

## NOTICE OF MEETING

# ADULTS & HEALTH SCRUTINY PANEL

**Monday, 6th January, 2020, 6.30 pm - Civic Centre, High Road,  
Wood Green, N22 8LE**

**Members:** Councillors Pippa Connor (Chair), Patrick Berryman, Nick da Costa, Eldridge Culverwell, Mike Hakata, Felicia Opoku and Matt White

**Co-optees/Non Voting Members:** Helena Kania

Quorum: 3

### 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.

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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. **APOLOGIES FOR ABSENCE**

### 3. **ITEMS OF URGENT BUSINESS**

The Chair will consider the admission of any late items of urgent business (late items will be considered under the agenda item where they appear. New items will be dealt with as noted below).

### 4. **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 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 interest are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

## **5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

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

## **6. MINUTES (PAGES 1 - 10)**

To approve the minutes of the previous meeting.

## **7. JOINT COMMISSIONING AND INTEGRATED CARE (PAGES 11 - 18)**

To scrutinise progress on joint commissioning and integrated care.

## **8. SCRUTINY OF THE 2020/21 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2020/21 - 2024/25) (PAGES 19 - 40)**

To scrutinise the revenue and capital proposals relating to the 2020/21 Draft Budget and the Medium Term Financial Strategy for 2020/21 to 2024/25.

## **9. WORK PROGRAMME UPDATE (PAGES 41 - 44)**

To consider potential issues for inclusion within the work plan.

## **10. NEW ITEMS OF URGENT BUSINESS**

To consider any items admitted at item 3 above.

## **11. DATES OF FUTURE MEETINGS**

- 25<sup>th</sup> February 2020 (6:30pm)

Dominic O'Brien, Principal Scrutiny Officer

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Bernie Ryan

Assistant Director – Corporate Governance and Monitoring Officer

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

Friday, 20 December 2019

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## **MINUTES OF THE MEETING OF THE ADULTS & HEALTH SCRUTINY PANEL HELD ON 14<sup>TH</sup> NOVEMBER 2019, 6.30-8.50pm**

### **PRESENT:**

**Councillors: Pippa Connor (Chair), Patrick Berryman, Mike Hakata,  
Felicia Opoku, Matt White and Helena Kania**

### **23. FILMING AT MEETINGS**

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

### **24. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Nick da Costa.

### **25. ITEMS OF URGENT BUSINESS**

None.

### **26. DECLARATIONS OF INTEREST**

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

### **27. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS**

None.

### **28. MINUTES**

Cllr Connor noted that there was an outstanding action point from the previous meeting regarding a briefing for Members on prevention and early intervention which would be followed up.

The accuracy of the minutes from the previous meeting was then agreed.

**AGREED: That the minutes of the meeting held on 5<sup>th</sup> September 2019 be approved as an accurate record.**

## **29. ST ANN'S HOSPITAL UPDATE**

Andrew Wright, Director of Strategic Development at Barnet, Enfield and Haringey Mental Health NHS Trust and David Kovar, Managing Director – Haringey at Barnet, Enfield and Haringey Mental Health NHS Trust, gave a presentation to the Panel on the redevelopment of St Ann's Hospital and mental health beds.

The presentation included the following points:

- Construction on a new mental health inpatient building commenced in January and is on time and budget with the new building due to open in summer 2020. It will re-provide the three acute adult wards and the specialist eating disorders unit.
- The second phase involves improvements to the rest of the site which will start in autumn 2020 and be completed by late 2021.
- Images displayed from the slides showed the new pedestrian entranceway from St Ann's Road. One of the objectives of the new layout is to make the hospital clearer and easier for people to find their way around.
- Images were displayed of the interior of the building including a typical patient's bedroom which has en-suite facilities.
- The Trust is currently facing very significant demand pressures. There are currently 28 patients across Barnet, Enfield & Haringey who are in beds outside of these boroughs, though the average is typically about 20. The national target is to eliminate all out of area placements by 2021.
- Additional investment in Crisis Teams and Community Mental Health Teams to support people in their own homes is welcome but would not be enough on its own. The Trust is creating additional 10 beds at Edgware Hospital, which will replace 5 beds currently being used in East London, resulting in a net increase of 5 beds.
- The Trust believes that there is a need for an additional mental health ward in the area, with around 18 beds, in order to meet increasing demand.
- Figures for the Trust's current acute adult bed provision was given as follows:
  - Barnet – 41
  - Enfield – 51
  - Haringey – 50
  - Recovery House beds (one per Borough) – 30
  - Male psychiatric intensive care beds (across the whole Trust) - 14
- The solution to these challenges include partnership working across the whole system with primary care, acute hospitals and social care.

In response to questions from the Panel, Andrew Wright and David Kovar said:

- The Trust considers that the overall additional demand can be met through a combination of the net increase of 5 beds through the changes at Edgware Hospital, a new ward with 18 beds additional and further work to upstream interventions to reduce the need for beds. Dealing with delayed transfers of care could also help with this. These are cases where the patient is clinically well but where another factor, such as housing issues, prevents them from being discharged. These changes taken together would put the overall occupancy rate of the organisation as a whole at around 95%. The next stage of long-term planning would be to aim to reduce that to around 85%.
- The most important aspect of the design is having a modern environment designed specifically for mental health services users. This includes having single en-suite bedrooms, more open common space to enable socialising and a therapeutic environment, IT facilities. The building also meets the latest environmental standards. There is also a comprehensive programme of work planned to improve the model of care within the building.
- The reason that there are male psychiatric intensive care beds within the Trust are and not female ones is due to lack of demand. Camden and Islington NHS Foundation Trust has a female psychiatric ward on the St Pancras site which provides these services for the whole of the North Central London area. This would not be classified as an out of area placement.
- The mental health compact is an agreement between health and care providers in London to get organisations, including the police, to work together more effectively to support patients. The rationale is to try to prevent patients being held for too long in inappropriate locations such as in A&E or occasionally in a police cell and to ensure that they are admitted to a mental health ward as soon as possible where appropriate. However, this can further increase the pressure on mental health beds so the Trust has been actively increasing the staffing complement in the North Middlesex Hospital and improving the way that the mental health team works together with the A&E staff. However, the compact has not increased the number of patients, it just aims to get patients to the right place more quickly.
- On the funding that would be required for a new 18-bed ward, the NCL mental health board is preparing a business case for this. The capital cost is easier as it is a one-off cost but the ongoing revenue cost would be around £2.5m per year.
- A briefing would shortly be provided for the Joint Health Overview & Scrutiny Committee in response to the issues that had previously been raised there and the NCL response to the Long Term Plan will include a chapter which sets out much of this information in more detail.

### **30. HARINGEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2018/19**

Dr Adi Cooper, Independent Chair of the Haringey Safeguarding Adults Board, introduced the Board's annual report for 2018/19. The Board is required to produce

this report as a statutory duty. The report provides details of how the Board is delivering on its annual Strategic Plan and how it is improving safeguarding for adults in Haringey. It also includes information from partners who have varying roles and responsibilities.

Dr Cooper explained that the Board meets four times a year but that much of the work is carried out through a series of sub-groups. The Safeguarding Adults Reviews sub-group covers one of the largest areas of work and looks at referrals of cases that meet the statutory criteria and to oversee all Safeguarding Adults Reviews (SARs). This year there had been a referral from the Police which didn't meet the threshold for a SAR did require the sub-group to look at issues of homelessness and rough sleeping which became a work programme for the Board. There was also a referral which led to a new priority being identified for 2019/20 to review the transitional safeguarding in conjunction with Children's Services.

In terms of SARs, workshops had been held and progress monitored on the Robert SAR which took place a couple of years ago. The report on the Ms Taylor SAR was published in February 2019 which is the second SAR published in Haringey since the Care Act 2014 was implemented. That report is summarised in the annual report. A successful workshop had recently been held on disseminating and understanding the learning from this SAR.

The Quality Assurance sub-group provides a monitoring function for the Board looking at performance information, care services and policies and procedures. It also provides a function to hold partners to account. The sub-group also looks at the data on safeguarding adults and can escalate any issues that the Board needs to consider.

The Prevention and Learning sub-group's role is to promote awareness across the Borough through actions such as events, information stalls and leaflets on issues such as modern slavery, self-neglect, fire risks and domestic abuse. There is ongoing work on training and development with a focus last year on the charity and voluntary sector to build community awareness of safeguarding.

The report also includes a summary of the Safeguarding Improvement Plan, an NCL Challenge Event bringing partners across the area together to share learning, activity data, the priorities for 2019/20 and the Strategic Plan for 2018-21.

Overall the Board is pushing to move forward each year and improve in different areas and there is a really high level of commitment from partners. There are challenges with the churn of front line staff, changes in organisational structure and pressures of demand and lack of resources on services.

In response to questions from the Panel, Dr Cooper, Beverley Tarka, Director of Adults & Health and Charlotte Pomery, AD for Commissioning said:



- That the transition issue with young people was an area that the Board looked at for a number of reasons. This included a SAR in Enfield which involved a woman who was a former looked-after person from Haringey, but there are also a number of SAR cases across the country concerning young people. A recent publication called Mind the Gap from the organisation Research in Practice has highlighted the gap between safeguarding for younger children and adults but less well for adolescents in between the two systems. There is therefore a challenge for local Safeguarding Chairs to consider what should be done locally. The starting point for this is improved joint working for Adult Services and Children's Services.
- On safeguarding in care homes there is a link between poor quality care and abuse so promoting good quality care should be emphasised as a means of prevention. The Board has pushed for regular reports from commissioning colleagues on who is placed in care provision, what the quality of care is and how any problems can be managed so that care quality is monitored. Placements about the borough is a concern for the Board and the same scrutiny and monitoring needs to be in place. A wider proactive audit of out of borough placements had been carried out following the Panorama programme on Whorlton Hall. The Council does not make placements with uninspected care providers. Local inspections are carried out in between CQC inspections in response to a range of triggers.
- Progress against the priorities set out in Appendix 2 is monitored by the Board every couple of months. Mostly they are progressing but there are a couple of pieces of work that the Board was trying to do across the whole NCL area that haven't been progressed due to difficulties in getting all partners to work together. The Chair's approach to priorities has to be ambitious and stretch what the Board is trying to do which is positive but sometimes means that not every objective is achieved.
- The two multi-agency workshops previously mentioned had been about the Robert SAR. The first was on the learning from that review and the follow-up workshop was on inter-agency working. The workshop on the Ms Taylor SAR had focussed on the lessons including the recommendations of the SAR and developments since then. The full range of agencies represented on the Board had been present. There hasn't been a workshop on transitions yet but CAMHS would need to be there as their role is critical. The work on transitions has been delayed because the children's partnership arrangements have been undergoing significant change and the Haringey Children's Partnership had only just been launched in the last couple of weeks.
- The membership of the Quality Assurance sub-group is multi-agency but doesn't directly involve care workers or care providers. The data guides what the group focuses on. The increase of 12 cases of 'Care Home – Residential' as a location of abuse corresponded with a decrease of 11 cases of 'Care Home – Nursing' so this could just be a result of a coding issue. The increase

in the 'Other' category is a concern as it there are issues in determining whether this is due to data or reality. There has been some work going on nationally to develop a more consistent approach on how incidents are categorised. A significant decrease in Police referrals had resulted from work with the Police that improved triaging of safeguarding concerns.

- With regards to the fire safety measures set out at page 34 of the report, these issues are covered by CQC inspections.
- On why the Making Safeguarding Personal section on page 49 of the report stated that outcomes were recorded for only 68%, this was partly because people who are cognitively impaired and cannot articulate an outcomes are not being recorded so this is an area that requires further work to enable the wishes of individuals to be recorded.
- Newer areas of safeguarding such as modern slavery and self-neglect are areas that we are still learning to recognise, do not yet always have a clear picture of and still have relatively few referrals so we do not necessarily know the full extent.

Lauritz Hansen-Bay of the Older People's reference group suggested that neighbourhood watch groups should be provided with a safeguarding guide of what to look for as they are well placed as the largest community group in Haringey to widen the scope of safeguarding.

### **31. CQC UPDATE**

Sujesh Sundarraj, Commissioning and Safeguarding Officer, introduced the report which covered the quality assurance functions in the Council and the CCG and the joint work with the CQC. The Council has a risk register in place for providers and inspections are carried out with different variables used to risk assess including CQC reports, whistleblowing, complaints and feedback from professionals and families.

There are four providers high on the risk register currently as set out in paragraph 2.2 of the report. These all require intervention and the outcomes are recorded on the right hand side of the table which include measures such as improvement plans and increased monitoring visits.

The report also covers the 33-bedded Ernest Dene residential care home which had closed for a two-year period for refurbishment work. This impacted on five service users, wo were then reviewed appropriately and supported to move to alternative accommodation.

A total of 13 CQC inspections had been carried out in the previous quarter (Jul-Nov 2019), 12 of which were rated 'good' and 1 rated 'requires improvement'. Out of the overall 22 locations in Haringey rated 'inadequate', 'requires improvement' or

uninspected, there are existing placements in 6 locations. Of the 16 others, there is one rated as 'inadequate' by the CQC but the service provided has now decided to close the business. As a percentage of commissioned services located in Haringey, 91% are rated good with 9% requiring improvement.

With regards to out of borough placements around 80% are in the NCL area. A lot of dialogue and information sharing takes place in the NCL quality sub-group which meets on a monthly basis.

In response to questions from the Panel, Sujesh Sundarraj, Beverley Tarka and Charlotte Pomery, said:

- That there are two residents at Osborne Grove and there is always ongoing work to improve the offer of care there regardless of whether it may close in the future. The 'requires improvement' rating has been in place for a long time since the last CQC inspection and staff have been working to improve the care provided.
- Regarding homecare services provided by another borough which do not have sufficiently high rating, these are monitored through the quality assurance process and social workers are also asked to carry out reviews.
- There are a total of 85 registered locations in Haringey which include homecare, nursing, residential supported living, etc. The placements in locations rated 'requires improvement' were pre-existing before that rating was imposed by the CQC. After this the care of the service users were reviewed.
- Asked why Peregrine House care home did not appear on the list of locations that 'requires improvement' this was because a new CQC rating of 'good' was in place following an inspection that took place earlier in the week.
- Arrangements for staffing and resources for quality assurance was constantly being reviewed and there is additional capacity through the joint work with the CCG. An additional staff role had recently been added to support quality assurance.

## **32. DOMESTIC VIOLENCE PERPETRATOR SERVICE**

Will Maimaris, Director of Public Health, provided an update on Haringey's domestic violence perpetrator scheme. He described domestic violence as endemic with three out of ten women suffering domestic violence in their lifetime. Haringey has one of the highest levels of domestic violence in London. Haringey Council has a Violence Against Women and Girls (VAWG) Strategy for 2016-2026 which has 4 key strategic priorities. The report focuses on prevention and intervention strategies which target domestic violence perpetrators. This is a new area with emerging evidence.

Haringey's programme in this area since 2016 is the Domestic Violence Intervention Project (DVIP) commissioned through the Richmond Fellowship which works closely with Children's Social Care. The programme has three core elements which are an expert risk assessment, a violence prevention programme for perpetrators and a

women's support service. The programme is currently oversubscribed with 64 referrals received in 2018/19 and 28 places commissioned. One limitation is that it is an English language programme but 60% of the men referred speak English as a second language so steps are being taken to identify community groups to train individuals as interpreters and mentors to perpetrators. The main concern with the programme is that the interventions could be taking place at an earlier stage to reduce harm. The programme also has links to other services such as the substance misuse service.

In response to questions from the Panel, Will Maimaris said:

- On whether the budget of £70,000 was too small, this was only a part of the overall VAWG strategy which has a budget of £700k overall. There is also a multi-agency MARAC where cases are discussed. However, it is important to recognise that this is an area where more investment is needed. Cllr Berryman asked for further information about how the domestic violence budget has changed over the last ten years and Will Maimaris said that he would send these details in writing. **(ACTION)**
- The service is stretched in terms of resources and there is a case for expansion but it is also embedded in Children's Social Care so there is other capacity there in support.
- Evidence is emerging but a literature review has been carried out which could be shared with the Panel. **(ACTION)** More approaches could be developed and tested in the local delivery if more funding was available.
- On whether the length of time for the interventions were sufficient to change quite entrenched behaviour, the evidence is not clear on this but there is also a question of ensuring appropriate follow up work from social care.
- On how abused men are supported, the services directly commissioned are for women and girls as the vast majority of victims are women and girls but there are some nationally provided programmes for men.

The Panel requested that a further update on this topic is provided in around 9 months time. **(ACTION)**

### **33. PERFORMANCE UPDATE - Q1 (2019/20)**

Charlotte Pomery presented the performance indicators for the People priority for Q1 of 2019/20. This includes three outcome measures on children & young people although parts of these cover some of the transition issues. In terms of Adults & Health the two areas of focus are outcome 7 on healthy and fulfilling lives and outcome 8 on strong communities. Will Maimaris said that one of the indicators, healthy life expectancy, is the years lived in good health and there is a significant gap of 15 years between the west and east of the borough which underpins all of the efforts that the Council is making on public health.

Charlotte Pomery said that the Green-Amber indicator on non-elective admissions to hospital and the Green indicator on delayed transfers of care reflects the partnership work carried out through the Better Care Fund. The indicator on the proportion of adult safeguarding cases with risks removed or reduced is also on track. The proportion of residents with a high happiness score had not recently been surveyed which is why it is grey in the report. Similarly data is not always regularly available for some of the Strong Communities indicators so some of these are grey as well. Overall, the relevant parts of the performance wheel are green, amber or grey.

Asked how happiness is measured, Charlotte Pomery said that this is typically done through a survey using the Royal Edinburgh score. Asked about enabling more people to walk and cycle, Will Maimaris said that a briefing note on active travelling had been provided for a previous scrutiny panel meeting which could be recirculated. **(ACTION)** There is also a Physical Activity Strategy for the Borough. Cllr Connor commented that though the physical activity indicator was green, Haringey was still well behind some other boroughs such as Islington. Charlotte Pomery said that quite ambitious targets had been set and that green indicators mean that the target is on track and not necessarily that everything is as good as it could be.

Asked about the healthy life expectancy figures which were showing as red, Will Maimaris said that there is a long time lag with the data which presents problems in tracking progress. The Haringey life expectancy has improved and overtaken the London average, though there are significant inequalities within the borough. Asked why the indicators life expectancy at birth is showing as red for men and green for women, Will Maimaris said that he would provide further details on this in writing. **(ACTION)**

**34. DATES OF FUTURE MEETINGS**

- 6<sup>th</sup> January 2020 (6:30pm)
- 25<sup>th</sup> February 2020 (6:30pm)

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

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**Report for:** Adults and Health Scrutiny Panel, January 2019

**Title:** Joint Commissioning and Integrated Care

**Report authorised by:** TBC

**Lead Officer:** Tim Miller, Joint Assistant Director Vulnerable Adults and Children, Haringey Council and Haringey CCG.  
[tim.miller@haringey.gov.uk](mailto:tim.miller@haringey.gov.uk)  
Marco Inzani, Assistant Director Commissioning, Haringey CCG.  
[Marco.inzani@nhs.net](mailto:Marco.inzani@nhs.net)

**Ward(s) affected:** ALL

**Report for Key/**

**Non Key Decision:** Non key decision

## 1. Describe the issue under consideration

- 1.1 Jointly commissioned or provided health and social care services have been an ambition of successive governments and leaders in Councils and the NHS. Many residents and professionals find the differences between health care (free at point of delivery) and social care (subject to charging), and between their many different iterations, to be confusing and inequitable.
- 1.2 The fundamentally different legislative frameworks and professional disciplines of NHS and Council services initially proved resistant to integration, but significant headway is now being made. Such integration shaped by a number of national drivers and programmes of work, but with significant levels of local discretion, variation and implementation – there is no single model or approach for joint or integrated commissioning or provision. This report sets out Haringey’s progress in this area, in the context of the North Central London sub-region and England more generally.
- 1.3 Haringey has set out clear strategic ambitions to enhance integration of health, care and wellbeing support in order to drive benefits for individual residents and the wider population. The Borough Plan sets out the ambition that the Council and Clinical Commissioning Group (CCG) will “continue to integrate services enabling residents to get the right care in the right setting at the right time”. A key way of delivering on this will be to develop “local integrated care networks to provide responsive and integrated care linking primary care, community health services, mental health and social care”.
- 1.4 This paper sets out the position of the three main components of work to deliver these aims: joint commissioning, joint planning via the Borough Partnership and joint delivery of services.

## **2. Recommendations**

- 2.1 That the Adults and Health Scrutiny Panel notes progress on joint commissioning, joint planning and joint delivery of services.

## **3. Reasons for decision**

- 3.1 The Panel asked for a progress update in September 2019.

## **4. Alternative options considered**

N/A

## **5. Background information**

### **5.1 Duties**

- 5.1.1 The Council has responsibilities to meet the care and support needs of residents under a range of statutory frameworks, notably the Care Act 2014 and the Children and Social Work Act 2017. There is also a broad range of duties and powers to improve the wellbeing of residents and prevent harm enshrined in this and other legislation.

- 5.1.2 The CCG has duties to commission health care services for the population registered with Haringey GPs.

- 5.1.3 There are many areas where the Council and CCG have duties to co-operate with each other in support of their functions, and particular areas where the duties of the two organisations are shared – for example, in providing free aftercare services for people who have been detained under the mental health act to prevent them requiring a further admission to hospital.

### **5.2 Commissioning**

- 5.2.1 Commissioning is the process used to identify needs, plan and design services and allocate resources in order to achieve outcomes. This is carried out through specifying outcomes and initiatives through funding – whether externally or internally – organisations to provide services needed by residents.

- 5.2.2 Building on the track record of working together in commissioning, in 2016, the Council and CCG formalised its joint commissioning arrangements through a 'Section 75' (of the National Health Service Act 2006) Joint Commissioning Partnership Agreement. This set out a shared arrangement for commissioning services together and to achieve a single set of outcomes, for

- Adults with learning disabilities
- Adults with mental health conditions
- The Better Care Fund / older people
- Children and Adolescents' Mental Health Services
- Violence against Women and Girls



5.2.3 In each area, the partners agreed to ‘align’ their budgets under the management of a single lead commissioner, who was accountable to a joint governance set up between the two organisations.

5.2.4 The Better Care Fund (BCF) is a fund in effect pooled at national level and enabling a well-established national programme to support integration of health and social care to promote joint management of individuals and the independence of residents and to improve outcomes for local people more generally. As part of the national conditions, Haringey submits an annual Better Care Fund Plan and has already submitted a Better Care Fund (BCF) Plan for 2019-20 approved by the Health and Wellbeing Board explaining how partners will progress integration and the outcomes expected.

5.2.5 The BCF Plan is under-pinned through a Section 75 agreement signed between the CCG and Council. The funding in the BCF Plan brings together 4 different grants and allocations:

- Minimum CCG allocation to the BCF Plan, which funds over 25 different services and schemes ranging from those focussed on early intervention and prevention through to helping people recover after a spell in hospital but many of which are multi-disciplinary and multi-agency in nature;
- Improved Better Care Fund (iBCF) directly to the Council. This is used to meet the growing demand for care packages and reduce the financial risk for LBH;
- LA Winter Pressures which is used to mitigate increased demand within the social care system particularly during the winter;
- Disabled Facilities Grant which is used to fund major adaptations to LBH clients’ properties (regardless of tenure type) to support them to live at home for as long as possible.

<b>BCF Plan Element</b>	<b>Revised 2019/20</b>
DFG	£2,360,942
iBCF	£8,369,874
Winter Pressures Grant	£1,148,202
Minimum CCG Contribution	£18,800,956
<b>TOTALS</b>	<b>£30,679,974</b>

**Table 1 - BCF Plan Funding Source 2019/20**

#### 5.4 Joint Provision

5.4.1 As well as commissioning together, the Council and its NHS partners provide services together. Some key examples of this are:

- Joint health and social work teams in adult mental health, where the Council's social work teams work within and alongside the NHS teams at Barnet Enfield and Haringey NHS Trust.
- Haringey Learning Disability Partnership, a fully integrated health and social work service led by Haringey Council and including Whittington Health and Barnet, Enfield and Haringey NHS Trust
- Joint health and social work teams to manage the long-term needs of individuals with significant multiple health and social issues, such as older people with frailty, who frequently have several different medical conditions and may have issues in getting about and out of the house;
- Joint health and social care teams to support people with hospital discharges (or to prevent hospitalisation) for those who need it, and to help arrange onward support into the community to help them recover after crisis or illness.

## 6 Focus in on Areas of Joint Funding

### 6.1 Hospital discharge and Short-Term Support Post-Crisis

6.1.1 A significant proportion of the BCF Plan funds joint discharge arrangements from hospital. For those who need it, hospital and community-based staff work with inpatients and families to prepare support into the community prior to hospital discharge through a process called 'discharge to assess'. Community-based partners have set up a Single Point of Access (SPA) which is hosted in the Council for multi-agency discharge staff to progress discharge for Haringey residents. The SPA triages these cases and arranges short-term support for individuals with the aim of helping them recover their health and independence as far as possible either in their own home (with therapists and other staff visiting them routinely) or in specialist nursing care home beds – this short-term support is called 'intermediate care' whilst the short-term support at home the Council provides is called 'reablement'. An individual is assessed at the end of this period to determine whether they need any longer-term care and who should fund this, including through NHS Continuing Health Care.

### 6.1.2 In 2019/20, we saw:

- a. Improvements in access to Single Point of Access (SPA) including expanding the resources in SPA to make sure decision-making about the 'next steps' for the individual are progressed in a timely way;
- b. 1,000+ reablement episodes were available to adults. LBH's Reablement Service provides short-term (<6 weeks) intensive therapy to help people recover their ability to undertake daily living tasks, such as washing or getting around their home, after a crisis and/or hospital episode;
- c. The majority of these individuals were aged 65+, and, of these, 78% were at home for 91 days after hospital discharge, i.e. as opposed to returning to hospital or being admitted to a care home – a national BCF Plan metric. We anticipate both the number of people using the service and the proportion of people at home will increase as part of our plans for 2019/29;
- d. A 21% reduction in the rate (per 100,000 people) of delayed days for the transfer of care (discharge) from hospital over a 2 year period – a national BCF Plan metric. This measures the extent to which, for whatever reason, a

patient's discharge is delayed. The further improvement to our integrated multi-agency discharge pathways (including SPA) in 2019/20 and investment from BCF Plan supported this improvement.

6.2.2 At a more strategic level, the Health and Well-Being Board signed-off a multi-agency Ageing Well Strategy at its meeting in October 2019, which committed partners to work together to support people with frailty to live and age well. The structure of the Strategy takes a 'life-course' approach to ageing and becoming frailer. One section of the Strategy discusses the further joint improvements to the Borough's intermediate care 'offer' in 2020 as part of helping people recover after crisis.

6.3 Adult Mental Health and Learning Disability care package commissioning

6.3.1 As noted in section 5.4, there are in place integrated health and social work teams for adults with mental health conditions or learning disabilities.

6.3.2 The Council and CCG funding for packages of care is set out in the joint commissioning Section 75. The partners have a single funding panel for agreeing care funding and use a structured set of tools to agree the funding shares between the two organisations. There has been a significant amount of work together to improve the pathways in this area and improve clarity for staff, always focusing on minimising delays in residents getting the care and support they need.

6.3.3 A major step forward in improving this is the creation of an Integrated Brokerage team. Building on the successful work in developing the Council's Brokerage function, the CCG have now transferred their brokerage function under the management of the Council team to create an integrated team. This will

- Improve the resilience of the services by making them part of a single larger service
- Reduce the risks of issues happening during transfers between the Council and CCG as people's funding eligibility changes
- Improve the consistency of our dialogue with the market of care providers and our oversight of price and quality

6.3.4 Lead Commissioners are now setting out delivery plans for the coming years that will set out the changes expected in the service offer available which will improve cost and quality, but also better meet the needs of Haringey residents.

6.3.5 Overall, the ambition remains that fewer people need to move out of the borough to get the services they need, and more tailored support is locally available that can respond to the diversity of local populations and the shape of people's needs, particularly where people have more than one disability or health condition.

6.4 Preventative services

6.4.1 Partners work closely together in a range of commissioning and planning for preventative support from the voluntary and community sector. Over time,

partners are developing a community-based approach to commissioning to better support people who need early intervention and prevention, as well as those who have more significant care and support needs. Examples of this include:

- **Community Navigators:**  
The Council, CCG, GP Federation and voluntary and community sector partners have collaborated to develop a Community Navigator Network which will be formally launched in January 2019. This aims to provide a network of support for the 30+ navigators operating in Haringey. These navigators work for a variety of different agencies in the Borough and are commissioned in different ways. Their aim, however, is broadly the same: to work with people to understand their needs and help people connect to opportunities in the community they might value and/or to navigate the care system. We have captured broad principles and outcomes, and common models of support, associated with community navigation in a joint framework to better help coordinate activities. We have developed a similar framework for community-based solutions to fit with this navigation framework.
- Investment in information, advice and guidance including through Haringey's Connected Communities set up to improve access to Council and Voluntary services and support in Haringey to encourage residents to live their version of a good life. The team is based in community settings all over the borough to make services more accessible, providing support with:
  - Linking clients up with specialist support such as employment, Council Tax and Housing advisors
  - Support with navigating through the system to access the right support when it's needed
  - Providing information, advice and guidance on a broad range of services and topics to help clients become more independent
- **The Wellbeing Network:** a partnership led by Mind in Haringey which is commissioned by the joint commissioning arrangements.
  - It offers social prescribing, support, advocacy, wellbeing activities, mental health first aid training, peer support and community asset development. The focus is on improving the wellbeing and outcomes of residents living with mental health conditions and seeks to prevent further ill-health or need for statutory services.

## **6. Contribution to strategic outcomes**

6.1 The joint commissioning approach briefly described here and the services commissioned support the Borough Plan's partnership priorities and outcomes, notably:

- Outcome 5: "all children will be happy and healthy as they grow up...", and
- Outcome 7: "all adults are able to have healthy and fulfilling lives..."

**7. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)**

**Finance and Procurement**

- 7.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

**Legal**

- 7.2 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

**Equality**

- 7.3 This is an update report for noting and as such there are no recommendations for action that require an equalities consideration.

However, due to the intersections between inequality and health and wellbeing outcomes, commissioners are very mindful of Haringey's diversity and our responsibilities to take action with regard to the protected characteristics through the services we commission.

**8. Use of Appendices**

N/A

**9. Local Government (Access to Information) Act 1985**

N/A

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**Report for:** Budget Scrutiny Panels

- Housing and Regeneration Scrutiny Panel, 16<sup>th</sup> December 2019
- Environment and Community Safety Scrutiny Panel, 17<sup>th</sup> December 2019
- Children and Young People Scrutiny Panel, 19<sup>th</sup> December 2019
- Adults and Health Scrutiny Panel, 6<sup>th</sup> January 2020
- Overview and Scrutiny Committee, 14th January 2020

**Title:** Scrutiny of the 2020/21 Draft Budget / 5 Year Medium Term Financial Strategy (2020/21-2024/25)

**Report authorised by:** Jon Warlow, Director of Finance and Section 151 Officer

**Lead Officer:** Frances Palopoli, Head of Corporate Financial Strategy & Monitoring

**Ward(s) affected:** N/A

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

## **1. Describe the issue under consideration**

- 1.1 To consider and comment on the Council's 2020/21 Draft Budget / 5-year Medium Term Financial Strategy (MTFS) 2020/21 – 2024/25 proposals relating to the Scrutiny Panels' remit.

## **2. Recommendations**

- 2.1 That the Panels consider and provide recommendations to Overview and Scrutiny Committee (OSC), on the 2020/21 Draft Budget/MTFS 2020/21-2024/25 and proposals relating to the Scrutiny Panel's remit.

## **3. Background information**

- 3.1 The Council's Overview and Scrutiny Procedure Rules (Constitution, Part 4, Section G) state: "The Overview and Scrutiny Committee shall undertake scrutiny of the Council's budget through a Budget Scrutiny process. The procedure by which this operates is detailed in the Protocol covering the Overview and Scrutiny Committee".
- 3.2 Also laid out in this section is that "the Chair of the Budget Scrutiny Review process will be drawn from among the opposition party Councillors sitting on the Overview and Scrutiny Committee. The Overview and Scrutiny Committee shall not be able to change the appointed Chair unless there is a vote of no confidence as outlined in Article 6.5 of the Constitution".

#### **4. Overview and Scrutiny Protocol**

- 4.1 The Overview and Scrutiny Protocol lays out the process of Budget Scrutiny and includes the following points:
- a. The budget shall be scrutinised by each Scrutiny Review Panel, in their respective areas. Their reports shall go to the OSC for approval. The areas of the budget which are not covered by the Scrutiny Review Panels shall be considered by the main OSC.
  - b. A lead OSC member from the largest opposition group shall be responsible for the co-ordination of the Budget Scrutiny process and recommendations made by respective Scrutiny Review Panels relating to the budget.
  - c. Overseen by the lead member referred to in paragraph 4.1.b, each Scrutiny Review Panel shall hold a meeting following the release of the December Cabinet report on the new Draft Budget/MTFS. Each Panel shall consider the proposals in this report, for their respective areas. The Scrutiny Review Panels may request that the Cabinet Member for Finance and/or Senior Officers attend these meetings to answer questions.
  - d. Each Scrutiny Review Panel shall submit their final budget scrutiny report to the OSC meeting in January containing their recommendations/proposal in respect of the budget for ratification by the OSC.
  - e. The recommendations from the Budget Scrutiny process, ratified by the OSC, shall be fed back to Cabinet. As part of the budget setting process, the Cabinet will clearly set out its response to the recommendations/proposals made by the OSC in relation to the budget.

#### **5. 2020/21 Draft Budget / 5 year Medium Term Financial Strategy (MTFS) 2020/21 – 2024/25**

- 5.1 The MTFS agreed by Council in February 2019 recognised a budget gap of £13.1m in 2020/21 that would need to be closed through further budget reductions. The proposed 2020/21 new budget reductions required to help close this gap of £5.5m in 2020/21 (rising to £10.4m by 2024/25) are now presented for scrutiny.
- 5.2 The reason that the required level of budget reduction for 2020/21 has reduced compared to the February forecast is partly due to the announcements in the Spending Round 2019 (SR19). This confirmed social care funding at 2019/20 levels for 2020/21 as well as circa £5m additional funding. This level of Government funding had not been assumed in the last MTFS presented to Cabinet in February 2019. The Live Budgeting approach also contributed, as the Cabinet meeting in July 2019 approved a package of Invest to Save proposals put forward by the Children's service. This contributed budget reductions of £1.3m to the 2020/21 gap.
- 5.3 Even with the budget reduction options set out in Appendix C being approved when the budget is finalised in February, the draft 2020/21 Budget presented



to Cabinet on 10<sup>th</sup> December 2019 still has a gap of £0.6m. Work continues to identify options to bridge this before the final Budget/ MTFs is submitted to Cabinet and Council in February 2020.

- 5.4 Based on the draft 2020/21 Budget/MTFS 2020-2025, further budget reductions of £23.2m will need to be identified across the period 2021/22-2024-25 as highlighted in Appendix B.
- 5.5 This meeting is asked to consider the proposals relating to the services within its remit and to make draft recommendations to be referred to the Overview and Scrutiny Committee on 23rd January 2020 for discussion, prior to approval and referral to Cabinet for consideration in advance of the Full Council meeting on 24<sup>th</sup> February 2020. For reference the remit of each Scrutiny Panel is as follows:
- Housing & Economy Priorities - Housing and Regeneration Scrutiny Panel
  - Place Priority - Environment and Community Safety Scrutiny Panel
  - People (Children) Priority – Children and Young People Scrutiny Panel
  - People (Adults) Priority – Adult and Health Scrutiny Panel
  - Your Council Priority – Overview and Scrutiny Committee
- 5.6 As an aide memoire to assist with the scrutiny of budget proposals, possible key lines of enquiry are attached at **Appendix A**. This report is specifically concerned with Stage 1 (planning and setting the budget) as a key part of the overall annual financial scrutiny activity.
- 5.7 **Appendix B** provides a summary of the draft General Fund 2020/21 Budget / MTFs 2020/2025 by priority area.
- 5.8 **Appendix C** provides details of the new revenue and capital budget proposals. A summary is provided, followed by detailed information for each proposal. Any invest to save revenue proposal dependent on capital or flexible use of capital receipts for successful delivery has been clearly identified in the summary.
- 5.9 The then then Secretary of State for the Department for Communities and Local Government issued guidance in March 2016, giving local authorities greater freedoms over how capital receipts can be used to finance expenditure. The direction allows for the following expenditure to be financed by utilising capital receipts:
- “Expenditure on any project that is designed to generate ongoing revenue savings in the delivery of public services and/or transform service delivery to reduce costs and/or transform service delivery in a way that reduces costs or demand for services in future years for any of the public sector delivery partners.”*
- 6. Contribution to strategic outcomes**
- 6.1 The Budget Scrutiny process for 2020/21 will contribute to strategic outcomes relating to all Council priorities.

## **7. Statutory Officers comments**

### **Finance**

- 7.1 There are no financial implications arising directly from this report. Should any of the work undertaken by Overview and Scrutiny generate recommendations with financial implications then these will be highlighted at that time.

### **Legal**

- 7.2 There are no immediate legal implications arising from this report.
- 7.3 In accordance with the Council's Constitution (Part 4, Section G), the Overview and Scrutiny Committee should undertake scrutiny of the Council's budget through a Budget Scrutiny process. The procedure by which this operates is detailed in the Protocol, which is outside the Council's constitution, covering the Overview and Scrutiny Committee.

### **Equality**

- 7.4 The draft Borough Plan sets out the Council's overarching commitment to tackling poverty and inequality and to working towards a fairer Borough.
- 7.5 The Council is also bound by the 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 between people who share those protected characteristics and people who do not
  - Foster good relations between people who share those characteristics and people who do not.
- 7.6 The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.
- 7.7 The Council has designed the proposals in this report with reference to the aims of the Borough Plan to reduce poverty and inequality. The Council is committed to protecting frontline services wherever we can and the budget proposals have focused as far as possible on delivering efficiencies or increasing income, rather than reduction in services.
- 7.8 As plans are developed further, each area will assess the equality impacts and potential mitigating actions in more detail. Final EQIAs will be published alongside decisions on specific proposals.
- 7.9 Any comments received will be taken into consideration and included in the Budget report presented to Cabinet on 11<sup>th</sup> February 2020.

## **8. Use of Appendices**

Appendix A – Key lines of enquiry for budget setting

Appendix B – 5-year Draft General Fund Budget (2020-21) / Medium Term  
Financial Strategy (2020/21 – 2024/25) - Cabinet 10<sup>th</sup>  
December 2019

Appendix C – 2020 (New) Budget Proposals

**9. Local Government (Access to Information) Act 1985**

Background papers: 2020/21 Draft Budget / 5-year MTFS (2020/21 –  
2024/25) -Cabinet 10<sup>th</sup> December 2019

### **Financial Scrutiny: Understanding your Role in the Budget Process**

This document summarises issues and questions you should consider as part of your review of financial information. You might like to take it with you to your meetings and use it as an aide-memoir.

#### **Overall, is the MTFS and annual budget:**

- A financial representation of the council's policy framework/ priorities?
- Legal (your Section 151 Officer will specifically advise on this)?
- Affordable and prudent?

#### **Stage 1 – planning and setting the budget**

Always seek to scrutinise financial information at a strategic level and try to avoid too much detail at this stage. For example, it is better to ask whether the proposed budget is sufficient to fund the level of service planned for the year rather than asking why £x has been cut from a service budget.

Possible questions which Scrutiny members might consider –

- Are the MTFS, capital programme and revenue budget financial representations of what the council is trying to achieve?
- Does the MTFS and annual budget reflect the revenue effects of the proposed capital programme?
- How does the annual budget relate to the MTFS?
- What level of Council Tax is proposed? Is this acceptable in terms of national capping rules and local political acceptability?
- Is there sufficient money in “balances” kept aside for unforeseen needs?
- Are services providing value for money (VFM)? How is VFM measured and how does it relate to service quality and customer satisfaction?
- Have fees and charges been reviewed, both in terms of fee levels and potential demand?
- Does any proposed budget growth reflect the council's priorities?
- Does the budget contain anything that the council no longer needs to do?
- Do service budgets reflect and adequately resource individual service plans?
- Could the Council achieve similar outcomes more efficiently by doing things differently?

#### **Stage 2 – Monitoring the budget**

It is the role of “budget holders” to undertake detailed budget monitoring, and the Executive and individual Portfolio Holders will overview such detailed budget monitoring. Budget monitoring should never be carried out in isolation from service performance information. Scrutiny should assure itself that budget monitoring is being carried out but should avoid duplicating discussions and try to add value to the process. Possible questions which Scrutiny members might consider –

- What does the under/over spend mean in terms of service performance? What are the overall implications of not achieving performance targets?
- What is the forecast under/over spend at the year end?
- What plans have budget managers and/or the Portfolio Holder made to bring spending back on budget? Are these reasonable?
- Does the under/over spend signal a need for a more detailed study into the service area?

### **Stage 3 – Reviewing the budget**

At the end of the financial year you will receive an “outturn report”. Use this to look back and think about what lessons can be learned. Then try to apply these lessons to discussions about future budgets. Possible questions which Scrutiny members might consider –

- Did services achieve what they set out to achieve in terms of both performance and financial targets?
- What were public satisfaction levels and how do these compare with budgets and spending?
- Did the income and expenditure profile match the plan, and, if not, what conclusions can be drawn?
- What are the implications of over or under achievement for the MTFS?
- Have all planned savings been achieved, and is the impact on service performance as expected?
- Have all growth bids achieved the planned increases in service performance?
- If not, did anything unusual occur which would mitigate any conclusions drawn?
- How well did the first two scrutiny stages work, were they useful and how could they be improved?

## Appendix B – Haringey Draft General Fund and Medium Term Financial Plan

	2019/20 Budget	Movement	2020/21 (Draft) Budget	Movement	2021/22 Projected	Movement	2022/23 Projected	Movement	2023/24 Projected	Movement	2024/25 Projected
Priority Area	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Housing	19,067	(816)	18,251	(709)	17,542	(136)	17,406	(136)	17,270	(136)	17,134
People - Children	59,293	(2,942)	56,351	(619)	55,732	(9)	55,723	400	56,123	300	56,423
People - Adults	83,535	(7,390)	76,145	(2,091)	74,054	(1,724)	72,329	3,174	75,503	3,102	78,605
Place	26,954	(2,505)	24,449	(2,061)	22,388	(1,053)	21,335	(64)	21,271	6	21,277
Economy	1,479	(390)	1,089	(120)	969	(130)	839	(120)	719	-	719
Your Council	37,811	(1,509)	36,302	(1,088)	35,214	(790)	34,424	(6)	34,418	-	34,418
Non-Service Revenue	18,530	11,070	29,600	10,144	39,744	10,785	50,529	9,540	60,069	6,266	66,335
Further Savings to be Identified	-	(612)	(612)	125	(487)	(1,209)	(1,696)	(6,946)	(8,642)	(3,766)	(12,409)
<b>Council Cash Limit</b>	<b>246,669</b>	<b>(5,094)</b>	<b>241,575</b>	<b>3,580</b>	<b>245,156</b>	<b>5,734</b>	<b>250,889</b>	<b>5,842</b>	<b>256,731</b>	<b>5,772</b>	<b>262,503</b>
Planned Contributions form Reserves	(5,487)	5,487	-	-	-	-	-	-	-	-	-
<b>Total General Fund Budget</b>	<b>241,182</b>	<b>393</b>	<b>241,575</b>	<b>3,580</b>	<b>245,156</b>	<b>5,734</b>	<b>250,889</b>	<b>5,842</b>	<b>256,731</b>	<b>5,772</b>	<b>262,503</b>
<b>Funding</b>											
Council Tax	(101,981)	(5,130)	(107,111)	(3,224)	(110,335)	(3,321)	(113,656)	(3,421)	(117,077)	(3,524)	(120,600)
Council Tax Surplus	(3,850)	1,700	(2,150)	-	(2,150)	-	(2,150)	-	(2,150)	-	(2,150)
RSG	0	(22,030)	(22,030)	(441)	(22,471)	(449)	(22,920)	(458)	(23,378)	(468)	(23,846)
Retained Business Rates	(33,484)	11,664	(21,820)	(1,339)	(23,158)	(418)	(23,576)	(416)	(23,992)	(480)	(24,472)
Top up Business Rates	(65,196)	7,525	(57,671)	(5,089)	(62,760)	(1,133)	(63,892)	(1,126)	(65,018)	(1,300)	(66,319)
NNDR Growth	(3,084)	2,684	(400)	400	-	-	-	-	-	-	-
<b>Total (Main Funding)</b>	<b>(207,595)</b>	<b>(3,586)</b>	<b>(211,181)</b>	<b>(9,692)</b>	<b>(220,873)</b>	<b>(5,321)</b>	<b>(226,194)</b>	<b>(5,421)</b>	<b>(231,615)</b>	<b>(5,772)</b>	<b>(237,387)</b>
New Homes Bonus	(2,540)	341	(2,199)	-	(2,199)	-	(2,199)	-	(2,199)	-	(2,199)
Public Health	(19,677)	(551)	(20,228)	(405)	(20,632)	(413)	(21,045)	(421)	(21,466)	-	(21,466)
Other core grants	(11,370)	3,403	(7,967)	6,517	(1,450)	-	(1,450)	-	(1,450)	-	(1,450)
<b>TOTAL (Core/Other External Grants)</b>	<b>(33,587)</b>	<b>3,193</b>	<b>(30,394)</b>	<b>6,112</b>	<b>(24,282)</b>	<b>(413)</b>	<b>(24,694)</b>	<b>(421)</b>	<b>(25,115)</b>	<b>-</b>	<b>(25,115)</b>

## MTFS Budget Reduction Proposals - People - Adults

REF	Capital Scheme / Flexible Use of Capital Receipts	Priority	Category	Title	Description	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Savings Total £'000	Capital Investment £'000
20/25-PE01	-	People - Adults	Service redesign	Public Health Lifestyles	Look for alternative delivery options for lifestyles services (this includes; NHS Health Checks, smoking cessation, weight management and exercise programmes for the inactive), from April 2021 onwards. This proposal suggests alternative ways of delivering these services including: Reducing the capacity of services offered (but keeping services targeted at those who need them most), seeking partial funding from NHS partners, using an alternative delivery partner, joining up with other boroughs to commission the service for economies of scale.	-	60	-	-	-	60	-
20/25-PE02	220	People - Adults	Stopping / reducing service	Osbourne Grove Redevelopment	The closure of Osborne Grove Nursing Home pending the development of the new expanded facility that will increase the number of beds available from 32 to 70. This proposal contributes to Priority 2: People. People will be supported to live independently at home for longer. Increased intermediate care provision will enable more people to regain the skills and confidence they require to live independently in the community and will deliver improved outcomes for residents. Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.	1,034	-	-	(476)	-	558	30,836
<b>TOTAL - PEOPLE - ADULTS</b>						<b>1034</b>	<b>60</b>	<b>0</b>	<b>(476)</b>	<b>0</b>	<b>618</b>	<b>30836</b>





**Financial Implications Outline**

- How have the savings above been determined? Please provide a brief breakdown of the factors considered.
- Is any additional investment required in order to deliver the proposal?
- If relevant, how will additional income be generated and how has the amounts been determined?

This is an indicative figure. We are carrying out further financial analysis to support this, and also exploring if the core Council Fusion leisure services contract can be used to support extra activity in this area to mitigate reductions in activity in services where savings might be made. The indicative figure is based on a scenario where we would reduce activity (mitigated by targeting services) in GP provided health checks and GP delivered smoking cessation.

**Delivery Confidence**

At this stage, how confident are you that this option could be delivered and benefits realised as set out? <i>(1 = not at all confident; 5 = very confident)</i>	3
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**Indicative timescale for implementation**

Est. start date for consultation DD/MM/YY	01/12/2019	Est. completion date for implementation DD/MM/YY	01/04/2021
Is there an opportunity for implementation before April 2020? Y/N ; any constraints?	No, as there is a contract in place		

**Implementation Details**

- How will the proposal be implemented? Are any additional resources required?
- Please provide a brief timeline of the implementation phase.
- How will a successful implementation be measured? Which performance indicators are most relevant?

We will complete a review of where capacity can be reduced with the least impact on health inequalities. We will discuss alternative ways of funding the services with the Clinical Commissioning Group (CCG)

**Impact / non-financial benefits and disbenefits**

What is the likely impact on customers and how will negative impacts be mitigated or managed?

List both positive and negative impacts. Where possible link these to outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes)

**Positive Impacts**

It is unlikely to have a positive impact, but we will aim to mitigate negative impacts. There are potential opportunities for better integration with NHS services

**Negative Impacts**

There is a likelihood that our lifestyles offer (e.g. smoking cessation, health checks will reduce in capacity) could be mitigated by better targeting of resources on those most at need to reduce health inequalities and developing our ability to use community based resources

What is the impact on businesses, members, staff, partners and other stakeholders and how will this be mitigated or managed? How has this been discussed / agreed with other parties affected?  
List both positive and negative impacts.

**Positive Impacts**

**Negative Impacts**

The CCG/primary care may be negatively impacted as the people referred onto the programs have a risk of developing or have a number of long-term health conditions, these services are seen as part of NHS prevention and care pathways. The delivery of the NHS Long Term Plan also requires improvement in resident's health behaviours - smoking prevalence in patients registered with a Haringey GP is 21% the highest in London and significantly higher than both the London and England averages. Elected Members may be affected as the Borough Plan pledges to improve healthy life expectancy, achieving this requires early detection of all ill health and the addressing of unhealthy behaviours. Public Health England's (PHE) ambitions will be negatively impacted, the NHS Health Checks is a mandated service, not delivering the required number of checks could lead to challenges in terms of the public health grant received from Public Health England. Consultation will have to be undertaken with the Clinical Commissioning Group (CCG) and wider stakeholders, before any changes are made. Staff in commissioned services may be affected, so discussions with external providers will be required.

How does this option ensure the Council is able to meet **statutory requirements**?

The council will still be able to deliver some community NHS Health Checks, so will deliver on the statutory service requirement, but will not meet the target set.

## Risks and Mitigation

What are the main risks associated with this option and how could they be mitigated?(Add rows if required)

<b>Risk</b>	<b>Impact (H/M/L)</b>	<b>Probability (H/M/L)</b>	<b>Mitigation</b>
Reputational risk with partners (especially NHS) of reducing investment	Medium	low	Work with partners to draw in investment from other sources and re-design pathways.
Failing to meet the Borough Plan pledge to reduce the healthy life expectancy gap and reduce health inequalities	high	low	Largest risks are around residents not stopping smoking, the Council communications team would need to ensure they are maximising national campaigns and the London on-line service
Reductions in smoking cessation or national Health Checks could bring into question from Public Health England how the Public Health Grant is being spent	high	high	As Public Health England collect data quarterly on the number of health checks and smoking cessation quits achieved, we will attempt not to reduce capacity for those most in need of the service.

Has the EqIA Screening Tool been completed for this proposal?	yes
<u>EqIA Screening Tool</u>	
Is a full EqIA required?	yes

**Business Planning / MTFS Options  
2020/21 – 2024/25**

**20/25-PE02**

<b>Title of Option:</b>	Osborne Grove Nursing Home Closure		
<b>Priority:</b>	People	<b>Responsible Officer:</b>	John Everson
<b>Affected Service(s) and AD:</b>	Adults	<b>Contact / Lead:</b>	Caroline Humphrey

**Description of Option:**

- What is the proposal in essence? What is its scope? What will change?
- What will be the impact on the Council's objectives and outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes, and Borough Plan Evidence Packs)
- How does this option ensure the Council is still able to meet statutory requirements?
- How will the proposal deliver the benefits outlined?

[Proposals will be mapped to the new Borough Plan Priorities/Objectives/Outcomes as they emerge – please take account of any likely changes when framing proposals]

The closure of Osborne Grove Nursing Home pending the development of the new expanded facility that will increase the number of beds available from 32 to 70.

The development of Osborne Grove Nursing Home contributes to Priority 2: People, Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

Osborne Grove Nursing Home development links directly with Outcome 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe and connected in their communities.

Objective 7b: People will be supported to live independently at home for longer.

Increased intermediate care provision will enable more people to regain the skills and confidence they require to live independently in the community and will deliver the following outcomes for residents:

- More people are supported to avoid going into hospital unnecessarily
- More people are supported to remain as independent as possible after a stay in hospital
- More people are prevented from moving into residential care unnecessarily

Objective 7d: Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=9151>

A copy of the report can be found at the above link.

### Financial Benefits Summary

Savings	2020/21	2021/22	2022/23	2023/24	2024/25	Total
<i>All savings shown on an incremental</i>	£000s	£000s	£000s	£000s	£000s	£000s
<b>New net additional savings</b>	- 1,034	-	-	476	-	558

Capital Implementation Costs	2020/21	2021/22	2022/23	2023/24	2024/25	Total
	£000s	£000s	£000s	£000s	£000s	£000s
<b>Total Capital Costs</b>	2,983	15,112	12,741	-	-	30,836

**Financial Implications Outline**

- How have the savings above been determined? Please provide a brief breakdown of the factors considered.
- Is any additional investment required in order to deliver the proposal?
- If relevant, how will additional income be generated and how has the amounts been determined?

As this is a closure the key considerations have been the factors affecting the timeline. Current budget allocated to OGNH totals £1.9m. Considerations for client contributions and CCG income of £0.8m must be excluded from potential savings, therefore the net budget is £1.1m. Further considerations have been made to include costs for alternative provision for one client at a rate of £1400 per week, equating to £72.8k per annum. There may be an additional security cost attached to maintaining building closure that will be reported on.

Savings arising from closure are expected to be realised in full for years 2020/21 to 2022/23. Following completion of the new nursing home in 2023/24, a reduced savings amount (£0.6m) will be delivered each year thereafter.

	2019 - 20
Budget	1,932,850
Less income	- 825,700
Less alternative provision	- 72,800
Less security costs	
Total savings	1,034,350

**Delivery Confidence**

At this stage, how confident are you that this option could be delivered and benefits realised as set out?  
(1 = not at all confident;  
5 = very confident)

3 - subject to decisions being made and suitable engagement.

**Indicative timescale for implementation**

Est. start date for consultation DD/MM/YY	16/9/19 - 15/12/19	Est. completion date for implementation DD/MM/YY	31/03/2020
Is there an opportunity for implementation before April 2020? Y/N ; any constraints?	The timeline is dependent on all the relevant deadlines being hit and there is no contingency. In order to close the Home by 31/3/2019 may be a requirement to pay staff, pay in lieu of notice.		

**Implementation Details**

- How will the proposal be implemented? Are any additional resources required?
- Please provide a brief timeline of the implementation phase.
- How will a successful implementation be measured? Which performance indicators are most relevant?

The draft timeline for consultation and closure assumes that the consultation will run for 90 days and will conclude in December 2019. Cabinet date to review the report would be January 2020. 4 weeks assumed for the Best Interest approach and 4 weeks for the transition. If 3 months notice for all staff is required this would be required to be enacted at the time of the decision to close is made. In order to meet the end of March deadline any staff with 3 months notice would be entitled to PILON.

**Impact / non-financial benefits and disbenefits**

What is the likely impact on customers and how will negative impacts be mitigated or managed?

List both positive and negative impacts. Where possible link these to outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes)

**Positive Impacts**

Once the new facility is built there will be an increase in number of nursing beds in the borough as currently demand outstrips supply. Alternative external service provision for the client will meet the Council's high standard of quality criteria.

**Negative Impacts**

There will be a short term reduction in places available pending the development of the new site. The remaining existing residents and their families will be impacted as they will be required to move. However will be placed in Homes that provide good or outstanding care.

What is the impact on businesses, members, staff, partners and other stakeholders and how will this be mitigated or managed? How has this been discussed / agreed with other parties affected?  
List both positive and negative impacts.

**Positive Impacts**

For partners and stakeholders there will be an increased provision of beds and facilities within the borough. There has been an extensive consultation in reagrds to the feasibility for a new building, and there will be an consultation with those affected by the closure of the Home currently.

**Negative Impacts**

There will be staff redundancies as a result of the proposed closure, staff will be supported through this in accordance with the restructure and redeploment policies. Access to a variety support will be provided.

Tempoary reduction in available beds and access to the facility in the interim.

**How does this option ensure the Council is able to meet statutory requirements?**

There is no requirement on the council to provide directly managed care home facilities. Alternate provision will be sourced so that can meet appropriate provision.



**Risks and Mitigation**

What are the main risks associated with this option and how could they be mitigated?(Add rows if required)

<b>Risk</b>	<b>Impact (H/M/L)</b>	<b>Probability (H/M/L)</b>	<b>Mitigation</b>
Delays in decision making process	H	M	
Decision to close not made	H	L	
failure to find alternate accomodation	H	L	

Has the EqIA Screening Tool been completed for this proposal?	Yes
<u>EqIA Screening Tool</u>	
Is a full EqIA required?	Yes

REF	Revenue Savings Ref	Directorate	Category	Description	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Total £'000
217	-	People (Adults Services)	Self-Financing & Other	Burgoyne Road (Refuge Adaptations)	500	2,250	250	-	-	<b>3,000</b>
218	-	People (Adults Services)	Self-Financing, Other & Borrowing	Social Emotional & Mental Health Provision	300	600	600	600	600	<b>2,700</b>
219	-	People (Adults Services)	Self-Financing	Additional Supported Living	1,000	1,000	1,000	1,000	1,000	<b>5,000</b>
220	20/25-PE02	People (Adults Services)	Self-Financing	Additional OGNH Funding	1,500	9,000	17,000	7,930	500	<b>35,930</b>

**Total**

<b>3,300</b>	<b>12,850</b>	<b>18,850</b>	<b>9,530</b>	<b>2,100</b>	<b>46,630</b>
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## Adult's Services

The continued focus of the Adults Services capital programme is to enhance the lives of disabled and older adults. The new proposals for capital expenditure are based on providing assets and services that enable people to lead fulfilling lives, where possible independently within their own homes. The resources made available in this priority are based on the completion of approved business cases ensuring effective linkage of revenue and capital spending for the Council. At this stage some of the actual detail of the projects is not fully developed but will be over the coming year through working with a range of stakeholders including partners, users and carers.

### Burgoyne Road 2020/21 – 2024/25

Scheme Ref.	Scheme Description	Borrowing (£'000)	Other (£'000)	Self-Financing (£'000)	Total (£'000)
217	Burgoyne Road (Refuge Adaptations)	0	2,160	840	<b>3,000</b>

This proposal is to undertake conversion works at Burgoyne Road (should it be acquired) so that it can be used as a refuge for 16 families with the current refuges being repurposed either as general needs housing or supported living. Decisions have yet to be made on whether the building should be rebuilt or refurbished. The GLA have indicated support for the scheme and have strongly indicated that for the right scheme they would be prepared to fund a per unit contribution of £0.135m. This level of funding is predicated on an exemplar scheme which strongly points toward a rebuild of the facility. The One Public Estate initiative have made available funding to undertake a feasibility study once the Council's offer has been accepted.

### Social, Emotional and Mental Health provision 2020/21 – 2024/25

Scheme Ref.	Scheme Description	Borrowing (£'000)	Other (£'000)	Self-Financing (£'000)	Total (£'000)
218	Social Emotional & Mental Health Provision	700	1,350	650	<b>2,700</b>

The capital proposal is to for a budget to move forward the social, emotional and health (SEMH) provision within the borough. At this point the exact building(s) that the provision will be provided in is not known and the budget represents a high-level estimate of potential costs

### Additional Supported Living Schemes 2020/21 – 2024/25

Scheme Ref.	Scheme Description	Borrowing (£'000)	Other (£'000)	Self-Financing (£'000)	Total (£'000)
219	Additional Supported Living	0		5,000	<b>5,000</b>

Currently there is a supported living budget within the agreed capital programme. This budget has created the Linden House project and there is an unallocated budget of £6.42m left. The proposal is to add to this budget to enable a greater range of projects to be considered. At this stage it is not possible to identify individual schemes as the opportunity to acquire/remodel properties have not arisen yet. Each individual proposal will be subject to a

business case process that will ensure that the investment will generate savings to the revenue account over and above the cost of financing the investment.

#### Osborne Grove Nursing Home 2020/21 – 2024/25

Scheme Ref.	Scheme Description	Borrowing (£'000)	Other (£'000)	Self-Financing (£'000)	Total (£'000)
220	Additional OGNH Funding	0		35,930	<b>35,930</b>

The detailed Feasibility Study, concluded on 31st May 2019, demonstrated that this land offers significant opportunity for development, increasing provision to a 70-bedded nursing unit. The feasibility study provided the council with four potential development options for the future of the site at Osborne Grove. Cabinet considered the outcome of the feasibility at its meeting in July 2019 and agreed to proceed with the 70-bed development. This bid is for the additional funding needed to allow that scheme to proceed within the capital programme as a self-financing scheme. The total requested funding is to deliver the 70-bed new OGNH.

Further work has been undertaken that indicates that there is the potential to incorporate housing into the scheme. The cost of the scheme has been revisited in the light of this development and the additional funding proposed here will enable the scheme to proceed with the housing component.

#### Yearly Investments

People - Adults	2020/21 Budget (£'000)	2021/22 Budget (£'000)	2022/23 Budget (£'000)	2023/24 Budget (£'000)	2024/25 Budget (£'000)	Total (£'000)
Current Capital Budget	11,820	12,120	6,870	2,870	0	<b>33,680</b>
New Capital Bids	3,300	12,850	18,850	9,530	2,100	<b>46,630</b>
<b>Total</b>	<b>15,120</b>	<b>24,970</b>	<b>25,720</b>	<b>12,400</b>	<b>2,100</b>	<b>80,310</b>

**Adults and Health Scrutiny Panel - Draft Work Plan 2018-20**

**1. Scrutiny review projects;** These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.

Project	Comments
Care Home Commissioning	Report submitted to Overview & Scrutiny Committee – June 2019. Response from Cabinet provided – October 2019.
Day Opportunities	Report submitted to Overview & Scrutiny Committee – June 2019. Response from Cabinet provided – October 2019.
ASC Commissioning	Briefing session for Panel held on 18 <sup>th</sup> Nov. ToR approved by OSC on 25 <sup>th</sup> Nov. Evidence sessions to be held in Jan / Feb 2020.

2. **“One-off” Items;** These will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Potential Items
<b>4 September 2018</b>	<ul style="list-style-type: none"> <li>• Terms of Reference</li> <li>• Appointment of Non-Voting Co-opted Member</li> <li>• Performance Update</li> <li>• Cabinet Member Questions; Adults and Health</li> <li>• Community Well-Being Framework</li> </ul>
<b>4 October 2018</b>	<ul style="list-style-type: none"> <li>• Care Homes Review – Evidence Session</li> </ul>
<b>1 November 2018</b>	<ul style="list-style-type: none"> <li>• Haringey Safeguarding Adults Board Annual Report 2017-18</li> <li>• Financial Monitoring; To receive an update on the financial performance relating to Corporate Plan Priority 2.</li> <li>• Suicide Prevention</li> </ul>
<b>13 December 2018</b>	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> </ul>
<b>29 January 2019</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions; Adults and Health</li> <li>• Mental Health</li> </ul>

<b>4 March 2019</b>	<ul style="list-style-type: none"> <li>• Physical Activity for Older People – update</li> <li>• Improving Primary Care in Haringey</li> </ul>
<b>20 June 2019</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions</li> <li>• Budget overview</li> <li>• Locality working in North Tottenham</li> <li>• Suicide Prevention update</li> </ul>
<b>5 September 2019</b>	<ul style="list-style-type: none"> <li>• Budget overview</li> <li>• Osborne Grove update</li> <li>• Prevention &amp; early intervention</li> </ul>
<b>14 November 2019</b>	<ul style="list-style-type: none"> <li>• Budget &amp; performance update</li> <li>• Haringey Safeguarding Adults Board (HSAB) 2018/19 annual report</li> <li>• CQC update</li> <li>• St Ann’s Hospital update</li> <li>• Violence Against Women &amp; Girls (VAWG) strategy</li> </ul>
<b>6 January 2020</b>	<ul style="list-style-type: none"> <li>• Budget Scrutiny</li> <li>• Joint funding – Council/CCG</li> </ul>
<b>25 February 2020</b>	<ul style="list-style-type: none"> <li>• Cabinet Member Questions</li> <li>• Budget &amp; performance update</li> <li>• Canning Crescent update</li> <li>• Review of service improvement</li> </ul>

From March 2020: An expected follow-up item on locality working in North Tottenham

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