 18.9
E 19.1

Adjusted social care related quality of life – impact of adult social care services
B 0.5
S 0.4
E 0.4

Long term support needs of younger adults (18-64) met by admission to residential and nursing care homes per 100,000 population
B 15.8
S 14.7
E 12.8

Long term support needs of younger adults (65+) met by admission to residential and nursing care homes per 100,000 population
B 718.1
S 734.2
E 610.7

The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
B 84.1%
S 81.4%
E 82.5%

The proportion of older people (65 and over) who received reablement / rehabilitation services after discharge from hospital
B 1.5%
S 3.1%
E 2.7%

The outcome of short term services, sequel to service
B 74.9%
S 70.0%
E 77.8%

Information and advice for all

The proportion of people who use services who find it easy to find information about support
B 73.7%
S 72.0%
E 73.5%

The proportion of carers who find it easy to find information about services
B 73.7%
S 72.0%
E 73.5%

Early help and support

The proportion of people who use services who reported that they had as much social contact as they would like
B 45.0%
S 44.4%
E 45.4%

The proportion of people who use services who have control over their daily life
B 77.2%
S 75.8%
E 77.7%

The proportion of adults with learning disabilities who live in their own home or with their family
B 85.6%
S 81.0%
E 76.2%

The right services for you at the right time

Overall satisfaction of people who use services with their care and support
B 69.7%
S 63.0%
E 64.7%

The proportion of people who use services who receive self-directed support
B 90.9%
S 88.6%
E 89.4%

The proportion of carers who receive self-directed support
B 90.4%
S 86.6%
E 83.1%

The proportion of people who use services who receive direct payments
B 35.7%
S 24.4%
E 28.3%

The proportion of carers who receive direct payments
B 62.8%
S 73.5%
E 74.3%



Helping family and friends care for others

Carer reported quality of life
B 7.5%
S 7.6%
E 7.7%

Overall satisfaction of carers with social services
B 41.8%
S 39.4%
E 39.0%

The proportion of carers who reported that they have as much social contact as they would like
B 33.5%
S 35.6%
E 35.5%

The proportion of carers who report that they have been included or consulted in discussions about the person they care for
B 73.7%
S 70.6%
E 70.6%

Keeping adults safe

The proportion of people who use services who feel safe
B 76.0%
S 69.5%
E 70.1%

The proportion of people who use services who say that those services have made them feel safe and secure
B 95. %
S 86.1%
E 86.4%

Services and people working together

Delayed transfers of care from hospital, per 100,000 population
B 2.9
S 14.2
E 14.9

Delayed transfers of care from hospital attributable to adult social care, per 100,000 population
B 0.9
S 6.7
E 6.3



Information and advice for all

Like every council in the country, we want to provide information and advice in a way that is easy for people to understand. Information and advice is fundamental to enable people, carers and families to take control of, and make well informed choices about their care and support and how they find it. Not only does information and advice help promote people's wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people's need for care and support.

We want to make it easy for people to get information about care and support services, as well as wider information that can help prevent care and support needs. This includes information about finance, health, housing and employment, as well as what to do if you are worried about the safety of a vulnerable person.

We aim to make sure that the information and advice we provide is accessible to all. We are continuing to improve the information available on our website: www.barnsley.gov.uk/services/adult-health-and-social-care/. In 2016/17, our website was rated as 'excellent' by our regional sector led improvement team.

We follow the Government's Accessible Information Standard. This makes sure we give people with a disability, impairment or sensory loss information they can easily understand,

as well as any support they might need to communicate with our services.

We also offer other ways for people to access information and advice, such as: telephoning our social care customer access team (01226 773300), or picking up an older people's guide to social care in a library. We encourage people to use the new website, <https://www.livewellbarnsley.co.uk> which includes information about activities that can help people look after themselves, stay independent and get involved in their communities. In 2017/18 we will be working to ensure that Live Well Barnsley becomes a trusted source of information for many people.

Our Adult Social Care customer access team is a single point of access for people who want information or need support. There is a team of advisors who can quickly work out what information the caller needs, or find out who they need to speak to. In 2016/17, the team answered over 50,000 telephone calls. We monitor call waiting times to make sure people are able to talk to us when they need to without delay. We want to keep providing a good standard of service as the number of people contacting us continues to increase.

From April 2017, the council is providing our new Safer Neighbourhoods Service. This service

works alongside the Police and partners in communities to tackle local issues. This will help us to provide better support to vulnerable people and families.

We can help people who need care and support and find it difficult to understand or remember information, by providing them with an independent advocate. This helps to make sure they are involved in discussions about their care, whilst also helping to keep them safe. In Barnsley, Cloverleaf Advocacy Service provides support for people with mental health needs, physical or sensory impairment, and older people. See our website for more details:

www.barnsley.gov.uk/services/adult-health-and-social-care/how-to-get-help/help-to-make-decisions/



We do regular surveys that tell us that most people we support are able to find information about services easily. However, we know that some people, including carers, find it difficult to access some information. We are working to better understand the needs of carers.

Our changing needs

People are living longer and the population is growing as a result. The council and NHS will need to support more people and the money available for this is not keeping pace. We have to find ways to make the best use of the money we have, as well as making sure we understand the future needs of the Barnsley population. This diagram demonstrates the population growth we are currently forecasting:

<https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/demographics/>

We work with the NHS and voluntary and community sector to look at the current health needs of Barnsley people, and identify what we can do to help address those needs. We want everyone in Barnsley to be able to be as healthy as possible, and to live in a place that encourages good neighbourliness and offers lots of opportunities for everyone to be part of the community. This will help to delay the need for social care, health care and support services.



More information on how we plan to achieve this is included in our Health and Wellbeing strategy and the Barnsley Plan:

<https://www.barnsley.gov.uk/services/health-and-wellbeing/barnsley-public-health-strategy-2016-18/>

<http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm>

The budget for adult social care

The charts on the following page show how we spent our money for adult social care and support in 2016/17. We spent 27% of all the council's budget on these services. We spend a bit less on these services compared to other councils in the region.

We spent £46.9 million on adult social care in 2016/17, which exceeded our budget by £4.8 million. This overspend reflects the pressures faced by adult social care, due to the increasing cost of meeting the needs of those that require support, some of whom have challenging and complex needs.

Our budget for 2017/18 has been increased to take account of these additional costs, funded mainly through the 3% social care council tax precept and additional Better Care Fund monies. However, we need to save a further £1.2 million in 2017/18, due to the on-going impact of the Government's austerity measures. The service will also need to effectively manage rising demands for care in order to manage within budget.

How much we spent, split by category of support?



How much we spent, split by type of services?



Case Study Live Well Barnsley

Frances is a young woman with physical and learning disabilities who recently moved to Barnsley with her family. She and her mum approached adult social care for support with getting out and about independently. The social worker arranged to meet with Frances and her mum to understand her needs and then looked into what kind of services were available that might help by using 'Live Well Barnsley'. Frances now attends quite a few clubs and activities where she has made some new friends and she has also started a part time apprenticeship, organised by Barnsley College.

Early help and support

Wherever possible, we want to prevent people from needing long term care and support services. This can be through access to information and advice, and to early help and preventative services.

Early help is about giving people the help they need as early as possible and supporting individuals, families and communities to do more for themselves. People may need early help at any point in their life. It can involve interventions early on in life, as well as interventions early in the development of a problem.

Giving people access to information and advice may help them think about their future and plan ahead. We all need to think about our needs in the coming years and how we can help ourselves to stay healthy, fit and well.

We know that people live longer and have healthier lives if they have a good network of family and friends. That isn't the case for everyone unfortunately. When people don't have contact with family, friends, or neighbours, they often lead less healthy lives and can suffer from mental health problems.

Having a job is a great way to avoid loneliness and isolation. We know that not enough of the adults with learning disabilities that we support, or adults in contact with our mental health

services, are in employment. We are working with our local partners to try and address this issue and this will be a priority for improvement in 2017/18.

It is estimated that 8% of people over the age of 65 are lonely, which is roughly 3,500 people in Barnsley. To help address loneliness and social isolation, our Area Councils, working with local councillors and community members, have made this a priority in many areas. The Central Area Council has a contract with the Royal Voluntary Service to deliver a service that reduces loneliness and isolation in older people. The service identifies older people who would benefit from support from volunteers.

In Penistone, the Area Council funds a social inclusion service, in partnership with Age UK. This project uses a volunteer led community car scheme to help lonely and isolated people to get out and about.

Ward Alliances also support activities that can make a big difference. With the support of small funding grants, local volunteers are making a big difference to the lives of many people by creating opportunities such as the Darton afternoon club, a place for older people to meet and socialise, or the Snap Tin Café in Goldthorpe, which provides training, work placements and social events for young people with learning difficulties and disabilities as well as luncheon and social groups for older people.

For more information on the work of Area Councils and Ward Alliances, visit:

www.barnsley.gov.uk/services/community-and-volunteering/your-local-area-and-ward/



Case Study

Independent Living at Home

Joan has Alzheimer's, as well as breathing and heart problems. Her husband Fred is her carer. Fred is fit and healthy and is usually on hand to help Joan, but he is worried about leaving her alone at home. Following a series of falls, a Lifeline alarm was provided so that Joan could easily call for help if she needed to. The alarm provides reassurance that Joan can speak to someone at the touch of a button. They are happy to pay for the service for the peace of mind it brings.



The right services for you at the right time

Adult Social Care

People can contact adult social care for support through our customer access team on 01226 773300. The team will find out a bit more about what is needed and then will either give information and advice or put the person through to the right social work team. A social worker may then arrange to do an assessment of the person's needs and to discuss the kind of support that can be offered. We aim to complete assessments in 28 days or less from the original contact. In 2016/17, we achieved that for 76% of our assessments. We want to complete 80% or more within 28 days this year. We also review the support plans we put in place on an annual basis as a minimum. In 2016/17, only 49% of people who had a support plan in place for a year or more had a review – this is a clear area for improvement in 2017/18.

For more information about the types of services and help that can be offered please see:

<https://www.barnsley.gov.uk/services/adult-health-and-social-care/>

For people who do need to access social care services, we need to make sure they understand how social care is charged for (means tested) and that they know what it might cost them to access services.

www.barnsley.gov.uk/services/adult-health-and-social-care/how-to-get-help/having-a-financial-assessment/

The Joint Commissioning Team

We regularly review services to make sure they are of high quality and delivering the right outcomes for people. We have a team that works jointly with the local Clinical Commissioning Group to do this. This team looks at the needs of the Barnsley adult population and buys in the services that help to meet those needs, as well as making sure there is a diverse and sustainable market of care providers in Barnsley. We are required by the Government to make sure people have a wide range of care and support options to choose from in Barnsley. We can only do this if we fully understand what care is needed and being provided. Where we think that the needs of some people are not being met, we work with our partners to see how things could be done differently.

The team also keep a check on the performance of services we fund to make sure they are delivering what we expect. One example is our reablement service called 'Independent Living at Home' (ILAH). Our performance information tells us that this service performs well, but also that not enough people are offered it. This is something we will be working on in 2017/18 to make sure as many people as possible can benefit from the service. We also know that more people over 65 are being admitted to residential or nursing homes in our area. We are looking into this to make sure there are enough services to support people at an early stage, as well as ensuring the right level of care and housing options are available to prevent needs from increasing.

In 2016/17, the team worked with a range of people including service users and carers, the NHS, social workers and care providers. This was to design and buy two new services to support vulnerable adults to live independently in their own homes.

The first service supports older people to live independently, and includes more support for people with complex needs. The new contract will improve service quality and help support things like faster discharge from hospital.



The second service supports people with learning disabilities, mental health problems or those with autistic spectrum conditions. This service supports people to live in the community. The service will also help people to develop their full potential for independent living by helping them to get the skills they need.

We are currently reviewing our Extracare housing, more information is available via this link:

www.barnsley.gov.uk/services/housing/housing-schemes-for-older-people

In 2017/18 we want to make sure the right level of support is available within the Extracare schemes to care for those with high levels of need. This will help to reduce the number of people that need to be looked after in residential or nursing homes.

We work with the CQC to monitor the quality of care and support that people receive from care and support providers. Where we have concerns about quality, we take appropriate action to help prevent problems from getting worse. More information on the CQC is available here:

www.cqc.org.uk/about-us

In March 2017, the CQC rated 60% of care homes in Barnsley either 'Good' or 'Outstanding'.

Overall, surveys tell us that most people who access our services are satisfied with their quality of life, as well as the care and support they receive.



Helping family and friends care for others

Nationally, one in every eight people cares for someone. This is care that is provided by family members or friends. In Barnsley, the Census tells us that there are at least 27,000 people who provide this kind of care for others.

Carers can struggle to stay in full time work due to their caring responsibilities. Their physical and mental health can suffer as well. We know that carers in Barnsley are more likely to say they don't have enough social contact, which could also affect their health.

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It is therefore very important that we assess the needs of carers, as well as the needs of the people they care for. This helps to make sure that carers get the help and support they need to carry out their caring role. We want to make sure that we reach more carers in Barnsley to find out what their needs are.

Every two years, we ask carers to complete a survey. This helps us to understand what quality of life carers have locally, as well as whether support and care services are meeting their needs. The latest survey told us that the quality of life of carers in Barnsley is similar to other areas. A higher proportion of carers in Barnsley said they were satisfied with the support they receive from the council, when compared to other areas. More carers in Barnsley said they had been included or consulted in discussions

about the person they care for, when compared to other areas.

We recently launched a new strategy called Barnsley Carers, which focuses on the following three aims for carers:

Informed and empowered

- This means carers having the information they need, as well as knowing where to go for help and advice

Individually resilient

- Making sure the needs of carers are met, and that they can stay well and enjoy a healthy life, whilst being able to care for the person they care for

Providing high-quality care

- Having the right skills and support to be an effective carer, and being recognised as the main contributor of care and support for the person you care for.



See our website for more details of the support available for carers and our carer's strategy 2017-2020:

www.barnsley.gov.uk/services/adult-health-and-social-care/support-for-carers/

We plan to improve our carers offer in 2017/18 to ensure that carers can be fully supported in the vital role that they provide.

Keeping adults safe

We believe everyone has a right to feel safe and live without fear of abuse, neglect or exploitation. Our priority is to protect vulnerable adults who live in Barnsley, promote their wellbeing, and reduce the risk of harm for those with care and support needs.

We work with our partners on the Safeguarding Adults Board to make Barnsley a safe place to live, and protect adults who may be at risk. We have recently improved our website for adult safeguarding, which is available via this link:

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www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/barnsley-safeguarding-adults-board

The Board produces an annual report. This sets out what the Board has done to prevent abuse and harm and to protect adults who have been hurt or abused. The latest report is available via this link:

<https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/barnsley-safeguarding-adults-board/annual-report/>

The annual report includes performance information, some of which we also provide to the Board more regularly. It also includes

findings from our annual survey with social care users. This highlights that more people who use services feel safe in Barnsley, when compared to other areas. It also highlights that more people who use services feel those services have helped them to feel safe and secure, when compared to other areas.

One of the Board's main priorities is "Making Safeguarding Personal". This means putting vulnerable adults at the centre of all our work to help keep them safe. We are improving our systems in 2017/18 to help us demonstrate more clearly that we are achieving this.

In 2016/17, we received 1,455 safeguarding concerns. All of these concerns were considered by an Adult Social Care Safeguarding Manager. In each case, a decision was made about what action was needed, including:

- No further action because the adult was not harmed, did not want further action or was not a 'vulnerable' adult (vulnerable adult has a specific definition under the Care Act 2014)
- Providing or reviewing a care package or referring on to another service (for example domestic violence support service)
- Starting a formal safeguarding enquiry (Section 42 enquiry)

Of the 1,455 adult safeguarding concerns we received, 386 resulted in Section 42 enquiries. This is where we decide that we need to make enquiries if we believe an adult is experiencing, or at risk of, abuse or neglect. We concluded 365 Section 42 enquiries during the year and we either removed or reduced the risk in 95.4% of cases. More information on this is available in the annual report.

We use the Mental Capacity Act to support people who cannot make decisions because of their conditions. More information is available via this link:

www.barnsley.gov.uk/services/adult-health-and-social-care/looking-after-your-health/mental-health-services/the-mental-capacity-act/



The Mental Capacity Act includes the Deprivation of Liberty Safeguards (DoLS). These are the things that we need to think about when considering decisions to restrict someone's freedom, for example, locking the front door of a care home to prevent a resident with dementia from wandering out and getting lost. Any decisions we make need to be the least restrictive, and in the best interest of the person. The number of DoLS applications we received and completed in 2016/17 was in line with other areas similar to Barnsley.

Our Safer Neighbourhoods Teams also help us to safeguard vulnerable adults in Barnsley. These teams work with local communities to identify adults and families who may be at risk of harm. They aim to support people as early as possible, to prevent further problems. More information is available via this link:

<https://www.barnsley.gov.uk/services/community-safety-and-crime/safer-barnsley-partnership/>

Our Assistive Living Service provides community alarms to make it quick and easy for people to get help, if they have an accident or emergency situation in their home. Knowing that help is on hand at the press of a button gives people peace of mind, and helps them feel safer. This enables people to remain independent. Approximately 1,200 people accessed the Assistive Living service in 2016/17 and 3,817 people were given personal alarms.

Case Study

Early intervention by Barnsley College and social care resolved family issues without the need for formal safeguarding

A 23 year old college student with a learning disability told a member of staff that his Dad had been cross with him, when they were at home and his Dad had grabbed his arm and hit him. Dad also has learning difficulties and the family is supported by a social worker. College staff listened to the student who was keen to stay at home, but they wanted help make sure that his Dad didn't cause him any further harm. The college staff worked with the family social worker to agree a plan to keep the student safe and meet any support needs for Dad. Dad and son agreed to have some mediation offered by the social worker and college and this was successful. Dad and son continue to live together happily. The student reports that he feels happy and safe at home.



Listening to and acting on your views

It's important to us that we understand what people who use our services think about them. There are lots of ways that people can let us know their views. This includes making a complaint, passing on feedback or a compliment, or taking part in a survey.

In 2016/17, we received 458 compliments for the whole council. 19 of those related to adult social care services. We received a total of 504 complaints last year, 36 of which related to adult social care services. Given that we usually support over 3,000 people, this is a very small number. We think we should be receiving more feedback, both positive and negative. This would help us to continually improve how we work. There are lots of ways that people can give us feedback, most of which are included on the following page of our website:

www.barnsley.gov.uk/have-your-say/complaints-compliments-and-suggestions/.

One example of how we use feedback to improve services relates to a complaint we received about how we charge for our services. When we investigated this, it became clear that the letters we send to people about charging were not as clear as they could be and we are now improving the letters.

We contact some of the people we support to ask them to complete annual surveys about their experiences of accessing care and support. This includes people accessing services, as well as the people that care for them. The information we get back from these surveys helps us to identify where we need to improve our services.

We meet with care providers (care homes and home care) at a regular forum to share information and good practice, provide training and highlight any issues we need to improve.

Another way to find out what people think about our services is by using Mystery Shoppers. These are volunteers who access our services and feed back to us on their experiences.

We completed a Mystery Shopping exercise in December 2016. This told us that people found our website very easy to use and informative. They rated our services as good when contacting us by phone, or to report a safeguarding issue. However, they felt that we needed to make improvements for people that want to talk face to face with someone about social care services. They also highlighted that our service to report concerns outside normal office hours was not good enough.

We have taken this feedback on board and are looking at ways we can improve this.



Services and people working together

One of the ways we can improve our services is by working closely with our partners, like the NHS and the Police. If we all work towards the same goals and use our resources jointly, we have a better chance of making a difference. Our Health and Wellbeing strategy provides more information about how we work together with our partners to address local priorities. The strategy is available via this link:

<https://www.barnsley.gov.uk/services/health-and-wellbeing/barnsley-public-health-strategy-2016-18/>

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On a daily basis, we work closely with Barnsley Hospital to make sure people who are discharged from hospital receive the most appropriate support. If we get this right, it makes it less likely that people will end up back in hospital or stay longer than they need to. This improves patient experience, by preventing unnecessary admissions and reducing the number of people waiting to be discharged.

Very few patients have their discharge from hospital delayed in Barnsley. In most cases, our services are available when people need them. Barnsley is one of the best performing areas in the country for minimising hospital discharge delays. This

includes delays caused by the hospital, as well as those caused by adult social care services.

Our Independent Living at Home service helps people discharged from hospital to regain their independence as quickly as possible. Workers from the service visit people every day, for up to six weeks, to support them to get back on their feet. People using this service are less likely to need ongoing support from us, once they've fully recovered.

This service supported 844 people in 2016/17. Of those, 56% did not need any more support from us once they'd completed their reablement and many others required less ongoing support than they would have otherwise needed. 84% of people accessing reablement between October and December 2016 were still at home 91 days later. This is better than the national average of 82.5%.

This year, we will work with our NHS partners to deliver the 'Transforming Care agenda'. This is about making sure people with learning disabilities, autism and complex needs can live successfully in the community and not in hospitals.

Case Study

Betty and Jack have been married for 50 years. Jack has lung disease and gets out of breath easily. Betty looks after the home and helps him with washing and dressing. Recently, Betty tripped over the rug at home and broke her leg. When she was ready to go home from hospital, she needed help with her personal care; meal preparation and keeping the house clean until her leg healed. Jack also needed support.

The hospital social worker met Betty on the ward and reassured her that support could be put in place, while she and Jack needed it. Together, they worked out a support plan. This included her daughter helping with the cleaning, and her friend picking up some of their shopping. A homecare agency also visited three times a day to support both Jack and Betty.

Betty was able to go home from hospital without delay. After Betty's leg healed, the Independent Living at Home Service got involved to help Betty get her confidence and strength back. Betty and Jack are now back to their normal routine. Betty knows that if she needs extra support again, she can contact adult social care for advice and help.



Adjusted social care quality of life – impact of adult social care services

This measure is based on the quality of life scores arising from responses to the Adult Social Care Survey. It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOF (see below); control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.

Area Council

There are six area councils in Barnsley. Each is made up of locally elected councillors. They use a range of information to help them set the priorities for the area. These priorities make up the area plan, which outlines what needs to happen, how it can be done, who'll do it, and what it might cost.

The Adult Social Care Outcomes Framework (ASCOF)

This is a national set of performance indicators that all councils must report on. For further information on the indicator definitions please see 'The Adult Social Care Outcomes Framework 2016/17 Handbook of Definitions', which is available at the following link

<https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-handbook-of-definitions>

Census

This is a national survey of the United Kingdom population, which takes place every 10 years.

Direct Payments

This is money that goes to an individual to allow them to arrange their own care and support.

Outcome

The changes, benefits or other results that happen as a result of getting support from social care.

Preventative Services

These are services that aim to address issues at an early stage, before they get to the point where more intensive and more costly services are needed.

Primary / Secondary Mental health services

Primary mental healthcare providers deal with people suffering from mild to moderate mental health problems. Treatment may

consist of counselling from a psychologist or psychotherapist, or some form of online mental health support.

People with more serious or complex psychiatric disorders, are referred to secondary mental health care.

Proportion of adults with learning disabilities in paid employment

The measure shows the proportion of adults of working age with a primary support reason of learning disability support who are 'known to the council' (i.e who receive long term support from social care during the year), who are recorded as being in paid employment.

Proportion of older people who received reablement / rehabilitation services after discharge from hospital

The measure includes social care only placements.

Reablement

Short-term, intensive therapy and care in a person's home to help them regain daily living skills such as getting up, getting dressed and preparing meals and having the confidence to manage independent, daily living.



Glossary

Residential or Nursing care

Care provided in a care home

Safeguarding

Safeguarding is the term used to explain how partners work together to protect vulnerable adults from abuse, ill-treatment and exploitation.

Abuse can take many forms such as physical, sexual, emotional, neglect or financial, and can take place in many different settings.

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Sector led improvement

This is an approach to checking on and improving performance where all the local authorities in the region agree together what is important and put in processes to check and support improvements in each area.

Self-directed support

Support that a person chooses, organises and controls to meet their needs in a way that suits them, using an individual or personal budget.

Social Care Council Tax Precept

The Government has allowed councils that provide adult social care to increase their Council Tax charges to provide additional funding. This is called the adult social care precept and can only be used to fund adult social care.

Social Care related quality of life

This measure gives an overarching view of the quality of life of users of social care and is an average quality of life score based on responses to the Adult Social Care Survey.

Statistical neighbours

These are other councils that have similar types of populations to Barnsley.

Voluntary sector

A term used to describe those organisations that focus on wider public benefit as opposed to statutory service delivery or profit. They are also known as Third Sector or not-for-profit organisations.

Ward Alliance

These are groups of people who have put themselves forward to help improve the communities they live in. They work with local councillors to determine what the priorities are for the area.





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**Support to Live at Home (STLAH) and
Adult Community Support & Enablement Service (ACSES)**

1.0 Introduction

- 1.1 This report provides an update to the Overview and Scrutiny Committee on the current arrangements for the delivery of care and support services to individuals living in their own home.
- 1.2 The report follows two recent separate procurements led by the Adult Joint Commissioning Team for:-
- services for vulnerable working age adults including those with learning disabilities – Adult Community Support & Enablement Service (ACSES) (previously known as supported living). These include supporting people to manage a tenancy, develop independent living skills and/or find employment.
 - services to support predominantly older people – Support to Live at Home (STLAH) (previously known as domiciliary care). These include helping people with personal care or to carry out daily living tasks.
- 1.3 The procurements were concluded in 2017 following a series of Cabinet reports seeking to re-shape how home care services were delivered across the borough to ensure that service users receive personalised, outcome and progression focussed support of the right type, right level and at the right time.

2.0 Background

- 2.1 The contracts for supported living for users with a learning disability had been rolled forward for a number of years. The contract for domiciliary care for older people ended in March 2016.
- 2.2 In addition, for a variety of reasons, including historic arrangements, some packages of support were being purchased from providers who did not have a contract with the Council, leaving the Council at risk of challenge due to the lack of performance and quality monitoring of those providers.
- 2.3 In January 2016, Cabinet considered a report by the service entitled ‘Adult Learning Disabilities Transformation – Phase Two Commissioning Business Case’. The report described a new model of accommodation and support services for people with a learning disability, which would improve outcomes at a lower lifetime cost than services available at that time.
- 2.4 The main characteristic of the model was based on three levels of support - standard, complex and specialist - dependent upon need. This support would help individuals to live independently in the community either in their own home or as a tenant in supported accommodation. The new service specification described a progression focussed model of support, enabling service users to develop greater independent living skills. This would result in service users needing less paid support in the long term whilst maximising their own skills and abilities.

- 2.5 In considering the report, Cabinet were also asked to review proposals for the Council's in-house supported living service. Cabinet agreed that the Council service should be invited to tender and be evaluated alongside other independent sector providers.
- 2.6 For the ACSES framework, it was also decided that the scope of the contract would be widened to cover all working age adults including those with a learning disability, mental ill health, physical disabilities and/or sensory impairments and those with autistic spectrum conditions.
- 2.7 Additionally, in March 2016, Cabinet agreed that the Adult Joint Commissioning Unit could procure a new framework for homecare and support services under the name of Support to Live at Home (STLAH). The framework would replace all directly commissioned domiciliary care services for older people and, as with ACSES, would focus on supporting individuals to maximise their independence where possible.
- 2.8 Due to the similarities between the two procurements, the Adult Joint Commissioning Unit took the decision to run both procurement exercises in parallel utilising the support of an external consultant to support the tender process.
- 2.9 In line with Barnsley's Health and Wellbeing Strategy 2014-2019, both contracts have been designed to support the personalisation agenda. Services focus on the principles of enablement, recovery and self-care, helping individuals to gain or re-gain the skills they need to live independently and to improve resilience. STLAH and ACSES required a shift in thinking and approach from traditional models of care which have tended to focus on maintenance rather than promoting independence.

3.0 Current Position

Adult Community Support & Enablement Service (ACSES)

- 3.1 The procurement of the ACSES contract concluded in January 2017 resulting in seven providers being awarded a place on the framework which went live in April 2017. Three providers awarded a position on the framework were already delivering services across the borough, four providers were new to the area.
- 3.2 Since the contract was awarded, one provider has served notice citing a lack of referrals as the reason. Commissioners investigated this and found that the lack of referrals was because there wasn't a significant need for the services the provider was offering. This provider was not delivering support in the borough and as such no service users were affected by this decision.
- 3.3 Following consultation with staff and trade union representatives the Council's in-house supported living service took the decision not to tender for a place on the framework. Consequently all in-house support packages were offered to new providers in 'lots' as part of the tender process. Two providers were successful in acquiring this business and packages were transferred in July 2017 along with the TUPE (Transfer of Undertakings (Protection of Employment)) transfer of 66 Barnsley Metropolitan Borough Council (BMBC) staff.
- 3.4 The contract for ACSES operates borough wide and providers are selected using a mini tender process which seeks to identify the provider best placed to support the individual through a written response to an informal profile of the individuals' needs, aspirations and desired outcomes. Where it is possible, and time allows, service users and family are invited to take part in the mini tender process to promote the choice and control agenda and empower service users to actively select the provider they feel able to meet their needs.

- 3.5 The Council currently commissions 4,200 core hours of support per week under the ACSES framework which are delivered in 24 properties shared by a number of service users. An additional 3,500 hours of support are also commissioned to provide one-to-one support to 130 service users.

Support to Live at Home (STLAH)

- 3.6 The procurement of the STLAH contract concluded in July 2017 resulting in five providers being awarded a place on the framework which went live in September 2017. The contract period is for three years with an option to extend for a further two years.
- 3.7 The contract for STLAH differs from the ACSES contract in that it is based on a geographic model with up to two providers contracted to deliver support in six localities across the borough (based on Local Area Council structures). This model allows providers to develop a good understanding of the local community as well as reducing travel time and costs as travel is limited to the contracted area.
- 3.8 The contract is intended to operate on a week on, week off rota, with providers expected to 'guarantee pick up' on their week, reducing the time spent by social workers trying to identify a provider for a package of care.
- 3.9 The Council currently commissions approximately 3,500 hours of support to individuals under the STLAH framework supporting 620 service users.

4.0 Future Plans & Challenges

- 4.1 In the procurement of the ACSES contract the three key providers previously supporting people with mental health issues in the borough either did not tender or were not awarded a place on the framework. This has been a challenge for Community Mental Health Teams as this meant that service users wanting to keep their existing provider were required to take a direct payment and manage their own package of support. Two new providers were awarded a place on the framework however only one has picked up packages to date. Commissioners are currently concluding a further procurement process to broaden the option of support providers for both staff and service users.
- 4.2 In the awarding of the ACSES contract, providers were advised that commissioners intended to develop and implement an outcome focussed monitoring tool to monitor the performance and quality of support delivered. This will be done in partnership with providers, staff and service users over the next 12 month period.
- 4.3 Since the launch of the STLAH contract in September 2017 a number of issues have been logged including providers' inability to 'pick up' in line with the contract specification. One provider has shared a verbal intent to withdraw from the market citing a lack of referrals as the reason. As such, commissioners are now completing a review of the framework operation to consider any gaps in service delivery.
- 4.4 Within the first year of a contract being awarded, providers are required to implement Electronic Call Monitoring Systems (ECMS). The tagging system will be utilised to accurately record the amount of time a care worker is in the service users' property. This will result in more precise billing information for the provider. Contracts Officers are currently working with providers on implementation plans to ensure ECM Systems work with Council payment systems and as such no providers have yet fully implemented ECMS.
- 4.5 Some STLAH providers continue to challenge the hourly rates paid for support, which, as part of the tender process, were agreed through a negotiated process. Commissioners

continue to work with providers to monitor costs and risks around sustainability in the current market through regular contract meetings and provider forums.

- 4.6 Recruitment and retention remains a key challenge in the social care sector and feedback from both ACSES and STLAH providers has confirmed this. Commissioners are committed to working closely with the market to ensure services remain sustainable and deliver the required outcomes for service users.

5.0 Invited Witnesses

- 5.1 The following experts have been invited to today's meeting to answer questions from the committee:

- Rachel Dickinson, Executive Director - People
- Lennie Sahota, Service Director - Adult Social Care & Health
- Sharon Graham, Head of Service - Joint Commissioning
- Jane Wood, Head of Service - Assessment & Care Management
- Claire Edgar, Head of Service - Mental Health & Disability
- Councillor Margaret Bruff, Cabinet Spokesperson for People - Safeguarding

6.0 Possible Areas for Investigation

- 6.1 Members may wish to ask questions around the following areas:

- How will you determine whether providers are delivering quality services that are in line with the contract requirements?
- How are you managing change and customer expectations?
- What has been learned in the 12 months since the implementation of the ACSES contracts and what has been the impact upon service users?
- How realistic are the aspirations and expectations placed upon providers given the financial envelope and are they sustainable?
- How is the pressure on Community Mental Health Teams and social workers being managed?
- What has been the impact upon service users of providers' inability to 'pick up' and how is this to be resolved?
- What methods are being adopted to ensure that providers can attract and retain staff within the social care sector?
- How is feedback being used to shape the service?
- Which groups of service users are currently not being supported as well as they could be and when will this be resolved?
- When do you expect the two services to be fully embedded and delivering a quality service without any gaps, including the implementation of the ECMS?
- What actions could be taken by Members to support the service and the communities involved?

7.0 Background Papers and Useful Links

- BMBC – ‘Adult Learning Disability Transformation Phase Two’ Cabinet Report:
<http://barnsleymbc.moderngov.co.uk/documents/s10225/Adult%20Learning%20Disability%20Transformation%20Progress.pdf>
- BMBC ‘Domiciliary Care Procurement Contract (Support to Live at Home)’ Cabinet Report:
<https://barnsleymbcintranet.moderngov.co.uk/mgAi.aspx?ID=4366>
- Barnsley Health & Wellbeing Board - ‘Barnsley Health & Wellbeing Strategy 2014-2019’:
<http://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Plans%20and%20strategies/HWBSFINAL.pdf>

8.0 Glossary

ACSES	Adult Community Support & Enablement Service
BMBC	Barnsley Metropolitan Borough Council
ECMS	Electronic Call Monitoring Systems
STLH	Support to Live at Home
TUPE	Transfer of Undertakings (Protection of Employment)

9.0 Officer Contact

Anna Marshall, Scrutiny Officer
16th April 2018

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Item 6

Report of the Executive Director Core Services and the Executive Director People, to the Overview and Scrutiny Committee (OSC) on 24th April 2018

Financial Contributions Policy For Adult Social Care Services

1.0 Introduction

- 1.1 This report to the Overview & Scrutiny Committee provides background and context in relation to recent changes to the Council's Financial Contributions Policy (previously known as the Fairer Charging Policy) for Adult Social Care Services (Item 6b - link found in the Background Papers).
- 1.2 These changes were approved by Cabinet in July 2017 and by Full Council in September 2017. Prior to this, the proposed changes were subject to a full public consultation from 3rd April to 27th May 2017 and also a full Equality Impact Assessment.

2.0 Background

- 2.1 The Financial Contributions Policy for Adult Social Care Services explains the Council's approach to determining how much each service user should contribute towards the cost of their adult social care services. It outlines the Council's aims and principles on how we ensure a fair approach to setting the level of contributions to be made by service users in receipt of social care and support.
- 2.2 The recent changes were necessary to ensure that the policy complies with the requirements of the Care Act 2014 and the Council's charging principles. In addition, there has been national media coverage regarding the rising cost of delivering adult social care and the policy changes will help Barnsley Council to continue delivering adult social care support to an increasing number of people.
- 2.3 The overriding principle behind changes to the policy was that charges will be based on the full cost of the provision (which aligns with the Council's Fees and Charges Policy) and that service users will pay the amount that they can reasonably afford towards the full cost of their care. Individual financial assessments are undertaken to ensure contributions are based on a person's ability to pay, calculated using national guidelines and the Council's financial assessment framework.
- 2.4 Two of the changes in the policy came into force on 2nd October 2017:-
- the removal of the £150 weekly cap on contributions towards care and support in the community
 - the introduction of a one-off arrangement fee for people who are not eligible for financial support (self-funders) but still wish the Council to make their care arrangements for them. This fee has been calculated based upon the cost to the Council for making such arrangements.
- 2.5 The final change, relating to Disability Related Expenditure (DRE), was implemented on 1 April 2018:-
- any **additional** expenditure incurred in relation to a person's disability (not all expenditure) should be disregarded. (For example, if an individual required their home to be heated for longer periods of time due to a specific medical condition, then the additional costs of this would be disregarded).

- 2.6 The Council's medium term financial strategy 2017/18 included a requirement for £400,000 in additional income as a result of the changes to the Financial Contributions Policy. This is to enable the Council to respond to the rising costs and increasing demand for adult social care services.

3.0 Impact of the Changes

Removal of the £150 weekly cap

- 3.1 The £150 weekly cap only applied to those receiving support in the community, not those in residential or nursing care homes. People residing in care homes can be required to pay the full cost of their care and support, which was arguably unfair.
- 3.2 Removal of the cap has affected 6% of the service users who were receiving community based care and support (approximately 135 people).
- 3.3 All service users were offered the opportunity to have a full financial assessment to calculate their contribution. This assessment considers a person's income and any savings they may have as a basis for deciding how much, if anything, they can afford to pay as a fair contribution towards the cost of their services. Any charges are calculated against the full cost of the care/support a person receives.
- 3.4 The majority of other local authorities have already removed any cap on financial contributions; therefore these changes have brought Barnsley in line. Within the region, Wakefield and Kirklees Councils have no cap, whilst Sheffield, Rotherham and Doncaster Councils have caps which have been set in line with the cost of residential care.

Introduction of support planning charge for self-funders

- 3.5 For people who are not eligible for financial support but still wish the Council to make their care arrangements for them, a one-off fee has been introduced to cover the costs of making these arrangements. This only applies to new service users therefore existing service users were not affected by this.

Disregard of disability related expenditure

- 3.6 The final proposed change to the policy was in relation to Disability Related Expenditure (DRE). The policy allows for expenditure incurred in relation to a person's disability to be disregarded from their financial assessment. The policy has been amended to make clear that this only applies to any **additional** expenditure incurred in relation to a person's disability not all expenditure.
- 3.7 Currently 688 service users have DRE disregarded from their financial assessments. Within these assessments, most are already **only** claiming for additional expenditure; therefore only a handful of these service users will be affected by the policy change.

4.0 Summary of Service User Consultation

- 4.1 Following Cabinet approval of the policy changes, the 135 existing service users who were affected by the changes were sent correspondence informing them of how they would be impacted personally. A total of 48 enquiries were received in relation to this, summarised below; all of which have been actioned:

- 20 enquiries were requesting a new financial assessment
- Six enquiries were requests for Barnsley Metropolitan Borough Council (BMBC) to continue to oversee care arrangements. This would ensure that the service user continues to benefit from BMBC contracted hourly rates which are generally lower than

the rates a provider would charge a private funder. (This option had been offered to existing service users as a mitigating action).

- Three enquiries were requests for a full review of their social care support
- The remainder of enquires were either from people informing us they would be contacting their current care providers to arrange for support to be delivered on a private/self-funding arrangement, or to discuss provider hourly rates to enable people to make informed decisions whether or not to remain with their current providers.

4.2 Only four people actually expressed dissatisfaction with the changes and believe they are being penalised for having saved all their lives or being in receipt of an occupational pension. However, they all understood why the changes are necessary and were generally accepting of the situation.

4.3 The above analysis provides evidence that the level of dissatisfaction was very minimal and supported the recommendation for adoption by Full Council.

5.0 Current Position

5.1 The changes came into force on 2nd October 2017 and are now business as usual for Adult Social Care Services.

5.2 Analysis following implementation evidences that 123 service users have been negatively affected by the changes, 109 of whom have been supported to become self-funders and 14 who have seen an increased charge.

5.3 As at the end of March 2018 a total of 21 new self-funding service users have requested the Council to arrange their social care support for them and have been invoiced for the cost of this service.

6.0 Future Plans & Challenges

6.1 The service will continue to monitor and evaluate the impact of these changes upon service users.

6.2 Disability Information Advice Line (DIAL) Barnsley are currently completing a research project to evaluate the impact of budget reductions and service redesign on disabled people in Barnsley. It is likely that the changes to the Financial Contributions Policy will be a significant element of the findings. The final report is due July 2018 and will be considered by Adult Social Care Services.

7.0 Invited Witnesses

7.1 The following experts have been invited to today's meeting to answer questions from the committee:

- Rachel Dickinson, Executive Director - People
- Lennie Sahota, Service Director - Adult Social Care & Health
- Sharon Graham, Head of Service - Joint Commissioning
- Jane Wood, Head of Service - Assessment & Care Management
- Claire Edgar, Head of Service - Mental Health & Disability
- Councillor Margaret Bruff, Cabinet Spokesperson for People - Safeguarding

8.0 Possible Areas for Investigation

8.1 Members may wish to ask questions around the following areas:

- What have been the key challenges since the changes were implemented and how have these been mitigated?
- What feedback have you received from service users since the implementation of the changed policy?
- What do you expect the outcomes of the DIAL Barnsley project to be?
- What impact have these changes had on carers?
- How confident are you that the additional income of £400,000 will be generated as a result of the policy changes?
- What actions could be taken by Members in support of this area of work?

9.0 Background Papers and Useful Links

- Item 6b – BMBC: Financial Contributions Policy for Adult Social Care Services
<http://barnsleymbc.moderngov.co.uk/documents/s22915/Appendix%201.pdf>
- Department of Health: The Care Act 2014 Factsheet 5 – Charging & Financial Assessments
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/268682/Factsheet_5_update_charging.pdf
- Department of Health: Care & Support Statutory Guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

10.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
DRE	Disability Related Expenditure

11.0 Officer Contact

Anna Marshall, Scrutiny Officer, scrutiny@barnsley.gov.uk
16th April 2018

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