

Corporate Priority 2

Savings

Ref	Proposal	2015-16 £000's	2016-17 £000's	2017-18 £000's	Total £000's	Staff
11	New Pathways - Older People - reduce reliance on institutional care - focus on reablement and helping people to remain at home for longer - includes wind down of Osborne Grove and some reprovision of day care	440	1,790	1,790	4,020	124
12	New Pathways - Learning Disabilities - Fewer people in Residential Care, more in community settings - Closure of Linden - Expansion of Shared Lives as a social Enterprise	2,281	1,180	1,710	5,171	28
13	New Day Opportunities - LD - reduce use of buildings based day care - Some (up to 3) Council centres will close - more community based opportunities available	950	1,330		2,280	96
14	New Pathways - PD - Increased reablement focus, less residential care, more community living	140	166	220	526	
15	New Pathways - MH - Increased enablement focus - extra care, supported living and other paths out of residential care/hospital	110	560	1,000	1,670	

Corporate Priority 2

Savings

Ref	Proposal	2015-16 £000's	2016-17 £000's	2017-18 £000's	Total £000's	Staff
16	New Model for Care Management - increased integration with health and other agencies			970	970	25
17	Care Purchasing Efficiencies - more robust commissioning including block contracts, frameworks and consortium arrangements	250	500	3,250	4,000	
18	Care Package Reductions - More reablement focused reviews - promoting independence, self help and use of family and community support	585	1,170	3,945	5,700	
19	Voluntary Sector - review support to Voluntary Sector - provide help to local organisations to be more self sufficient and find other funding	200	1,000	200	1,400	
20	Healthy Life Expectancy - Bringing separate services (stop smoking, exercise etc) together to improve value for money	40	890	47	977	

Corporate Priority 2

Savings

Ref	Proposal	2015-16 £000's	2016-17 £000's	2017-18 £000's	Total £000's	Staff
21	Substance Misuse - Public Health/Other - Maintain core clinical services with efficiency savings - focus on recovery with more reliance on peer support and mainstream services - reduce support to hospitals to manage alcohol related admissions and detoxification	69	136	386	591	
22	Sexual Health - Recommission local contract to achieve efficiencies - Work with other boroughs for out of area services - Greater focus on prevention to reduce demand in the longer term	603	339	742	1,684	
23	Other Public Health - improve efficiency within Public Health and increase focus on highest risk areas	275	148	75	498	
24	Public Health - restructure the Public Health team to improve efficiency	200	150	336	686	10
	Total	6,143	9,359	14,671	30,173	283

NEW PATHWAYS FOR OLDER PEOPLE

Priority	2
Current Service Area	Adults
Reference: 11	NEW PATHWAYS FOR OLDER PEOPLE

There are around **2600 older people supported by Adult Social Care.**

It is proposed to develop a new range of provision for older people with less reliance on traditional institutions and more emphasis on reablement, independence and helping people to remain at home for longer. Under this model, we will adopt a prevention and early intervention approach which will build people's capacity to live independently in the community by reducing social isolation, improving social networks and signposting effectively to existing provision. One model is Neighbourhood Connects which has shown impressive outcomes. In line with the requirements of the Care Act we will be providing advice and information to empower people to access support and services.

It is proposed to

- Wind down Osborne Grove Nursing Home and reprovide with a community reablement hub.

Currently there are 32 nursing home places at Osborne Grove.

Through consultation with people who use this service, with families and other stakeholders we will look at opportunities to develop Osborne Grove as a more comprehensive step down and reablement facility to prevent hospital admission, using this facility to greatly increase the number of people supported to live independently in their own homes in the community. There is no intention to move residents. However we will work in the best interest of the residents with regards to the option to move to alternative accommodation if they choose to do so.

- Close the Haven Day Centre and re provide Haynes and Grange day centres providing a single specialist dementia service through a social investment model.

We would ensure that existing clients of the mainstream day service would be supported by initiatives such as Neighbourhood Connects.

Currently the three day centres (The Haven, The Haynes and The Grange) offer more than 140 places.

- Reprovide the in house reablement service through a social investment model

There is evidence that reablement has the potential to deliver economies for both health and social care and it is proposed that the reablement service will be re modelled increasing capacity with a number of community options.

We will develop our Shared Lives service as a social enterprise and expand its scope to include more people, from all service areas including older people and work closely with Homes for Haringey (Housing) and other housing providers to create Extra Care facilities within Haringey

Impact on Residents	Outcomes
Improved advice and information	Reduced Costs of Care
increased opportunity to live independently.	More People Supported to live at home
More inclusion in family and community life	

Financial Data

Workforce Data

Base Data

Current budget

19,100

Employees

124

This is the budget for OP Care Packages, Day centres, Osborne and Reablement

see main text for details

Savings

£000

Change in employees

Year 1

440

Year 1

62

Year 2

1,790

Year 2

62

Year 3

1,790

Year 3

Total

4,020

Total

124

Key Policy Decisions

What	When
Reprovision of the Reablement focused home care service	Decide By February 2015; complete by Mar 16

NEW PATHWAYS FOR PEOPLE WITH LEARNING DISABILITIES (Accommodation)

Priority	2
Current Service Area	Adults
Reference: 12	NEW PATHWAYS FOR PEOPLE WITH LEARNING DISABILITIES (Accommodation)

There are around **648** people with severe learning disabilities supported by Adult Social Care. Our current range of provision includes one Local Authority Residential Home (Linden), placements in residential and nursing homes, four Local Authority day centres, a small Adult Placement service Shared Lives and personal budgets for home care or other support.

It is proposed to develop a new range of provision for people with Learning Disabilities with less reliance on traditional institutions and more emphasis on independence and inclusion. From now on our guiding principle will be that residential care will only be provided as a last resort. Instead people will be supported in the community in a variety of models of care provision. We will develop our Shared Lives service as a social enterprise and expand its scope to include more clients and work closely with Housing to create Supported Living facilities within Haringey. Young People transferring to Adults Services from Children's will only be offered these placements and we will work sympathetically with existing clients currently in residential care in order to help them move back into the community. We will open a large (52 flat) Extra Care facility for older clients with Learning Disabilities.

This new pathway will provide **£3.48m** savings which includes **c£400k from the closure of Linden.**

The 22 staff at Linden and 6 staff in the Shared Lives service will cease to be employed by the Council.

Impact on Residents	Outcomes
Improved well being	Reduced Costs of Care
Independent Living for longer	More People Supported to live at home
More inclusion in family and community life	

Financial Data		Workforce Data	
Base Data	£000		
Current budget	20,820	Employees	28
Linden plus the LD Care budget (exc day care - treated separately)		Linden and Shared Lives staff	
Savings	£000	Change in employees	
Year 1	2,281	Year 1	22
Year 2	1,180	Year 2	6
Year 3	1,710	Year 3	
Total	5,171	Total	28

Key Policy Decisions	
What	When
n/a	n/a

NEW PATHWAYS FOR PEOPLE WITH LEARNING DISABILITIES - DAY OPPORTUNITIES

Priority	2
Current Service Area	Adults
Reference: 13	NEW PATHWAYS FOR PEOPLE WITH LEARNING DISABILITIES - DAY OPPORTUNITIES

There are currently 648 people with a learning disability supported by Adult Social Care.

Council-run day centres for people with learning disabilities are currently organised across four sites in Haringey. As part of our transformation of social care we will end the use of buildings based day care for all customers living in residential care or supported living settings. Instead we will work with providers to ensure that customers are enabled to access community-based activities.

For customers living at home with their families, we will continue to offer a much smaller service which will be designed along the same principles, but delivered through a social investment model/voluntary sector. At least three of our day centres are likely to close. Efficiencies will be made at the remaining day centre to bring its cost in line with those of other providers. This will involve it ceasing to be a council run service.

Through consultation with people who use these services, with their families and other key stakeholders, we will look at alternative options, such as access to other community based (mainstream) activities and also look at access to supported employment/ employment, within the borough and beyond.

Currently 96 staff are employed across the day centres and will cease to be employed by the council

Key Policy Decisions	
What	When
n/a	n/a

Impact on Residents	Outcomes
Improved well being	Reduced Costs of Care
Independent Living for longer	More People Supported to live at home
More inclusion in family and community life	

Financial Data		Workforce Data	
Base Data	£000		
Current budget	4,760	Employees	96

£3.2m In House Services plus £1.7m purchased in personal budgets.)

Savings	£000	Change in employees	
Year 1	950	Year 1	
Year 2	1,330	Year 2	96
Year 3		Year 3	
Total	2,280	Total	96

NEW PATHWAYS FOR PEOPLE WITH DISABILITIES

Priority	2
Current Service Area	Adults
Reference: 14	NEW PATHWAYS FOR PEOPLE WITH DISABILITIES

There are currently 795 people with Physical Disabilities supported by Adult Social Care. Our current range of provision includes placements in residential and nursing homes and personal budgets for home care or other support.

It is proposed to develop a new range of provision less reliance on traditional institutions and more emphasis on reablement, independence and inclusion. From now on our guiding principle will be that residential care will only be provided as a last resort. Instead people will be supported in the community in a variety of models of care provision. We will work closely with Housing to create Supported Living facilities within Haringey and Young People transferring to Adults Services from Children's will only be offered these placements.

We will work sympathetically with existing clients currently in residential care in order to help them move back into the community. We will continue to offer Reablement focused home care to those people with reablement potential and use our equipment and adaptations budget together with increased support for carers to help people remain in their own homes.

We expect to make savings as follows:

- Reduction in Res/Nursing care offset by
- increase supported living/community based care

Impact on Residents	Outcomes
Improved well being	Reduced Costs of Care
Independent Living for longer	More People Supported to live at home
More inclusion in family and community life	

Financial Data		Workforce Data	
Base Data	£000		
Current budget	7,490	Employees	n/a
Current budget for Physical Disabilities		Personal Budget support team	
Savings	£000	Change in employees	
Year 1	140	Year 1	
Year 2	166	Year 2	
Year 3	220	Year 3	
Total	526	Total	0

Key Policy Decisions	
What	When
n/a	n/a

NEW PATHWAYS FOR PEOPLE WITH MENTAL HEALTH NEEDS

Priority	2
Current Service Area	Adults
Reference: 15	NEW PATHWAYS FOR PEOPLE WITH MENTAL HEALTH NEEDS

There are around 402 people with Severe and Enduring Mental Illness supported by Adult Social Care. Our current range of provision includes placements in residential and nursing homes, one specialist recovery centre (Clarendon) and personal budgets for home care or other support.

It is proposed to develop a new range of provision with less reliance on traditional institutions and more emphasis on recovery, independence and inclusion. Under this model, we will work with Housing to develop more supported accommodation that will enable people to move on from hospital back into the community. For example, we will develop our Shared Lives service as a social enterprise and greatly expand its scope. We would hope to see an increase in the number of places offered to people with mental ill-health. This will result in a reduction on reliance on residential and nursing home care will also result in a reduction in community based packages but will be offset by, an increase in supported living accommodation. This recovery pathway also includes working with people to engage with employment and education.

This will generate £1.67m savings.

There will be no impact on employees

Key Policy Decisions	
What	When
n/a	n/a

Impact on Residents	Outcomes
Improved well being	Reduced Costs of Care
Independent Living for longer	More People Supported to live at home
More inclusion in family and community life	

Financial Data		Workforce Data	
Base Data	£000		
Current budget	7,900	Employees	n/a

This is the Mental Health Care Purchasing budget

Savings	£000	Change in employees	
Year 1	110	Year 1	
Year 2	560	Year 2	
Year 3	1,000	Year 3	
Total	1,670	Total	0

New Model for Social Work and Care Management

Priority	2
Current Service Area	Adults
Reference: 16	New Model for Social Work and Care Management

The Better Care Fund (BCF) and the Care Act both promote closer integration of Health and Social Care. The Haringey BCF includes a plan to create fully integrated community teams of social care, occupational therapy, nursing and other health staff. This will allow management and administration savings and more importantly will reduce duplication of work between health and care professionals. At the same time we will explore more efficient and modern approaches to care management including, but not limited to, voluntary sector brokerage and support planning, more use of supported self assessment, including online self assessment, and user led organisations.

We are therefore proposing a 25% reduction in staff of multi disciplinary teams for older and younger adults. However, we do not expect that the proposed reduction of 25% in staffing will mean a 25% reduction in the numbers of people supported. Through further planning and implementation of the joint integrated service model proposed for Social Care and NHS services, we will reduce duplication, for example of assessment and initial response, and make better use of Reablement and support for people to quickly regain independence. We will learn more what the impact might be, through consultation with people who use services, their carers and families (and those who may use services in the future). In addition, we will discover what economies of scale will be achieved with the NHS as we progress the proposed integrated model.

In future, services will be delivered from locality teams with strong links to primary care and acute hospitals, the emphasis being on prevention with a view to reducing the need for high level health and social care interventions. It is expected that this approach will not only reduce duplication but will also ensure that fewer people, especially vulnerable people from minority communities, 'fall through the net', or are 'sign posted' back and forth between the respective services.

Key Policy Decisions	
What	When
n/a	n/a

Impact on Residents	Outcomes
Increased emphasis on self management and self assessment	Increased value for money outcomes
More efficient assessment processes	
Single organisation leading their care	

Financial Data		Workforce Data	
Base Data	£000		
Current budget	3,840	Employees	97
Savings	£000	Change in employees	
Year 1		Year 1	
Year 2		Year 2	
Year 3	970	Year 3	25
Total	<u>970</u>	Total	<u>25</u>

Care Purchasing Residential Care

Priority	2
Current Service Area	Adults
Reference: 17	Care Purchasing Residential Care

Impact on Residents	Outcomes
Some providers of care may change	Increased value for money outcomes

Care Purchasing Efficiencies:

Benchmarking data shows that the costs of the care which Haringey purchases are at around the median for London authorities. There are, however, some authorities which are similar to us that achieve lower average costs whilst maintaining both quality and effectiveness of provision and good user experiences. We will work to bring the costs of the care packages we commission to cost levels comparable with the higher performing London authorities. We will adopt a number of strategies including:

- renegotiation of placement and package fees
- consideration of block contracts and framework agreements to ensure we are achieving the best value for money
- continuing to develop alliances with other councils to use the joint purchasing power to achieve economies of scale and to deliver comparable cost ranges which offer better value
- developing a regional alliance with neighbouring boroughs which will support both improved costs and strong quality assurance.

	Financial Data		Workforce Data
Base Data	£000		
Current budget	55,310	Employees	none
Savings	£000	Change in employees	
Year 1	250	Year 1	
Year 2	500	Year 2	
Year 3	3,250	Year 3	
Total	4,000	Total	0

Key Policy Decisions	
What	When
n/a	n/a

Care Purchasing Packages

Priority	2
Current Service Area	Adults
Reference: 18	Care Purchasing Packages

This will involve a range of strategies primarily aimed at reducing dependence on existing care packages by putting in place alternatives to traditional approaches, with the primary aim of ensuring that people continue to live as independently as possible and for as long as possible, in their own homes in the local community:

The proposal is:

- to review the appropriateness of packages through a reablement approach
- to make more use of personal, community, family and voluntary sector resources rather than professional help
- Any changes to care packages will be as a result of a review/reassessment of need

There will be a number of possible approaches to this reduction but, for example, it could mean:

- reviewing domiciliary care and direct payment packages
- reviewing and reassessing needs
- providing a period of intensive Reablement, (up to six weeks) with a view to promoting full independence or reducing on-going high cost care packages.

Reviewing the appropriateness of current residential placements for all care groups

We will develop two Extra Care facilities by April 16 with opportunities for people from all service areas (adults) to have their own tenancies. Through consultation with people who use services currently, those who may use the services in the future and with the wider community we promote greater independence with a commitment to support people within their local community.

Impact on Residents	Outcomes
Changes in type and amount of care received	Increased value for money outcomes

	Financial Data		Workforce Data
Base Data	£000		
Current budget	55,310	Employees	none
Savings	£000	Change in employees	
Year 1	585	Year 1	
Year 2	1,170	Year 2	
Year 3	3,945	Year 3	
Total	5,700	Total	0

Key Policy Decisions	
What	When
n/a	n/a

Voluntary Sector Savings

Priority	2
Current Service Area	Commissioning
Reference: 19	Voluntary Sector Savings

Impact on Residents	Outcomes
Potential reduction in voluntary sector activity	Improved coordination and support.

There are over 1400 voluntary and community sector organisations operating in Haringey ranging from small community based organisations developed by individual residents to large nationally based organisations delivering a wide range of services. The sector is vibrant and constantly changing and is funded in a myriad ways by different agencies. The Council only contributes directly to funding a small proportion of the sector and only a very small number of organisations are dependent on the Council for their future survival.

The Council purchases approximately £18m of services from the voluntary sector.

There is currently also an annual commitment to the voluntary sector of £3m from a dedicated voluntary sector budget.

The budget proposals reduce the dedicated voluntary sector budget from £3m to £1.6m over three years (reductions of £200,000 in year 1, £1, 000, 000 in year 2 and a final £200, 000 in year 3).

We will achieve this by:

- retendering for a range of services
- retendering for our strategic partner for the voluntary and community sector to improve coordination and support and to require that the new partner equips local groups to seek other funding opportunities
- reviewing all contracts funded through this budget.

Our overall aim is to act more strategically to respond to new organisations which are evolving to meet local needs , to focus on prevention, early intervention and building resilience and to be compliant with the requirements of the Care Act and other legislation to enable local residents to be better equipped to support themselves.

Key Policy Decisions	
What	When
n/a	n/a

Financial Data		Workforce Data	
Base Data	£000		
Current budget	2,920	Employees	n/a
Savings	£000	Change in employees	
Year 1	200	Year 1	
Year 2	1,000	Year 2	
Year 3	200	Year 3	
Total	1,400	Total	0

Healthy life expectancy

Priority	2
Current Service Area	Public Health - Health Improvement
Reference 20	Healthy life expectancy

Description of Saving or Investment
The Health Improvement budget is focused on increasing healthy life expectancy, with a focus on the east of the borough where this is poorest. The services tackle the risk factors that result in early death or long term conditions (such as diabetes): smoking, alcohol misuse, high blood pressure/cholesterol, being physically inactive and having a poor diet, all of which are more prevalent in people living in the east and in those with mental health problems. Commissioned elements include: - NHS Health Checks (a mandatory service), in those aged 40-74 - a scheme for GPs to refer patients for exercise (e.g. those with mental ill health, diabetes, stroke etc) - a Stop Smoking Service - the Health Trainer/Champion Scheme. In order to release savings, the intention is to bring these separate contracts into an integrated new lifestyle behaviour change programme. This would inevitably mean the loss of key elements of this Programme. We will ensure the programme is targeted to those with the greatest need for it. We will seek to increase health improvement activity in other services eg adult social care, housing and to develop our healthy public policy approach systematically. In view of this, preparation will begin towards the end of 2014/15 resulting in a full re-tender exercise in 15/16 for a new re-shaped 'integrated' prevention programme. The mental health promotion programme (£200k budget) will be re-commissioned to achieve efficiency savings.

Key Policy Decisions	
What	When
n/a	n/a

Impact on Residents	Outcomes
There will be some reduction in existing services; however we will be developing alternate ways to support healthier lifestyle choices by residents.	There may be fewer people supported to take up a healthier lifestyle to reduce their risk of long term disease.

Financial Data		Workforce Data	
Base Data	£000		
Current budget Health Improvement & Mental Health	1,475	Employees	n/a
Savings for health improvement	£000	Change in employees	
Year 1	40	Year 1	
Year 2	890	Year 2	
year 3	47	Year 3	
	977		

Substance misuse (drugs and alcohol)

Priority	2
Current Service Area	Public Health - Health Improvement
Reference 21	Substance misuse (drugs and alcohol)

Description of Saving or Investment
Haringey Council commissions a range of substance misuse services from various providers working together in partnership. A successful partnership approach has been developed over the past few years to encourage services to work together with a focus on peer support and recovery. Savings will be spread across three service areas; • prevention, • clinical treatment and • social reintegration/recovery. The approach going forward is to maintain core clinical services with some efficiency savings and to continue our focus on 'recovery' and social reintegration of service users with more reliance on peer support and mainstream services. Our approach will continue to work closely with the Community Safety Partnership.

Key Policy Decisions	
What	When
n/a	n/a

Impact on Residents	Outcomes
Timely support for residents may be reduced; fewer people may have access to peer support.	Potential for negative impact on person requiring support, family and community.

Base Data		Financial Data		Workforce Data	
		£000			
Current budget		5,407		Employees	
Savings		£000		Change in employees	
Year 1		69		Year 1	
Year 2		136		Year 2	
Year 3		386		Year 3	
Total		591		Total	0

Sexual health

Priority	2
Current Service Area	Public health
Reference 22	Sexual health

Impact on Residents	Outcomes
Access to services improved for residents	Improved sexual health

Description of Saving or Investment
Commissioning sexual health services is a statutory service for the Council. Haringey has the 11th highest rates of STIs in the country, the demand for services is high and rising. The Council's sexual health budget encompasses prevention and treatment services from a range of local providers; NHS community services, pharmacists, the voluntary sector and GPs. The commissioning landscape is complex as by law residents can access a GUM (Genito-urinary medicine) service anywhere in the country and the resident's borough pays for the treatment. We are implementing a complete remodelling of sexual health provision to create better local access for residents and the financial savings through; • Directing residents to more cost effective community based services. • Direct more residents to local GUM and contraception and sexual health (CaSH) services through increased publicity, remodelling and retendering the main GUM/CASH service, • To control GUM expenditure outside Haringey the public health team has agreements with 11 boroughs in London to maintain charges at 2012/13 prices. In 2015/16 this collaborative proposes to extend to 20 boroughs therefore there will be more control on the expenditure of the 'demand led' GUM services. Going forward the continuing service transformation will see more services via pharmacies and the voluntary sector along with encouraging residents to access on line resources such as 'home testing kits'.

Key Policy Decisions	
What	When
The 20 borough GUM collaborative	Early 2015

Base Data	Financial Data		Workforce Data	
	£000		Employees	
Current budget	7,163		n/a	
Savings	£000		Change in employees	
Year 1	603		Year 1	
Year 2	339		Year 2	
Year 3	742		Year 3	
Total	1,684		Total	0

Other public health services

Priority	Priority 2 and 3
Current Service Area	Public health
Reference 23	Other public health services

Description of Saving or Investment	
There are a number of other public health services that will be reduced:	1)
HEALTH INTELLIGENCE AND EVALUATION (budget 131k) - although revenue will cease, we will continue to provide focused service as workforce will not be affected; work to be focused on delivering statutory functions of the Joint Strategic Needs Assessment, Pharmacy Needs Assessment and commissioning support to the NHS.	
2) HEALTH PROTECTION (budget 125k) - supporting the NHS to deliver screening and immunisations to our residents, by increasing awareness in particular communities less likely to take these up; there will be a reduction to this service.	
3) PRESCRIBING (275k) Funding for the pharmaceutical costs related to public health contracts in primary care (including stop smoking, sexual health, substance abuse); these costs will now be included in the main service area budgets.	4)
DENTAL PUBLIC HEALTH (77k). Small efficiency savings will be made in the dental health service.	

Key Policy Decisions	
What	When
n/a	n/a

Impact on Residents	Outcomes
Reduced screening and immunisation uptake in particular groups/communities	Potential for reduced rates of screening and immunisation in particular groups/communities

Base Data	Financial Data	Workforce Data	
	£000	Employees	
Current budget	608	n/a	
Savings	£000	Change in employees	
Year 1	275	Year 1	
Year 2	148	Year 2	
Year 3	75	Year 3	
Total	498	Total	0

Public health workforce

Priority	Priority 2 (with contribution to all priorities, esp. 1 and 3)
Current Service Area	Public health
Reference 24	Public health workforce

Impact on Residents	Outcomes
none	staff restructure

Description of Saving or Investment

Public health delivery requires the statutory Director of Public Health and public health support with a full range of appropriate skills. Currently, the team includes staff with technical public health skills and commissioning skills; it has statutory responsibility for supporting the NHS commissioning process. The directorate does not provide any front-line services directly. The public health team went through a 'refresh' of its structure in April 2014; the proposal is to undertake a formal restructure to embed this, which will include a reduction in posts in the first year. Further restructures will be required as there is a reduction in commissioned services and delivering public health is embedded across the council.

Note that the public health directorate also includes the emergency planning team (with budget and proposed savings in priority 3).

Financial Data		Workforce Data	
Base Data	£000		
Current budget	1,986	Employees	37.50
Savings	£000	Change in employees	
Year 1	200	Year 1	4
Year 2	150	Year 2	2
Year 3	336	Year 3	4
Total	686	Total	10

Key Policy Decisions	
What	When
n/a	n/a