What we would like to see in the market

With the increase in long term conditions such as the sharp increase in the number of people with dementia in the borough, there will be an increased need for additional services in the community. Providers will need to shift and innovate according to individual’s needs, work across health and social care to prioritise early diagnosis and intervention, offering dignity, quality and tackling stigma. This will include a need for services that:

- Develop public understanding of particular conditions including dementia
- Enable individuals to regain lost skills or retain existing capabilities, and remain involved as active participants in their communities for as long as possible
- Support carers, to help them to manage the stressful pressures that they experience, to maintain their involvement in the community and provide them with respite from their caring role.

Providers will need to deliver:

- Telehealth care developments that will enable people to remain independent for longer, whilst providing their carers with reassurance and greater freedom
- Training to professionals and carers involved in caring for and supporting people with long term conditions to enhance their knowledge and confidence
- Housing and care settings that incorporate specialist design and improve environments for residents with disabilities and dementia
- Appropriate and safe services near to family and support networks for people with complex needs
- Specialist accommodation such as extra care housing and supported living
- Development of local education and day opportunities for people with social care needs, focusing on access to mainstream services.

The facts

Working in close partnership with the health service and the voluntary sector, Barnet’s adult social care services aim to promote the independence of adults who need support, enabling them to live safely in their own homes where possible, and to encourage their participation in the community.
We aim to streamline people’s journeys through care and support services, with a focus on this journey being tailored to their individual needs and wishes.

Background

Traditionally councils have purchased services on behalf of their communities; instead providers will now need to respond to the personalisation agenda by marketing their business directly to potential customers, enabling people to select the support they prefer from the range available across the sector.

There are however a number of particular needs that providers should consider responding to as follows:

Increasing complexity of needs

Population forecasts indicate that the number of residents with multiple and complex needs is likely to increase over the coming years. Improved survival rates at birth, increasing life expectancy, and the growth among communities at higher risk of learning disabilities all mean that we can expect increasing numbers of people with complex needs to be accessing adult services.

This includes ensuring we meet the needs of people with autism and Asperger’s syndrome. Our most recent autism action plan estimated there are 2,609 adults with autism in Barnet aged between 18 and 64. The plan details how the council, working with a number of other organisations especially Health, is setting about improving assistance for people with autism by making better use of the resources available. It principally focuses on making sure those who need it get the right support at the right time.

Transition into adulthood

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

Older people and long term conditions

Older people are the main users of health and social care services. Older people are three times more likely to be admitted to hospital following attendance at an A+E department. Once there older people are more likely to stay and will be at risk from life-threatening infections, falls and confusion.

Barnet is projected to have some of the strongest growth in the number of elderly residents out of all London boroughs over the next five to ten years. Older people are more likely to suffer from chronic and long-term conditions, mental health issues, and are also more likely to suffer from falls and fractures.
In both the NHS and Adult Social Care, the spending profile is skewed towards acute hospital based care and residential care. Better care and support can be delivered in people’s own homes avoiding admissions to hospital, promoting choice in end of life care through integrated working across health and social care, joining up services around the individual and providing good support to family carers to sustain them in their caring role.

**Dementia, stroke and end of life**
Dementia is not an illness we can ignore. It has a devastating impact on the people who develop it, and the families who care for them. It also affects more and more of us each year, as the numbers rise with an ageing population\(^1\). Between 2012 and 2020 the number of people over 65 in Barnet living with dementia is projected to increase by 63% from 4,006 to 6,528.

**The plan**

**Improved multi-disciplinary assessment**
A key objective for Barnet is to enable citizens with high levels of disability and complex needs to lead lives that are as independent and fulfilling as possible, whilst managing risks and expectations appropriately within cost effective support arrangements.

Carrying out multi-disciplinary assessments of people’s needs is key to this and to meet these needs in the person’s own home wherever possible. New teams carrying out needs assessments include a variety of both health and social care professionals, and we will develop effective protocols between partner services that minimises duplication.

It will also be important to ensure that technology and ways of working keep pace. Technology will support joint working through information sharing and shared records.

As part of an effective assessment process, professionals should start a dialogue early on with carers and service users. This should help to manage expectations and promote positive risk taking. Professionals need to actively promote lower cost-effective alternatives that will meet needs. For example, for young people moving through transition, Children’s and Adults services need to give a consistent message about what can be expected in terms of on-going support after the transition period. This is important, both for those who will meet FACS (Fair Access to Care Services) eligibility criteria for adult social care, and for service users whose needs may be complex but who will not meet FACS criteria. In these cases, professionals will need to work with partner agencies like Department for Work and Pensions, welfare rights and housing services, to ensure an effective transition to universal services.

**Promoting personalisation**
Self-directed support offers an opportunity for people with more complex health and social care needs to be supported through creative support plans that meet service users’ desired outcomes and the Council’s responsibilities.

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\(^1\) Living well with dementia: A National Dementia Strategy (DH, 2009)
The focus is on the personalisation of services, and the use of Direct Payments as the default option for providing support, so that all social care service users have the opportunity to take control of their own support services and choose support tailored to their own needs and wishes. In a developing a culture of creative support planning options we may see examples such as: using a combination of Direct Payments, Telecare, and Supported Living as an alternative to residential care; and setting up mechanisms for users to pool their Personal Budgets to develop and run their own day activities as an alternative to day centre provision.

**Dementia and stroke strategy**

The Barnet, Enfield and Haringey Mental Health Trust’s 2010 Dementia Strategy\(^2\) noted that two-thirds of people with dementia live within the community, and identified the need for memory assessment services for early diagnosis, dementia home treatment teams to prevent admissions into hospital or registered care. It also identified personalised services to help individuals to regain lost skills or retain existing capabilities.

Barnet developed Dementia and Stroke action plans in 2010\(^3\) which included a review of the pathway patients took through health and social care services. This was carried out to focus on where improvements can be made in the care system to support people to live longer at home and receive the right level of support.

The pathway review for dementia looked at diagnosis, support in the community for carers, improvements to intermediate care, medication reviews and screening, review and coordination.

A Telehealth care strategy is currently being developed, which will focus on assisting people with dementia to remain in their own homes, supported by technology.

**The workforce**

The projected increases and changes in our local demography will mean a sharp rise in demand for long term care, particularly in relation to age related health conditions such as dementia. They will require Barnet Council to work closely with partners to ensure that high quality and joined up services are available to support people to live independently. Work will also have to take place with partners to ensure that we have the right workforce across all sectors to respond effectively to the demographic challenges we face.

We are working towards the achieving better outcomes through our Workforce Plan which has been developed using the Skills for Care approach to Workforce Commissioning, which sets out the structure for the Director of Adult Social Care (DASS) and their teams to put in place all the elements of the Workforce Plan across their local area. In addition the data from the NMDS-SC (National Minimum Data Set for Social Care), the JSNA (Joint Strategic Needs Assessment 2011-2015), safeguarding, commissioning and the Barnet People Values have been used to inform the plan and a three year implementation programme set out in this document.

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\(^2\) To be refreshed  
\(^3\) Currently under review
This plan has set out aspirations and a vision for the workforce in Barnet and has highlighted the wide range of activity already underway across the sector and where there are options to do more. We will work with our partners, those organisations representing people who use services, carers, employers and key national delivery bodies to ensure that the aspirations set out in this plan are scoped appropriately, jointly developed and co-produced.

Specific dementia training is to be commissioned and integrated into the dementia pathway to ensure carers are informed and supported. There will also be a focus on improving the quality and stability of the workforce, which are key determinants of the quality of care in a care home. In particular, the aim will be to improve the clinical and professional leadership of care homes to implement policies including personalised care, dignity, and person centred dementia care.

**Useful links for more information**

- [adults.commissioning@barnet.gov.uk](mailto:adults.commissioning@barnet.gov.uk) for queries relating to: the provision or future plans, de-registration or new opportunities relating to assets or capital funding.

- Barnet’s [Social Care Connect](http://www.barnet.gov.uk/SocialCareConnect) online directory to market your services online to people who fund their own care or to search for available local providers

- [Barnet Centre for Independent Living](http://www.barnetcil.org.uk) to get information, advice, advocacy, brokerage and support or if you are a provider to inform independent support planners about your services

