




Haringey Council

Report for:	Cabinet – 16 June 2015	Item Number:	
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Title:	New Operating Model for Adult Social Services
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Report Authorised by:	Zina Etheridge Deputy Chief Executive 
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Lead Officer:	Beverley Tarka Interim Director Adult Social Care
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Ward(s) affected: All	Report for Key/Non Key Decisions: Key
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1. Describe the issue under consideration

- 1.1 This paper sets out the strategic context for the delivery of Priority 2 of the Corporate Plan and specifically how key components of a new operating model are being developed within that context. It requests Cabinet approval for the implementation of the new operating model.
- 1.2 The Association of Directors of Adult Social Services (ADASS) proposes a model of care and support based on four key elements (*'Distinctive, Valued, Personal'* March 2015):
- Good information and advice to enable us to look after ourselves and each other, and get the right help at the right time as our needs change;
 - The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
 - Services that help us get back on track after illness or support people with disabilities to be independent;
 - When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical, and other forms of wellbeing and are joined up around our individual needs and those of our carers.



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- 1.3 We want to work with the people of Haringey to reduce dependency and to be clear with them about what they can expect from the Council. We want people to have access to high quality information, advice and support to empower them to live healthy, long, fulfilling lives; with access to high quality formal health and social care services when people are assessed as needing them.
- 1.4 We need to ensure that we deliver the optimum level of support rather than providing support based on a static assessment of need. Providing the optimum level of support will increase the chances of people connecting with local people in their communities. It is not about over supporting people which undermines confidence and abilities. It is about being flexible and responsive when needs fluctuate.
- 1.5 We need to recognise that, regardless of age or disability, when people enter the Adult Social Care system they do not necessarily have to remain within that system but rather through review, to ensure that any care and/or support continues be at the appropriate level. We need to have a system that prevents people becoming stuck in services and moves them onto successful independence.

2. Cabinet Member introduction

- 2.1 The need for change is clear, with significant changes resulting from the legislative changes of the Care Act; pressure on resources; and, from proposals in the Corporate Plan 2015-18 and the Medium Term Financial Strategy, agreed in February by Full Council.
- 2.2 Service Users and their families/ carers attribute enormous value to the support offered by Adult Social Services. Having engaged directly with Service Users and their families, the excellent services that individuals are receiving and the differences that have been made to family life is obvious.
- 2.3 However, it is also clear that demand for Adult Social Services is increasing. For example, the Haringey population has increased by 3.1% between 2011-2013, with an increase of 5.3% in residents aged over 65 years. In addition to this, the ageing population is living longer and we must address the needs of each individual as they arise.
- 2.4 The Care Act has increased the responsibilities of local authorities, not least in relation to carers and self funders: it is not clear yet what the total financial impact of this will be on services. Furthermore, significant reductions in budgets are affecting all local authorities. In Haringey, the funding available for adult social services over the next three years will see a significant reduction of £24.5 million. In order to meet the growing demand and deliver the high quality services that our residents expect and deserve, Adult Social Services must therefore be transformed. This means changing the way that we work, to continue to deliver services which ensure equity for those assessed as needing care and support.

3. Recommendations

That Cabinet is asked to:

- 3.1 Approve the principles underpinning the new operating model for adult social care set out in Paragraph 7.
- 3.2 Approve the operating model for adult social care set out in Paragraph 9.



4. Alternative options considered

- 4.1 To do nothing is not an option. Legislative changes, demographic pressures and budget challenges mean that to continue to provide care and support in the current manner is unsustainable. The current operating model will not deliver revised national policy or achieve the outcomes expected.
- 4.2 The proposed model in this report is the outcome of workshops held with managers in Adult Services where the focus was very much about the service user journey, the purpose being to maintain people's independence as far as possible, streamline processes and provide flexible support. Consideration was given to incremental change but the view was that to meet the challenge of delivering sustainable, responsive services over the next three years, we require system change and a whole council response, from the population level onwards.
- 4.3 The target operating model proposed in this report is closely aligned to the ADASS model, referred to in paragraph 1.2, providing the basis for delivering sustainable services in the future.

5. Background information

Case for Change

- 5.1 The changing national context means delivery of adult social care must also change. This has involved several factors, including an emphasis on values which promote independence, dignity and choice. In addition care has shifted away from institutional care towards community and home based solutions.
- 5.2 The Care Act 2014 is an important step forward, bringing adult care and support law into a single clear statute. It gives important new statutory duties on local authorities which are designed to support people to maintain their wellbeing and independence. The Act enshrines the principle of individual wellbeing, placing this at the heart of the care and support system. The Act has at its core the goal of supporting people to maintain independence for longer.
- 5.3 Sections 1 to 7 of the Act place a number of general and targeted duties on local authorities. These are:
- Promoting individual well-being
 - Preventing needs for care and support
 - Promoting integration of care and support with health services etc.
 - Providing information and advice
 - Promoting diversity and quality in provision of services
 - Co-operating generally
 - Co-operating in specific cases



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- 5.4 Additional factors are the reductions on funding for social care with £3.5 billion less in council social care budgets since 2010. Demographic changes means we are living longer, older people often with multiple health conditions and younger people with disabilities and health conditions.
- 5.5 All these factors raise fundamental questions about how social care is organised, delivered and funded in a sustainable way. Against this backdrop, in order to achieve our vision of everyone being enabled to live healthy, long and fulfilling lives with control over what is important to them (Priority 2 Corporate Plan 2015-18) we need to look not only at funding, but also people's expectations and values, how care is delivered and joined up with other services, the quality of care and the workforce which delivers it.
- 5.6 We need to ensure that the reducing resources available to us are targeted at those in most need, and to transform the delivery of care and support. The vital role of vibrant and diverse community and voluntary services is recognised and we need to further develop our partnerships. We also need to work with residents to support lifestyle changes to tackle issues such as obesity and smoking.
- 5.7 Our current operating model has not supported us to reduce demand in Adult Social Care, with over reliance on institutional care in particular for younger adults. In particular:
- Preventative services such as reablement/enablement, information and advice which could keep people in the community for longer are not offered consistently nor jointly with partners.
 - There has been a significant increase in the number of recorded adult social care contacts and referrals since April 2011 and the overall cost of care packages has increased by over 50% above population growth since April 2011.
 - Haringey is close to average on most user experience measures and performs particularly well on social contact and safety and security but poorly on overall satisfaction with care and support.
 - Our management of the market requires a shift to an outcomes focussed approach.

6. Vision Corporate Priority 2

- 6.1 Our vision for all adults in Haringey is summarised in Priority 2 of the Corporate Plan: **Empower all adults to live healthy long and fulfilling lives**, underpinned by the following objectives:
1. A borough where the healthier choice is the easier choice
 2. Strong communities where all residents are healthier and live independent fulfilling lives
 3. Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
 4. Residents assessed as needing formal care and /or health support will receive responsive high quality services
 5. All vulnerable adults will be safeguarded from abuse



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These objectives are corporate priorities, have a strong whole population Public Health focus but also inform the future operating model for adult social care.

7. Principles underpinning the new operating model for adult social care

7.1 Based on the vision and objectives set out, and the context and resident needs, the principles that underpin the proposed model are:

- Putting individuals at the centre of all we do and keeping vulnerable adults safe
- Supporting the public health whole population approach to healthy lifestyle
- Increased focus on universal offer, work, education, training, recreation, settled accommodation and social and economic wellbeing
- Making every contact count –to signpost, provide high quality information and advice, with the outcome of promoting good health and wellbeing
- Focus on early intervention/prevention, reablement/enablement, to promote independence and reduce reliance on long term care
- Integrate with health, service users should be assessed only once; telling their story once
- Flexible and responsive services when needs fluctuate – not over supporting which undermines confidence and abilities
- Wherever possible not to make longer-term decisions and/or commitments about someone's care while the person is unwell or in crisis
- An 'outcome focus' approach, building on people's assets and strengths, rather than a 'deficit' model which focuses on what people cannot do
- As far as possible, no more residential care for working age adults
- A continued shift to more commissioning of services and support and less in house provision to enable development of diverse markets which supports requirements of the Care Act

8. Creating System Change

8.1 The role of the Council is not necessarily to 'do for' but to do everything in its power to facilitate and enable residents to achieve healthy, fulfilling and long lives.

8.2 Best practice guidance on the role of Director of Adult Social Services (DASS) was published in 2006 with the DASS key leadership role including:

- Improving preventative services and delivering earlier intervention
- Managing the necessary cultural change to give people greater choice and control over services
- Tackling inequalities and improving access to services
- Increasing support for people with the highest levels of need

8.3 The Care Act 2014 brings responsibilities in:

- Promoting wellbeing
- Preventing reducing or delaying needs
- Information and Advice



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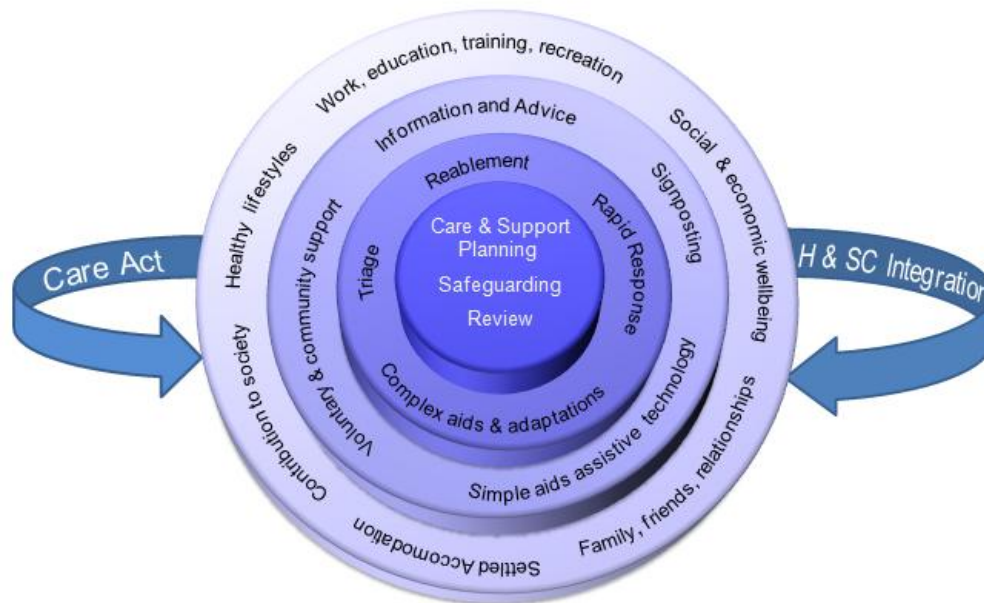
- Market shaping and commissioning of adult care and support
- Managing provider failure and other service interruptions

In addition there are prevention and integration duties which have system wide consequences

- 8.4 This system leadership role is of particular relevance given the current challenges facing Local Authorities (see case for change).
- 8.5 The thrust of the new operating model is to develop a model of care and support that breaks with traditional approaches and empowers individuals to take control of their lives.
- 8.6 With the advent of the Better Care Fund, the Children and Families Act and the Care Act, there is an increasing emphasis locally, and nationally, on integration and joining up a wider range of services around residents to help them have fulfilling lives.

Many Councils have already begun the transformation journey and evidence to support the proposed operating model can be found in the final report of the LGA Adult Social Care Efficiency Programme July 2014.

9. Future Operating Model



The new operating model for Adults is a representation of how we need to do business in the future. It embraces the following:

- Whole **population approach**
- **Prevention and early intervention** to delay and reduce the need for care
- **The role of the council** is not necessarily to “do for” but to do everything in its power to facilitate and enable
- A proportionate effort according to need in order to **reduce inequalities**



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- A **whole community approach** with targeted interventions taking place as needs arise and reducing according to the decline in needs
- A **comprehensive Information Advice and Guidance** service to include first point of contact
- **Multi disciplinary locality teams** aligned with GP clusters
- **Integration** with health to improve the service to residents
- A core **health and social care function focussed** on assessment, care planning and safeguarding
- **Promotion of diversity and quality in the care and support market** to meet the general duty of the Care Act
- **Quality assurance** embedded across the whole system for commissioned and council services as part of our approach to continuous service improvement

9.1 The service user journey

- 9.1.1 The service user journey starts from a wider population focus recognising that individuals are part of the wider community, that healthy lifestyles are integral to living healthy long and fulfilling lives. Notable features of the model in this context are:
- 9.1.2 The first point of contact will be community based and offer information, advice, community solutions and simple aids and assistive technology. People will have early access to information and advice and will be supported to self manage.
- 9.1.3 Multi disciplinary triage will offer a range of reablement/ enablement services, promoting independence and delaying and reducing the need for ongoing care.
- 9.1.4 Adult Social Care's core functions will be assessment, support planning and safeguarding. Wherever possible this will be delivered within integrated teams.

Appendix 1 provides more detail.

9.2 Wellbeing

- 9.2.1 As noted previously, the Care Act introduces a new statutory principle to promote health and wellbeing, i.e. a general duty that applies to all residents, and requires the Council to promote the individual's wellbeing in all decisions taken, or activities performed, in relation to the individual's wellbeing.

- 9.2.2 Wellbeing is defined as:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;



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- the individual's contribution to society

9.3 Prevention and Early Intervention

- 9.3.1 Embedding the principles of prevention and early intervention, tackling inequalities and building community resilience is required through the Care Act and recognised within the Corporate Plan as a key cross cutting principles for everything the Council does.
- 9.3.2 The proposed model supports self-management of wellbeing, health conditions and support needs. It provides people with information and advice to improve their health and wellbeing, supports safer neighbourhoods, promotes healthy active lifestyles and reduces loneliness and social isolation. It builds community resilience and helps to maintain people in their homes. It delays the need for formal health and/or social care support.
- 9.3.3 The Care Act gives a new *general duty* (i.e. a duty that applies to all residents) requiring local authorities to ensure the provision of preventative services. That is, services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carers' support needs).
- 9.3.4 It also gives a new *general duty* to provide information and advice on social care, including independent generic and regulated financial advice, to all residents regardless of whether, or not, they have eligible care needs.
- 9.3.5 Information and advice will enable us to look after ourselves and others better, equipping us and signposting to information and support which will help prevent or reduce the need for services and supporting us to get the right help, at the right time, in the right place.
- 9.3.6 In addition we need to build on technological innovations which make information and advice more readily available such as interactive websites, health and social care navigators who help people connect to information, and strength based approaches to assessment which help people to understand what advice is already available to the amongst friends, families and their community.

9.4 Supportive Families and Communities

- 9.4.1 A stronger role for our communities in supporting social care and health is required. We need to make sure that our communities are as supportive as possible to people with disabilities and long term conditions. Informal carers already provide at least £55 billion of unpaid care and support nationwide. The voluntary sector also makes a significant contribution in helping to meet people's needs and to enhance their quality of life. We propose to build on a number of existing initiatives such as our local Dementia Friends campaign, Neighbourhood Connects in order to build capacity and to build the potential of community led and user led services.

9.5 Market shaping and commissioning of adult care and support

- 9.5.1 Council services (and all statutory services, such as the NHS) must increasingly ensure that services are 'outcome based' supporting people to identify and achieve their own goals and independence, rather than fitting into existing services. This means moving from assessing people from a deficit position, to considering the assets and strengths of individuals and the outcomes they want to achieve. It is a positive approach which highlights what people can do and might be able to do with appropriate support.



9.5.2 The Care Act provides a new general duty to promote diversity and quality in care and support provider market. Local authorities must act to ensure that there is a range of different providers of services available. These must offer a range of services shaped by the demands of individuals, families and carers, and be of a high quality, in order to meet the needs and preferences of people wanting to access services.

9.5.3 Local authorities are required to meet 'National Standards' for outcome focussed commissioning, which include:

- Good commissioning is person centred and focuses on the outcomes people say matter most to them. It promotes the health and wellbeing of all and delivers social value
- Good commissioning is co-produced with people, their carers and communities, promotes positive engagement with providers and promotes equality
- Good commissioning is well led by local authorities, demonstrates a whole system approach and uses evidence about what works
- Good commissioning ensures diversity, sustainability and quality of the market. It provides value for money and develops the commissioning and provider workforce

9.6 Alternative Delivery models

9.6.1 It is recognised that most Council services are of good quality and are valued by service users and carers. However, Council services can be costly to run and in a period of diminishing resources consideration needs to be given to alternative delivery models.

9.6.2 The MTFs and the new operating model propose that alternative service delivery models will be explored.

9.6.3 This could include, for example, commissioning services from health providers, from independent providers or from social enterprise type models.

9.6.4 A model used in many other areas is "spin-outs" which is the process by which part of a local authority splits off and becomes a separate, 'stand-alone' organisation. This new spin-out company generally takes along the staff required to deliver the service, the intellectual property and sometimes assets. Generally, the local authority, for an agreed time, provides support by becoming a customer, initially, the only customer, and provides 'incubation' support, such as office or IT infrastructure. After the initial incubation period, the new organisation is expected to compete for the original and new local authority contracts and possibly to compete to win contracts with other local authorities, or with the private sector regionally, or nationally. In this model, any profit is re-invested in the company or in the community where it sits.

9.6.5 Care and Support Statutory Guidance (4.86) refers to market interventions which could include supporting social enterprises, micro enterprises, Community Interest companies and user led organisations.

9.7 Joint Commissioning and Integration



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- 9.7.1 The Care Act provides the local authority with a new *duty* to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services. The duty's emphasis on "*other health related services*", whose definition encompasses housing, leisure services, education etc, means that the Council's services have to work more closely together.
- 9.7.2 This provides opportunities for the joint commissioning of services and ensuring a whole system approach. It is about having clear pathways in place which meets people's needs while maintaining their independence. It is also about recognising that crises do occur but that should not necessarily result in individuals remaining in the health and care system when their needs have changed.
- 9.7.3 Recent research (Transforming Adult Social Care Capita/County Councils Network, February 2015) suggests that there is strong evidence to show that the integration of health and social care and investment in demand management are now the most critical factors in meeting the financial challenge. Redesigning care pathways, promoting independence and investing in community services is now "rightly regarded as the future of a sustainable care and support system".
- 9.7.4 The new operating model has a strong focus on early intervention and prevention. The new pathway incorporates an integrated workforce and importantly recognises that people's needs fluctuate and that support needs to be flexible to meet those fluctuating needs.

9.8 Safeguarding

- 9.8.1 Safeguarding is a core function of Adult Social Care and the Care Act now puts that on a statutory footing.
- 9.8.2 The Care Act sets out the local authority's responsibility for adult safeguarding for the first time in primary legislation. Local authorities *must* make enquiries if they believe an adult is, or is at risk of, being abused or neglected. They *must* also host and lead multi-agency *Safeguarding Adults Boards* (SABs) to maintain strategic oversight of safeguarding and carry out *Safeguarding Adults Reviews* when people die as a result of neglect or abuse and there's a concern that the local authority, or its partners, could have done more.
- 9.8.3 The new operating model places safeguarding as a core activity. The new service user pathway recognises that safeguarding is integral at every stage.

9.9 Workforce and Quality

- 9.9.1 The social care workforce has a crucial role in working with people to safeguard them from unacceptable risk and harm as well as helping people to live as independently as possible.
- 9.9.2 Critical to the delivery of our target operating model is the need for well led, trained workforce that provides effective, high quality person centred support. Fundamental to meeting the individual needs of people is the successful integration of health and social care workforce.
- 9.9.3 Culture change is central to success and this will be embedded through 121's, forums and discussion groups.



10. Comments of the Chief Finance Officer and financial implications

- 10.1 Adults Social Care services are a very significant part of the Council's overall budget. The total direct Social Care budget is £63.2m of which approximately £14.5m funds the services covered by this report. The other £48.7m is the purchasing budget for care placements.
- 10.2 In recent years this Council and many other similar councils has been experiencing strong pressures on the social care budgets linked to demographic growth, the ageing population and levels of ill health and long term disability among our residents. It will be very important for future financial sustainability to have effective measures in place to respond to and manage these pressures.
- 10.3 In addition, under the MTFs the service will be making £18.6m of savings from Adults services; of which £500k saving in year three will come from changes to the care management service itself and the rest coming from changes to the range and type of services offered to people needing care as a result of the adoption of the principles outlined above.
- 10.4 The successful adoption and implementation of the new operating model is therefore of great importance to the Council's Medium Term Financial Strategy. This will be a complex and fundamental change and must be carefully managed. The results will require close monitoring to ensure that the desired changes have come about.

11. Assistant Director of Corporate Governance Comments and legal implications

The Assistant Director of Corporate Governance has been consulted on this Report.

- 11.1 Under the Care Act 2014, the Council in the exercise of its adult social care and support function is required to: a) promote individual wellbeing; b) prevent needs for care and support; c) promote integration of care and support with health services d) provide a comprehensive information and advice service; e) promote diversity and quality in the provision of services; and f) safeguard adult at risk of abuse and neglect. The proposed future operating model and underpinning principles are closely aligned to, and enable the discharge at a strategic operational and individual level, the Council's statutory duty under the Act.

12. Equalities and Community Cohesion Comments

- 12.1 Many of the underpinning principles of the new operating model, including an outcome focussed approach, promoting greater market diversity and providing advice and information for all residents, are supportive of our general equality duty.
- 12.2 The operating model proposes some major changes to the way in which adult social care services are delivered. This will impact particularly on those currently in receipt of services, which includes a high proportion of groups with the protected characteristics. Changes to the delivery of services is also likely to have an impact for staff, including those from protected groups. A high level EQIA has been completed and has identified the need for a structured programme of consultation with staff, and engagement and communication with service users as the detail of the service changes are developed.



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- 12.3 The new operating model is a high level statement of principles for the service going forward. Specific EQIA's will need to be developed for each of the detailed proposals which sit underneath the framework.

13. Head of Procurement Comments

- 13.1 The recommendations do not have any identified Procurement activities within it. Any Procurement that needs to be undertaken to meet the objectives set out within the reports will be dealt with on an individual basis under normal procurement practise.

14. Policy Implication

- 14.1 The outcome of the consultation on the development and implementation of a new operating model will lead to further decisions by Cabinet, which may have policy implications. These will be included in any future reports to Cabinet.

15. Reasons for Decision

- 15.1 To implement a new operating model for Adult Social Services which enables all Haringey resident to live healthy, long and fulfilling lives with control over what is important to them. National policy drivers are very much about empowering people to take control. For example, one major driver is The Care Act, the main elements of which have been implemented in April 2015, with further elements to be implemented from April 2016. As well as legislative changes and changes in people's expectations, there is growth in need and demand for support. To meet these challenges we need to transform the delivery of care and support, shifting from providing high cost services, such as residential care, to supporting people to live in their own homes and communities as far as possible.

16. Use of Appendices

- 16.1 Service user journey

17 Local Government (Access to Information) Act 1985

- 17.1 N/A



Adult Service User Journey

Service User Journey

