
Adults and Health Scrutiny Panel – SPECIAL MEETING DRAFT PUBLIC HEALTH BUDGET

TUESDAY, 14TH JANUARY, 2014 at 17:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, LONDON N22 8LE.

MEMBERS: Councillors Adamou (Chair), Bull, Erskine, Stennett & Winskill

Co-Optees: Helena Kania (HFOP)

AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. URGENT ITEMS

The Chair will consider the admission of any late items of urgent business. Late items will be dealt with under the agenda item where they appear. New items will be dealt with at the end of the agenda.

3. DEPUTATIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's Constitution.

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary 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 Members' Register of 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.

5. MINUTES (PAGES 1 - 8)

To note the minutes and actions of the last meeting held on 12th December 2013.

Public Health budget briefing – To Follow

6. PUBLIC HEALTH BUDGET (PAGES 9 - 30)

1 - To consider revenue and capital proposals for Public Health in the following documents:

- a) Revenue savings proposals detailed in Appendix A of the Financial Outturn 2012/13 and Budget for 2014/15 (Cabinet report June 2013)
- b) Draft Cabinet report - Financial Planning 2014/15 to 2016/17

2 - To discuss any conclusions and recommendations which the Panel wishes to make.

7. NEW ITEMS OF URGENT BUSINESS

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Tuesday, 07 January 2014

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Adults and Health Scrutiny Panel**Budget Scrutiny****Draft minutes from meeting on 12th December 2013.**

The Cabinet Member, Cllr Vanier, introduced the Adults and Public Health Budget.

The Panel then heard from Beverley Tarka, Acting Deputy Director, Adults. The following points were noted:

- Line 3 - Some vacancies have been help in admin and business support which are not being used as savings.
 - Reorganisations have taken place in order to manage with less staff. This has included new Job Descriptions for some staff and greater flexibility of staff to work across services.
- The deletion of cooks posts was reversed following representation from residents and Cllrs.
- Line 5 - The changes to the re-ablement service are due to the hours where there is more demand for the service. This has been a consensual change.
 - The change is a more effective way of working as a 'down time' had been identified in the middle of the day.
- Line 6 – This is a centralisation of the framework i IT function.
- Line 7 - The Panel were assured that the 3 day timeline for payments would remain.
- Line 8 - With regards to the Care & Placement saving proposal:
 - There had been some slippage with achieving savings and therefore the savings were now anticipated to be achieved over a two year period.
 - Savings were still intended to be delivered by 15/16.
 - Work had been done in this area previously in Learning Disabilities.
 - Each care package negotiation is accompanied by an up to date assessment of need before costs are negotiated.
 - A tool which is used to do this is the London Care Fund Calculator.
- Line 9 – There is a 65%/35% split between Adults and Housing in respect of this saving and involves only purchasing essential items.

Key discussion points noted:

- The Panel queried why the papers presented to the panel did not reflect the fact that the Care and Placement Budget savings were now split over 2 financial years.
- The Panel queried whether there would be some flexibility in the savings to ensure that should anyone's needs have increased at the point of reassessment then these would be incorporated and was assured that this would be the case, but that negotiations would also take place in these cases to ensure that the care package represented value for money.
- The Panel was informed that the process was done in Learning Disabilities a few years ago and that approx £250k savings were identified. It was also informed that Learning Disability

packages are often about 1/3 higher in cost than other care groups and that this did not reflect value for money.

- It was noted that some people's care package had not been reviewed in a number of years and therefore there was a need to ensure that these represented value for money.
- There is an element of culture change in the piece of work, including ensuring that staff look more holistically at care packages.
- Adults also inspects provision to ensure it is providing value for money.
- Adults are also doing work jointly with housing on uneconomic voids – replacing high cost placements with tenancies for service users.
- The 50 cases mentioned for review in the Care and Placement budget piece of work are high cost placements but not the end of the exercise.
- The Panel queried when more information would be available on savings relating to staff efficiencies, noting that the proposed cooks deletion did not immediately come to light. The Panel were informed that the proposed deletion of the cook was based on a model which had been carried out in learning disabilities and where it worked well, as cook provision was seen as being institutional. However, the service had recognised that the proposal would not work in older people and therefore withdrew the saving.
- Other staffing efficiencies was dependant on factors such as vacant posts and service developments such as personalisation whereby service delivery had changed, but roles had not necessarily changed alongside them.
- With reference to line 7 (financial assessments) the Panel was informed that the changes would take place in April 2014, however Adults and Children and Young People Teams would merge before that. The teams would come under Corporate Finance and as much as possible would be automated so a 3 day turnaround time would be maintained, subject to information being input correctly. It was felt that the change would be beneficial to the process as staff will be under one finance structure.
- The Integrated Care Fund has been renamed as the Better Care Fund.
- Adults are working with the CCG, Whittington Health and North Middlesex Hospital around winter planning – this includes having social workers 7 days a week, beds have been block booked to prevent delays and a dedicated team who meet regularly together to monitor progress. The aim is that the way of working goes beyond the winter.
- The Haringey Integrated Care Fund/Better Care Fund plan will be ready for early 2014, this will include reablement.
- The Care and Support Bill includes a national eligibility criteria.
- There is a need to shift the emphasis to prevention – this is being discussed with health colleagues already.
- Growth identified in the budget recognises demographic changes and capital programme investment.
- Growth to fund young people in transition is based on the number of young people who will be transitioning to adult services from children and young people services. The 16/17 line has been added as this year now forms part of the MTFP period.

- The £577k saving identified in the June Cabinet report includes £488k for overhead charges.
- Other savings identified in the Draft December cabinet report include areas which would have received an uplift in the grant – they are therefore foregone investments.
- Public Health has tried to minimise the impact of savings by spreading them across a range of services.

Draft December Cabinet, Panel appendix

- Line 5 – this saving will be achieved by competitive re-tendering of the substance misuse contract.
- Line 6 – this saving is due to the receipt of external funding this year.

Key discussion points noted:

- Line 7 - It was noted that Panel Members were opposed to savings relating to the prevention of obesity due to obesity levels in the borough. Panel members were concerned that the savings could be perceived as complacency about an issue and queried whether the CCG could contribute.
- Line 3 - The Panel queried whether schools would be willing to contribute approximately £1k each in order to off set the saving relating to healthy living education. The Panel were informed that health education had been cut back over the years and so schools input has already increased due to this.
- The Panel were informed that the current Public Health grant is £17.58million plus £680k base budget and that the grant element is due to increase in the next financial year.
- Overheads can be charged against the grant.
- The ring-fenced grant relates to 'activity that supports public health'.
- The Panel queried why over heads had not been charged previously to the public health budget and was informed that this was agreed at Cabinet in June to allow public health time to transition and settle in to the Council.
- It was noted that the Panel had not been able to scrutinise the public health budget during the last budget scrutiny process and had not been able to see the budget before it was agreed by Cabinet.
- The Panel agreed that there was a need to ensure they had a greater understanding of the public health budget and its relationship with the Council budget as a whole in order to effectively scrutinise it.
- The Panel were informed that the Health and Wellbeing strategy underpins and drives the public health budget spend.
- In relation to Line 1 (Health Intelligence) - There is a Council wide review being undertaken on how intelligence is used across the board and how its use can be maximised.
- The Panel had been referred a savings line by the Children and Young People's budget ("Delete vacant 4YP Nurse post - £64k saving"). As this area does not fall directly under Dr Wright the Panel requested further information
- It was noted that there would be very little left of the Council base budget input once the savings had been made and off-set with the increase in grant – it is effectively the Council base budget which savings are being made from as opposed to the public health grant allocation.

- Panel Members were concerned that:
 - It would be seen that the Council is making savings from a ring fenced budget.
 - The perception would be that public health grant money is being taken in order to fund other council services.
 - Central government would, in future years, cut the public health grant if it is being seen to subsidise other areas.

The following draft recommendations & comments to Cabinet were noted:

- Line 8 - Care & Placements Budget
 - The Panel were reassured that savings to the Care & Placement Budget won't adversely impact on service users needs, however the Panel would like reassurance that there will be full involvement of service users, carers and families throughout the transition.
 - The Panel would be interested in receiving some case studies on service users whose care package had been reassessed and renegotiated and what the impact had been as part of its future work programme.
 - Feedback from service users on the impact of service changes as a result of savings should be an integral part of this piece of work.
- Line 7 - Interim payments
 - The Panel recommends that a process be put in place in order to make interim payments should there be any delays in processing payments beyond the current three day turnaround.
- Line 5 –Re-ablement
 - The Panel recommends that any recommendations from the forthcoming Keogh re-ablement work are taken on board.
- Integration – The Panel welcomes examples given on better coordination and working together, however recommends that further work is done around integrating services.
- The Panel are concerned about the perception of making savings in public health.
- The £30K Schools Curriculum Development – recommend engagement with schools to see whether they are able to input money in order to replace this saving.
- Savings 1-8 of the Additional Savings for Public Health totalling £243k are withdrawn as the Panel believes that these are short term savings which will have a longer term negative impact.

Agreed

- That the Panel would received the full breakdown of the public health budget via the scrutiny officer.
- That the Panel would receive information on the total Care & Placement budget.
- That London Councils would be contacted to see whether savings were being made across other public health budgets.
- That further information would be provided on the 4YP Nurse post deletion under CYP.
- Briefing on the Public Health budget in order for the Panel to have a greater understanding.

**Action from 12th December A&HSP meeting
Public Health Budget**

The Public Health budget for last year and this year is:

	2012/13 £	2013/14 £
Public Health budgets	£0.92m	£18.27m
	915,800	18,268,300
PH Grant element	375,298	17,586,700
Haringey Base Budget	540,502	681,600

The following table shows a breakdown of expenditure by category:

Budget Expenditure Breakdown		13/14
PH01 Director - salaries budget		2,036,100
PH03 Sexual Health		5,887,500
PH04 Children Public Health Programmes		1,341,700
PH05 Life Expectancy Improvement		1,542,700
PH06 Substance Misuse		5,859,600
PH07 Health Protection		220,300
PH08 Public Mental Health		203,600
PH09 Miscellaneous Public Health Service		876,700
PH10 Emergency Planning		300,100
Total for PH		18,268,300

The Department of Health has published the following guidance about the ringfencing of the budget:

(Part Para 3) Local authorities will be given a ring-fenced public health grant, which the government intends to target for health inequalities, to improve outcomes for the health and wellbeing of their local populations

If payments are made out of the fund towards expenditure on other functions of a local authority or the functions of an NHS body, other public body, or a private sector or civil society organisation, the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or connection with, the exercise of the functions described in paragraph 3;

Source: DH LA circular 10 January 2013 Gateway reference: 18552

This ring fence was initially put in place for two years but has now been extended for a third year till 2015-16.

I hope this answers your questions. Please let me know if you would like further information

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Action: That London Councils would be contacted to see whether savings were being made across other public health budgets.

N.b: Spreadsheet has been circulated to the Panel.

From: Sarah Sturrock [mailto:Sarah.Sturrock@londoncouncils.gov.uk]
Sent: 02 January 2014 15:20
To: Ponomarenko Melanie
Subject: RE: Query re Public Health budgets

Melanie

I'm sorry, the only info we have are the public health funding allocations for boroughs and the RA outturn data that was published in the summer (which shows what category of PH spend boroughs have allocated their funding to). These are all in the public domain, but I attach the spreadsheets in which a colleague of mine had pulled together the RA data from London in case that is useful. We have not gathered any info about boroughs' budgets and plans, including any plans for savings.

Sarah

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Additional Savings - Adults & Health

Item	Directorate	Detailed efficiency & saving proposal	2014/15 £'000	2015/16 £'000	2016/17 £'000	Total £'000	Impact on Performance (Service Delivery)	No. of Staff Affected	No. of Posts Deleted (FTE)	Equality Impact Assessment Required
1	Public Health	Health Intelligence	50	0	0	50	No immediate impact on front line services but in the long term ability to plan and commission effectively could be reduced.	0		tbc
2	Public Health	Family Nurse Partnership	24	0	0	24	This contract provides support to first time parents under 19. The reduction in funding will be managed to ensure impact on front line services is minimal but there is a small risk to performance.	0		tbc
3	Public Health	School Curriculum Development	30	0	0	30	This will reduce support to schools to educate Children about healthy living.	0		tbc
4	Public Health	Offer the increase in Public Health grant as a saving rather than commission new services.	25	0	0	25	There will be no changes to existing services but new opportunities for investing to save will be foregone.	0		tbc
5	Public Health	Savings achieved via substance misuse refender	20	0	0	20	No impact on services as savings will be achieved through competitive tendering	0		tbc
6	Public Health	Social isolation project	30	0	0	30	Social isolation is a risk factor for ill health. Reducing services to combat it may have an impact on health and social care use, especially in relation to mental health	0		tbc
7	Public Health	Health promotion for adults and prevention of obesity	24	0	0	24	Obesity is a risk factor for ill health and there is a high prevalence in Haringey. Reducing services to combat it may have an effect on health and social care use.	0		tbc
8	Public Health	Evaluation of Prevention Services	40	0	0	40	No immediate impact on front line services but over time will reduce the evidence base for effective commissioning and policy.	0		tbc
	Total Adults & Health		243	0	0	243		0	0	

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SUMMARY

Proposed Efficiency Saving	Pre Agreed Savings £'000	New Savings £'000	Total Savings £'000
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New Revenue Savings Proposals:

Adults and Housing	1,200	3,058	4,258
Chief Executive	415	839	1,254
Children and Young People	3,785	1,232	5,017
Corporate Resources	785	430	1,215
Legal	395	298	693
Place and Sustainability	2,712	2,248	4,960
Public Health	n/a	577	577
Strategy and Performance	129	480	609
Inflation	n/a	3,500	3,500
Other	35	1,338	1,373

SUB TOTAL NEW SAVINGS PROPOSALS	9,456	14,000	23,456
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Treasury Management		2,000	2,000
Review of Unit Costs and other detailed savings to be identified during the year		4,000	4,000

TOTAL NEW SAVINGS PROPOSALS	9,456	20,000	29,456
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DIRECTORATE: Adults and Housing

Prepared by: Lisa Redfern

Item	Proposed Efficiency Saving	2014-15	Full Year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
New Revenue Savings Proposals:							
1 Rationalisation of support functions		378	378	378 Adult & Housing Services has already rationalised much of its management and back office staff so this is a further budget reduction. 26 None identified		A	Dependent on moves to RPH / Alex House
2 Cumberland Road security guard and other Directorate buildings and central management costs		26				A	Dependent on moves to RPH / Alex House
3 Adults Services Staffing Efficiencies		200		200 This proposal is about further business process re-engineering to ensure the highest level of productivity and expectation from all staff.		A	Dependent on moves to RPH / Alex House
4 Shared Lives Service (Adult Fostering for people with Learning Disabilities)		70		70 No negative service impact; based on achieving increased productivity		G	
5 Reablement Team Efficiency improvements/reduction in management, admin and non contact time etc.		120		120 The aim is to minimise impact through further management and back office efficiencies.		A	
6 Framework 1 systems team rationalisation		45		45 This team services the children and adults client database and the proposal is a further cut to this team which could reduce its overall responsiveness to social care staff.	The Systems team supports both Adults and Children's Social Care. Reduction may mean greater support is required from IT for upgrades etc	G	
7 Finance teams (financial assessments and adults payments team) - streamline and centralise in Corporate Resources/Customer Services		180		180 These are back office services but are crucial for effective operations. Reducing the team without impact on performance will depend on improvements in process and systems	The teams will be integrated with Procurement or Customer Services - with opportunities to explore further joined up working. This may result in some reorganisation in those services	A	This assumes that these teams can be integrated into central support functions
8 Care and Placements Budget		1,420	1,420	Achieving this saving will require a range of approaches including deployment of very strict controls and adherence to the Fair Access to Care Criteria; reviewing and reducing care packages where possible; tight system of authorisation; potentially longer waiting times for non-urgent services; ensuring value for money commissioning and contracting using the standardised tools such as the Care Funding Calculator and robust market management; good application of market benchmarking data.		A	The Care and Placements budget is a demand led budget, as such there is a risk that external factors such as demography could act against the cost control measures outlined.
9 Supplies and services savings on Housing and Adults		106		106 No impact		G	
10 Housing Management Rationalisation		186		186 This saving includes a reduction in senior and middle management. As such it has the potential to weaken management capacity to deliver later transformational savings and preventative work	Likely to involve new ways of working more closely with Homes for Haringey to streamline services across organisational boundaries	A	

DIRECTORATE: Adults and Housing

Prepared by: Lisa Redfern

Item	Proposed Efficiency Saving	2014-15	Full Year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
11 Community Housing Staffing Efficiencies		77	£'000	77 This deletes two posts and will have some impact on performance		A	
12 Housing Related Support		250		250 This is a procurement saving. Contract efficiencies will be achieved through renegotiation with providers.	HRS has a high preventative impact. Any drop in performance would lead to pressures elsewhere.	A	Dependent on successful renegotiation with providers
TOTAL NEW SAVINGS PROPOSALS		3,058	3,058				

DIRECTORATE: Chief Executives

Prepared by: Paul Ellicott

Item	Proposed Efficiency Saving	2014-15 £'000	Full year Saving £'000	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
New Revenue Savings Proposals:							
1	Review of internal operations in CE and electoral registration	56	56	56 Consolidation of activities and No impact funding	No impact	G	Dependant on final award and contractual evaluation
2	Re-procurement of SAP contract	325	325	325 No impact	No impact	A	Variations in increased demand
3	Reduction of staff in Revenues, Benefits and Customer Services	155	155	155 Depends on demand - 136 hours per week reduction overall.	Reduction of staff handling customer enquiries could have a negative impact on back office.	A	Poorer people mgt delivery/ increased employee claims
4	Reduction of support staff in HR	47	47	47 Will likely impact on level of HR advice given to service mgrs and directorate mgt	Mgrs will have to do more for themselves without HR advice/ support	A	
5	Savings in existing IT contracts	100	100	100 No impact	No impact	G	
6	Reduction of staff in ITS	156	156	156 Reduction in responsiveness to IT requests raised by services	Reduced speed of resolving IT issues and IT developments.	A	Levels of acceptable risk
TOTAL NEW SAVINGS PROPOSALS		839	839				

Item	Proposed Efficiency Saving	2014-15	Full year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
New Revenue Savings Proposals:							
1 Children & Families Finance Team - cut staffing budget by 50%		210		210 This is a back office service but critical to the business. Reducing the team without impact on performance will depend on improvements in process and systems.	The team would be reorganised prior to being integrated with Procurement.	A	Achievement depends on cultural and process change in Children's social care.
2 Delete 1 FTE screening post in C&F Admin		26		26 Haringey 54k will deliver the Early Help offer which will ensure more families get help earlier from universal services rather than Children's social care.	None.	G	Depends on implementation of H54k, resource for realignment of workforce and the need for a partnership approach to delivering the Early Help Service for families.
3 Income generation - Attendance & Welfare; Education Psychology following academy conversions		50		50 None.	Academies will be required to buy the non-statutory elements of these services.	G	Academies may buy these services elsewhere.
4 Delete 3 Education & Safeguarding posts		100		100 None.	None.	G	Posts currently vacant.
5 Reorganise 3rd tier - delete a further 2 Heads posts		170		170 Any capacity issues will need to be carefully managed whilst there will be a benefit from more integrated services.	Will need to be managed.	A	Potential on capacity to deliver 2014-15 savings and Haringey 54k
6 Delete 7 admin scale 5 posts		210		210 Will be managed by the service.	None.	A	Depends on implementation of smart working, otherwise risk that key administrative tasks pass to social workers, increasing their time spent processing / reducing time for client facing activities.
7 Delete vacant 4 YP Nurse post		64		64 None.	None.	G	Post currently vacant.
8 Delete balance of an additional Contact post (reduction of 3 posts in 2013/14 & 2014/15)		10		10 None subject to achievement of planned LAC number reductions	None.	G	LAC place number reductions
9 Delete 2 placement officer posts as LAC numbers reduce		78		78 None subject to achievement of planned LAC number reductions.	None.	G	LAC place number reductions
10 Fostering review (balance of £155k saving after £125k pre-agreed)		30		30 Will be managed by the service.	Will be managed within the Directorate	A	Dependant on outcome and implementation of current review.
11 Delete remaining Trainee social worker capacity		42		42 Minimal impact.	None.	G	Posts will be vacant by then.
12 Delete 2 Independent Reviewing Officer posts as numbers of Looked After Children reduce		130		130 Opportunity cost of developing an effective service, otherwise none subject to achievement of planned LAC number reductions.	None.	A	LAC place number reductions
13 General reduction in supplies and services across department		112		112 Minimal impact.	Link to accommodation savings.	G	
TOTAL NEW SAVINGS PROPOSALS		1,232	1,232				

DIRECTORATE: Corporate Resources

Prepared by: Kevin Bartle

Appendix B

Item	Proposed Efficiency Saving	2014-15	Full year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
		£'000	£'000				
New Revenue Savings Proposals:							
1	Insurance Premiums - Reduction in revenue contributions required to the internally funded insurance reserve - largely through reducing current expenditure on legal fees via use of new Government Portal. The savings would be in Directorate insurance budgets,	150	150	None expected	None expected - although services will need to respond quickly to requests for claim information as delays would impact on legal costs. In mitigation of this, training / liaison with services has already begun.	G	See 'impact on other Services'
2	Corporate Finance - this further sum will be added to the existing pre-agreed staffing savings (£550k).	154	154	At this stage it is assumed that reduced staff numbers will be mitigated by improved efficiency, enhanced staff training / capability & revised approach to risk management.	Plan to avoid	G	Further reductions to Corporate Finance will require budget holders to maintain and in some areas improve their financial skills.
3	Procurement - secure further funding / income from leading on sub-regional work. Further work required to properly quantify value and achievability.	50	50	None expected	None expected	A	Detailed proposals / market testing yet to be undertaken. These could highlight lack of appetite for the service & lack of sustainable funding.
4	Procurement - reduction in headcount over and above existing pre-agreed saving.	44	44	Not yet quantified	Not yet quantified	G	Not yet quantified
5	Audit & Risk Management - savings likely to come from a reduction in the audit hours purchased through the existing contract.	32	32	Not yet quantified	Not yet quantified	G	Will need to ensure that any reduction does not lead to increased external audit costs.
TOTAL NEW SAVINGS PROPOSALS		430	430				

DIRECTORATE: Legal Services

Prepared by: Bernie Ryan

Appendix B

Item	Proposed Efficiency Saving	2014-15 £'000	Full year Saving £'000	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
New Revenue Savings Proposals:							
1	External income in relation to S106, disposals commercial leases and notices.	180	180	None	No impact	A	This is dependant on the level of commercial work continuing to stay at the current level and the legal Property and Planning team does not reduce further.
2	Increase income target for Registrars	58	58	None	Fees and charges would stay the same for the public.	A	This is only possible if there are no legislative changes which adversely affect income.
3	Increase in legal charges to Homes for Haringey.	40	40	None	Homes for Haringey will have to pay increased legal charges. Charges to Homes for Haringey have not increased since April 2010.	G	This is dependant on the level of work from external sources continuing to stay at the current level and the legal teams supporting the work team do not reduce further.
4	Increase in external commercial charges	20	20	None	Increase to businesses looking to rent commercial properties, developers seeking planning permission and purchasers of property.	A	May result in difficulty in interested parties and therefore not benefit the council as a whole.
TOTAL NEW SAVINGS PROPOSALS		298	298				

Item	Proposed Efficiency Saving	2014-15	Full year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
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New Revenue Savings Proposals:

Staffing Related

1	Libraries - Staffing budget reductions achieved through vacancy factor and reduced use of agency staff.	50	50	Level of saving is equivalent to a 5% reduction in staff across the Directorate. As far as possible this will be achieved by not filling vacancies/ reducing the use of agency staff. However, there is a risk that there could be a drop in performance levels or delivery of projects will be compromised depending on where vacancies fall/ level of sickness.	n/a	A	Reduced ability to cover for vacancies or sickness. Saving may not be achieved if turnover remains low and vacancies do not occur or if vacancies are concentrated in one area meaning agency need to be employed to ensure service is provided
2	Parks - Staffing budget reductions achieved through vacancy factor and reduced use of agency staff.	94	94		n/a	A	
3	Property - Staffing budget reductions achieved through vacancy factor and reduced use of agency staff.	50	50		Advice and support to other services above business as usual activity could reduce (currently high demand)	A	
4	Single Frontline - Staffing budget reductions achieved through vacancy factor and reduced use of agency staff.	219	219		n/a	A	
5	Planning, Regeneration and Economy - Staffing budget reductions achieved through vacancy factor and reduced use of agency staff.	135	135		n/a	A	
6	Staff Reductions within Parking	220	220	Savings comprise efficiencies gained through the implementation of new technology and further delayering. There should be no overall impact on performance.	n/a	A	The delayering element is subject to consultation and will require HR support.
7	Wood Green library staff	34	34	This will reduce the amount of dedicated space available to teenagers (and children). A smaller Youth area will be created in the children's library. As the Youth library has been subject to ad hoc closures, relocation will result in a more stable service. Integration of Youth Library with the Children's Library will reduce the need for cover.	n/a	G	
8	Merge Play / Handyman	41	41	This will have an impact on quantity and response time to maintenance items in playgrounds and general parks infrastructure and will negatively	n/a	G	
9	Remove Remaining Recruitment and Retainment Allowances in Planning, Regeneration and Economy	12	12	Reduce staff morale	n/a	A	
10	Phase 2 Restructure of Single Frontline	100	100	None expected	n/a	G	
11	Running Costs / Contractual Related	50	50	Some risk that IT systems may fail and impact on stock issue	IT to review existing library systems	A	
12	Running Cost Savings Libraries	35	35	None	n/a	A	
13	Car Allowance Reduction - Leisure/ Libraries	10	10	None	n/a	G	

Item	Proposed Efficiency Saving	2014-15	Full year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
		£'000	£'000				
14 Remove Funding for North London Business		28	28	This would remove last funding for supporting businesses	n/a	A	
15 Supplies and Services reductions in Planning, Regeneration and Economy		25	25	Lack of existing funding for Local Development Framework	n/a	G	
16 Further Saving from Centralising Budgets in Services / Total Facilities Management		100	100	To Be Determined - original saving based on efficiency. Further savings likely to require service reduction.	All hard and soft facilities management budgets in services to be centralised. Some site management staff and salary costs to transfer to central team.	A	Proposal needs further scoping exact level of saving possible is unclear - existing pre-agreed saving of £100k in this area
17 Contract Savings / Car Parks		20	20			A	Subject to agreement with contractor
18 Efficiencies in Veolia Contract and reduction of ad-hoc contractual spend		250	250	Less flexibility for one-off 'extras' to be delivered	n/a	A	
Income Related							
19 Inflation on Service Level Agreement for Grounds Maintenance with Homes for Haringey		25	25	None	Small increase in charge to HRA	G	
20 Increase Differential Between Planning Income and Staffing Costs		100	100	Possible impact on planning performance if income does not increase	n/a	A	Assumes continued growth in planning income can be achieved without equivalent increase in staff resources
21 Further increase Street Works Income (under New Road and Street Works Act)		175	175	None	n/a	G	Based on existing income levels, assumes steady growth in income
22 Further increase Scaffolding Hoarding Income		150	150	None	n/a	G	Based on existing income levels, assumes steady growth in income
23 Income from new Controlled Parking Zones		200	200	None	n/a	A	Risk that no additional income generated if Controlled Parking Zones not agreed
Changes in Funding Related							
24 Public Health Funding of Healthy Living Commissioning Activity moves to Public Health		75	75	None	Could potentially displace other activities from being funded from Public Health grant	A	
25 HRA Funding of Fuel Poverty post		45	45	None	Small increase in cost to HRA	G	
26 Increased Enforcement Income		75	75	None	N/A		Based on the assumption that existing income/enforcement levels will be exceeded
27 Fund General Fund salaries in Transport from increased Fee Income		330	330	None	Includes making income from Land Charges permanent (£80k)	A	Dependant on level of capital spend staying at predicted levels for 13-14 and 14/15
28 Less Overlap with Pre-Agreed Savings / Departmental Restructure		-400	-400	There is a degree of overlap in the proposals above both with existing pre-agreed savings or with the funding solutions for the planned Place and Sustainability restructure.			

DIRECTORATE: Public Health

Prepared by: Tamara Djuretic

Appendix B

Item	Proposed Efficiency Saving	2014-15 £'000	Full year Saving £'000	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/ Risks that could affect delivery
New Revenue Savings Proposals:							
1 Public Health overheads charge		488	488	None identified	Minimal impact on procurement, finance and HR function mainly due to absorbing support for 20 WTE and administration of Public Health Grant within existing resources.	G	Limitations due to ring-fenced budget restrictions
2 Increase in 2014/15 Public Health Grant		89	89	Forgone opportunity for investing in prevention and early intervention that would result in reducing inequalities and long-term efficiency savings	Forgone opportunity for investing in prevention and early intervention that would result in reducing inequalities and long-term efficiency savings	A	Limitations due to ring-fenced budget restrictions
TOTAL NEW SAVINGS PROPOSALS		577	577				

DIRECTORATE: Strategy & Performance				Appendix B			
Prepared by: Eve Pelakanos							
Item	Proposed Efficiency Saving	2014-15	Full year Saving	Impact on Performance (Service Delivery)	Impact on other Services	RAG Risk Rating	Dependencies/Risks that could affect delivery
			£'000	£'000			
New Revenue Savings Proposals:							
Strategy & Business Intelligence							
1	Reduction in supplies & services budget	50	50	None	None	G	Demands for support from within own Directorate and from others continues at current levels
2	Delete project manager post	50	50	Reduced capacity within the Strategic Support team to offer project management and inspection support to Directorates. Post is currently vacant.	Reduced capacity within the Strategic Support team to offer project management and inspection support to Directorates.	G	
3	Review Feedback & Information function as part of the Residents Strategy	100	100	100 Dependent on Resident Strategy	Dependent on Resident Strategy	A	Residents Strategy Outcomes delayed/not achieved
Communications							
4	Reduction in staffing level	50	50	50 Low	None	G	None
5	Reduction in supplies & services budget	50	50	50 None	None	G	None
Organisational Development & Change							
6	Reduction in training costs by increasing e-learning and more efficient commissioning	130	130	130 None planned	Reduced face to face training	G	To be agreed with directorates
Local Democracy & Member Services							
7	Reduction in overtime spend and supplies and services. In addition, renegotiation of the webcasting contract (due in September 2013).	50	50	50 Low	None	G	None
TOTAL NEW SAVINGS PROPOSALS		480	480				

DIRECTORATE: Other

Prepared by: Kevin Bartle

Appendix B

Item	Proposed Efficiency Saving	2014-15	Full year Saving	Impact on Service Delivery and Performance	Whole Council Impact	RAG Risk Rating	Dependencies/Risks that could affect delivery
		£'000	£'000				
New Revenue Savings Proposals:							
1 Reduction in External Audit Fees		200	200	None expected	None expected	G	None expected
2 Reduction in Levies / Corporate Subscriptions		410	410	None expected	None expected	G	None expected
3 Other - Agency contract margins		500	500	None expected	None expected	A	Delivery is dependent on the outcome of the re-tendering of the Agency contract
4 Revision of External Charges / HRA - Operations		277	277		None	G	None - charge already allowed for in HRA
5 Roundings		-49	(49)				
TOTAL NEW SAVINGS PROPOSALS		1,338	1,338				



Haringey's Health and Wellbeing Strategy 2012-2015

Summary



North Central London



Vision

A Healthier Haringey

We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

What's the strategy about?

This strategy is our overarching plan to deliver our vision. It focuses predominantly on the health and social care-related factors that influence health and wellbeing. The important wider determinants of health and wellbeing, such as education, employment and housing, are addressed through other key strategies.

This strategy emphasises the importance of partnership working and joint commissioning of services to achieve a more focused use of resources and better value for money. It is based on the principles of prevention and early intervention, thinking about the whole family and ensuring choice, control and empowerment for our residents.

How was it developed?

This strategy builds on work that has been undertaken in Haringey over the last five years. Informed by our Joint Strategic Needs Assessment (JSNA) (www.haringey.gov.uk/jsna) we focus on three major outcomes, to be delivered by a number of priorities and actions (examples of which are given in the following pages). We consulted organisations and groups who work in the area of health and wellbeing, as well as residents, to identify the outcomes and priorities for the strategy. An equalities impact assessment was completed, as well as a full review of compliance with the Haringey Compact.

What will happen next?

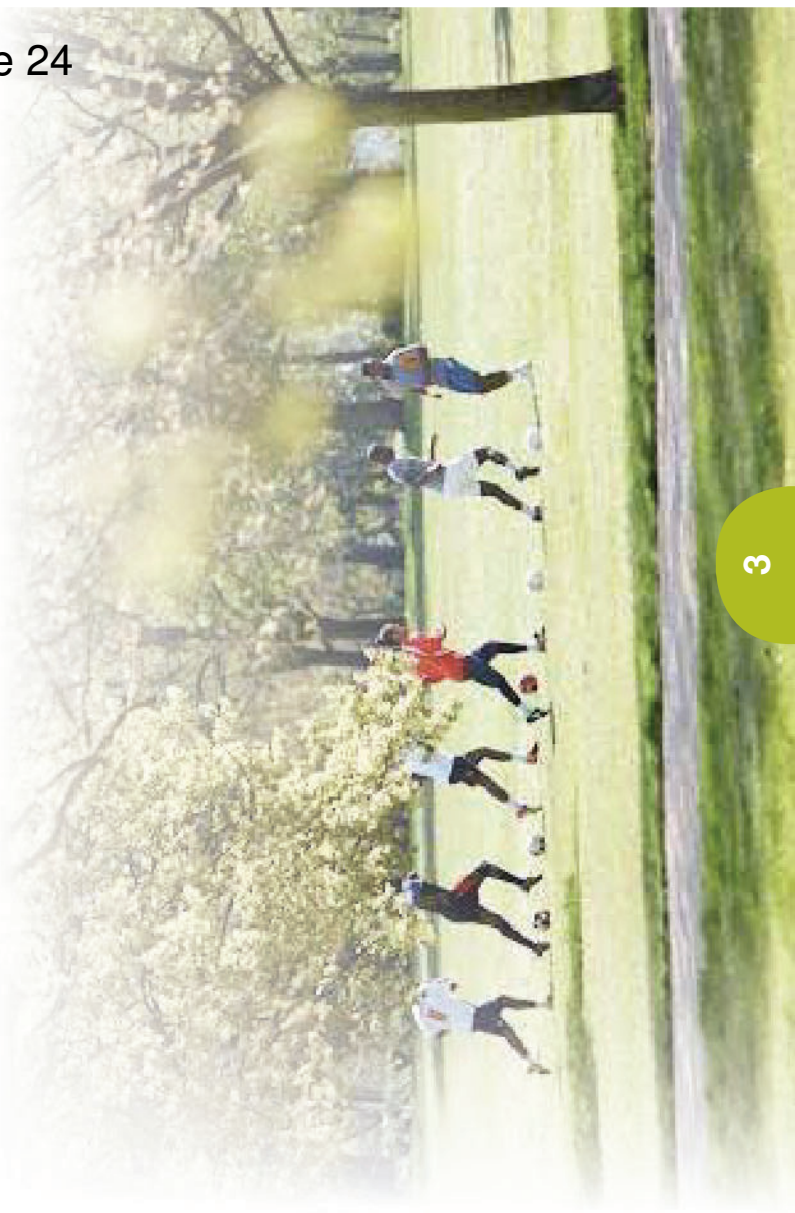
The shadow Health and Wellbeing Board is responsible for making sure that the actions are carried out. The strategy will be monitored and reviewed on a six monthly basis and revised annually.

How can I get involved?

Have you thought about giving up smoking? Becoming more active? Eating healthier? Drinking sensibly? If you would like to talk to someone about changing your lifestyle to improve your health and wellbeing, please contact our Health Trainers on: 020 8344 3169.

The full strategy, easy words and pictures version, and the equalities impact assessment are available online at: www.haringey.gov.uk/hwbstrategy.

We welcome comments on this strategy; please contact us by email at: healthandwellbeing@haringey.gov.uk.



Outcome 1

Every child has the best start in life

We want all children to realise their full potential, helping them to prepare from an early age to be self-sufficient and have a network of support that will enable them to live independent and healthy lives.

We will review and build on our services from conception to age 3 to improve outcomes at age 5 by using the growing national and international evidence of effective programmes of prevention and early intervention.

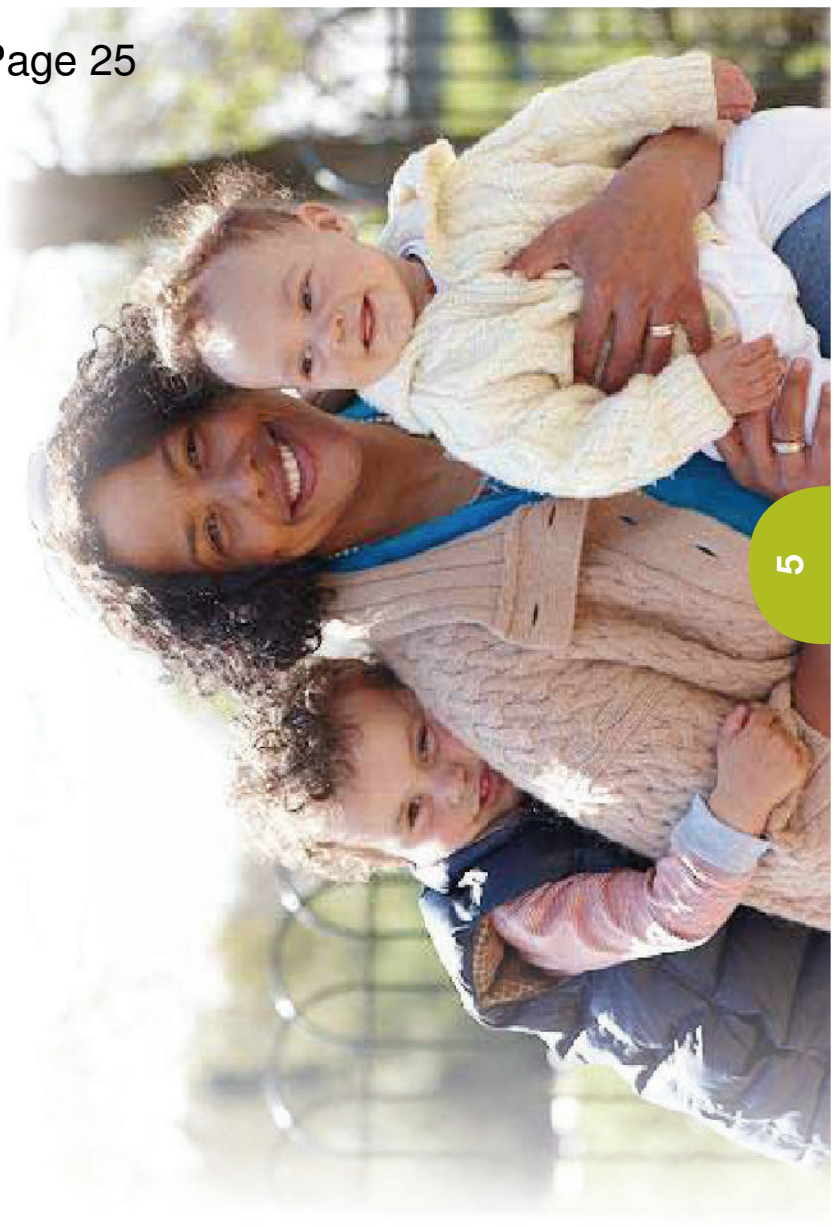
We want targeted programmes of support to have lasting impact, especially towards the most vulnerable, in order to prepare for the responsibilities of adulthood and build up resilience for the future.

Priorities

1. Reduce infant mortality
2. Reduce teenage pregnancy
3. Reduce childhood obesity
4. Ensure readiness for school at 5 years

Examples of actions

- Offer maternity appointments and provide breastfeeding support in most of our children's centres
- Promote immunisation through schools and children's centres
- Promote sex and relationship education through the Healthy Schools programme
- Offer young people-friendly sexual health services (4YP) in a range of settings
- Reduce the number of new fast food outlets



Haringey's Health and Wellbeing Strategy 2012-2015

Vision A Healthier Haringey

We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.

Outcomes

Every child has the best start in life

A reduced gap in life expectancy

Improved mental health and wellbeing

Priorities

1. Reduce infant mortality

2. Reduce teenage pregnancy

3. Reduce childhood obesity

4. Ensure readiness for school at 5 years (physical, emotional, behavioural, cognitive)

5. Reduce smoking

6. Increase physical activity

7. Reduce alcohol misuse

8. Reduce early death from cardiovascular disease (CVD) and cancer

9. Support people with long term conditions to live a healthier life

10. Promote the emotional wellbeing of children and young people

11. Support independent living

12. Address common mental health problems among adults

13. Support people with severe and enduring mental health needs

14. Increase the number of problematic drug users in treatment

CORE PRINCIPLES

Choice, control and empowerment

Partnerships

Prevention and early intervention

Think family

Safeguarding

Key supporting strategic documents

- Child poverty strategy • Barnet, Enfield & Haringey clinical strategy • Haringey Local Plan (formerly the Core strategy)
- Strategy for Young People (aged 13+) • Community Safety Strategy • Voluntary Sector Strategy
- NHS NCL Commissioning Strategy • Housing Strategy • Haringey Health Infrastructure Plan • Tottenham Plan

Examples of actions

Examples of actions

- Promote smoke free Haringey, especially in children's areas in parks
- Increase access to our stop smoking service

Work with local leisure services to ensure they attract clients who are physically inactive

- Encourage parents to walk their children to school

- Raise awareness of early signs and symptoms of stroke, cancer and diabetes

- Help people with long term conditions regain their independence after being in hospital, or to avoid the need for a stay in hospital

5. Reduce smoking
6. Increase physical activity
7. Reduce alcohol misuse
8. Reduce early death from cardiovascular disease and cancer
9. Support people with long term conditions to live a healthier life



Outcome 3

Improved mental health and wellbeing

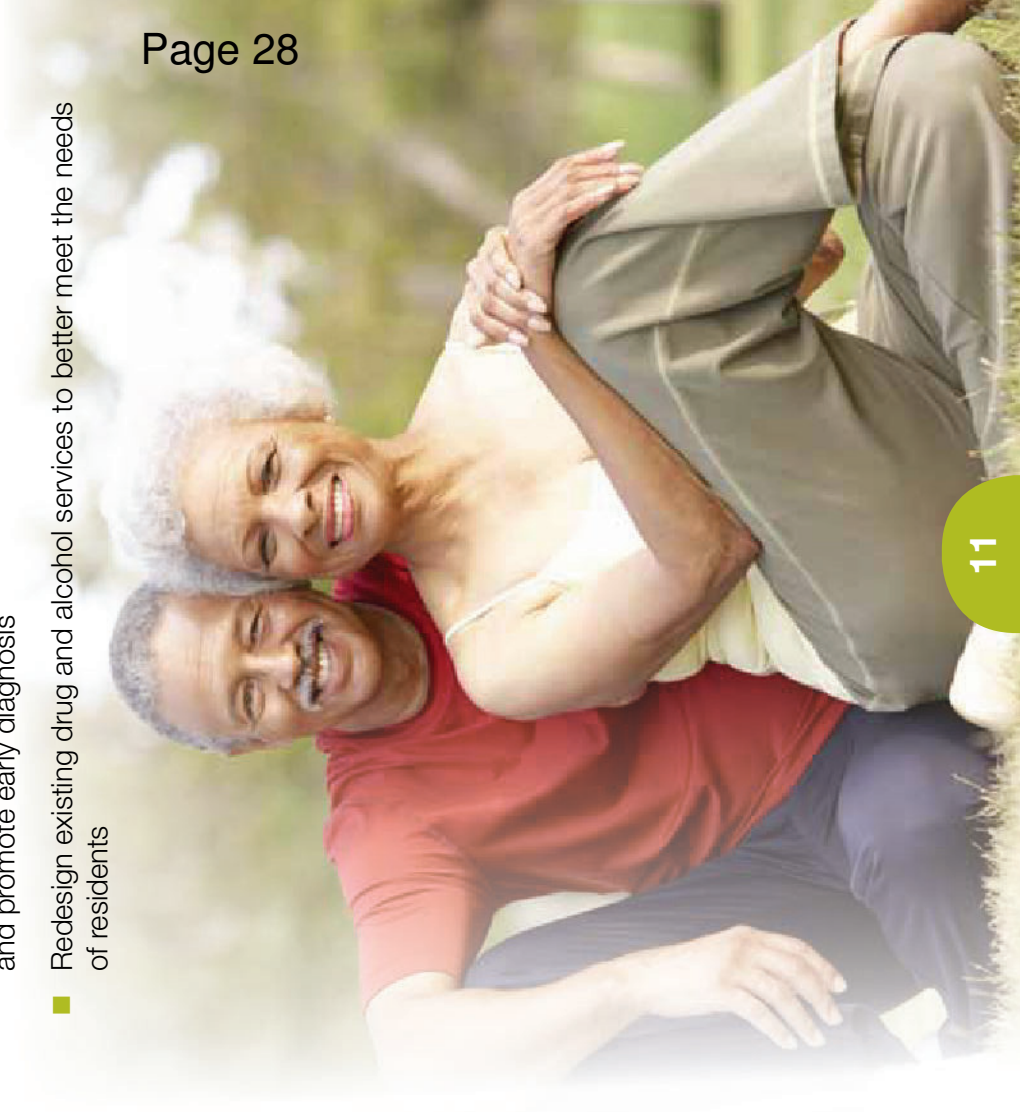
We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

Priorities

10. Promote the emotional wellbeing of children and young people
11. Support independent living
12. Address common mental health problems among adults
13. Support people with severe and enduring mental health needs
14. Increase the number of problematic drug users in treatment

Examples of actions

- Work with schools, young people and families to provide accessible, non-stigmatising mental health services in local communities
- Enable people with learning disabilities to live independently or with support
- Ensure choice of hospice care and care at home for people who are dying
- Support mental health service users to give up smoking
- Run a mental health campaign in the community to reduce stigma and promote early diagnosis
- Redesign existing drug and alcohol services to better meet the needs of residents



Shqip

Kjo fletushkë ju tregon se çfarë do të bëjmë që të ndihmojmë njerëzit në Haringey që të jenë më të shëndetshëm dhe më të lumtur. Nëse e doni këtë të përkthyer në gjuhën tuaj, ju lutem shënjoni ✓ kutinë dhe na e dërgoni tek adresa e mëposhtme me postim falas.

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Niniejsza publikacja opisuje działania gminy mające na celu poprawę stanu zdrowia oraz wzrost poczucia zadowolenia mieszkańców Haringey. Aby otrzymać tekst publikacji w języku polskim należy zaznaczyć odpowiednie okienko i odesłać formularz bezpłatnie na podany poniżej adres.

Français

Ce livret explique nos démarches pour aider les résidents de Haringey à vivre une vie plus saine et plus heureuse. Si vous souhaitez le faire traduire dans votre langue, veuillez cocher la case et renvoyer la fiche à l'adresse en port payé ci-dessous.

Soomaali

Buugyarahani wuxuu kuu sheegayaa waxa annu samayn doonno si annu dadka reer Haringey uga caawinno inay noqdaan qaar caafimaaad qaba oo faraxsan. Haddii aad rabto in laguugu tarjumo luqaddaada fadlan calaamadi sanduuga oo ku soo celi cinwaanka boostiisu lacag la'aanta yahya ee hoose.

Kurdî Kurmancî

Ev belavok ji we re dibêje ku ji bo alîkarîya bijûntir û şatir kirina mirovên li Haringey, em ê çî bikin. Heke hun dixwazin ku ev ji bo zimanê we were wergerandin, ji kerema xwe qutikê nîşan bikin û ji navnîşana posta bêpere ya jêrîn re bişînin.

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