

Outsourcing, Cuts, Job Losses & New Operating Model

Adult Social Care in Barnet



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(Continuing the work of the Centre for Public Services)

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Executive summary

Planned cuts and job losses

The £18.5m planned ASC cuts are spread over four years with 18.3% in 2016-17 and 29.3%, 28.0% and 24.4% in the subsequent three years. The job losses are concentrated in 2016-17 with 42 FTE (approximately 55 jobs) and the remainder in 2019-20. The details are contained in Appendix A to the Committee report, a three-page chart in 4-point font, which is unreadable without enlargement on a large-screen computer. It makes a mockery of transparency.

Comparing like-with-like

Comparisons must be on a like-for-like basis to take account of differences in population profile (levels of demand), urban/rural geography, wage rates and the scope of service delivery. The comparative evidence in the Strategic Outline Case is flawed and inadequate.

Social work crisis: London context

The cost of living in London, living wages and access to affordable housing is a major issue with the gap between housing costs in London and the rest of the UK continuing to widen making recruitment from the regions to London more and more difficult. The Council's plan to review "*...management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers)*" will reduce the quality of care and exacerbate the housing and living conditions for staff.

Overview of the ASC model

The case for early intervention and prevention is critically important. There is wide consensus over the importance of community and home based care. However, the quality of care and the quality of employment are missing from this vision. They are critical to achieving a 'fundamental transformation' of care services.

The Committee report **does not explain what other options were considered, nor does it identify the criteria by which the options were evaluated. This is unacceptable.** Residents, service users, carers, staff and elected members have the right to know the other options and the evaluation criteria. The latter is essential if there is to be a full evaluation and assessment in the selection of an effective ASC operating model.

Managing demand

The Strategic Outline Case does not examine the capability of the proposed operating model to cope with potentially different demand situations.

Professional and practitioner cultural changes

The Strategic Outline Case assumes staff can only be creative outside of the local authority, which of course is not true. The Business Planning report to Committee refers to "*...more unqualified social workers*" and the Strategic Outline Case a Social Enterprise where "*...staff come from a wide range of backgrounds, not always with previous ASC experience*" (p19). Given that the cuts are expected to result in a "*decrease in customer satisfaction from service users and carers*" (London Borough of Barnet, 2015d), the deployment of non-professionally qualified social workers will compound this problem.

Reliance on volunteering and community organisation support

The permanent replacement of employees or the creation of new tasks or 'job descriptions' for volunteers increases unemployment and reduces the availability and continuity of trained and experienced staff to deliver services. Barnet UNISON is totally

opposed to the use of volunteers in these circumstances. The direct and indirect costs of volunteering must be identified for recruitment, screening, training, management, assignments, continuity, retention, monitoring, health and safety, risk management and evaluation and review.

Potential impact of the new model

The combined effect of the £18.5m cuts and the new operating system could result in the Council being unable to effectively manage demand, maintain and improve the quality of care services, contribute to the integration of health and social care services, and to implement the required range of early intervention and prevention initiatives on which the operating system is designed.

High-level strategic and operational risks

Rigorous monitoring must not be limited to 'outcomes' as this excludes inputs and processes that are fundamentally important in social care provision.

Equalities for service users and staff

Significant further analysis is required to determine the equality impact of the planned cuts and job losses, which should be assessed jointly with the impact of a new operating system.

Another Your Choice Barnet scenario?

The Strategic Outline Case strongly implies that a decision has already been made on a preferred service delivery model. This is potentially a repeat of the YCB scenario, except in this case the employer will be a Social Enterprise and not a Local Authority Trading Company (LATC), thus enabling the Council to relinquish direct responsibility for service delivery and employment matters.

The potential fragmentation of ASC and care contractor provision with too many services or functions provided by different organisations could lead to poorly coordinated and integrated services. The design of an operating system that relies heavily on volunteers and the role of community and voluntary organisations requires continuing management and resources that have not been addressed.

Recommendations

Barnet UNISON recommends that Barnet Council:

1. Identifies and evaluates other operating systems in addition to the selected model with a comprehensive and relevant range of criteria to minimise the bias already evident in the Strategic Outline Case.
2. Eliminates flawed comparisons between local authorities that have significantly different economic and social conditions.
3. Produces a detailed plan for early intervention and prevention.
4. Prepares a consultation plan to fully engage with residents, service users, carers, community and voluntary sector organisations and Council staff in a democratic and transparent manner.
5. Undertakes a more comprehensive risk assessment and identify potential mitigating actions.
6. Carries out a comprehensive and rigorous analysis of in-house provision in the options appraisal.

7. Subjects any proposed changes, amendments, extension to existing adult social care service delivery contracts must be subject to full consultation and elected member scrutiny and approval.
8. Improves the terms and conditions for the social care workforce including a commitment to implement the living wage, pensions, workforce development and relevant health and safety policies and practices.
9. Does not exert undue pressure onto community and voluntary organisations to take on additional responsibilities that reduce or compromise their ability to organise and advocate.
10. Holds frank and honest discussions with community and voluntary organisations in Barnet so that they can fully understand and consider the implications of a new operating system.
11. Carries out a joint or combined equalities impact assessment on the effects of the new operating model and the £18.5m programme of cuts on service users, carers, community and voluntary organisations and Council staff.

Part 1

Further social care cuts and job losses

The savings agreed by the Adults and Safeguarding Committee approved in November 2014 were then increased from £12.7m to £18.5m by the Policy and Resources Committee as a result of government and Barnet Council policies. These cuts are in addition to the £75m, 26% of the overall Council Budget, 'saved' between 2011 and 2015 (London Borough of Barnet, 2015b).

The 'Business Planning' report to the Adults and Safeguarding Committee, 12 November 2015, details the planned cuts. However, they are contained in Appendix A to the report, a three-page chart in 4-point font, which is unreadable without enlargement on a large-screen computer. The Committee report does not even contain a summary table. This implies that there will be no consultation or debate over planned cuts and they are expected to be rubber stamped by elected members. It makes a mockery of transparency.

The planned cuts are summarised in Table 1 under three headings – efficiency, reducing demand – promoting independence and service redesign. Note that change is negative under all the budget headings.

The planned cuts are spread over four years with 18.3% in 2016-17 and 29.3%, 28.0% and 24.4% in the subsequent three years. The job losses are concentrated in 2016-17 with 42 FTE (approximately 55 jobs) and the remainder in 2019-20.

Table 1: Social care planned cuts 2016-17 to 2019-2020

ASC Budget Headings	Budget 2015- 2016 £000	Job losses FTE	Proposed cuts 2016-17 to 2019- 2020 £000	% change
Efficiency				
Third party contracts	12,188		2,615	-21.46
Staffing efficiencies	13,782	46	1,088	-12.34
Shared services and new delivery model	10,505		1,962	-18.68
Pooled commissioning operations with the NHS	26,348		727	-2.76
Reshape working adults day care services	16,695		1,000	-5.99
Sub total		46	8,005	
Reducing demand, promoting independence				
Savings through supporting people in the community	34,078		1,050	-3.08
Carers Intervention Programme – Dementia	1,691		500	-29.56
Housing revenue Account	6,806		380	-5.58
Independence of Young People	29,637		900	-3.04
Older Adults – carers in work	16,344		293	-1.79
Older Adults – DFGs	3,580		620	-17.32
Personal assistants	7,730		260	-3.36
Support for working age adults	29,637		1,700	-5.74
Mental Health services users moving to independent accommodation	2,746		500	-18.21
Remove subsidy from homes meals service	284		280	-98.68
Wheelchair housing	2,489		429	-17.24
Older People Homes Share	6,212		240	-3.86
Brent Cross Hub and Spoke	6,806		380	-5.58
Colindale Extra Care	6,806		380	-5.58
Sub total			7,912	
Service redesign				
Integrated Later Life Care	27,693		1,035	-3.74
Assistive technology (telecare) business case	29,135		1,000	-3.43
Continuation of mental health placement savings	5,171		500	-9.67
Sub total			2,535	
Total savings		46	18,452	

Source: London Borough of Barnet, 2015d.

Part 2

Proposed New Operating Model for Adult Social Care

Context

This report responds to two London Borough of Barnet reports on Adult Social Care. The first proposes a new operating model for adult social care (London Borough of Barnet, 2015a and 2015b). The second is a business planning report that proposes 46 job losses and includes “...reviewing management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers) and back office efficiencies” (London Borough of Barnet, 2015c, 2015d and 2015e).

A further report on the operating model and recommended service provider(s) will be considered by Adults and Safeguarding Committee in January 2016 followed by a decision on the service provider(s) later in 2016.

Comparing like-with-like

It is essential that comparisons between adult social care services delivered by other local authorities are undertaken on a like-for-like basis to take account of differences in population profile (levels of demand), urban/rural geography, wage rates and the scope of service delivery. Otherwise, flawed comparisons can lead to poor policy decisions.

The comparative evidence in Part 5 (findings of best practice research) and Part 7 (potential impact of the new operating model) in the Strategic Outline Case is flawed and inadequate.

First, the London Borough of Lambeth, Stoke-on-Trent and Suffolk County Council examples are either very small scale or limited to one particular aspect of care. In addition, the Northamptonshire County Council service is still in the process of being established.

Second, that leaves the Shropshire County Council, North East Lincolnshire and Swindon Council examples cited. The Strategic Outline Case observes: “*Although this document does not consider the merits of different ADMs it is notable that all of the examples described above have been established as social enterprises*” (page 16).

But there is nothing notable about this evidence. It is self-selected evidence – the Council selects a consultant who will recommend the ‘right’ solution.

It is a repeat of the Your Choice Barnet scenario when LATC consultants were selected for Barnet’s Future of Adult Social Services In-House Provider Services Project who duly recommended an LATC (London Borough of Barnet, 2012). Barnet Council ignored Barnet UNISON’s analysis, which forecast a financial crisis that led to job losses, wage cuts and negative consequences for service users (Barnet UNISON, 2012 and Campaign Against Destruction of Disabled Support Services, 2013 and CQC report 3rd March 2015 Supported Living Service).

Third, to compare the percentage of service users who said they felt they had control over their daily life in the London Borough of Barnet (68.5%) with North Lincolnshire (82.4%) and Shropshire (81.5%) is deceptive. The report uses the Adult Social Care Outcomes Framework (Health and Social Care Information Centre, 2015), which clearly shows that the London average is 71.6% compared to a 77.3 average for

England, a gap of 5.7%. To compare two urban/rural areas with a London Borough in the knowledge of this gap is grossly misleading of elected members, service users and staff.

Fourth, the information on financial savings in North Lincolnshire, Shropshire and the BBC survey is devoid of any information about the quality of services. The fact that last year “...*Shropshire Council spent less per person on care for people aged over 65 than any other council in England*” can be interpreted in other ways than the one intended in the Strategic Outline Case (p28).

Fifth, the comparison of job satisfaction between staff in a new social enterprise in North East Lincolnshire, which produced 76%-89% satisfaction in response to four questions and the 50% response to unspecified statements about their job satisfaction (Barnet’s Adults and Communities survey (p28, Strategic Outline Case). In reality, these figures indicate the difficulties in delivering adult social care in London, and particularly Barnet Council’s recruitment and retention difficulties (p27-28), which directly affect job satisfaction. This is another case of the misuse of data.

Sixth, the report recognises: “*The two councils with the most evidence of impact to-date (North East Lincolnshire and Shropshire) have populations that differ in a number of respects from Barnet’s population*” (p26). So why have these differences not been identified and taken into account in the comparisons cited above.

Finally, the report compares the flow of enquiries through the Adult Social Care systems of the London Borough of Barnet and Shropshire County Council (page 29) and provides two diagrams. It clearly states that 3,700 of Barnet’s 10,026 new contacts were referrals made by the hospital teams and “...*likely to have a higher level of need for care and support than people contacting Social Care Direct*”. Shropshire’s data excludes hospital referrals. In addition, the Shropshire model does not support people with mental health needs. It is not apparent that these significant differences have been taken into account in the two diagrams.

The flawed comparison and misuse of data reflects poorly on Barnet Council’s Commissioning Group and the Council’s consultant, National Development Team for Inclusion.

The Strategic Outline Case recognises that Barnet’s population differs from the North East Lincolnshire and Shropshire populations, which “...*could have an impact upon Barnet’s ability to realise the same level of benefits that North East Lincolnshire and Shropshire have started to report*” (p26).

Social work crisis: London context

The cost of living in London, living wages and access to affordable housing is a major issue with the gap between housing costs in London and the rest of the UK continuing to widen. This makes recruitment from the regions to London much more difficult.

New research by the Centre for Economic and Business Research revealed that median private rents as a share of median gross incomes for ‘caring personal services occupations’ are 101% and 131% in outer and inner London respectively (London First, 2015, based on quarter 1, 2015). In other words, “...*they would have to pay their entire pre-tax salary to rent an average private home in London*” (ibid).

Average rental values for new tenancies in London were £1,555 per calendar month in September 2015, 6.6% higher than the same period the previous year (Homelet, 2015).

Poor terms and conditions are common in the social care workforce nationally, ranging from workers earning below the minimum and living wages, zero hour contracts, lack of pension provision and high turnover rates. Recruitment and retention is a problem in London. Barnet UNISON has sought current ASC recruitment and retention figures from the Council, but they have not been forthcoming.

The Council's plan to review "...management roles, skills mix (i.e. reducing qualified social workers and having more unqualified social workers)" will exacerbate the housing and living conditions for staff. Lower wages will impose increased travel to work time and costs in order to access more affordable housing (London Borough of Barnet, 2015d).

It is common for advocates making the case for the transfer of services to a Social Enterprise employer to claim that lower terms and conditions are 'compensated' by more flexibility in how they do their job and increased morale of the staff. Their prevailing economic conditions, which vary between regions and between urban and rural areas, determines how staff value these compensating conditions. Pay rates in the Shropshire P2P Social Enterprise are reported to be below those in nearby Telford & Wrekin Council.

Overview of the ASC model

Vision of the Commissioning Plan

The six-part vision of the Commissioning Plan is included in the report to the Adults and Safeguarding Committee:

- *"Achieve more with less.*
- *Move away from 'professionalised' models of care towards more community, home based, peer-led models of support.*
- *Reinforce relationships and community connections.*
- *Rebalance the model: orientate professionals towards prevention and early intervention for both carers and users; integrate community and peer groups into specialist care.*
- *Help providers, users and carers to be better at long-term planning, managing and supporting demand rather than rationing supply.*
- *Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets"* (London Borough of Barnet, 2015a).

The Committee Report is unequivocal: *"There is a need for adult social care to transform fundamentally in order to accommodate the growing scale of demand and resulting financial pressure"* (para 1.1). *"The challenges facing adult social care are of such significance that this vision cannot be achieved by tweaking the current model"* (para 1.2 Committee Report)

The case for early intervention and prevention is critically important. There is wide consensus over the importance of community and home based care. However, the quality of care and the quality of employment are missing from this vision. They are critical to achieving a 'fundamental transformation' of care services.

It is also vital that residents, service users, carers, community and voluntary organisations and care staff understand the proposed changes and their implications. They require descriptive and substantive statements in plain English (and translations), free of social work and social enterprise jargon, so that they can consider and comment on the proposed changes.

The section on ‘Alternative Options Considered and Not Recommended’ in the Committee report is very vague. **It does not explain what other options were considered, nor does it identify the criteria by which the options were evaluated. This is unacceptable.** Residents, service users, carers, staff and elected members have the right to know the other options and the criteria. The latter is essential if there is to be any evaluation and assessment in the selection of the ASC operating model.

Scope of the changes

All service user groups are included in the project scope:

- Adults with a learning disability
- Adults with mental health needs
- Adults with a physical disability or sensory impairment
- Older people
- Carers (p12)

“Public health and housing services fall outside of this project scope but both have a crucial role to play in supporting people to stay as healthy and well as possible. This role is reflected in the Commissioning Plans for 2015 – 2020” (p12).

Two features of the operating model *“...make the speed and scale of benefits less certain:*

“The success of this operating model depends heavily upon culture change and the extent to which staff, residents, service users, carers and partner organisations are prepared to embrace it.”

“This operating model will influence demand for council-funded services but it cannot control it. There will always be uncertainty around how much demand there will be for ASC services in the future, and the number of people who will need and be eligible to receive high-cost services such as residential care.” (p26).

“The new operating model is based on shared responsibility between the state, the community and the person” (p2) except that this appears to exclude the role of contractors despite the fact that external suppliers “...account for more than 80% of the council’s ASC expenditure” (p7) and this could rise even higher if the new ASC operating model is outsourced or transferred to a new organisation.

A number of initiatives are currently being progressed in Barnet and include:

- An integrated Social Care Direct service with a first point of contact service, an Urgent Response Team for people who need emergency attention, and an Assessment, Enablement & Review Team to arrange enablement and review support plans.
- Work with Barnet Clinical Commissioning Group (CCG) to develop locally based teams of health and social care practitioners to support people with long-term conditions.
- Restructure of mental health services to improve the quality and availability of community mental health support, better employment and housing support.
- Implementing an integrated learning disabilities service in partnership with the Central London Community Healthcare NHS Trust.
- Introduction of assessment and review hubs (in place of home visits for some service users) and mobile working technology to increase the number of assessments and reviews.

- Negotiating with care providers to secure the best possible prices and improve the quality of care.
- Use of telecare (services that use technology to help people live more independently at home) and the Shared Lives scheme (recruits people who can provide support in their own homes to people who need support and assistance).
- Encouraging the take up of Direct Payments (cash payments made to people who qualify for social care services from the council).

However, project evaluation and lessons learnt are not referenced. Nor does the proposed operation model refer to how the Post Acute Care Enablement (PACE) and Rapid Response Intermediate Care Service teams will integrate and work with this new proposal. Given the very limited use of telecare in Barnet, coupled with the relatively small IT budget for ASC, **there is a danger of over-reliance on the effectiveness of new technology in the new operating system.**

As noted above, three pilot assessments and review hubs are planned although there is uncertainty over who is responsible for booking appointments - whether this will be undertaken by Social Care Direct (operated by Capita) or by other staff. Given the timescale there will be little or no relevant data available from the hubs before the Committee make a decision on the operating model in January 2016.

Managing demand

Demand forecasts are continuously made using population data. The data in the two tables on page 37 of the Strategic Outline Case are examples of projected changes in selected health conditions in Barnet between 2015-2030.

However, demand for social care also arises from:

- More personal centred and better quality care;
- Austerity/cuts driven policies and the health impact of further financial/economic crises compounding the health effects of austerity policies imposed since the 2008 financial crisis;
- Increasing rates and levels of obesity, which may limit mobility and increase long-term illness or disability (33% of obese adults have a long-term illness or disability, Public Health England, 2013). There has been a marked national increase in the proportion of adults and children categorized as obese. *“It is assumed that the upward trend observed on a national level is reflected in Barnet”* (London Borough of Barnet, 2015f).

Whilst these demands are common to all operating models, it is important to assess each model’s ability to respond to changes in demand, the complexity of caseload and the implications for resources. The Strategic Outline Case does not examine the capability of the proposed operating model to different demand situations – also see section on volunteering.

Professional and practitioner cultural changes

The new operating model is claimed to *“...drive higher levels of staff satisfaction, as practitioners feel more motivated and enthused by:*

- *Being able to give residents and service users a more responsive and personalised service.*
- *Receiving greater levels of delegated decision making powers and accountability.*

- *Having more opportunity to exercise their professional judgment rather than operating within narrowly defined processes and procedures.*
- *Having greater freedom to innovate, both in developing creative care and support plans, and in improving internal processes.*
- *Reduced bureaucracy and less unnecessary form-filling” (p27).*

“Under the new operating model senior practitioners would have autonomy to approve funding for individual care and support plans (up to a certain level of expenditure) without referral to a panel” (p26). This function was recently removed from Barnet team leaders, but may now be reinstated to senior practitioners! A reduction in bureaucracy and less unnecessary form-filling is something which has been sought by staff for years. There is no reason at all why this cannot be achieved with an in-house service.

“Both P2P and Focus have pointed to their “separation” from their respective councils as a key success factor in creating a new culture that empowers staff to work creatively and enables strong working relationships to be developed with community and voluntary sector organisations” (p16). **This statement assumes staff only be creative outside of the local authority, which of course is not true.**

The Business Planning report to Committee refers to *“...more unqualified social workers”* and the Strategic Outline Case to the Salvere social enterprise where *“...staff come from a wide range of backgrounds, not always with previous ASC experience” (p19).* Given that the cuts are expected to result in a *“decrease in customer satisfaction from service users and carers”* (London Borough of Barnet, 2015d), **the deployment of unqualified social workers will compound this problem.**

The document identifies three skills that ASC staff will need in the new operating system - ‘resource weaver’, ‘broker’ and ‘networker’ role impacts (p19). The skills are selected from ten characteristics said to be associated with the 21st century civil servant (Needham and Mangan, 2014). This study built on the findings of the Birmingham Policy Commission report on the ‘Future of Local Public Services’. The Commission consisted of four charity/voluntary sector representatives, three academics, two Members of Parliament, one private contractor and one person from a regional development agency and one person from local government. Two other academics and a staff member of a think tank comprised the Policy Commission Executive (University of Birmingham Policy Commission (2011)). **It was therefore not representative of local government, the civil service, service users, staff and trade unions. This is another case of flawed and selective use of ‘evidence’.**

Reliance on volunteering and community organisation support

Two significant changes are planned in Adult Social care:

“The council will also work differently with community and voluntary organisations, involving them as equal partners in the design, implementation and delivery of the new operating model” (p2, Strategic Outline Case).

“The council will also look to emulate the successes of other local authorities in involving individual volunteers in their operating model” (p21, Strategic Outline Case).

There is a significant lack of details about how these two proposals will work in practice, assuming that volunteers will be involved in care service organisation and not the delivery of social care services which are currently largely outsourced.

A key question is the extent to which the operating model is designed to replace paid jobs with volunteers. Another question concerns the definition and ramification

of community and voluntary organisations being ‘equal partners’ when the latter do not have statutory responsibilities, shared control of the budget or democratic accountability.

The government’s Community Life Survey identifies three types of volunteering:

Formal volunteering – giving unpaid help through groups, clubs or organisations

Informal volunteering – giving unpaid help as an individual to people who are not relatives

Employer supported volunteering - volunteering undertaken by employees that is enabled by employers / companies.

Only formal volunteering is relevant in this case. The Community Life Survey 2014-2015 revealed:

- *“Formal volunteering has been fluctuating since 2001, with lows in 2009-10 and 2010-11, and highs in 2005 and 2012-13;*
- *27% of people said they had volunteered formally at least once a month in the twelve months prior to being interviewed in 2014-2015;*
- *42% of people said that they had volunteered formally at least once in the last year prior to being interviewed in 2014-15” (Cabinet Office, 2015).*

Use of volunteers

Plans to increase the use of volunteers in the delivery of public services raises important issues that must be addressed.

Firstly, **job displacement**. The permanent replacement of employees or the creation of new tasks or ‘job descriptions’ for volunteers increases unemployment and reduces the availability and continuity of trained and experienced staff to deliver services.

Barnet UNISON is totally opposed to the use of volunteers in these circumstances.

Secondly, the **recruitment and management of volunteers** requires more resources than is usually recognised and is not the ‘win-win’ scenario often portrayed. The Volunteer Rights Inquiry “...heard from numerous volunteers recounting shocking stories of bad management, poor governance, bullying and improper behaviour” with “...examples range from simply treating volunteers unkindly to much more serious allegations of harassment and abuse” (Volunteering England, 2010). In addition, the direct and indirect costs of volunteering must be identified for recruitment, screening, training, management, assignments, continuity, retention, monitoring, health and safety, risk management and evaluation and review.

Route to employment?

The Volunteer Rights Inquiry reported the “...nature of volunteering is changing as illustrated by volunteering as a pathway to work or by volunteering in the delivery of commissioned services. This will inevitably lead to increased scrutiny of the relationship between volunteers and volunteer involving organisations both nationally and locally” (Volunteering England, 2011).

However, an analysis of whether volunteering improves employability used a large dataset from the British Household Panel Survey 1996-2008 and found “...that volunteering has a weak effect on employability, in terms of moves into employment, job retention and progression” (Paine et al, 2013). They also concluded: “While volunteering may add to individual factors and personal circumstances, it may not add (and arguably should never have been expected to add) to external factors and so the overall positive effect on employability is weakened.”

Consultation with community and voluntary organisations

Frank and honest discussions must be held with community and voluntary organisations in Barnet so that they can fully understand and consider the implications of the new operating system. The issues they will need to consider include:

- Their capacity to meet the Council's expectations – organisational capacity, level of volunteering expected
- The potential impact on other activities they are engaged in;
- The implications for being 'equal partners' with the Council;
- The formal legal, financial and operational basis of this partnership or whether the partnership is expected to be informal;
- Whether they are expected to be involved in contracting;
- Whether this role will affect their advocacy and organising roles;

Potential impact of the new model

The Strategic Outline Case which indicates the **planned** impact of the new operating system:

"There is also emerging evidence that the new operating model will support cost savings by reducing the number of new council-funded care and support packages that are needed each year" (p3).

"The new operating model will require significant change to the composition of the council's expenditure on ASC services" (p3).

"Reduced need for council-funded care and support packages will enable the council to spend a much greater proportion of its ASC budget on preventative services" (p3).

"The success of the new operating model also depends upon the willingness of residents and service users to re-think their expectations and interact with the council in a different way" (p21).

The new operating model is forecast to be beneficial for service users and staff:

Service users: a faster, more personalised and person-centric service that is more joined-up with other agencies; "...focused on people's strengths and empowering them to make decisions about the support they need and take actions to improve their own life"; to "...help people achieve the outcomes they want in ways that strengthen their connections with their communities"; and to listen to people's views to improve the service (p27).

Staff: to "...drive higher levels of staff satisfaction, as practitioners feel more motivated and enthused" (p27) – see Professional and practitioner cultural changes (above).

There is a real danger that the planned £18.5m cuts programme combined with a new operating system could result in the Council being **unable to effectively manage demand, maintain and improve the quality of care services, contribute to the integration of health and social care services, and to implement the required range of early intervention and prevention initiatives on which the operating system is designed.**

Lessons from Care Quality Commission of Your Choice Barnet service

The Barnet Supported Living Service was rated 'inadequate' following an inspection August 2014 (see Box 1). Many lessons should be drawn from this inspection concerning management, training, staffing levels, risk management and monitoring

and addressed in the proposal for a new operating model to ensure that they are not repeated.

Box 1: YCB service rated inadequate

Care Quality Commission Barnet Supported Living Service:

Inspection August 2014, publication 3 March 2015

Overall Rating **Inadequate**

Is the service safe?	Inadequate
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the services responsive?	Requires improvement
Is the service well-led?	Inadequate

The service provides five units in the borough providing care and support to people with a learning disability, mental health needs and autism. The inspection was announced with 48 hours notice.

The following statements are from the summary of the CQC report:

“People’s safety was being compromised in a number of areas. This included how medicines were stored and recorded and infection control related to personal care.”

“Staff did not understand the Mental Capacity Act 2005 (MCA) and had not received training to support people who lacked capacity to make decisions.”

“Staff had not received training in areas such as MCA, DoLS and dementia. Staff had received training in medicine, food hygiene and understanding people’s physical health such as epilepsy. However, they did not put this training into practice.”

“People were provided with a choice of food and were supported when needed. In communal fridges we saw food that was out of date and not stored correctly. People were at risk of food poisoning.”

“Although people had care plans and risk assessments, these did not clearly document people’s current needs and risk.”

“...records were not kept up to date and most people did not have health passports.”

“People told us that staff were caring and kind. We did see some staff that were caring however, others were not and did not have the skills or understanding to care for people who had different needs effectively.”

“Although systems were in place to monitor the quality of the service, we saw these were not effective.”

“We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.” (Care Quality Commission, 2015)

High level strategic and operational risks

The proposed “...operating model will influence demand for council-funded services but it cannot control it. There will always be uncertainty around how much demand there will be for ASC services in the future, and the number of people who will need and be eligible to receive high-cost services such as residential care” (p26).

Thus there are significant risks in all operating models, because none can effectively control demand. **The key question is therefore, which operating system is best able to meet future demand and provide quality care to those eligible to receive it?**

“The wider organisational culture needs to support the development of a culture based on trust, professional autonomy and positive risk taking. This culture will require the Council to take a ‘hands off’ approach supported by rigorous monitoring of outcomes and continual review and refinement of the model. The Council will need to accept it is not possible to identify the ‘perfect model’ straight away and that the only way to get it right is through continual testing, exploration and learning” (p20, Strategic Outline Case).

1. ‘positive risk taking’
2. ‘rigorous monitoring of outcomes’
3. ‘testing, exploration and learning’ implies considerable risks to service users and staff

Firstly, risk taking requires an assessment of all the potential risks and Barnet UNISON has highlighted the shortcomings of previous Barnet Council business cases in this respect. Secondly, rigorous monitoring must not be limited to ‘outcomes’ as this excludes inputs and processes that are key in social care provision. It would also conveniently exclude monitoring of the quality of employment and thus allow continuation of the exploitative practices already rife in social care. Thirdly, external risks should be taken into account, such as the threat of another financial crisis and economic recession.

Equalities for service users and staff

Appendix A of the Business Planning report to the Adults and Safeguarding Committee states that ‘initial equalities analysis’ or Equalities Impact Assessments have or will be undertaken for each of the budget headings in Table 2. The Equalities Impact column is a summary of comments in Appendix A.

The impact of the budget proposals on equalities reveals:

- 5 budget headings indicate a potential negative impact on service users and/or staff
- 9 budget headings indicate a potential positive impact for service users
- 5 Equalities Impact Assessments have yet to be undertaken;
- 2 individual impact or not applicable

Significant further analysis is required to determine the equality impact of the planned cuts and job losses, which should be assessed jointly with the impact of a new operating system.

Equality issues also need to be assessed for the increasing reliance on the role of volunteers in the delivery of public services. The increasing age of retirement and the poor quality or lack of occupational pension provision, particularly in the social care sector, is likely to mean more retired people having to work part-time and/or have family childcare responsibilities. This could reduce the scope for volunteering or it will not increase at the expected rate based on the aging of the population.

Table 2: Equalities Impact of the planned cuts

ASC Budget Headings	Equalities Impact
Efficiency	
Third party contracts	Initial analysis: potential negative and neutral impacts on service users over 65 and with disabilities.
Staffing efficiencies	Initial analysis: potential negative impact on staff, especially female and BME staff.
Shared services and new delivery model	EIA to be undertaken
Pooled commissioning operations with the NHS	EIA to be undertaken
Reshape working adults day care services	Initial analysis: potential neagtive impact on service users with learning disabilities and their carers.
Reducing demand, promoting independence	
Savings through supporting people in the community	EIA to be undertaken
Carers Intervention Programme – Dementia	Initial analysis: potential positive impact on service users over 65 and carers.
Housing revenue Account	Initial analysis: potential positive impact on service users over 65.
Independence of Young People	Initial analysis: potential positive impact on service users with disabilities.
Older Adults – carers in work	EIA undertaken: positive impact on service users but before the additional savings.
Older Adults – DFGs	No staff or user EIA required as proposal does not impact on service delivery or staff.
Personal assistants	EIA undertaken: positive impact on service users.
Support for working age adults	EIA undertaken: positive impact on service users.
Mental Health services users moving to independent accommodation	Impact will be assessed on individual basis and should be positive.
Remove subsidy from homes meals service	Expected older adults will be impacted and those from ethnic and BME backgrounds.
Wheelchair housing	Initial analysis: potential positive impact on service users.
Older People Homes Share	Initial analysis: potential negative and neutral impacts on service users
Brent Cross Hub and Spoke	EIA to be undertaken
Colindale Extra Care	EIA to be undertaken
Service redesign	
Integrated Later Life Care	Initial analysis: potential positive impact on service users.
Assistive technology (telecare) business case	Initial analysis: potential positive/neutral impact on staff and service users.
Continuation of mental health placement savings	Initial engagement with service users to develop Business Case in early 2015. Further consultation planned late 2015. Service users continue to be involved in the coproduction of the new service proposals.

Source: London Borough of Barnet, 2015d.

Part 3

Alternative Delivery Model: Who will be the employer?

The Strategic Outline Case identifies seven alternative service delivery models that will be evaluated in the next stage of the project:

- *“Reforming and delivering the service in-house.*
- *Extending the services provided through the council’s Local Authority Trading Company, Your Choice Barnet.*
- *Bringing in specialists from other organisations (including the private sector) to support development of a new internal culture and ways of working.*
- *Sharing services with public sector partner(s) such as other London boroughs or local NHS organisations.*
- *Establishing a social enterprise or employee-led mutual organisation.*
- *Creating a partnership or joint venture with a third party supplier.*
- *Outsourcing to a third party supplier”* (p9/10, Strategic Outline Case)

Another alternative could combine one or more of the above options and could include current providers such as Capita (Social Care Direct), Housing & Care 21 (enablement services) and Barnet Centre for Independent Living (planning and arranging support). However, any proposed material changes, amendments or extensions to existing adult social care service contracts must be subject to full consultation and elected member scrutiny and approval.

ASC staff have reported that Barnet’s consultants have evidence of the same operating model proposed in Barnet is being implemented in-house in other local authorities. **It essential that these authorities are named.**

Another Your Choice Barnet scenario?

The Strategic Outline Case claims *“...the operating model needs to be developed before any work can start to consider which ADM would be the best way to deliver it”* and *“the operating model is described in “ADM-neutral” terms, making no presumptions about which ADM option(s) may be preferred in the future”* (p11).

There is however, evidence that a decision has already been made on a preferred service delivery model:

“Engaging with potential partners and providers to test their appetite and capability to deliver all or some of the ADM. Research will also be carried out to develop a fuller picture of the critical success factors for establishing a sustainable social enterprise” (p33, Strategic Outline Business Case).

In addition, Appendix A of the ‘Business Planning’ proposals states:

*“Identification of alternative delivery model(s) and/or shared service options, e.g. mutual or trusts, **that can reduce the cost of the adult social care system (staffing costs)**”* (London Borough of Barnet, 2015d) - our emphasis.

This is potentially a repeat of the YCB scenario, except in this case the employer will be a Social Enterprise and not a Local Authority Trading Company (LATC), thus enabling the Council to relenquish direct responsibility for service delivery and employment matters.

The Council selects 'independent' consultants who will give the Council's desired result. They hired consultants who had advised and been engaged in establishing LATCs in other local authorities and subsequently recommended a LATC model for Barnet. Hence Your Choice Barnet. The pattern is being repeated with Adult Social Care, except the consultants have, and are currently, establishing Social Enterprises. It is not surprising, therefore, that the examples in the ASC Strategic Outline Case are from Social Enterprises!

The following statement indicates that the consultants are working to a brief that excludes in-house service provision:

"The council also needs to be prepared to take a low profile in terms of the branding and 'ownership' of the new approach. To realise the benefits of the new approach it must be designed, implemented and owned by all community partners" (p21, Strategic Outline Case).

The full scope of the alternative service delivery model has not been concluded and "...is likely to extend beyond the priority services for reform" (p12, Strategic Outline Case).

"For example, on-going support from social workers for people with the most complex needs is not a service that this project will focus upon. However, most of the practitioners providing this support will also carry out assessments and reviews (which are priorities for this project). Therefore, from an operational perspective it may be appropriate to include professional support within the scope of the ADM. There may also be a case for some priority service areas, such as Social Care Direct, to be reformed but excluded from the ADM scope".

Local authorities have the power to delegate statutory Adult Social Care **functions** under the Care Act 2014, but cannot delegate statutory **duties**.

There are two key concerns:

Firstly, the potential fragmentation of ASC and care contractor provision with too many services or functions provided by different organisations could lead to poorly coordinated and integrated services.

Secondly, the design of an operating system that relies heavily on volunteers and the role of community and voluntary organisations requires continuing management input and resources that have not been addressed.

Promoting the Social Enterprise option

The Council's consultants recently published a briefing on the Shropshire People2People Social Enterprise, 2014). We quote four key messages below, together with our comments providing an alternative perspective.

"Not being seen as part of the local council changes the relationship with local people and other organisations; there are different expectations and a different dynamic that is positive and focuses on possibilities."

Comment: This statement implies being part of the local Council is a liability. Being outside the Council may change relationships with some people and organisations, but many would consider this a negative step. The relationship with an external organisation or contractor would rapidly deteriorate if it were unable to meet the demand for social care, the quality of care declined, imposed further cuts and/or cut staff terms and conditions.

"Working in person centred ways is what most social workers have been striving to do despite systems and procedures that can hinder this. The

opportunities to question and redesign processes and systems are experienced in an independent practice much more powerfully and there is a greater sense of ownership and continual striving for improvement.”

Comment: The quality of management is a key factor and there are many examples in the public sector where the redesign of systems and working practices have been initiated by staff. The idea that an ‘independent practice’ and ‘ownership’ are essential for continuing improvement is a fallacy. Almost all the Social Enterprises, employee ownership and management buyouts from local government over the last thirty years have either failed or were acquired by private contractors (Whitfield, 2012).

“Being more closely connected to communities generates opportunities for connections with local groups and organisations that mean that considering community solutions to achieve outcomes for people is more naturally the default option.”

Comment: The hub system could equally be operated by existing staff, which would increase connections between the Council and local organisations. The operator of the new system may be rationing of services, and given the financial constraints, may not be able to apply effective and sustainable solutions irrespective of relations with local organisations.

“Peer supporters working alongside practitioners is a powerful combination to achieve best support for a person and raises people’s aspirations and expectations about what they can achieve as well as strengthening informal networks of support.”

Comment: In an ideal scenario this approach has advantages, but it is dependent on a sustaining level of community and voluntary sector support. It is also difficult to achieve when key services are changed and reduced.

Financial savings

The Strategic Outline Case indicates that ASC service delivery is targeted to make savings of £654,000 in 2017-2018, 2018-2019 and 2019-2020, a total of £1.96m (p11). Yet the document is devoid of an analysis of how this reduction could be made, except from increasing the use of volunteers and using non-professionally qualified social workers.

Part 4

Next steps and recommendations

The Council plans to undertake the following tasks in the second stage of the project:

- Developing the operating model and commencing a community hub pilot in December 2015, the scope of preventative services and identify expected outcomes of the operating model;
- Identify the best alternative delivery model;
- Discuss with existing contractors, such as Capita and Housing & Care 21, “...to identify which elements of the new operating model could be implemented within the terms of current service contracts” (p33);
- Soft market testing to assess capability to deliver the new operating model;
- Market research into Social Enterprise models; and consultation with engagement with residents, service users and staff to further shape and refine the new operating model, and agree evaluation criteria for the alternative delivery model. “*Engagement with residents, service users and staff to further shape and refine the new operating model, and agree evaluation criteria for the alternative delivery model*” (London Borough of Barnet, 2015a).
- Appraisal of the service delivery options, analysis of the costs, savings and benefits of each option.
- Consultation with trade unions on the planned redundancies.

It is vital that these tasks are undertaken in a rigorous and transparent manner and free of bias.

Recommendations

Barnet UNISON recommends that Barnet Council:

1. Identifies and evaluates other operating systems in addition to the selected model with a comprehensive and relevant range of criteria to minimise the bias already evident in the Strategic Outline Case.
2. Eliminates flawed comparisons between local authorities that have significantly different economic and social conditions.
3. Produces a detailed plan for early intervention and prevention.
4. Prepares a consultation plan to fully engage with residents, service users, carers, community and voluntary sector organisations and Council staff in a democratic and transparent manner.
5. Undertakes a more comprehensive risk assessment and identify potential mitigating actions.
6. Carries out a comprehensive and rigorous analysis of in-house provision in the options appraisal.
7. Subjects any proposed changes, amendments, extension to existing adult social care service delivery contracts must be subject to full consultation and elected member scrutiny and approval.
8. Improves the terms and conditions for the social care workforce including a commitment to implement the living wage, pensions, workforce development and relevant health and safety policies and practices.

9. Does not exert undue pressure onto community and voluntary organisations to take on additional responsibilities that reduce or compromise their ability to organise and advocate.
10. Holds frank and honest discussions with community and voluntary organisations in Barnet so that they can fully understand and consider the implications of a new operating system.
11. Carries out a joint or combined equalities impact assessment on the effects of the new operating model and the £18.5m programme of cuts on service users, carers, community and voluntary organisations and Council staff.

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