

NOTICE OF MEETING

CABINET MEMBER SIGNING

Tuesday, 20th June, 2017, 1.00 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillor Bernice Vanier, Cabinet Member for Adult Social Care and Culture

Quorum: 1

1. FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. URGENT BUSINESS

The Leader/Cabinet Member will advise of any items they have decided to take as urgent business.

3. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

4. OSBORNE GROVE (PAGES 1 - 10)

Report of the Chief Executive seeking approval for consultation with residents, carers and other stakeholders on the proposal to close Osborne Grove Nursing Home.

5. MEALS ON WHEELS CONSULTATION (PAGES 11 - 16)

Report of the Assistant Director Commissioning seeking Permission to consult on proposals for Meals on Wheels

6. DISABILITY RELATED EXPENDITURE CONSULTATION (PAGES 17 - 32)

Report of the Director of Adult Social Services, seeking approval for consultation with service users, carers and other stakeholders on the proposal to decrease the disability related expenditure.

7. AWARD OF FRAMEWORK AGREEMENT FOR THE PROVISION OF ADAPTATION WORKS TO PROPERTIES WHERE RESIDENTS HAVE DISABILITIES (PAGES 33 - 42)

Report of the Director of Adult Social Services seeking approval on the proposal to enter into framework agreements for the provision of disabled adaptations works.

8. NEW ITEMS OF URGENT BUSINESS

To consider any new items of unrestricted urgent business admitted under agenda item 2.

9. EXCLUSION OF THE PRESS AND PUBLIC

The following item is likely to be the subject of a motion to exclude the press and public from the meeting as it contains exempt information, as defined under Paragraph 3, Part 1, Schedule 12A of the Local Government Act 1972.

10. AWARD OF FRAMEWORK AGREEMENT FOR THE PROVISION OF ADAPTATION WORKS TO PROPERTIES WHERE RESIDENTS HAVE DISABILITIES (PAGES 43 - 46)

To consider exempt information in relation to agenda item 7.

11. NEW ITEMS OF EXEMPT URGENT BUSINESS

To consider any new items of exempt urgent business admitted under agenda item 2 above.

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Bernie Ryan
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River Park House, 225 High Road, Wood Green, N22 8HQ

Monday, 12 June 2017

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Report for: Cabinet Member Signing

Title: Mandate to consult on a decision to close Osborne Grove Nursing Home on quality and safety grounds.

Report authorised by: Zina Etheridge, Interim Chief Executive

Lead Officer: Beverley Tarka, Director of Adult Social Services

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 Ensuring all adults lead healthy, long and fulfilling lives is a key priority of the Corporate Plan, Building a Stronger Haringey Together, 2015 – 2018. Whilst the Council faces a challenging financial climate over the coming years due to reducing funding and increasing demand, the Council's approach continues to be ambitiously focusing on improving outcomes for all residents, promoting independence and building choice and control.
- 1.2 Osborne Grove Nursing Home (OGNH) provides accommodation, personal and nursing care for adults over 65 with complex health needs. The Care Quality Commission (the CQC) has serious concerns about the quality of care at the nursing home. In January 2017, following an inspection of the nursing home, the CQC issued enforcement warning notices against the Council for breaches of the legal requirements relating to: safe care and treatment; meeting nutritional and hydration needs, person centred care and good governance. In March 2017, the CQC re-inspected and found that there were still breaches of the requirement and that none of the warning notices has been fully complied with. Despite the service improvements plans and interventions, there are still ongoing concerns and the home is under 'special measures'. The concerns are linked to entrenched issues relating to clinical and care practice and management oversight. There is an ongoing embargo on new placements given the serious issues with safety and quality of care.
- 1.3 This report seeks Cabinet's mandate to consult with service users, their carers and other stakeholders on the proposal to close OGNH due to the concerns over the quality of care and safety of residents following the CQC inspections.

2. Cabinet Member Introduction

- 2.1 We expect residents in our care settings to be treated with utmost professionalism and dignity at all times, and we are very sorry that standards at Osborne Grove have fallen below the high benchmark that we demand.
- 2.2 We are working closely with Osborne Grove residents and their families to discuss their needs in detail, consider next steps and ensure that residents get the appropriate care while a decision is made about the long-term future of Osborne Grove.

3. Recommendations

The Cabinet Member is asked to:

- 3.1 Approve for consultation with residents, carers and other stakeholders the proposal to close Osborne Grove Nursing Home.
- 3.2 Agree that a report on the findings of the consultation and the proposed recommendation be brought back to Cabinet for a decision.

4. Reasons for decision

- 4.1 In November 2015 a decision was taken by Cabinet to retain Osborne Grove as a nursing and residential provision and develop additional reablement and intermediate care provision on site in partnership with the NHS. The site comprises a 32-bedded nursing unit, with a day centre space and a large car-park in Stroud Green.
- 4.2 Since this decision was taken the home has been subject to a local authority led “Establishment concerns” process to manage through a number of essential improvements to service user safety and the quality of care. Alongside this process CQC inspected the home in December 2016, and then again in March 2017, and the home continues to be under special measures and is rated overall by the CQC as “Inadequate”. An embargo is in place, and there are currently 18 residents living in the site (down from 32 at full occupancy). The issues with the home are entrenched and linked to ineffective management and significant competency and performance issues. Despite significant resource investment from the Council to bring about change, it is likely given the lack of improvements realised that the current range of issues will remain into the foreseeable future.
- 4.3 Given the above, including the protracted staffing issues, that are impacting adversely on the standards required to ensure compliance, the proposal is that OGNH be closed on quality of care and safety grounds. There must be a period of consultation with residents, family members and other stakeholders on the proposal and before any final decision is made. The service will continue to work to meet full compliance with the required standards of care and ensure that residents care and support needs are met.

5. Alternative options considered

- 5.1 As noted above, there was an option to continue with the previous Cabinet decision to enter into partnership with the NHS to deliver the care at Osborne Grove Nursing Home. However, the on-going concerns with quality of care and resident safety on site has made this position untenable.
- 5.2 The Council could decide to await the outcome of the CQC re-inspection. But there are serious concerns about the sustainability of planned interventions and improvements and the wellbeing and safety of residents in the short and longer term.

6. Background information

- 6.1 OGNH is a nursing home for older people with complex health needs. The service has capacity for 32 beds spread across 4 units; there are currently 18 occupants due to an establishment concerns embargo that has remained in place since December 2016. The Care Quality Commission visited Osborne Grove Nursing Home on the 6th and 7th December 2016. Following the inspection, the report found the following:

Overall rating for this service: Requires Improvement

- Is the service safe: Inadequate
- Is the service effective: Requires Improvement
- Is the service caring: Good
- Is the service responsive: Requires Improvement
- Is the service well-led: Requires Improvement

In addition, four enforcement warning notices were issued in relation to;

- Safe care and treatment under Regulation 12, (1)(2)(a)(b)(e)(g)(h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Meeting nutritional and hydration needs, under Regulation 14, (1)(4)(a)(b)(c), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Person-centred care under Regulation 9, (1)(a)(b)(c), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Good governance, under Regulation 17, (1)(2) (a)(b)(c)(d) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 6.1.1 Compliance deadlines of 17th February and 31st January were given for the various warning notices. Following the receipt of warning notices, a clear action plan was developed to address the areas of concern highlighted within the stated timescales. There was a further CQC inspection on 22nd and 30th March 2017.
- 6.1.2 During initial feedback by the CQC inspector on 30th March 2017, it was observed that the service had failed to meet compliance standards in the four non-compliant areas outlined above. The final report of this inspection was published on 26th May 2017. A copy of the report is attached as Appendix 1. The report found that:

Overall rating for this service: Inadequate

- Is the service safe: Inadequate
- Is the service effective: Requires Improvement
- Is the service responsive: Requires Improvement
- Is the service well-led: Inadequate

6.1.3 In addition to the concerns following the CQC inspection, OGNH was also the subject of a referral to and action by the Safeguarding Adults Board (SAB).

6.2 External audit

6.2.1 As part of the Council's compliance monitoring, an external audit by Mazars (Council's External Auditor) was commissioned. This audit has been completed and feedback received is that the assessment of risk and control measures in place at OGNH have been found to be inadequate. This report is yet to be published.

6.3 Quality Assurance audit

6.3.1 A joint audit inspection was conducted by staff of the Haringey Clinical Commissioning Group (CCG) and the Local Authority Commissioning Team. The outcome of the audit concluded that there were still issue with regards to medicine management and maladministration; recording of nutritional and hydration compliance for high risk residents and lack of escalation of issues when these were observed.

6.4 Oversight Arrangements

6.4.1 In January 2017 A Joint Improvement Steering Group was set to oversee implementation of the Joint Improvement Plan. This was chaired by the Director of Adult Social Services (DASS) and attended by the following staff of the Local Authority: Safeguarding Lead, HR Partner, Commissioning Manager, Head of Operations, Project Manager and Members of the OGNH Management Team. In addition, the Head of Safeguarding and Quality Assurance Manager from the CCG were also members of this Group. To date three meetings have been held. The role and responsibility of this Joint Improvement Group is to have oversight of the work to ensure compliance by OGNH, identify any constraints barriers and develop and implement mitigating actions. The group has oversight of the following actions and measures aimed to ensure safe care and treatment, meeting nutritional and hydration needs, person centred care and good governance of patient care at OGNH. They include

- Upgrading individual supervision plans to ensure regular supervision of a range of measures such as food and fluid intake; medical conditions; safeguarding; medication, and mental health support.
- New documentation for monitoring all daily care interventions.
- Introducing daily care files for all residents.

- Introducing shift briefs for all staff to ensure they are clear what is expected of them.
- Better monitoring of staff compliance and competency.
- Identifying high-risk residents for more frequent food and fluid monitoring.
- Daily random care quality spot checks.
- New mattresses for residents where necessary.
- Additional staff training including: assessment and care planning; hydration and nutrition; infection control; palliative care; pain relief; pressure ulcers, and catheter care.
- New medicine and infection control policies.
- Updated fluid balance and urine output charts.
- New food menus.
- Increased checks by allocated registered nurses, nurse consultant and deputy manager.
- Regular weighing of those at risk.
- Improved monitoring and tracking of care given.
- Dedicated care home support from social worker and a nurse.
- Fortnightly risk management forum with management team and registered nurses.
- Establishing a care home support team.
- Personal development plans for all nurses, including development and assessment in key areas of care.
- Standards setting procedures for all staff and disciplinary action where appropriate.

6.4.2 While some progress has been made, it is clear that this has not been at the pace that we would have expected, and it is vital that further action is taken to ensure safe care and treatment of residents at the home.

- 6.4.3 Staffing standards, knowledge and competency remains the outstanding major weakness to reaching full compliance. Confidence in maintaining care and health of patients is the significant management oversight and audit processes currently in place. This approach cannot be sustained in the short term.

There needs to be considerable improvement in the quality of care, and this remains the focus of the home.

6.5 Risk Management

- 6.5.1 A social worker from the Local Authority Safeguarding team commenced at OGNH on 9th May 2017. The task of the social worker includes the proactive management of risk identified in the CQC inspection; risk assessments are being reviewed, updated and options for managing risks and the priority and timescales in which they need to be dealt with and identified. This activity will serve as an additional check on the work of the clinical and management staff of OGNH.
- 6.5.2 The additional management and clinical resources are to be maintained to ensure appropriate oversight that will ensure patient safety.
- 6.5.3 The recommendations of the Mazars audit to be implemented once report received.
- 6.5.4 The recommendations of the Commissioning audit to be implemented once report received.
- 6.5.5 The Joint Improvement Steering Group will continue to meet with increased frequency to review the report from audit and review reports on patient care on a regular fortnightly basis.
- 6.5.6 Overall the Council will maintain the continuity of care for all service to ensure statutory obligations continue to be met. Also, the Council will continue to take the necessary action to reduce risk, maintain the wellbeing of residents and ensure the measures referred to above achieve this. These interventions are not sustainable in the longer term and, therefore, in the interests of the safe care and treatment of residents of OGNH, it is important that the Council considers closure and alternative provision for residents. The current concerns for the service are serious and urgent.

6.6 Consultation

- 6.6.1 Through the consultation we will stress 3 core commitments:
- Our commitment to meet our statutory responsibilities to continue to provide services that meet the needs of adults assessed as requiring services.
 - Our commitment to safeguard adults at risk.
 - Our commitment to continue to work to meet the standards as set by CQC.

- 6.6.2 It is proposed that consultation will take place with residents, their families and carers, important stakeholders such as the CCG, residential providers, hospitals and OGNH staff. Through the consultation we aim to obtain the views of all stakeholders on the proposal to close OGNH. Where necessary, Independent Advocacy will be offered to people who use OGNH to ensure that they are able to fully participate in the consultation process. Workshops and feedback sessions will be available for users of the affected services, as well as their carers. Consultation methods will include face-to-face interviews, meetings and an on-line consultation questionnaire. It is proposed that consultation will be for a period of up to 90 days, subject to Cabinet approval.
- 6.6.3 Following the consultation, the outcome will be brought back to Cabinet for a final decision on the future of OGNH to be made.

7. Contribution to strategic outcomes

- 7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council. This includes the vision to enable all adults to live healthy long and fulfilling lives. The Director of Social services has a statutory duty to ensure that vulnerable adults are safeguarded and also has lead responsibility under the Care Act 2014 for managing provider failure.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Finance (ref: CAPH28)

- 8.1.1 There are 18 clients currently resident in Osborne Grove. Were the home to close, alternative provision would have to be found for these clients. This would be likely to cost an average of £900 p/w per client, a full year total of £842,000.
- 8.1.2 There are no MTFS savings associated with Osborne Grove in 2017/18.

8.2 Procurement – Head of Procurement

- 8.2.1 Strategic Procurement notes the contents of this report; however, there is no procurement input required at this stage, depending upon the outcome of the Cabinet decision, procurement will be engaged in relation to any consequential procurement activity.

8.3 Assistant Director of Corporate Governance

Under Section 29 of the Health and Social Care Act 2008 (the Act), the Care Quality Commission (CQC) has served a Warning Notices on the Council in respect of the failings in the provision of accommodation and personal care at Osborne Grove Nursing Home. Section 29 allows the Commission to give a warning notice to a registered provider when they have failed to comply with the relevant requirements in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (The Regulations). The warning notice sets out the failure that appears to the Commission to have taken place and the requirement that appears to have been breached. It also requires the Council to comply with the requirement within a specified timeframe, stating that further action may be taken if the failure is not put right in that time.

The Regulations lay down fundamental standards to be met by the Council in respect of the provision at Osborne Grove. The fundamental standards found to have been breached are that: care and treatment must be appropriate and reflect service users' needs and preferences (Regulation 9); care and treatment must be provided in a safe way (Regulation 12); service users' nutritional and hydration needs must be met (Regulation 14); and systems and processes must be established to ensure compliance with the fundamental standards (Regulation 17). As indicated above, if these breaches continues, the Commission can take further action of which include cancellation of registration of Osborne Grove as a care home where it believes there is a serious risk to the health or wellbeing of service users (Section 30 of the Act: Urgent procedure for cancellation) or suspension of registration as a service provider where it believes that any person will or may be exposed to the risk of harm Section 31 of the Act: Urgent procedure for suspension etc).

- 8.3.1 There is a common law duty on the Council to consult with service users, carers and other stakeholders that are likely to be affected by the proposed closure. The consultation must take place at a time when the proposals, as with the recommendations, are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.
- 8.3.2 As part of its decision making process, the Council must have "due regard" to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have "due regard" to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and

maternity, race, religion or belief, sex and sexual orientation. In line with its equalities duties, the Council must undertake an Equality Impact Assessments (EIA) of the proposals on the protected groups. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. The outcome of the consultation on the proposals together with the analysis of the EIA must be considered before reaching a final decision on the proposals.

8.4 Equality

8.4.1 As mentioned above, the Council has a public sector equality duty under the Equality Act (2010) to have due regard to the need to:

- tackle discrimination, harassment and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- advance equality of opportunity between people who share those protected characteristics and people who do not; and
- foster good relations between people who share those characteristics and people who do not.

8.4.2 OGNH provides accommodation for adults over the age of 65 who require nursing or personal care. There are currently 18 residents at OGNH and the proposal for closure would require any existing residents to move from OGNH to alternative provision. Because of the age, physical and mental disabilities and other care and support needs of the individuals concerned, any move would need to be managed sensitively. We do not underestimate the anxiety and concern that may be felt by residents and their families by this proposal. Our engagement and consultation with residents and their families will help us to better understand any negative impact based on the protected characteristics that the proposals may have and how we may mitigate this. In addition, the Council is mindful that reasonable adjustment and support and assistance will be required to enable residents to engage in the consultation process. As indicate above, where necessary Independent Advocacy will be offered to ensure they are able to participate in the consultation.

8.4.3 A full equality impact assessment will be published with the final decision and will incorporate any equality issues raised in the consultation.

9. Use of Appendices

9.1 Publication of the CQC Re-inspection report dated 26th May 2017 (http://www.cqc.org.uk/sites/default/files/new_reports/INS2-3244794997.pdf)

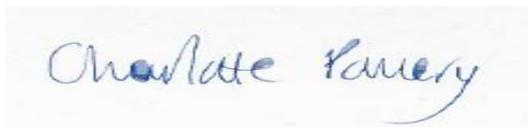
10. Local Government (Access to Information) Act 1995

10.1 N/A

Report for: Cabinet Member Signing, 20 June 2017

Item number:

Title: Permission to consult on proposals for Meals on Wheels



Report authorised by : Charlotte Pomery, Assistant Director Commissioning

Lead Officer: Christine Mosedale, Commissioning Manager

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. Describe the issue under consideration

- 1.1 Ensuring all adults lead healthy, long and fulfilling lives is a key priority of the Corporate Plan, Building a Stronger Haringey Together, 2015 – 2018. Whilst the Council faces a challenging financial climate over the coming years due to reducing funding and increasing demand, the approach continues to be ambitious focusing on improving outcomes for all residents, promoting independence and building choice and control.
- 1.2 Within the Council's Medium Term Financial Strategy, approved by full Council in February 2017, proposals to withdraw the subsidy for meals on wheels were set out, subject to consultation with a range of stakeholders. There are a number of community alternatives to the current model of delivery of meals on wheels which are set out in this paper, which requests permission to consult with a range of stakeholders on these proposals, prior to a final decision by Cabinet.

2. Cabinet Member Introduction

- 2.1 Our Corporate Plan sets out our ambitions to enable adults in the borough to live long, healthy and fulfilling lives. In the proposals set out here for consultation we put forward different ways of supporting users to enjoy a daily nutritious meal which promote their independence, reduce social isolation and contribute towards this ambition. In the proposed new approach, the Council will help users to navigate the community options available and choose the one that best suits their needs. We will support all current users through the transition to the new model and we will listen carefully to the outcomes of the consultation whilst continuing to develop the community offer to meet the needs of our residents.

3. Recommendations

For the Cabinet Member for Adult Social Care and Culture:

- 3.1 To approve consultation with service users, carers and other stakeholders the proposal to end the subsidy for meals on wheels.
- 3.2 To agree that a report on the findings of the consultation and the proposed recommendation be brought back to Cabinet for a decision.

4. Reasons for decision

- 4.1 In delivering the Corporate Plan, the Council aims to enable all adults to lead healthy, long and fulfilling lives through a strong emphasis on promoting independence, personalisation and choice and control. The current arrangements for meals on wheels, in which a subsidy is paid by the Council for each meal delivered through a contract with an external supplier, are taken up by approximately 110 users each month. The proposals set out in this paper would offer greater choice to residents in need of support to access a daily hot meal, whilst enabling the Council to make savings and to build a more sustainable community offer to more residents.
- 4.2 There has been no increase in client contributions to the service since 2012/13 and the contribution has only increased by 20p from £3.20 to £3.40 since 2010. Costs of the meal overall have increased, however, with a standard meal now costing £7.60 and the Council pays at least £4 towards every meal, costing over £140,000 each year. In addition, the number of users accessing the service has reduced from over 300 in 2011 to only around 110 users now. The Council is keen to hear from stakeholders directly, through consultation, their views of the current service, of the proposed new offer and of the implications of removal of subsidy for them.

5. Alternative options considered

- 5.1 Significant work has been undertaken to explore an alternative offer to replace the current arrangements and this is set out in more detail in Section 6. Continuing with the current arrangements has been considered but rejected as the payment of the subsidy is not sustainable and only a limited number of users benefit from a hot meal. Given that neither the Care Act nor preceding legislation require meals to be subsidised or the cost of food to be met by the Council, consideration was given to withdrawing the subsidy whilst not building community based alternatives. This, however, was rejected as the development of a strong, community offer supports independence and meets the wider Council aspirations to build a stronger community in the borough.
- 5.2 Over 50% of London boroughs have ended their meals on wheels services. Haringey Council is the only borough in North Central London which still offers a subsidised Meals on Wheels service. Islington, Camden and Enfield ended their direct provision of Meals on Wheels services in 2011 and Barnet in 2015.

6. Background information

- 6.1 The current meals on wheels service, which attracts a Council subsidy, is one of many provisions available to residents with support and care needs and not able to prepare food for themselves in Haringey. A limited number of people benefit from this service. Going forward the role of the Council will increasingly be as a facilitator and navigator, helping the individual to decide which meals option of the community alternatives available they want to take up. The Council would not intend to promote one option but to ensure a number of ways of accessing a regular hot meal are in place and to work with users to make the choice which best meets their needs.
- 6.2 In working on this proposal, information about a range of existing services that residents will be able to access, both for delivery and in the community, has been collated and is being made more easily accessible through HariCare. As well as different methods of delivery there is also a range of different meals available, including culturally specific offers. Many service users and other local residents already access community based provision which offers the opportunity for company and support as well as the provision of a meal, without the need for an intervention by the Council and this is intended to continue.
- 6.3 Those wishing to take up or retain the meals on wheels service as now could remain with the current supplier Sodexo at full cost for a hot meal delivery, from £6.50 for a standard meal. Whilst this is less than the standard meal cost of £7.60 per meal within the current contract, it represents an increase from the current level of client contribution which is £3.40 per meal.
- 6.4 For both new and existing users, there is the option to transfer to a frozen food delivery service, offered by a range of suppliers in the market including the existing meals on wheels supplier with prices from as low as £2.99 per meal.
- 6.5 A number of local community centres offer a meals on wheels service, delivering a daily hot meal Monday to Friday and costing between £4.50 and £7 per meal. The full costs of the meals are met by users of the service. The Council is working with another voluntary sector provider to encourage delivery of a meals on wheels service across the borough, able to operate without Council subsidy and to provide a meal, a cup of tea and medication prompting. This would start from late summer 2017.
- 6.6 There are a number of community centres that offer Luncheon clubs on various days, costing approx £5 per meal.
- 6.7 The Council is also working with providers to develop the community offer to ensure a range of choice options for residents to meet their needs, including exploring additional delivery options and working with sheltered housing communities to support the development of local luncheon clubs.

- 6.8 The options for how a hot meal will be made available to potential users will routinely be explored as part of the assessment and the support planning process. Where someone is a service user and chooses a frozen meal alternative the Council may need to provide a microwave/freezer (to ensure adequate storage space) and ensure home care is in place where a person is not able to heat the food and family are not able to assist. Brokers will be able to set up arrangements with the preferred provider. Where access to a luncheon club is an assessed need and the user is eligible for adult social care transport will be arranged.
- 6.9 Consultation for a period of 60 days with current users of the service, their family/carers and other stakeholders will get underway at the end of June 2017 subject to Cabinet approval. Feedback from this consultation will inform a proposal to Cabinet on whether to proceed with withdrawal of the subsidy in October 2017. Consultation methods will include face to face interviews, meetings and an online consultation questionnaire.
- 6.10 Should any changes to the current service model be made following consultation, there will be work with existing users of the service to ensure their needs and outcomes continue to be fully met.

7. Contribution to strategic outcomes

- 7.1 The Corporate Plan, Building a Stronger Haringey Together, sets out the vision and priorities for the Council. Its underpinning principles of empowering communities to enable people to do more for themselves and enabling all adults to lead healthy, long and fulfilling lives align well with the proposals for changes to the current meals on wheels offer as set out for consultation in this paper.

8. Statutory Officers comments (Chief Finance Officer, Procurement, Assistant Director of Corporate Governance, Equalities).

8.1 Finance

By removing the Meal on Wheels subsidy the potential net budget saving achievable in a full year will be £123k. This saving would support the delivery of the Council's Medium Term Financial Strategy.

If this option were not considered as viable, other services may fall within the scope of service reductions.

8.2 Procurement

N/A

8.3 Assistant Director of Corporate Governance

There is a common law duty on the Council to consult with service users, carers, providers and other stakeholders that are likely to be affected by the proposals. The consultation must take place at a time when the proposals, as with the recommendations, are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the

proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.

As part of its decision making process, the Council must have “due regard” to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have “due regard” to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In line with its equalities duties, the Council must undertake an Equality Impact Assessments (EIA) of the proposals on the protected groups. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. The outcome of the consultation on the proposals together with the analysis of the EIA must be considered before reaching a final decision on the proposals.

8.4 Equality

As mentioned above, the Council has a public sector equality duty under the Equality Act (2010) to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advance equality of opportunity for those with ‘protected characteristics’ and those without them
- Foster good relations between those with ‘protected characteristics’ and those without them.

The protected characteristics are: age, disability, gender reassignment, marriage/civil partnership status, pregnancy/maternity, race, religion/faith, sex and sexual orientation.

This decision is asking permission to go out to consult on the withdrawal of the subsidy and future provision of Meals on Wheels. Within the consultation, we will ask questions regarding religious and cultural meal preferences to ensure we try to meet the needs of particular communities related to religion/faith and race.

The consultation will offer reasonable adjustments to ensure that disabled people are able to participate in the consultation.

A draft initial Equality Impact Assessment (see Appendix 1) is attached and will continue to be updated to incorporate the results of the consultation and any further equality implications.

9. Use of Appendices

9.1 Appendix 1: Draft Equalities Impact Assessment

10. Local Government (Access to Information) Act 1995
N/A

Report for: Cabinet Member Signing – 20th June 2017

Item number:

Title: Priority 2 MTFS Proposal: Disability Related Expenditure:
Public Consultation

Report authorised by : Beverley Tarka: Director – Adult Social Services

Lead Officer: John Everson: Assistant Director - Adult Social Services
ext 4433 john.everson@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key Decision

1. DESCRIBE THE ISSUE UNDER CONSIDERATION

The Mid-Term Financial Strategy (MTFS) seeks to address the challenging financial climate faced by the Council over the coming years due to reducing funding and increasing demand.

As part of the Council's MTFS 2017 – 2019, approved by Cabinet on 14th February 2017 and Full Council on 27th February 2017, proposals to reduce Disability Related Expenditure (DRE) disregard to levels more in line with other Local Authorities, were set out subject to consultation with stakeholders.

People who are allocated a personal budget for care and support funded by Haringey Council, have a financial assessment to see how much they should contribute towards the cost of their care and support. The financial assessment looks at the money an individual has coming in as well as their expenses. The expenses also include Disability Related Expenditure (DRE).

DRE is the extra costs people have each week because of a disability, illness or age. For example, people may pay extra laundry costs or extra heating because of their disability. It is important that the Council takes this expenditure into account in order to ensure service users retain income to meet these costs.

Haringey currently operates a 65% (£35.82) DRE disregard and this policy has remained the same since 2011. Other authorities have reduced the DRE and the range is from a flat rate of £10.00 to a rate of 35% (£19.00). The MTFS proposal for Adult Services is *to operate a DRE of 40%, (£22.04 per week) by 2019/20 to deliver £328k savings.*

This paper seeks Cabinet approval to consult with service users, carers and other stakeholders on this proposal and to report back on the outcome of the consultation for a final decision to be made.

2. INTRODUCTION

- 2.1 People who are allocated a personal budget for care and support funded by Haringey Council, have a financial assessment to see how much they should contribute towards the cost of their care and support.
- 2.2 The financial assessment looks at the money an individual has coming in as well as their expenses. The expenses also include Disability Related Expenditure (DRE). DRE is the extra costs people have each week because of a disability, illness or age. For example, people may pay extra laundry costs or extra heating because of their disability. It is important that the Council takes this expenditure into account in order to ensure service users retain income to meet these costs.
- 2.3 People have the option of an individual assessment to review these costs, but this is often seen as a very personal and sensitive discussion. Therefore Councils, including Haringey, offer the option to have a percentage or flat rate of their DRE disregarded from the financial assessment, to ensure they retain income for these expenses.
- 2.4 The proportion currently disregarded in Haringey equates to 65%, which is on average £35.82 per week.
- 2.5 Haringey Council has reviewed the level of DRE disregard operated by other Councils and have identified that Haringey is an outlier. As an example the range offered by other Councils varies from a £10.00 flat rate to 35% (£19.29) per week.
- 2.6 Therefore to address the disparity and meet the financial challenges faced by the Council the MTFs proposal is to introduce a phased reduction in DRE disregard to 40% (£22.04) by 2019/20. The offer of the individual financial assessment will remain in place ensuring that those who wish to take this option can take it.
- 2.7 We recognise that this will have an impact on some adults who receive care and support from Haringey Council so therefore we will consult on the proposal with service users, carers and other stakeholders and bring the findings back to Cabinet for a decision.

3. RECOMMENDATIONS

The Cabinet Member is asked to:

- a) Approve for consultation with service users, carers and other stakeholders the proposal to decrease the disability related expenditure disregard to 40% (£22.04) by 2019/20.
- b) Agree that a report on the findings of the consultation and the proposed recommendation be brought back to Cabinet for a decision.

4. REASONS FOR DECISION

- 4.1 Haringey currently operates a 65% (£35.82) disregard and this policy has remained the same since 2011. Other authorities have reduced the DRE and the range is from a flat rate of £10.00 to a rate of 35% (£19.00).
- 4.2 The MTFs proposal for P2 agreed by Cabinet on 14th February 2017 is *to operate a DRE of 40%, (£22.04 per week) by 2019/20*. Therefore the proposal seeks to bring the disregard for DRE more in line with other London Boroughs and will seek to deliver £328k savings.
- 4.3 The reduction will result in an increase in charges for service users who are currently making a contribution and have a DRE disregard included in their financial assessments. In addition, when DRE reduces to 40%, this will result in some service users of working age, who are currently assessed not to contribute, having to make a small contribution.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The options available to the service are limited, due to the scale of the financial reductions required, however the proposal will ensure compliance with our statutory responsibilities and we are committed to the continued delivery of high quality service provision that supports the needs of the people we support.

An additional option is not to make the budget savings agreed in the Medium Term Financial Plan; however this would result in serious financial gap of £328,000, which would jeopardise the sustainability of services in the future.

6. BACKGROUND INFORMATION - DISABILITY RELATED EXPENDITURE

6.1 Financial Assessment

- 6.1.1 People who are allocated a personal budget for care and support funded by Haringey Council, have a financial assessment to see how much they should contribute towards the cost of their care and support. The approach to the financial assessment is set out in the Council's Fairer Contributions Policy which is based on guidance set out in the Care Act 2014.
- 6.1.2 The financial assessment looks at the money an individual has coming in as well as their expenses. The expenses also include Disability Related Expenditure (DRE). DRE is the extra costs people have each week because of a disability, illness or age. For example, people may pay extra laundry costs or extra heating because of their disability. It is important that the Council takes this expenditure into account in order to ensure service users retain income to meet these costs.
- 6.1.3 To ensure that the financial assessment process for Disability Related Expenditure is as easy and discreet as possible for service users, the Council uses a flat rate disregard. The use of a flat rate reduces the need for quite personal and sensitive discussions. This approach is to ensure that there is equitable treatment between service users. While a flat rate is applied as part of

the financial assessment, individuals are also offered the opportunity to complete a detailed individualised DRE assessment and any additional DRE above the standard level is also disregarded, to bring a lower contribution.

6.2 Eligibility Criteria

- 6.2.1 To be eligible for DRE, people must be in receipt of Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment. In addition to the DRE disregarded income, the financial assessment also disregards an amount for 'minimum income guarantee' as set out by the Department of Health.
- 6.2.2 At present, where a disability benefit is considered as income in the charge calculation, a standard proportion of this benefit is disregarded in the assessment with the offer of a detailed Disability Related Expenditure assessment to identify any additional expenditure above the standard proportion. Examples of disability benefits include; Attendance Allowance, Disability Living Allowance Care Component or the Personal Independence Payment Daily Living Component
- 6.2.3 The proportion currently disregarded equates to 65%, which is on average £35.82 per week, where the lower rate of Attendance Allowance or middle rate of Disability Living Allowance care component or lower rate of the Personal Independence Payment Daily Living component, is included in the financial assessment.

6.3 MTFS proposal on DRE agreed by Cabniet

Haringey currently operates a 65% (£35.82) disregard and this policy has remained the same since 2011.

The MTFS proposal for P2 agreed by Cabniet on 14th February 2017 is to *operate a DRE disregard of 40%, (£22.04 per week) by 2019/20.*

The Disability Related Expenditure proposal will seek to deliver £328k savings.

6.4 Proposed Mitigations

6.4.1 Incremental Reduction of DRE

The proposal to reduce the DRE disregard will impact on service users who currently have a DRE disregard applied to their financial assessment and have been assessed to pay a contribution, irrespective of their age, disability, ethnic origin and gender.

At present there are 1879 service users who are in receipt of non-residential care. Of the 1879 people, 461 will be affected by this proposal.

The proposal will reduce the standard 65% to 40% by 2019/2020 over a number of years (as set out below) rather than an immediate reduction from 65% to 40%.

Proposal to reduce DRE in increments:

2017/2018 – reduce the disregard to 55% (from £35.82 to £30.31)

2018/2019 – reduce the disregard to 45% (to £24.80)

2019/2020– reduce the disregard to 40% (to £22.04)

6.4.2 Individual Assessments Offered as an Alternative

Although offering a flat rate disregard ensures an easy, quicker and discreet service to users by not asking overly intrusive and sensitive questions, the offer of an individual assessment will be offered. This allows a full assessment of costs associated with disability and illness to be assessed and identifies any additional costs above the standard disregard. Any additional costs above the standard disregard will result in a reduction in the charge payable.

Where people opt to have an individual assessment, they will be able to provide a detailed breakdown and evidence of their relevant disability related expenditure and to identify any additional areas of expenditure that are a result of their disability, age or health.

Therefore as people would have an option for a detailed individual assessment we are actively seeking to mitigate any potential adverse effects of the proposal on the vulnerable people we support.

It is acknowledged that this approach could result in increased requests for detailed individual assessments, hence there may be need to secure additional personnel as part of this approach and the funding to facilitate this was agreed as part of this proposal.

To ensure further clarity and transparency about the emerging impact we will review the changes after the first year and share and discuss our findings with Adults Scrutiny Committee.

6.5 Rationale for the Proposal

The current standard disregard for DRE of 65% has been in place since April 2011 and research has confirmed that Haringey is much more favourable (i.e. has a much higher disregard) than other London Boroughs.

Therefore the proposal seeks to bring the disregard for DRE more in line with other London Boroughs.

The reduction will result in an increase in charges for service users who are currently making a contribution and have a DRE disregard included in their financial assessments. In addition, when DRE reduces to 40%, this will result in some service users of working age, who are currently assessed not to contribute, having to make a small contribution.

The table below highlights that the reduction in DRE will still be more favourable than other London Boroughs.

Authority	DRE Disregard Policy	Person retains this amount per week to pay for Disabled Related Expenditure
Haringey	65% (current)	£35.82
Haringey 2017/18	55% (post decision)	£30.31
Haringey 2018/19	45% (post decision)	£24.80
Haringey 2019/20	40% (post decision)	£22.04

Hackney	25%	£13.78
Hounslow	30%	£16.53
Ealing	35%	£19.29
Merton	Flat Rate	£10.00
Newham	Flat Rate	£15.00
Greenwich	Flat Rate	£15.30
Barking & Dagenham	Flat Rate	£15.00

(Calculations for the February Cabinet paper are based on benefit rates effective from April 2016 and DH Minimum Income Guarantee rates and these figures are subject to change each financial year).

6.6 Statutory Guidance

In taking forward the proposal, the Council will consider Annex C Treatment of Income Paragraphs 39 - 41 Disability Related Expenditure, in the Care and Support Statutory Guidance. This will ensure that the proposal meets the requirements as set out in the extract from the guidance below:

Disability-related expenditure

39) Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority.

40) In assessing disability-related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability should be included:

- 1. (a) payment for any community alarm system*
- 2. (b) costs of any privately arranged care services required, including respite care*
- 3. (c) costs of any specialist items needed to meet the person's disability needs, for example:

 - 1. (i) Day or night care which is not being arranged by the local authority**

2. (ii) specialist washing powders or laundry
3. (iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)
4. (iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability
5. (v) additional costs of bedding, for example, because of incontinence
6. (vi) any heating costs, or metered costs of water, above the average levels for the area and housing type
7. (vii) occasioned by age, medical condition or disability
8. (viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services
9. (ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
10. (x) personal assistance costs, including any household or other necessary costs arising for the person
11. (xi) internet access for example for blind and partially sighted people
12. (xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used
13. (xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS

41) The care plan may be a good starting point for considering what is necessary disability-related expenditure. However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.

Example of disability related expenditure

Zach is visually impaired and describes the internet as a portal into the seeing world – in enabling him to access information that sighted people take for granted. For example he explains that if a sighted person wants to access information they can go to a library, pick up a book or buy an appropriate magazine that provides them with the information they need.

The internet is also a portal into shopping. For example without the internet if Zach wanted to shop for clothes, food or a gift he would have to wait until a friend or family member could accompany him on a trip

out, he would be held by their schedule and they would then have to explain what goods were on offer, what an item looked like, the colour and would inevitably be based on the opinion and advice of said friend. A sighted person would be able to go into a shop when their schedule suits and consider what purchase to make on their own. The internet provides Zach with the freedom and independence to do these things on his own.

6.7 Number of Recipients Affected

6.7.1 At present there are approximately 1879 people in receipt of care in the community (i.e. non-residential care). Analysis of data indicates that a standard DRE is currently applied to approximately 700 financial assessments of which 461 make a contribution towards the cost of their care. Any changes will mainly impact on this group. In the 700 financial assessments, there are service users that are currently not required to pay but will be required to pay when the DRE is reduced to 40%.

6.8 Consultation

6.8.1 Through the consultation we aim to obtain the views of our key stakeholders on the proposals as detailed in this report.

Through the process we will stress 3 core commitments:

- Our commitment to meet our statutory responsibilities to continue to provide services that meet the needs of adults assessed as requiring services.
- Our commitment to safeguard adults at risk.
- Our commitment to work with key stakeholders through the consultation to test and shape the proposal.

6.8.2 Consultation Timeline

Consultation for a period of 60 days with current users of the service, their family/carers and other stakeholders will get underway at the end of May 2017 subject to Cabinet approval.

Feedback from this consultation will inform a proposal to Cabinet on whether to proceed with reduction in DRE in July 2017.

6.8.3 Target Audience

Demographic and post code details of affected attendees and respondents of the consultation will be examined to confirm accessibility and target further consultation methods as necessary.

Where required, independent advocacy will be supplied to people who use the affected services, to ensure that they are able to fully take part in the consultation process.

6.8.4 Consultation Approach and Method

The consultation process will seek to check opinions, views and attitudes in relation to changing our proposals in a way that is fair and continue to support people who most need it.

We will use a combination of online questionnaires and paper questionnaires to conduct quantitative research into how well users will understand the proposed changes.

Further roadshow sessions will be provided in order to ensure that we encourage engagement from hard to reach groups and to provide opportunities to partner organisations whereby they can identify potential issues for service users.

7. CONTRIBUTION TO STRATEGIC OUTCOMES

Maximising the Council's resources, in particular in the current financial climate, is a key part of the Councils Medium Term Financial Strategy.

8. STATUTORY OFFICERS COMMENTS (CHIEF FINANCE OFFICER (INCLUDING PROCUREMENT), ASSISTANT DIRECTOR OF CORPORATE GOVERNANCE, EQUALITIES)

8.1 Legal

There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by the proposals. The consultation must take place at a time when the proposals, as with the recommendations, are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.

As part of its decision making process, the Council must have "due regard" to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have "due regard" to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In line with its equalities duties, the Council must undertake an Equality Impact Assessments (EIA) of the proposals on the protected groups. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. The outcome of the consultation on the proposals together with

the analysis of the EIA must be considered before reaching a final decision on the proposals.

8.2 Equalities

The Council has a public sector equality duty under the Equality Act (2010) to have due regard to the need to:

- a) Tackle discrimination, victimisation and harassment of persons that share the characteristics protected under S4 of the Act.
- b) Advance equality of opportunity between people who share those protected characteristics and people who do not;
- c) Foster good relations between people who share those characteristics and people who do not.

Based upon the nine protected characteristics of age, disability, gender reassignment, marriage and civil partnership (only in regards to discrimination), pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation.

An initial equality impact assessment was undertaken as part of the MTFs, and was submitted to Overview and Scrutiny on 30 January 2017. It identified the potential impact and the mitigating actions the Council will undertake to prevent financial hardship. If any further equality implications are identified through the consultation, the equality impact assessment will be updated and include any further mitigating actions when possible.

In undertaking the consultation, consideration will be needed in offering reasonable adjustments for disabled residents to take part in the consultation, such as easy read for people with Learning Disabilities.

8.3 Finance

The table below shows the expected profiling of the estimated (£328k) additional income to be achieved and the effect on the total budget for non-residential fees and charges.

	2017/18 £000	2018/19 £000	2019/20 £000	total £000
Budget b/f	(1,761)	(1,890)	(2,005)	
Budget impact of plans	(129)	(115)	(84)	(328)
Final budget	(1,890)	(2,005)	(2,089)	

These figures form part of the Medium Financial Strategy and are therefore an essential part of the council's plan to deliver a balanced budget.

We would always recommend that value for money is obtained through the best use of resources ensuring that efficiencies and savings opportunities are

explored fully and whilst this proposal is likely to generate additional income, it would appear that this proposal would still leave us a position which represents a more generous offer than that of other local authorities.

8.4 Procurement

Strategic Procurement notes the contents of this report; however there is no procurement impact at this stage of the process.

9. USE OF APPENDICES

- a. Equality Impact Assessment submitted 30 January 2017. See link below:
<http://www.minutes.haringey.gov.uk/documents/s90661/11.%20Appendix%20B%202.3%20-%20EQIA%20DRE.pdf>
- b. Draft Consultation questions

10. LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

N/A.

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Consultation / Engagement & Communication Plan

Title: Proposed changes to the Fairer Contributions Policy for Adult Social Care

Consultation Background

Service users in receipt of social care are financially assessed to determine the contribution towards the cost of their care and support provided by the Council. For non residential based services, the contributions are based on the Council's Fairer Contribution policy. This policy is based on the framework set out in the Care Act 2014.

Proposal

Haringey currently disregards 65% of a disability benefit included as income in the charge calculation for disability related expenditure. On average the disregard in income is £36.17 per week. Our proposal is to reduce this disregard when calculating how much people should contribute to cost of their care at home to bring. This will bring us in line with other Councils by 2019. The proposal is reduce the disregard as follows:

To 55% from TBC - this will reduce the disregard to £30.61 per week

To 45% from April 2018 – this will reduce the disregard to £25.04 per week

To 40% from April 2019 - this will reduce the disregard to £22.26 per week

Target Audience

This consultation will seek to engage the following groups of affected and non-affected

Service users. The strategy will be to engage for consideration and letting people know what could happen and what scope would be for their comment.

- Service users who are currently assessed to contribute towards their care and support costs – 461 people
- Service users who have a standard DRE applied to their financial assessment that are not required to pay a financial contribution to their care and support at present – 700 people
- Service users who are in receipt of care in the community – 718 people

Corporate Plan: Priority Two

Key Officers:

Raj Darbhanga: Team Manager - Income Maximisation & Personal Budget Finance Team

John Everson: Assistant Director – Adult Social Services

Phil Holmes: Project Manager – Adult Transformation Team

Councillor Arthur: Lead Cabinet Member

Consultation Planning

Consultation Activity	Number of Weeks
Produce consultation material	3-4
Organise publicity for consultation	2-3
Distribute questionnaires	2
Register consultation e-form	1 day
Launch of consultation	6
Analysis of both quantitative and qualitative research	2-3
Draft consultation report	1
Draft reviewed by other approval bodies such as SLT and CAB	2
Submit final consultation report to Cabinet	TBC
Total number of weeks to complete consultation process	18-21

Consultation and Engagement Activities

- To provide written consultation for all those in receipt of care in the community. Documentation will include information about the background and proposal to reduce the disability related disregard amounts.
- To design and write an online questionnaire using SNAP for all those in receipt of care in the community.
- To organise and facilitate information and feedback sessions (road shows) for those users who are currently affected.
- To invite and involve partner agencies to any applicable forums or road shows.
- To publish external communications in the form of newsletters and magazine publications.
- To engage the target audience via online social media such as Twitter and Facebook.
- To maximise awareness of the consultation via the council's website and intranet.

Consultation Questionnaire

- Q1.** Do you currently contribute financially to your care and support at the moment?
YES NO
- Q2.** Do you think that you will need to make a contribution in the future based on this proposal?
YES NO UNSURE
- Q3.** To what extent do you agree with the proposed changes in light of the fact that the council needs to make savings and bring in line with other councils? **Need to re-word dependent on the key message**
- Strongly Agree Agree Disagree Strongly Disagree
- Q4.** In order to help you accurately calculate what your contribution would be now or in the future, how likely would you request an individual financial assessment?
- Highly likely Likely Unlikely Highly unlikely
- Q5.** To what extent would you be able to financially manage an increase of up to £10 contribution to your care and support?
- Very Manageable Manageable Unmanageable Very Unmanageable
- Q6.** Do you have any support in managing your care and support budget?
YES NO
If yes – who?
- Q7.** What support would you like should these changes be implemented? – Open question
- Q8.** Meals on Wheels question?

Please complete the ethnicity information – Separate Page to be included

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Report for: Cabinet Member for Adult Social Care & Culture

Item number:

Title: Award of framework agreement for the provision of adaptation works to properties where residents have disabilities

Report authorised by: Beverley Tarka, Director of Adult Social Services

Lead Officer: Pauline Walker Mitchell, Head of Adaptations Service
Tel: 020 8489 1655 Email: Pauline.walker-mitchell@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** Key

1. Describe the issue under consideration

1.1.1 That the Cabinet Member for Finance and Health approve the proposal to enter into framework agreements for the provision of disabled adaptation works with Keepmoat Regeneration Ltd, Richwell Construction Ltd, Effectable Construction Services and The AD Construction Group. This framework agreement will provide a contractual mechanism for the Council (Adaptation Services) and Homes for Haringey to access disabled adaptations works via the framework suppliers. The framework agreement does not provide a binding commitment to award work.

2. Introduction by Cabinet Member

2.1 This framework agreement for the provision of disabled adaptation works will be available to be used in both council and non council properties. The framework will contribute significantly to reduce the time taken from referral to Adaptation Services to residents being able to use a disabled adaptation facility.

3. Recommendations

3.1 That the Cabinet Member for Adult Social Care & Culture approve the proposal to enter into framework agreements for the provision of disabled adaptations works with Keepmoat Regeneration Ltd, Richwell Construction Ltd, Effectable Construction Services and The AD Construction Group as allowed under Contract Standing Order (CSO) 16.02, for a period of two years with the option to extend the framework agreements for a further two years on an annual basis subject to satisfactory performance of the suppliers.

4. Reasons for decision

4.1 The intention is for the proposed framework agreement to:

- Deliver value for money through a competitively procured schedule of rates, with scope for good economies of scale with the suppliers and the council working together to achieve cost reductions and continuous improvement;
- Provide four specialist adaptations suppliers to allow for a responsive service with good capacity;
- Ensure consistency and continuity over the term of the agreement;
- Allow for suppliers to be assessed on quality as well as cost to ensure a high standard of work and customer service; and
- Ensure delivery of housing adaptations in the shortest possible time.
- Ensure that through the term of the contract Value for Money is reflected in all commitments;
- Guarantee that the framework and call-offs issued under it are all fully compliant with the Public Contract Regulations 2015.

5. Alternative options considered

5.1 The options set out below have been considered by the Head of Adaptations Service and Strategic Procurement.

5.2 The options were considered in detail against the various project objectives. It was concluded that Option D was the preferred option.

5.3 Of significance, the adaptations works are classified as works under Schedule 2 of the Public Contracts Regulations 2015. The anticipated value of spend under the framework agreement over the next four years is over the EU threshold value for works and is therefore within the scope of the Public Contract Regulations 2015 and subject to a full EU wide compliant procurement route.

Option A – Tender work in batches

5.4 This would mean continuing with the current arrangement whereby the work is competitively tendered in batches which is both very time consuming and a lengthy process for already stretched internal resources.

5.5 The existing arrangement was only a short term expedient to maintain continuity in the provision of services pending the development of a more lasting solution that fully complied with the Public Contract Regulations 2015 which is necessary given the projected value of the work over the next four years which is in excess of the EU threshold for works.

Option B - Access an existing Adaptations Framework operated by other public sector bodies.

5.6 While this option might be efficient in terms of staff time in the procurement process there are the following disadvantages if joining an existing framework:



- There will be a cost to the council to access the framework;
- It may not provide the wide range of services that the council and Homes for Haringey require;
- It may increase the level of sub- contracting as suppliers on a framework may not have a local presence or have the capacity or capability to meet the council's requirements;
- It may prevent the council being able to determine its own contract terms as they are already prescribed in the framework structure ;

Option C - Measured Term Contract with a single Supplier

5.7 This contract is suitable for a regular flow of adaptations works to be carried out by a single contractor over a specified period of time. The work is measured and valued on the basis of an agreed Schedule of Rate. The major concern about option C is reliance on a single contractor and is therefore not recommended.

Option D - Council Framework Arrangement with one or more Suppliers

5.8 Framework Agreements can be either sole supplier or multi supplier frameworks and are an agreement between the contracting authority and the contractor(s) detailing the terms and conditions against which the contracting authority may place orders or tasks. The contracting authority is not obliged to order, accept or pay for any of the services other than those actually ordered and / or authorised under the terms of the framework agreement.

5.9 Each order or task raised against a framework agreement is a separate legally binding contract relating only to the services covered by the particular order or task, subject to the terms and conditions stated in the framework agreement.

5.10 Under a framework agreement that there is no commitment for either party to undertake any business until the first contract is 'called off'.

5.11 It is considered that a multi supplier framework is best suited to the council's requirements for housing adaptations. The possibility of incorporating the needs of Enfield's requirements into the framework agreement was explored but did not get off the ground as Enfield decided to develop their own framework agreement tailored to their specific requirements.

6. Background information

6.1 The council had a Disabled Adaptations measured term contract with a single Supplier from October 2004 to 4 January 2008. The successor to the measured

term contract was a framework agreement which was established by the council on 23rd January 2009 following an EU compliant competitive tendering exercise. There were two suppliers on the framework. The framework agreement ran successfully until it expired on 22nd January 2014 and has not been replaced.

- 6.2 The intention was to set up a Pan- London Adaptations framework as part of the London Construction Programme but this did not get off the ground for a number of reasons.
- 6.3 From January 2014 to January 2015 the London Construction Programme framework agreement for minor construction works (Value up to £100,000) was used to carry out disabled adaptations works.
- 6.4 Since January 2015 individual projects have been competitively tendered in batches which is both very time consuming and a lengthy process for already stretched internal resources.
- 6.5 Having considered the options the conclusion was reached that a new disabled adaptations framework agreement should be put in place designed specifically to reduce the time taken from referral to occupational therapy to the provision of a major adaptation (end to end process) enhancing the service provided for the residents of Haringey living in council and non-council properties.
- 6.6 Following external legal advice, the procurement documents stated that should the framework agreement be awarded to more than one supplier, the council intend to choose a capable supplier with whom to place an Order in one of the following ways:
- by choosing the supplier who demonstrably offers best value for money for its requirement when judged against the criteria of: speed of available response, (including, without limitation, capacity to meet required deadlines and, where relevant, geographical location); quality (including as appropriate: capability, expertise, past performance, availability of resources and proposed methods of undertaking the work); and price;
 - by operating a rota system between capable suppliers; or
 - by consulting in writing all the suppliers and inviting them within a specified time limit, to submit a tender in writing for each specific contract.
- 6.7 The above approach provides the council with the required level of flexibility to commission adaptation works.

Scope of the framework

- 6.8 The type of works which may be let under this disabled adaptations works framework agreement will include but not limited to the following:-
- Lift installations including ceiling track hoists, through floor lifts, stair lift, platform lifts and step lifts

- Shower/wet room installations including level access showers, over bath showers and clos-o-mat toilets, shower cubicles
- Wheelchair access within the property
- Wheelchair accessible ramps
- Kitchen adaptations
- Specialist kitchens for wheelchair users
- External adaptations including alterations to steps and installation of rails
- Door entry systems
- Rails external and internal
- Extensions to domestic houses
- Specialist equipment deemed a requirement for the user
- Works covered by the Disabled Facilities Grant including new extensions and/or adaptations to existing buildings. The end user has the right to privately tender this work even after the contractor has provided a quotation/works order which complies with the framework agreement.
- Works will be carried out for both public and private sector clients.
- The council will also require enhanced extended warranties for aspects of this work.

Procurement process

- 6.9.1 The procurement strategy for the creation of the framework agreement was to ensure that sufficient suitably qualified specialist suppliers were given the opportunity to tender to meet the scope of works. It was decided to adopt the 'Open' EU procurement route to maximise market interest. The Open procedure allows an unlimited number of suppliers to tender for the requirement. It is a straightforward and transparent procurement procedure.
- 6.9.2 The framework agreement shall run for two (2) years with an option for the council to extend further period/periods of up to two (2) years in accordance with the terms and conditions of the framework agreement.
- 6.10 To invite tender responses, a Contract Notice was published in the Official Journal of the European Union (OJEU) on 11th March 2017.
- 6.11 The procurement documentation was published on Delta e-tendering system on 9th March 2017. The tender responses were required to be submitted by 1pm on 18th April 2017. Adequate time in the tendering period was allowed to enable the potential bidders to review the procurement documentation; to raise queries/points of clarification relating to the scope of work /documentation and for those questions to be fully addressed by the council in good time before the tenders were due for return.
- 6.12 Fifteen tender responses were received by the due date/time and these were evaluated in accordance with the approved evaluation process and methodology which were clearly stated in the procurement documentation. It was made clear in the procurement documents that post tender presentations/ interviews may be held but will not form part of the tender evaluation process. It

was subsequently decided that post tender presentations/ interviews would not be required.

- 6.13 The evaluation method was devised with a view to determining a clear order of merit from the quality and pricing point of view. Tenders were evaluated on the basis of quality and price. Quality merit formed 60% of the final score and pricing merit formed 40% of the final score.
- 6.14 The quality assessment was based upon a method statement comprising of a series of questions (1 to 11) relevant to this project which the bidders were required to answer within a specified word limit for each question.
- 6.15 Evaluation of the completed method statements were carried out by a panel of three council officers representing Adaptation Services. The technical merit scores of the tenders were assessed by each member of the technical evaluation team (working in isolation) in accordance with the assessment model set out in the procurement documents and without visibility of the tender prices.
- 6.16 Bidders were required to complete a Pricing Schedule which was based on the National Housing Federation (NHF) Schedule of Rates. To enable a comparable tender figure to be obtained, estimated values of works were included on the Pricing Schedule. The figures were split into value bands. Each value band has an estimated number of projects and a calculation factor showing an estimated project value per band. To obtain a comparative tender price, the estimated number of projects was multiplied by the estimated project value to obtain the estimated total value of projects. Project values and numbers were inserted for tender evaluation purposes only and may not bear any relation to actual numbers and values on the framework. The bidders then added their percentage uplift to these rates within the tender document, along with their overheads, profit and preliminaries. The lump sum price was used to score the pricing proposal in accordance with the predetermined formula set out in the procurement documents.
- 6.17 As a concurrent activity to the quality assessment, Strategic Procurement conducted a commercial assessment of the Pricing Schedules completed by the bidders which included a comptometer check of the Pricing Schedules to check totals and to identify any un-priced items. Any deviations from the requirements as set out within the Pricing Schedule were clarified with the bidders concerned.
- 6.18 The maximum marks available for this part of the tender response was 40% and this score (40) was awarded to the bidder who submitted the lowest total cost. The remaining bidders received marks on a pro rata basis from the cheapest to the most expensive price.
- 6.19 When the independent evaluation exercise had been completed by all of the evaluators, a consensus scoring exercise was undertaken, chaired by an independent moderator. Where there were any differences between the

technical evaluators' scores, these scores were discussed and consensus scores were agreed for each bidder's response to the questions in the Method Statements.

- 6.20 The evaluation panel then considered the overall quality scores of the tenders in relation to their quoted prices. This process result in the identification of the tenders which gives best value for money in accordance with the pre-determined evaluation criteria as set out in the procurement documents.
- 6.21 The results of the evaluation are contained in Appendix A.

7. Contribution to strategic outcomes

- 7.1 The type of works which may be let under this disabled adaptations works framework will contribute to the delivery of Haringey's Corporate Plan Priority 1 'Enable every child and young person to have the best start in life, with high quality education' and Priority 2 'Empower all adults to live healthy, long and fulfilling lives'. The adoption of the recommendations in this report will also contribute to delivery of Priority 5 'Create Homes and communities where people choose to live and are able to thrive'. This will be achieved by the council and suppliers working in partnership to improve the resident experience and to reduce housing adaptation waiting times.

Equalities Implications

- 7.2 The nature of housing adaptations is to promote the equality of disabled people and empower them to be as independent as possible within their own home and to be able to access the local community.
- 7.3 Provision is made in the specification to ensure communication with residents is appropriate to their needs.

Sustainability Implications

- 7.4 Timely provision of adaptations allows disabled people to maintain their independence and contributes towards the council's vision for sustainable communities.
- 7.5 Every effort is made to source sustainable and recycled materials and close attention was paid to contractor working practices during the tender evaluation process.

8. Statutory Officers Comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

8.1 Strategic Procurement

- 8.1.1 Strategic Procurement worked with the Adaptations Service to develop and implement in accordance with the Public Contracts Regulations 2015 the agreed strategy for the procurement of a multi- supplier framework agreement

which is the most suitable option for the provision of disabled adaptation works. The duration of the framework agreement will be two years with the option to extend for a further two years which is the maximum period allowed under the Public Contract Regulations.

- 8.1.2 The framework agreement allows the Adaptations Service and Homes for Haringey to place call-off contracts at competitively tendered prices using a schedule of rates. Regular review meetings will be held with the suppliers to help to continually improve the services provided and to ensure the delivery of a cost effective service.

8.2 Finance

- 8.2.1 This report seeks Member approval to enter into a framework agreement for the provision of disabled adaptation works with the four suppliers identified in the Appendix to this report.
- 8.2.2 The framework agreement shall run for two (2) years with an option for the council to extend further period/periods of up to two (2) years in accordance with the terms and conditions of the framework agreement.
- 8.2.3 The appointment of the companies identified in Appendix A to this framework agreement does not provide a binding contract to award work.
- 8.2.4 The estimated value of works over the course of the framework agreement is £12 million over 4 years. This equates to a value of £3 million per year. Works will be carried out to public sector clients and private sector clients under the Disabled Facilities Grant (DFG).

8.3 Legal

- 8.3.1 The assistant Director of Corporate Governance notes the contents of the report.
- 8.3.2 This is a key decision and the Service has confirmed it is on the Forward Plan in accordance with Contract Standing Order 9.07.1 (e).
- 8.3.3 Pursuant to Contract Standing Order 16.02 the Cabinet Member for Finance and Health has the authority to take this decision.
- 8.3.4 Please see further legal comments in the exempt part of the report

9. Use of Appendices

- 9.1 Appendix A – Information relating to the procurement process (Exempt)

10. Local Government (Access to Information) Act 1985

- 10.1 N/A

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is exempt

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