

Adults and Health Scrutiny Panel				
Ref	MTFS Proposal	Further info requested by the Panel (if appropriate)	Recommendation	Cabinet Response Required (Yes/No)
AS101	Fast Track Financial Assessments	Equality Impact Assessment for these proposals to be provided.		
AS102	Client Contributions	<p>RESPONSE: An EqlA Screening Tool was completed on 30 November 2020 (see Appendix 3)</p> <p>Scrutiny officer note: The pro forma for this proposal states that <i>“the income opportunities presented here are working with existing policies and approvals.”</i></p> <p>Full EqlAs on various aspects of these policies were carried out in previous years, e.g. Charges for Managed Accounts (June 2019)</p> <p>All published EqlAs are available here</p>		
Capital - 221	Mosaic System Implementation	<p>To provide a response to the Panel's query on whether an operational budget had been allocated in order to run any new system provided under this item.</p> <p>To provide additional information on the large variance in the cost</p>		

		<p>between the possible options of £650k and £2.5m.</p> <p>RESPONSE: Currently the Council is in a procurement process for a new social care system for Adults and Children's Services. If the current supplier is awarded the contract, it is likely that costs will be at the lower end of cost range. However, if a new supplier is awarded the contract, costs are likely to be higher, in order to make provision for costs attached to the implement the new system to all staff.</p>		
Capital - 209	Assistive Technology	<p>More details to be provided on how the £1m allocated for this item is expected to be spent and what the expected results of this would be. (e.g. would residents provided with assistive technology have fewer care visits?)</p> <p>RESPONSE: See briefing note in Appendix 1.</p>	The Panel requested that the Cabinet recognises the concerns raised around this savings proposal as any reduction in care visits could have an unforeseen risk of increasing loneliness and would therefore have a real impact on our residents wellbeing.	Yes
Capital – B2.7 (Cabinet Decision Date - Feb 2018)	Haringey Learning Disability Partnership	<p>To provide the slide (referred to by officers at the Panel meeting) outlining the three approaches to making savings on this item.</p> <p>RESPONSE: See slide in Appendix 2.</p>	The Panel noted that less than a third of this year's savings had been achieved and recommended that the Cabinet reassess to see if these savings were realistic considering there is a recognised growth in demand.	Yes

Mental Health – B2.8 (Cabinet Decision Date - Feb 2018)			The Panel noted that this item was RAG rated red on the Savings Tracker. The Panel wished to highlight the risk around making savings within the mental health care setting, particularly in a time of increased need. The Panel recommended that the Cabinet re-examines these new commissioning proposals to ensure that they are viable, will not compromise people's well-being, and will provide best care for residents.	Yes
N/A	General		To ask Cabinet to clarify if unachieved savings are due to the pressure of Covid-19, or for another reason. For example, because staff had to be redeployed; or because specific service demand increased where savings couldn't be safely made, or for any other reason.	Yes
N/A	Savings with mitigations		The Panel recommended to Cabinet that the proposals on savings with mitigations be made clearer. The Panel was unable to comment due to the limited information provided.	Yes

N/A	General	<p>To clarify which of the reserve funds are being used to cover any overspend in the Adults budget.</p> <p>RESPONSE: The Council's expectation is that the forecast overspend due to Covid-19 will be covered by additional government support. Regarding any non Covid-19 base budget pressures, the assumption is that Directors will identify measures to mitigate this as far as possible; any residual pressure will be met from utilisation of the budget contingency.</p>		
N/A	General	<p>To provide a table setting out the pressures on the Adults budget caused by the Covid pandemic and specifically where that pressure is in the budget.</p> <p>RESPONSE: Pressures arising through additional clients, care complexity, increased hours and carer breakdown. Main areas affected include supported living, additional transition clients and continuing health care influx. Furthermore, there has been expenditure on honorarium for all homecare social workers and 5% provider uplifts to cover PPE and voids during the emergency period.</p>		

		Projected slippage in savings has been caused by delays associated with responding to the pandemic, e.g. mobilisation of projects to take forward as staff were redirected to support the COVID-19 response.		
N/A	General	<p>To provide a breakdown of the services that have moved between Directorates (either in or out of Adults) and how this has affected the size of the Adults budget.</p> <p>RESPONSE: No changes to services within Adults and therefore no impact on budget.</p>		
N/A	General	<p>To provide details of the work that had been carried out on future demand pressures and what provision had been made in the budget for this.</p> <p>RESPONSE: Future demand trajectory is modelled on historical trends to establish a baseline of clients and unit costs. After which inflation and demographic growth are two main variables used to model movements of the baseline. COVID-19 which represents a shock to demand is modelled with expertise from heads of service and commissioners based on scenario projections.</p>		

		£3.3m provision has been made to meet additional demand pressures in 21/22.		
N/A	General	<p>To provide an explanation on how the impact of unexpected major events are built into budget plans, given the impact of the Covid pandemic.</p> <p>RESPONSE: The Council has a statutory responsibility to assess the robustness of the Council's budget and to ensure that the Council has sufficient contingency/reserves to provide against known risks in respect of both expenditure and income. A number of these risks are referred to in the budget report including the impacts of Brexit, the funding regime for the sector, demographic change, inflation as well as the ongoing effects of the pandemic. The Council must take a balanced approach in assessing these various risks, and the potential impact they could have on the Council's finances. The number of uncertainties underlines the need to maintain both a budgeted resilience contingency and to keep general and earmarked reserves (including the budget resilience reserve) at current levels.</p>		

N/A	General	<p>To provide an explanation on the management of risk around capital budgets, how that is tracked and which personnel have sight of this.</p> <p>RESPONSE:</p> <p>In the management of capital projects, robust risk and issue management is important to ensure that projects are delivered on time and on budget. Risks and issues are tracked throughout the entire project lifecycle from initiation through to closure, and are reviewed:</p> <ul style="list-style-type: none"> • Weekly by the Project Managers in project team meetings • Monthly in project reporting • In Steering Groups (both project and programme level) • During Project delivery Gateway Reviews • In Lessons Learnt and Project Closure <p>The budgets for all schemes are also monitored by Capital Finance at a project level on a monthly basis and reported to Cabinet on a quarterly</p>		

		<p>basis. Where schemes or budgets vary significantly from planned, they are examined in detail and corrective action taken.</p> <p>Project / Programme Managers must price risks early in the project, and these should be mitigated as the project develops and has more design and cost certainty. There is an officer process for reviewing capital delivery, and at various stages major capital projects are reported to Cabinet, as well as the regular capital budget monitoring reports to Cabinet.</p>		
Future budget scrutiny meetings – presentation of information	Savings Tracker		<p>The Panel considered that the information presented in the Savings Tracker was insufficiently clear, noting that different versions were provided in the Cabinet papers and in the Panel's papers. In particular the "Savings with Mitigations" section was omitted from the Panel's papers. The Panel recommended that the same version of the savings should be provided in both sets of papers from next year and that the Savings with Mitigations section be more clearly defined and explained as the Panel were unable to comment on the limited information provided.</p> <p>The Panel also recommended that the savings tracker should clearly set out</p>	No

			the position of each saving in the current financial year, what overspends will be carried forward to the next year, commentary as to whether savings could realistically be achieved and full implications.	
Future budget scrutiny meetings – presentation of information	N/A		The Panel suggested that it would assist them if, from next year, it could be made clearer in budget scrutiny papers whether the savings can realistically be achieved, perhaps by setting out practical examples or case studies to illustrate how these would work in practice.	No
Future budget scrutiny meetings – presentation of information	N/A		The Panel recommended that, from next year, the reporting on the capital budget should include information on the progress made against key milestones and deadlines.	No
Future budget scrutiny meetings – presentation of information	N/A		The Panel recommended that, from next year, if any jobs losses (or posts not being filled) are involved in any budget changes then this should be clearly highlighted in the documentation provided to the Panel along with an explanation of implications.	No
Future budget scrutiny meetings –	N/A		The Panel noted that the Cabinet papers contained additional information about the Adults budget that had not been included in the Panel's papers	No

presentation of information			<p>(e.g. Service Growth Budget Adjustment Proposals, Delayed and Undeliverable Savings Proposals).</p> <p>The Panel recommended that, from next year, the papers provided to the Panel should include all information directly related to the Adults budget that had been provided in the Cabinet papers and should correlate with the Cabinet papers so that there is consistency and transparency.</p>	
Future budget scrutiny meetings – presentation of information	N/A		<p>The Panel recommended that, from next year, information should be provided on progress made towards the amount of additional income generation that had been previously built into the plans. This would enable the Panel track whether this was being achieved as intended.</p>	No

Appendix 1 Briefing Note: MTFS Proposal - Assistive Technology (Ref: Capital – 209)

The funding supports a variety of key enablers for the programme including equipment, data cleansing of systems, and a call monitoring platform.

The expected results include:

Residents, businesses and partners:

- Improved outcomes for service users and carers.
- Improved Responding Service to include lifting capability, helping to reduce potential hospital stays, improving outcomes.
- Wider range of products to better meet individual needs and therefore improving outcomes.
- Improved understanding of care needs so that appropriate wrap around care can be identified and put in place, and suitable interventions identified.
- Improved stability of the system to ensure service provision, minimise risk of downtime, keeping users safe.
- Clear service offer and service agreements, with easier access for partners to encourage referrals.
- Ability to remain in own home for longer and retain independence, proved to deliver improved outcomes.
- Improved service performance (*i.e. installations timelines*) in accordance with Industry Best Practice Standards.
- Reduction in risk as equipment operational issues will be identified automatically

Staff:

- Clearer definition of roles and responsibilities, enabling staff to develop expertise.
- Improved infrastructure to undertake their duties and perform tasks, providing efficiencies and improved satisfaction.
- Greater efficiencies of time through reduction in administration and remote real time updating, ability to provide more value-added service.
- Improved / redesigned end to end processes enabling quality experience
- Reorganised teams that have the right skills to deliver and enabled with the appropriate systems, leading to improved practice to drive performance, behaviours and operational standards
- Improved information to better inform package development.

Appendix 2: Adults and Health Savings Strategy



We have a clear budget strategy that we have developed as the basis for sound financial management. This is evidence based and we are confident that it sets out the primary levers for managing the main sources of financial pressure across Adults and Health.

This approach has enabled delivery of ambitious savings in 2019/20 of the MTFs, with £4m savings delivered (90% of target).

DEMAND MANAGEMENT Preventing, reducing and delaying demand for social care	MARKET MANAGEMENT Commissioning packages of care that meet needs in the most cost-effective way	OPERATIONAL MANAGEMENT Reducing the cost base of delivering Adult Social Services
1.1 Strengthening preventative support in the community	2.1. Improve information and access to community alternatives	3.1. Improving the resilience and permanence of the workforce
1.2. Diversion at the Community Front Door	2.2. Increase the sufficiency and value for money of community-based provisions including PAs, Day Opportunities	3.2. Strengthen management oversight and decision-making on performance and finance
1.3. Managing demand from acute hospitals	2.3. Increase the local availability and utilisation of a range of Supported Living options	3.3. Implementing operational integration with health and other LAs
1.4. Managing transitions from CYPs	2.4. Strengthen the Homecare market and improve quality and outcomes	3.4. Establishing fairer contributions – income and subsidies
1.5. Expanding the use of assistive technology	2.5. Contain the cost of residential and nursing placements working across NCL to develop capacity	3.5. Revising contracts for services (non-care packages)
1.6. Promoting independence through care planning & reviews	2.6. Develop capital assets to deliver commissioning intentions	

Appendix 3: Equality Impact Assessment – Fast Track Financial Assessments and Client Contributions

Equality Impact Assessment Screening Tool				
1	Lead officer contact details: Farzad Fazilat			
2	Date: 30/11/2020			
3	Summary of the proposal: Client contributions income opportunities			
	Response to Screening Questions	Yes	No	Please explain your answer.
a) Type of proposal				
4.	Is this a new proposal or a significant change to a policy or service, including commissioned service?		No	The policy and service have not been affected. This is an extension to the delivery of the current policy by starting the process earlier.
5.	Does the proposal remove, reduce or alter a service or policy?		No	No changes to policy or service.
6.	Will there be a restructure or significant changes in staffing arrangements? Please see the restructure pages for guidance for restructure EqIAs .		No	There will be additional temporary staffing to assist in the delivery of the savings proposal and to generate income.
7.	If the service or policy is not changing, have there been any known equality issues or concerns with current provision. For example, cases of discrimination or failure to tackle inequalities in outcomes in the past?		No	There are no known equality issues or concerns with the current provision. All cases coming forward for financial assessment are Care Act eligible and are subject to the same process.
b) Known inequalities				
8.	Could the proposal disproportionately impact on any particular communities, disadvantaged or vulnerable residents?		No	Only residents with care needs are Care Act eligible and so are more likely to be disabled or older. However, there is no differential approach for any protected groups envisaged in this proposal. All assessments are conducted in accordance with the Care Act 2014.

9.	<p>Is the service targeted towards particular disadvantaged or vulnerable residents?</p> <p><i>This can be a service specifically for a group, such as services for people with Learning Disabilities. It can also be a universal service but has specific measures to tackle inequalities, such as encouraging men to take up substance misuse services.</i></p>		No	<p>As noted above, Care Act eligible clients are likely to be disabled or older people and therefore automatically the proposal will be more likely to affect groups with protected characteristics. Consistent assessments are conducted on all eligible client groups within the guidelines of the Care Act 2014.</p>
10.	<p>Are there any known inequalities? For example, particular groups are not currently accessing services that they need or are more likely to suffer inequalities in outcomes, such as health outcomes.</p>		No	<p>Assessments are conducted on all eligible client groups within the guidelines of the Care Act 2014.</p>
11	<p>If you have answered yes to at least one question in both sections a) and b), Please complete an EqIA.</p>		No	