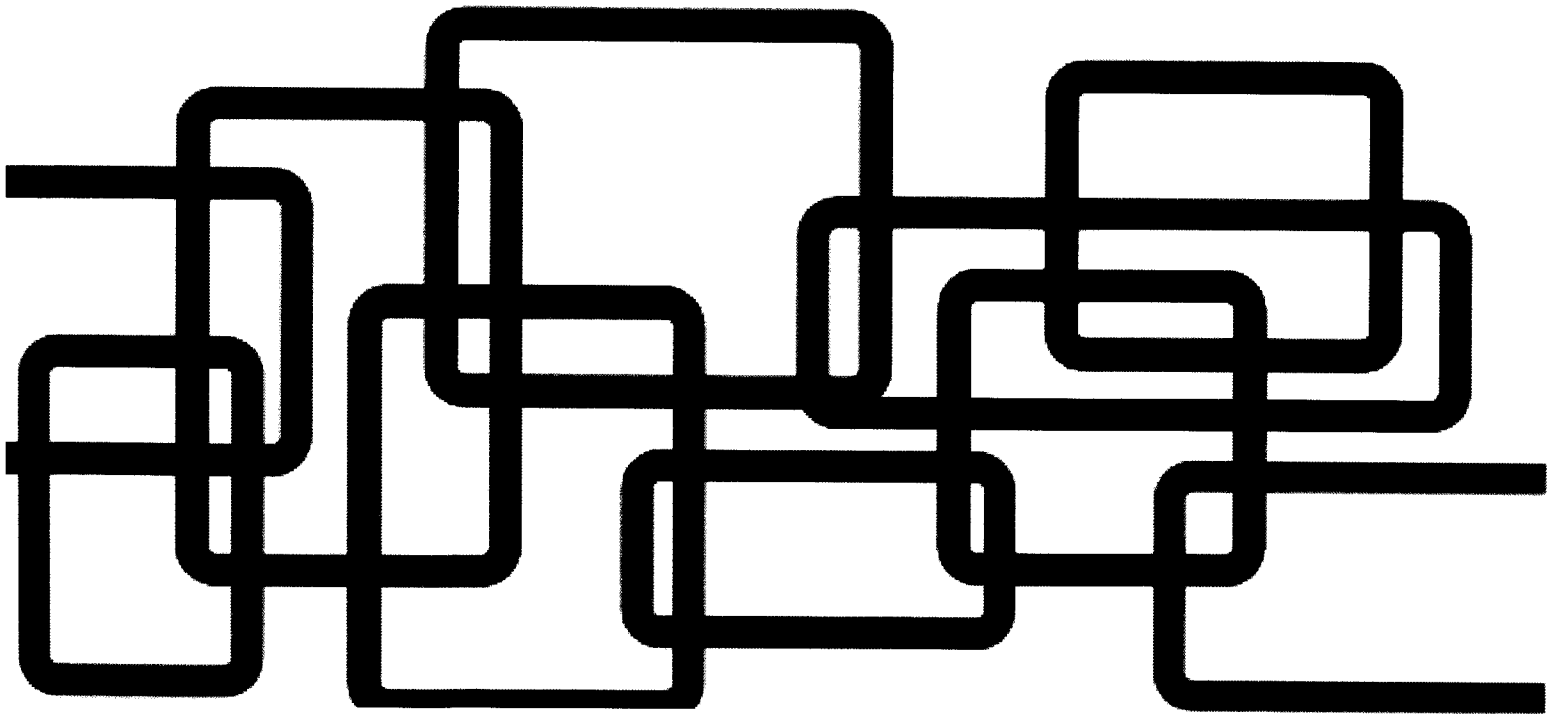
# Adults Social Services

# Pre Business Plan Review

# 2007/2008



# Pre Business Plan Review 2007 / 2008

Business Unit: Adults Social Services

Budget Holder: John Haffenden

Directorate: Social Services

This Pre-Business Plan Review template has three main sections:

## Section A:
Sets out progress against current year's objectives, performance targets and budget

## Section B:
Identifies the factors that will affect the work of your business unit in the next four years

## Section C:
Sets out proposals for the years ahead

There are 3 appendices which need to be completed in addition to this form:

## Appendix 1
Lists business unit relevant performance indicators, floor targets, year to date and end year projected performance against targets and action to be taken to deal with under-performance. (Compiled by Improvement & Performance, completed by Business Unit)

## Appendix 2
Value for Money profile – (Compiled by Audit Commission) for reference in completing section 4.

## Appendix 3
Analysis of expenditure against budget and Grants – (Compiled by Corporate Finance, completed by Business Unit)

## Appendix 4
Capital Programme Application Form and Explanatory & Guidance Notes – (2 additional documents compiled by Strategy Section, Corporate Finance, to be completed if relevant, in conjunction with section 12 of PBPR)

# SECTION A – Where is the Business Unit now?

## 1. Vision

**Achieving excellent services – achieving change for the better**

The division aims to provide, develop, and commission community care services that improve the quality of life of adults living and working in Haringey. By working in partnership with service users, carers, Health and the private and voluntary sectors, the division aims to ensure that services maximise independence, provide real choices and are appropriate to the needs of the local population. This ambitious vision informs our preventative approach, reflecting the proposed outcomes of "Our Health, Our Care, Our Say," and the Choosing Health agenda.

## 2. Objectives (Current Year)

In the following table set out progress against current year objectives and identify any areas of work that will need to be carried forward to the next financial year.

| Objectives | Progress so far | Anticipated progress at year end | Areas of work to carry forward |
|---|---|---|---|
| | | | |

| Objectives | Progress so far | Anticipated progress at year end | Areas of work to carry forward |
|---|---|---|---|
| Business Plan Objective 1. *Implement national priorities and strategic objectives*<br><br>Key elements are Strategic objectives, partnership working and service user involvement | **Learning Disabilities**<br>▪ The Positive Behaviour Policy has been rolled out throughout the service. 9 staff have been trained to deliver training in this for frontline staff.<br>▪ The review of Health Action Plans (HAP) and Person Centred Planning (PCP) has been completed. 110 PCP are complete. 52 HAP are complete.<br><br>**Mental Health**<br>▪ Following an extensive consultation our Day Services Strategy Review has been agreed which will allow a new model of day service to be implemented.<br><br>**Physical Disabilities**<br>▪ HIV and Sexual Health strategy developed to deliver more flexible and efficient care management services.<br><br>**Carers**<br>▪ Carers Strategy has been reviewed by Council Executive and two key proposals agreed 1) payment and recognition for carers 2) review of Carers Development Manager post.<br>**Adaptations**<br>▪ Setting up of new Adaptations service with an emphasis on cross departmental service provision – Haringey Integrated Community Equipment Service (HICES) has continued to perform above 90% for deliveries in 7 days.<br><br>**Supporting People**<br>▪ The Floating Support Service has been integrated with 'Homes for Haringey'. | ▪ 150 frontline staff will have been trained in the policy by the end of the year.<br><br>▪ To continue to exceed our targets for PCPs and HAPs.<br><br>Proposals from the review -<br>▪ Remodel two building based services<br>▪ Support an extra 10 people onto DP to facilitate more person centred services.<br><br>▪ To develop the finance service for Direct Payments and achieve target of 109 PD users on DP by year end.<br><br>▪ Procedures in place for paying carers for their time and expertise.<br><br>Stage 2 of the Adaptations project to include:<br>▪ Creating a holistic well-being service<br>▪ Development of an equity release programme for private properties.<br><br>▪ To have completed the re-commissioning and reconfiguring of mental health services. | ▪ Review and evaluate the training and policy - to include the implications of the policy for people with extreme challenging behaviour.<br><br>▪ Develop HAP as a LAA stretch target.<br><br>▪ Continued implementation of the action plan by April 2008 to ensure delivery of new model.<br><br>▪ In partnership with the Renate Campbell Trust, to set up a 5 day service for deaf people.<br><br>▪ To develop carers strategic commissioning. By Sept 2007 – The Carers Centre will be the resource centre for carers.<br><br>▪ Long-term strategy to create well-being service encompassing benefit maximisation and decent homes.<br><br>▪ To develop a Housing and Support Strategy for Older People. |

| Objectives | Progress so far | Anticipated progress at year end | Areas of work to carry forward |
|---|---|---|---|
| Business Plan Objective 2<br>*To ensure best use of available resources by improving cost and efficiency*<br><br>Key elements include: improved efficiency, procurement processes and partnership working to improve economy. | **Learning Disabilities**<br>▪ Completed a zero based budget exercise on all cost centres.<br><br>**Mental Health**<br>▪ CMHT reorganisations – reduction in levels of management to create a better model of service delivery.<br><br>**Physical Disabilities**<br>▪ The take up of Direct Payments has contributed to more cost effective packages of support<br><br>**Carers**<br>▪ Project scoped to review the Carers Grant and identify efficiencies.<br><br>**Adaptations**<br>▪ Following Best Value review and business process re-engineering – new adaptations service set up.<br><br>**Supporting People**<br>▪ We have identified services that meet cross authority needs that would benefit from being commissioned on a regional basis to provide better coverage of service and meet efficiencies. | ▪ Following the zero based budget exercise efficiencies of £180k were identified and will contribute to the service efficiencies.<br><br>▪ Consultation to be completed on possible reduction of CMHTs to 3 and establishment of separate intake and assessment team to ensure refocus of work to those with highest need.<br><br>▪ All PD placements will be reviewed.<br>▪ All 'higher needs' clients reviewed against Continuing Care criteria.<br><br>▪ The Carer's Grant allocations for next year to be agreed by Feb 2007. New commissioning arrangements in place and staff recruited to all new posts.<br><br>▪ PID to be completed which will inform phase 2 efficiency savings.<br><br>▪ To manage floating support services through a sub regional contract with Enfield, Westminster and Camden. | ▪ Review of staffing structure to enable flexible working.<br><br>▪ Continued improvement of the growth needs analysis<br>▪ Complete the implementation of review recommendations<br><br>▪ Procure a single supplier for community equipment to ensure efficient delivery and VfM<br><br>▪ Introduce devolved budgets to provide 'flexible carers' services'.<br>▪ Improved review and accountability procedures for Carers grant.<br><br>▪ Phase 2 to promote innovative housing solutions to use resources better.<br><br>▪ To commission cross authority services for offenders and sex workers. |

| Objectives | Progress so far | Anticipated progress at year end | Areas of work to carry forward |
|---|---|---|---|
| Business Plan Objective 3 *Improve effectiveness of service delivery and outcomes*<br><br>Key elements – independence, range of services and prevention of abuse | **Learning Disabilities**<br>▪ Review Team made up of 3 reviewing officers has been established. In addition a Community Care Officer has been recruited as a result of the review of the referral procedures.<br><br>**Mental Health**<br>▪ 1 person has completed NVQ in Catering and Hospitality through Clarendon Centre and has gained employment as a Caterer.<br><br>▪ 44 people discharged from hospital so far this year to supported housing.<br><br>**Physical Disabilities**<br>▪ 3 people have moved from residential provision to community based provision.<br><br>**Carers**<br>▪ The Carers Centre has been established and provides wide ranging services including support and advice.<br><br>▪ 87 'Take a breaks' this year.<br><br>**Adaptations**<br>▪ Reduction in OT waiting list following 120 adaptations following 320k investment from 05/06.<br><br>**Supporting People**<br>▪ The role of the Vulnerable Adults Team (part of Housing Prevention and Options) has been successfully developed. | ▪ Joint protocols with Children's Services on supporting families where a person with a learning disability is responsible for a child.<br><br>▪ Clarendon Centre to start a Music Technology BTech course.<br><br>▪ A consultation with HIV users is scheduled for the autumn and a consultation with PD users scheduled for March 2007.<br><br>▪ Carers Centre launched as provider of universal carers' services, 45 referrals by end of year.<br><br>▪ 140 'Take a breaks' by year end.<br><br>▪ If present capital bid agreed, public sector OT waiting list can be nil by year end<br><br>▪ New protocols and processes for the VAT team to have been implemented | ▪ To continue to contribute to the development of transition services for young people moving from Children's to Adults services.<br><br>▪ 4 more people to complete NVQ training in Cat erring & Hospitality with a view to finding employment.<br><br>▪ Develop HAPs as part of LAA.<br><br>▪ Implementing the Direct Payments Strategy for accessing community equipment.<br><br>▪ By Sept 2007 Carers centre to be the hub of carers support services and 100 referrals next year.<br><br>▪ 200 'Take a breaks' to be achieved.<br><br>▪ If Homes for Haringey funding continues – waiting list to remain at nil.<br><br>▪ To continue to develop information systems to improve the quality, accuracy and accessibility of SP supply and other data |

| Objectives | Progress so far | Anticipated progress at year end | Areas of work to carry forward |
|---|---|---|---|
| Business Plan Objective 4 *Improve the quality of services for users and carers*<br><br>Key elements – referral, assessment, care planning and review process, information for service users and quality assurance mechanisms. | **Learning Disabilities**<br>▪ Council wide Communication Strategy written in partnership with service users, carers, PCT, voluntary sector and stakeholders.<br>▪ 147 people have been trained in the strategy.<br><br>**Mental Health**<br>▪ Implementation of action plan following CSCI inspection.<br><br>**Physical Disabilities**<br>▪ 2 Community Care Officer posts have been established. This is improving the speed of response and reducing the waiting list for overview assessments.<br>▪ 3 people have moved from residential provision to community based provision.<br><br>**Carers**<br>▪ Access database of registered carers migrated to Framework-I and is providing up to date info on carers.<br><br>**Adaptations**<br>▪ Following review of OT procedure, length of time to complete assessment from first contact reduced from 252 to 20 (average).<br><br>**Supporting People**<br>▪ Communication Strategy implemented and 'Key Messages' Leaflets provided to Service Users, customer services, websites and Libraries. | ▪ A further 75 people to be trained by the end of the year. All LD services to have carried out their action plans by April 2007.<br>▪ Accessible LD section of the council website.<br><br>▪ Review of the Care Programme Approach (CPA).<br><br>▪ To develop the role of 'Trusted Assessor' to allow district nurses and occupational therapists to prescribe small packages of care for people with PD or SI.<br><br>▪ Implement Carers Emergency Card Scheme for 50% of carers who want it.<br><br>▪ Maintenance of present target.<br><br>▪ To support all services in attaining the next standard of quality (level B) in at least two out of six areas in the Quality Assessment Framework. | ▪ To action the learning from the person centred review pilot. Using this to develop person centred reviews, assessments and care planning.<br><br>▪ Implementation of the CPA review's findings.<br><br>▪ To undertake a self assessment against CSCI standards and develop an action plan.<br><br>▪ Final 50% on Emergency Card Scheme.<br>▪ To provide training and pathways to learning and returning to work for carers.<br><br>▪ Meeting revised target.<br><br>▪ Further work to ensure compliance around the QAF programme. |

| Objectives | Progress so far | Anticipated progress at year end | Areas of work to carry forward |
|---|---|---|---|
| Business Plan Objective 5 *To promote Fair Access to services*<br><br>Key elements - eligibility criteria, fair access, diversity and social inclusion | **Learning Disabilities**<br>▪ The contact, referral and assessment processes have been reviewed and are fully managed through Framework – i. | ▪ Development of community outreach for people currently in day opportunities to enable young people with higher needs to access day opportunities. | ▪ A work experience pilot by LBOH will be available to all people with disabilities - will provide opportunities for 100 LD service users. |
| | **Mental Health**<br>▪ In Partnership with BEH MHT a Turkish/Kurdish Community Development Worker post has been established. | ▪ Recruitment to take place and needs analysis of T/K community to be completed. | ▪ To support BEH MHT to deliver the race equality framework. |
| | ▪ Needs analysis of 110 service users complete – project with SP underway to improve services in low and medium accommodation. | ▪ Remaining 41 people in medium and low level SP accommodation to have a needs assessment. | ▪ Completion of action plan following needs analysis. |
| | **Physical Disabilities**<br>▪ Direct Payments – Increased resources to ensure fair access. | ▪ A public access internet facility to be opened. | ▪ Reconfiguration of Winkfield Resource Centre to ensure better access for all communities. |
| | **Carers**<br>▪ Carer assessments being undertaken by expanded range of assessors, enabling hidden carers to access carers' services. | ▪ Two Black and Minority Ethnic Carers Groups taking on carer assessments. | ▪ Project to improve recording of carers' ethnicity. |
| | ▪ Carers centre undertaken 8 assessments. | ▪ 18 assessments by year's end. | ▪ 25 assessments in 2007/08. |
| | **Adaptations**<br>▪ The performance of the OT clinic has meant people can be offered an appointment within 2 weeks. | ▪ Training for staff to offer more rehabilitation, advice and practice about using equipment. | ▪ To develop a mobile clinic targeting blind households. |
| | **Supporting People**<br>▪ Evaluation of research into the Housing and Support Needs of domestic violence survivors from BME Communities, particularly Turkish Speakers. Will inform future research and commissioning. | ▪ To continue to collect and improve the accuracy of equalities data and determine what changes in services and practices are needed to address any over and under representation of services. | ▪ Research to be commissioned into the housing and support needs of domestic violence survivors from BME communities. |

Please complete Appendix 1. For all indicators where performance against target or threshold **is at risk** set out:

| Ref | Description | 2006/07 target / threshold | 2006/07 performance Apr-Aug | 2006/07 projection | Proposed remedial action to achieve target |
|---|---|---|---|---|---|
| D40 | Clients receiving a review | 60-90% | Apr – 42.8%<br>May – 42.1%<br>June -40%<br>July – 47.6%<br>Aug – 51.4% | 65% | *Additional staff have recently been employed in PD. LD have implemented a new structure including the recruitment of 3 reviewing officers. A clear plan of action has been implemented which has resulted in an increase from 31% to 45% in the last two months. The target by the end of the year is 75%. Other services are planning to follow suit. Performance in this area is monitored on a weekly basis, and based on current performance we will exceed our projection and be at 73%.* |
| D39 | Percentage of people receiving a statement of their needs and how those needs will be met. (Adults & OPS) | 100% | Apr –65%<br>May –64%<br>June –64%<br>July -79%<br>Aug – 76% | 85% | *Improvement projects are underway and there is a general upward trend in the figures. This PI is monitored on a weekly basis. LD – there are 61 service users without a statement of need. This means that 88% have a statement of need. The remainder will be captured during the course of the planned reviews. We are on course to meet our projection.* |
| C62 | Services for Carers<br>(Adults and Older People) | 12+% | Apr –5.1%<br>May –6%<br>June –2.5%<br>July -2.6%<br>Aug – 3.6% | 12% | *Actual performance is believed to be higher than shown; however, further work is occurring to identify how this PI can be improved. Currently a project board is being set up in order to identify and resolve the issues around the reduction of performance. This PI is monitored on a weekly basis.* |

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| Local | NHS and Comm Care Complaints – Stage 2 responded within 28 days | 40% | Apr – None<br>May –0%<br>June - None<br>July – 0%<br>Aug – 0% | n/a | *New complaint regulations will come in to effect from 01 September 2006.Training to be given to all Investigating Officers so they are aware of the new regulations and what the implications are of not meeting these targets to the Local Authority. New monitoring procedures to be put in place by complaints officer. If Investigating Officers continue to miss timescales they will not be used by the Local Authority.* |
| B17 | Cost of Home Care per Client | £10.93 - £14.57 | Apr –£20.60<br>May –£20.60<br>June –£20.60<br>July - £20.60<br>Aug - £20.60 | £15.50 | *Following a Business Process Review, Haringey Homecare have developed an action plan to achieve efficiencies during the coming year. However, the OPS Value for Money assessment carried out in May 2006 recognised that home care in Haringey is much more innovative than in many Local Authorities and respond to "Our Care, Our Health, Our Say." Consequently, unit costs of home care are higher than in comparator, but this is balanced by the reduction in residential admissions which these innovative services have led to.* |
| B12 | Cost of intensive social care per client | £396 - £528 | Apr – £632<br>May –£661<br>June –£712<br>July - £729<br>Aug - £724 | £590 | *See above for home care unit costs. The VfM profile was less clear on residential services, due to the various developments which have been carried out in Haringey's residential homes in the last year or so. However, it does state that "the [Residential] Strategy is progressing well and by mid 2006/07 we will have unit costings for three of the remaining four homes." Regarding externally commissioned residential and nursing care, it is recognised that the need for dementia beds in residential is set to increase over the coming years, and that the market for this provision is very competitive and provider-led.* |

## 4. Value for Money (Cost, Performance, Perception)

Heads of Service previously completed a Value for Money pro-forma which includes unit costs, comparative data and/or other value for

money information that helps to demonstrate value for money for the service. Also refer to Appendix 2 –the Audit Commission Value for Money profile.

Please comment on your assessment and highlight value for money in a way that suits the local service

Total spend on social services per head is in the upper quartile compared to other London Boroughs and nearing the upper quartile compared to nearest neighbours. Spend per head is in the upper quartile for both London and nearest neighbours for learning disabilities, mental health and asylum seekers. Spend on physical disabilities per head is in the 2nd quartile compared to both London and nearest neighbours. Spend per head on other social services is in the upper quartile compared to London and in the 3rd quartile compared to nearest neighbours. The higher costs of social services reflect local demographic trends; such as a proportionally high number of older people with mental health needs than in other London Boroughs and high numbers of asylum seekers and refugees who have diverse and complex needs. Haringey provides specialist mental health, dementia and palliative care services to older people and learning disability services which are highly regarded nationally. It must be emphasised, though, that the Council has invested heavily in its social services over the last few years to help improve its performance on key service areas. This has been successful and is reflected in the two stars gained by the service in 2005/06.

Haringey has a high percentage of ethnic minorities. This is an important context to understand as this presents the additional challenge of working with the individual service user, their families and communities to ensure they retain and develop their cultural and religious identity. This is an additional pressure on resources for any authority with a culturally diverse community and is an important factor in looking at value for money.

**Learning Disabilities**

Spend per head on adults with a learning disability is the 2nd highest in London and 2nd highest within the nearest neighbour group at £119,000 per head per annum. The following table shows our average weekly costs for residential care:

| PAF indicator | England Average | Inner London Average | Outer London Average | Haringey |
|---|---|---|---|---|
| Average gross weekly cost on supporting adults with learning disabilities in residential care | £820 | £1,023 | £990 | £1,369 |

There has been investment in this area and Haringey spends more money per head for individuals with learning disabilities. However, comparative information does not necessarily mean that what makes up expenditure in different authorities is identical. There is, for example, a formal LD partnership and the lead agency for this is the council. Costs include the PCT component for all service users within the S28a agreement. This means that when other boroughs may only be reporting the part of the service that the Local Authority pay for, Haringey's

gures include the whole cost. In addition, also included within the S28a are some high level PCT funded packages which may also contribute to the apparent higher expenditure. The LD partnership delivers a good quality service when compared with other authorities. The biggest investment has been the delivery of person centred planning, making good progress in health action planning and bringing these together.

There is a five year plan for delivering and improving on services in LD. The transition from building based to community based services has deliberately taken longer than some other authorities and has enabled the transition from one service type to another to be planned and centred on the needs of the individual. There are also areas of good practice and innovation. There is a successful approach to 'transitions' from children to adult services, and new assessment and treatment processes will become effective in September and deliver a more efficient service. There has been council wide acceptance for adopting a communications strategy designed at making information accessible to people with LD. The LD service has contributed to a number of small initiatives to break down stigma and bullying of people with LD and provided funding for such initiatives as the dating agency for LD people 'Stars in the Sky'.

Service mix - Higher levels of spending on services are generally associated with higher levels of use of residential care relative to help at home, high unit cost of accommodation purchased and high levels of provision both in term of accommodation and help to live at home. However, Haringey has 10 adults per 10,000 supported in residential and 2.5 adults per 1000 helped to live at home. Compared to both London and nearest neighbours this is a fairly high level of helped to live at home compared to living in residential therefore it would be expected that levels of spending would not be so high.

**Physical Disabilities**

Spending on adults with a physical disability is below average compared to both the London and the nearest neighbour group at £46,000 per head per annum. We are the 6th lowest authority compared to our nearest neighbours and 14th lowest compared to other London Boroughs. The following table shows our residential care costs:

| PAF indicator | England Average | Inner London Average | Outer London Average | Haringey |
|---|---|---|---|---|
| Average gross weekly cost on supporting adults with a physical disability or sensory impairment in residential care | £586 | £771 | £660 | £689 |

Service mix - Compared to London Haringey has a high number of adults helped to live at home and a comparable number of clients in residential/nursing care. Compared to nearest neighbours Haringey has the highest number of adults with a physical disability helped to live at home and one of the lowest number of clients in residential/nursing care.

**Mental Health**

The expenditure per head on mental health services is in the upper quartile in terms of both London and our nearest neighbours. This is unsurprising when considered against the local need for mental health services. There is a higher than average mental health population in Haringey. Compared to both London and nearest neighbours Haringey has few clients with mental health problems helped to live at home and a high number of clients supported in residential and nursing care. For the improvement in performance around those helped to live at home the GLA projections for the numbers of individuals who may require access to day services in the following years would form an important part of commissioning plans. The GLA predict that there will be potentially 807 people accessing day services in 2008 and in 2016 potentially 897. A needs analysis was carried out in 2005 to look into this issue in greater detail; the research shows that the individuals in low level supported accommodation would require higher need accommodation while those in higher need were appropriately supported in their accommodation. There is also a larger number of service users helped to live at home than currently or previously indicated. Solutions are being developed through the Supporting People programme to gradually enable more people to become independent and reduce residential/nursing care options. Importantly, the analysis confirmed that people were appropriately placed. A key focus of the commissioning plan is to gradually relocate resources over time to move away from a position of intensive high cost services (as shown below) to more community based services.

| PAF indicator | England Average | Inner London Average | Outer London Average | Haringey |
|---|---|---|---|---|
| Average gross weekly cost on supporting adults with mental health needs in residential care | £487 | £571 | £579 | £726 |

## 5. Finance

*5.1* Spend against Budget

Appendix 3 shows an analysis of the cost of your service. Where there are over-spends or under-spends either as at end of August or at projected year-end, please list reasons and proposed remedial action.

Projected variation of £x – reason – remedial actions being taken / proposed

| Service | Projected Variation £000s | Reason | Remedial action |
|---|---|---|---|
| Learning Disabilities | 300 | The commissioning budget is projecting an overspend of £300,000. This has come about from demand to provide services for young people in transition and the delay in opening the new residential unit in Whitehall Street.<br><br>The pooled fund which funds all of the councils and TPCT specialist services is on target. All parts of the service are under great pressure to meet the increasing needs of people attending services. | Strict controls have been put in place to ensure that any new packages of care are carefully scrutinised. In addition, reviewing officers will recommend reductions in existing packages where possible and appropriate.<br>A proposal has also been made to close Talbot Road and use the top floor of Whitehall Street to provide 4 respite beds. This will provide an annual saving of £290k.<br>Wherever possible domiciliary care or supported living is used instead of residential to minimise costs. Work continues to support individuals to move from residential into supported living placements. |
| Adaptations Service | | This service is projecting on line although there are pressures in the HICES budget. Any overspend will be shared with the TPCT in line with the pooled fund agreement. | N/A |

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| Physical Disabilities | 770 | The Physical Disabilities Commissioning budget is projecting to overspend by £679,000 excluding asylum services.<br><br>The reason for this overspend is the continued demand on services which has resulted in increased levels of domiciliary care being provided together with the implications of the implementation of the continuing care criteria by Haringey TPCT. This is particularly relevant in support packages for people with terminal and deteriorating conditions who only receive funding from the TCPT for a time limited period.<br><br>The balance of the overspend relates to unachieved efficiencies in the year. | Management action is in place to review high cost packages to ensure that the most cost effective packages are in place. A needs analysis is also planned with Haringey TPCT to try to improve the prediction of demand. |
| Mental Health Community Teams | 200 | The CMHT budget is projecting an overspend of £200,000. This has come about from delays in implementing the departmental efficiency target and a shortfall in the services budget in relation to staffing and running costs. These figures assume that the efficiencies required will be implemented in December. | This overspend will be reduced as a result of the deletion of posts, redeployment and the holding of vacancies. |

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| Mental Health Commissioning | 883 | The Mental Health Commissioning budget is projected to overspend by £836,000. Much of this overspend has to come about from the increasing number of placements required from people who have been discharged from St Ann's, Hostels and medium secure units.<br>The balance of the overspend relates to an unfunded post. | The long term management action is the reconfiguration of SP services for MH service users in order to develop more high support services with a focus on active rehabilitation and recovery. The service is working towards extra care supported housing schemes to support older clients.<br><br>Short term actions to manage resources and budget pressures include a review of clients subject to S117 and continuing with robust gate keeping. |
| Asylum Services | 596 | Social Services are required to support asylum seekers with care needs. This expenditure is not supported by grant. This expenditure is held against provisions held centrally. | Discussion to take place with Legal Services to ensure the current approach to assessment and meeting of asylum seekers' needs is appropriate. |
| Substance Misuse | -10 | A minor underspend was projected at period 4. | N/A |
| Mgt & Support | -94 | Underspends held to offset expenditure elsewhere. | N/A |
| Total Adults | **2,645** | At the end of period 4 the Adults Division is projecting an overspend of £2,645,000. Over the last few years all services have encountered high levels of demand which have resulted in increased pressure on commissioning budgets; in addition all services have experienced difficulty in implementing the required efficiencies at the same time as managing growing demands. | Strict control measures are in place in each service in order to keep new expenditure in check as far as possible. There are also longer term plans in some services involving the use of supported housing which will help reduce costs over a period of time. |

5.2 Impact of Previous Years' Investment (New Table)

(List investment received over past 2 years per area/service and demonstrate how this has led to improved service performance/outputs/outcomes)

| **Area/Service** | **2004/05 £'000** | **2005/06 £'000** | **Planned impact** | **Actual impact** |
|---|---|---|---|---|
| Physical Disabilities Commissioning Strategy | 879 | -124 | The strategy assumes that there will be a move from residential / nursing to Domiciliary and Supporting People placements which results in lower additional costs in later years. | Allocated to fund overspends in the commissioning budget. There is a needs and trends analysis being completed to try and bring the overspend down. |
| LD Commissioning Strategy (agreed in 2004-05 budget process) | 158 | 353 | To manage the growth and increased number of supported living placements. | Whilst the growth has exceeded projection the investment has resulted in less of an overspend. The delays in opening Linden Road and Whitehall St. have also contributed to the overspend. |
| Direct Payments Service | | 70 | To increase the numbers on Direct Payments. | We exceeded our target by 2 people in 2005/06. As there is currently no support service the £70,000 is used to fund the salaries of officers seconded to DP. Please see section 12 for investment proposals for the support service. |
| Funding for MH Crisis Teams and social care staff in the Crisis Teams | 60 | 260 | Planned reductions in admissions to hospital. | Admissions to hospitals have reduced. The teams will now use information provided from improved assessments to prevent individuals being admitted to hospitals. |

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| Supporting People Team | 25 | | To fund administrative costs associated with contracts and reviews. | Has funded administrative costs associated with contracts and reviews. |
| **Total Adults** | **1,122** | **559** | | |

5.3 Agreed **Cashable** efficiency savings 2006/07 to 2008/09 (Please set out progress on savings already agreed over the next 3 years in addition to Savings & Investments already agreed. Where savings have not been achieved state the reasons.)

| **Details of efficiency** | **2006/07 over 2005/06 £'000** | **2007/08 over 2006/07 £'000** | **2008/09 over 2007/08 £'000** | **Progress** |
|---|---|---|---|---|
| Phys Dis - 10 clients from Residential / Nursing to community | | | 0 | Target of £150,000 in 2008/09<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| Phys Dis - More effective use of intensive home care packages | | | 0 | Target of £63,000 in 2008/09<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| Mental Health Commissioning Strategy (agreed in 2004-05 budget process) | 0 | | | Target of £221,000 in 2006/07<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |

| | | | | |
|---|---|---|---|---|
| MH & LD - Use of extra care sheltered housing to enable clients to live in the community | | | 0 | Target of £230,000 in 2008/09<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| LD Day Services reorganisation | 50 | | | Achieved. |
| Transport efficiencies | 50 | | 0 | In partnership with colleges we have been looking at how to provide transport in more efficient ways and we have made good progress. By 2008/09 – Implementation of service based model of passenger transport which has been developed in 06/07 to enable flexible delivery of day opportunities and allow us to meet these efficiencies.<br>Target savings of £50k in 2008/09<br>Alternative proposals are contained in section 13 of the PBPR for Older People. |
| Review staffing structure/ skills | 0 | 0 | | Targets of £100,000 in 2006/07 and £100k in 2007/08<br>Review undertaken in LD and PD which didn't result in any savings, as resources had to be found to fund the increases in social workers' salaries. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| Delivering the independent living options for Adult Placements | | 0 | | Target of £300,000 in 2007/08<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |

| | | | | |
|---|---|---|---|---|
| Adults Services Vision for services | | 0 | | Target of £108,000 in 2007/08<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| Effective joint Commissioning around the delivery of the 5-year Supporting People Strategy | | 0 | 0 | Target of £303,000 in 2007/08 and £50k in 2008/09<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| Deliver efficiencies in community care services | 0 | 0 | | Target of £250,000 in 2006/07 and £270k in 2007/08<br>The commissioning budgets are all overspending and the strategies for achieving the cash limits are being revised. Alternative proposals are contained in section 13 of the PBPR for Older People. |
| **Total** | **100** | **0** | **0** | Non achieved targets total £571,000 in 2006/07, £1,081,000 in 2007/08 and £543,000 in 2008/09. Alternative proposals are contained in section 13 of the PBPR for Older People. |

*5.4* Agreed **Non-cashable** efficiency savings 2006/07 to 2008/09 (Please set out progress on savings already agreed over the next 3 years. Where savings have not been achieved state the reasons.)

| **Details of efficiency** | **2006/07 over 2005/06 £'000** | **2007/08 over 2006/07 £'000** | **2008/09 over 2007/08 £'000** | **Progress** |
|---|---|---|---|---|

| | | | | |
|---|---|---|---|---|
| None Agreed | | | | |
| **Total** | | | | |

5.5 Pre-Agreed Revenue Investment Proposals (growth bids). (Please comment on progress on use of investments previously agreed)

| **Details of Investment** | **2006/07 over 2005/06 £'000** | **2007/08 over 2006/07 £'000** | **2008/09 over 2007/08 £'000** | **Progress** |
|---|---|---|---|---|
| Physical Disabilities Commissioning Strategy | 382 | | | Investment has helped to manage growth which has exceeded expectations |
| Learning Disabilities Commissioning Strategy (agreed in 2004-05 budget process) | 51 | | | Investment has helped to manage growth which has exceeded expectations |
| Total | **433** | **0** | **0** | Investment has helped to manage growth which has exceeded expectations |

## 6. Risk Management

6.1 You will already be monitoring risks through your risk register. Please set out any issues or key risks that might impact on your service in the coming year.

| Risks | Mitigation | Further actions required |
|---|---|---|
| For Mental Health<br>▪ Capacity across the agencies to take forward an integrated structure | ▪ The Joint Mental Health Strategy and Day Services Strategy provide a coherent strategy within which the work can develop | ▪ Mental Health Partnership working proactively with service users and carers to identify and minimise the impact of risks<br>▪ Further development of an integrated management structure in the CMHTs |
| ▪ PCT funding pressures | ▪ Effective planning via the Day Services Strategy | ▪ Commissioning to put day services strategy in place |
| For Learning Disabilities<br>▪ Providing community based services can be perceived as a risk by service users and carers<br>▪ Runs risk of people being withdrawn from services | ▪ Effective and regular communication with carers<br>▪ Risk assessment of activities | ▪ Review of risk assessments<br>▪ Continuing communication with carers |
| ▪ Development of service based transport. Impact of single status on salaries for drivers | ▪ Corporate issue so there are plans to involve a corporate response to funding increases. | ▪ Effective communication with HR and Corporate finance. |
| For Physical Disabilities<br>▪ There is a need to continue to improve our level of performance within the area of Direct Payments. The numbers on the Direct Payments scheme has risen but further improvement is required to meet the target. | ▪ Demonstrating the benefits of a wider vision for Direct Payments<br>▪ Improving support services to get a system in place that is easy to plug into | ▪ Regularisation of funding for the scheme<br>▪ Improved communication with users and carers |

| | | |
|---|---|---|
| or Carers Service<br>▪ Pressures on the main commissioning budgets | ▪ Through budget setting, profiling and management informed by review of Carers Grant use | ▪ Negotiation with commissioners<br>▪ Longer term planning |

# SECTION B

# What will affect the work of your Business Unit in the next four years?

## 7. Legislative regulatory, national policy changes or other external pressures including demographic changes

The main pieces of legislation we work to as a division are:

- **Our Health, Our Care, Our Say** The goals in the White Paper aim to provide: 1) Better prevention services with earlier intervention 2) More choice and a louder voice 3) More on tackling inequalities and improving access to community services 4) More support for people with long term needs
- **Choosing Health** is aimed at enabling people to make healthier lifestyle choices. This initiative is based on a more preventative approach to healthier living. It requires Local Authorities to work more closely with its partners in the statutory and voluntary sectors, and with the public.

Other key pieces of legislation affecting services include:

- **Disability Discrimination Act 2005** – Aims to end discrimination that disabled people can experience in everyday life.
- **Work and Families Act 2006 -** This legislation, effective from April 2007, gives carers the right to request flexible working.
- **Carers (Equal Opportunities) Act, 2004** This Act goes beyond supporting carers to care to promoting their social inclusion. Carers should be able to take up opportunities that those without caring responsibilities take for granted. It makes imperative the development of carers' services.
- **Mental Capacity Act 2005** – empowering and protecting vulnerable people who are not able to make their own decisions.
- **Mental Health Bill** - has again been delayed and the impact is as yet unknown.
- **Local Area Agreements** – Between 2007-2010 we will deliver on partnership targets agreed with GOL.

From 2007, CSCI will be implementing a new performance outcomes framework which will be consistent with the expected outcomes of the White Paper – Our Health, Our Care, Our Say – and the objectives within our business planning process will change from next year to reflect this.

## Population Projections

| Pop. Projections | [illegible] | [illegible] | [illegible] | [illegible] |
|---|---|---|---|---|
| ONS | 216,507 | 224,500 | 222,900 (2.9%) | 226,500 (4.6%) |
| GLA | 216,507 | 224,500 | 234,111 (+8.13%) | 260,350 (20.25%) |

People between the ages of 18 and 64 make up the largest group of the population of Haringey, approximately 154,685 from a total population of 224,500 (ONS). Haringey has high levels of social deprivation - it is the 10th most deprived district in England out of 354 (ODPM), and has high mental heath morbidity rates. Haringey's population is ethnically diverse (including approximately 45% White British, 4% White Irish, 16% White Other, 10% Black Caribbean, 9% Black African and 3% Indian, according to the 2001 census). An additional feature of the local community is the transient nature of groups within the population (with an increasing population of asylum seekers), which creates challenges in service development and provision. As well as an ethnic divide there is an age divide between the east and the west of the Borough. There is an older population in the west compared to the relatively younger population in the east. This has had implications for social services in turns of the greater emphasis placed on the east by the Adults division.

### Provision over the next five years

**Learning Disabilities**

People with LD are living longer and their expectations are growing as they are enabled to become more independent and active members of the local community. Currently there are 519 service users, and of these 7% are 65 or over. Consideration is being given to what services will be needed for a population of older people with LD and what commissioning needs and investment plans will be needed for the future. The current plan is in its third year and the progress made now needs to be built on for the future. As well as an aging population there are those who are currently receiving care at home or from Children Services who will need support from Adults Social Care in the future. Between now and 2011 it is estimated that there will be a further 31 people requiring a social care package or service.

**Mental Health**

The draft Day Opportunities Strategy – One Step Beyond – provides contextual information and national data that looks at profiles and potential need for MH.

- 34,860 people living in Haringey are expected to have a mental health problem (ONS 2001) – this represents 16.10% of the total population at that time.

- Assuming the proportion of the population with MH problems remain the same, using the projected population figures from the GLA, the projected numbers of individuals with MH problems would be approximately 37,692 in 2008, rising to 41,946 in 2016.
- Of these 745 are expected to access day services (ONS 2001) – 2.14% of MH population at time.
- Assuming this figure (2.14%) remains constant and using the GLA MH population data above, the potential numbers using day services will be 807 in 2008, rising to 897 in 2016.

## 8. Customer Focus

| Customer type | Current assessment of perceptions | Proposed actions to improve perceptions to an acceptable level |
|---|---|---|
| LD Day Opportunities | Very good – Day service modernisation plan developed in consultation with stakeholders | Continue changing and developing services in response to information from Person Centred Plans. |
| LD Supported Living | Very good – Service users have had the opportunity to be involved in changing services to better meet their individual needs | Continue to change and develop services as changing needs arise. Develop new services in line with individual needs. |
| LD Residential | Variable – anxiety from carers over the quality and levels of monitoring in both provided and commissioned services | The service is looking at developing more robust monitoring. This will be done through the introduction of the Pan London contract as well as the possible setting up of a brokerage service. Ways of involving carers in monitoring are being considered. |
| LD Transport | Variable – consultation on changes has been carried out. | Carry out the changes – this will result in smaller, day opportunities based transport being implemented. |
| Mental Health | ▪ Lack of appropriate accommodation for service users.<br>▪ Choice in day opportunities<br>▪ Lack of coordination for user groups | ▪ Joint work with Supporting People to reconfigure the Mental Health Supporting People sector.<br>▪ Development of commissioning plan for Mental Health Day Opportunities now that the discussion period for Strategy document is completed.<br>▪ Continue liaison with the newly established Haringey User Network to facilitate communication and share knowledge with service users. |

| | | |
|---|---|---|
| Physical Disabilities<br><br>Winkfield Centre service users | ▪ Generally a very high regard for the centre, particularly for service users with newly acquired disabilities and terminal conditions<br>▪ Some users feel concerned that the centre will close | ▪ Listening to service users' views, keeping them informed when new services come into the centre and better communication about changes. |
| Carers | ▪ Not treated as partners with respect for knowledge and experience<br>▪ Needs as carers not being met | ▪ Strengthen carers' involvement in Carers Partnership Board<br>▪ Develop an expenses and payment scheme to recognise carers as partners in policy making<br>▪ Develop carer specific services |

## 9. SMART Working

**People**

Set out progress against your People Plan objectives and identify 3 key areas of work for 07/08.

**Objective 1** *Sustainable workforce:*

- Pathways to Social Care project – 31 student social workers on the scheme with 7 to qualify over summer 2006. PD has contributed to this initiative through 6 student placements to date.

**Objective 2** *Shared vision and values:*

- These are embedded in all Performance Appraisals and reinforced through Supervision and Team Meetings.
- All staff have participated in council wide events with Chief Executive and Leader of the Council.
- Monthly Staff Forums are held within LD.
- All staff at the Winkfield Centre are committed to achieving relevant NVQs.
- Ongoing programme of carer awareness/equal opportunities briefings.

**Objective 3** *Skills and knowledge:*

- There are job shadowing initiatives between Adults services and a range of partners and agencies. Recently, a SP Officer has shadowed a Policy Manager at the DCLG and vice versa. Ongoing shadowing opportunities between Health and Social Services.
- LD – 38 staff completed a NVQ in 2005/06.
- PD – Rolling programme of PQ1(Post Qualifying) training to complete in 2007 to ensure SW re-registration.
- All MH ASWs have access to BEHMHT training.
- All ASWs receive refresher training annually.

**Objective 4** *Style of management:*

- All 3rd tier managers have completed, and 4th tier are currently completing the leadership programme.
- There is a NVQ level 4 programme for Managers.

**Objective 5** *Structure and systems:*

- One to one framework-I training available for Managers.
- One member of staff seconded to support implementation of Framework-I from PD Team.

**During 2007/08:**

1) To further improve communication between staff in provider services and frontline services.
2) To develop further our leadership, management and training planning with a focus on improving equalities monitoring of the workforce and targeting newer communities.
3) To create a non-agency staff bank.

| | |
|---|---|
| **Work methods and Technology**<br>Identify any key IT projects for the coming year so that the impact of these projects can be assessed.<br>*Impact includes any requirement for IT resource such as new or changes to existing software, any systems requiring upgrades, accommodation moves, changes to operating hours. Your IT Business Partner will work with you to assess this impact and provide budgetary estimates.* | 1. Further improve our IT infrastructure to support working from home. In particular, to improve Framework-I access externally. Develop a pilot scheme for the OT services based at St. George's where there are currently 11 Occupational Therapists who would benefit from the service.<br>2. Provide further support to provider staff over the use of Framework –i.<br>3. Further develop equipment and materials management and electronic ordering through HICES.<br>4. Work to develop the use of digital pens and paper in the service.<br>5. Preparatory work to ensure RIO and Framework-I will interact efficiently.<br><br>Phase 2 of e care will specifically cover the implementation of the Framework-I (FWI) Finance modules. These modules will provide all financial information in relation to services being provided on behalf of a client. This will build upon functionality delivered in Phase 1 of the project which dealt with 'non-financial' service and client related data.<br><br>**Objectives**<br><br>▪ Successful Implementation of the FWI Purchasing module to allow for the decommissioning of FIFI (the interim financial system).<br>▪ Entry / updating of social care records on one system (FWI) rather than two (FWI & FIFI).<br>▪ Using FWI Purchasing 'workflow' to replace use of paper forms for sending instructions through to Finance teams.<br>▪ Termination of 'imprest' spreadsheets currently used by Finance teams for recording service expenditure.<br>▪ Develop an interface to populate SAP with newly created Purchase Orders entered into FWI.<br>▪ Pave the way for the second stage of Phase 2 to consider partial / full systems integration between FWI and SAP |
| **Workplace**<br>Identify any accommodation issues. | ▪ The improvement in external IT access will result in a reduction of the space used by Social Services in general and lead to more space for social workers.<br><br>▪ Proposal to integrate the work of the PD and HIV/AIDS teams is being developed. |

# Proposals for the year ahead

10. New objectives for the next financial year- these need to be specific and relate to service improvements.

(Please also refer to Section A, Box 2 for areas to be carried forward and section B in completing this table.)

| Number | Objective | Why is this important | Key activities | Dependencies and joint working |
|---|---|---|---|---|
| 1. Mental Health | **Better prevention services with early intervention**<br>To further develop the cutting edge early intervention service – the Haringey Therapeutic Network | Prevention and early intervention services are a key local and national priority | ▪ Outreach programme - More groups in the community, particularly in the East<br>▪ Taking on more clients - increasing from 12 to 16<br>▪ A new OT group<br>▪ A new Exercise group | ▪ Funding from NRF for the outreach programme.<br>▪ The network as a whole is funded by the PCT, staffed by BEHMHT and managed jointly with LBOH |

| | | | | |
|---|---|---|---|---|
| 2. Carers | **Give people more choice and a louder voice**<br><br>Further development of flexible carers' services | Carers' services are a key local and national priority and we are committed to providing for carers needs | ▪ Information strategy<br>▪ Growth of Carers Centre as hub of carers' activities<br>▪ Carer assessments and disaggregating services for carer and cared for<br>▪ Expansion of officer roles to take on carers' assessments<br>▪ Needs analysis, service mapping and commissioning plan<br>▪ Supporting culture change with training, resources and targets<br>▪ Budgets devolved to teams | ▪ Findings of Carers Grant review<br>▪ Pressures on commissioning budgets<br>▪ Future of Carers Grant<br>▪ Capacity issues (LBH +HTPCT)<br>▪ Joint working via Carers Partnership Board and task groups |
| 3. Learning Disabilities | **Tackle inequalities and improve access to community services**<br><br>Through our Day Opportunities programme we will support the development of increased sports and leisure, learning and employment opportunities for service users by moving away from building based segregated services to mainstream locations. | This is the focus of the service's five year development plans to develop inclusive day opportunities for people with learning disabilities. | ▪ Closure of Keston Centre and relocation of activities to the mainstream (see separate paper).<br>▪ Continued develop of the training facilities in catering (Green Pepper).<br>▪ Implementation of service based model of passenger transport.<br>▪ Support the further development of person centred plans and health action plans.<br>▪ Increase learning opportunities in further education colleges for people with complex needs (high support needs)and also support increased uptake to relevant courses for people with low support needs<br>▪ Employment support to be mainstreamed.<br>▪ Service user consultation on the progress we have made.<br>▪ Review the staffing structure of Day Opportunities.<br>▪ Training to ensure target that at least 50% of L/D frontline staff have NVQ | ▪ Joint working with Partnership Board members.<br>▪ Delivery groups on employment and learning: sports and leisure, PCP and HAP.<br>▪ Also with other organisations such as Mencap's Active London Project. Job Centre plus<br>▪ Bid from other funding streams; NRF regeneration funds and Well being etc. |

| | | | | |
|---|---|---|---|---|
| 4. Physical Disabilities | **Tackle inequalities and improve access to community services**<br>Reconfiguration of Winkfield Resource Centre | Will provide better access to outside communities. | ▪ Public access internet facility<br>▪ A Direct Payments service to be sited there | ▪ Consultation with service users and stakeholders including PCT, Carers Centre and the voluntary sector |
| 5. Physical Disabilities | **Provide more support for people with long-term needs**<br>Integration of HIV and PD | As a response to changes in Health Care and life expectancy for clients who are HIV positive.<br><br>Ongoing commitment to review and direct resources to achieve effective services of good quality. | ▪ Review the resources and activity within the HIV and Physical Disability Teams to achieve an equitable distribution of resources across these specialisms.<br>▪ Bring the service to HIV clients into line with other London Boroughs.<br>▪ Develop the flexibility, knowledge and skills of all Care Managers<br>▪ Achieve a more efficient use of available care management resources in delivering services | ▪ Positive communication and consultation with service users, PCT and Care Managers. |
| 6. Physical Disabilities | **Provide more support for people with long-term needs**<br><br>5 day service for deaf people | This facility will help support a group who, historically, have low literacy levels. This is an untapped community within the worklessness agenda | ▪ A deaf signer will facilitate users to look for a job.<br>▪ Help improve knowledge about user's rights<br>▪ Provide an advocacy service to help user's get services | ▪ In partnership with the Renate Campbell Trust.<br>▪ LBOH to provide the building. |

| | | | | |
|---|---|---|---|---|
| Adaptations | **Provide more support for people with long-term needs**<br><br>To implement phase 2 of the end to end adaptations project. | In order to reduce the financial pressure in 2008 and 2009, a long-term adaptations strategy needs to be developed in order to prevent the increase year on year of the backlog in both private and council properties | ▪ Development of a council equity release programme for private properties.<br>▪ A review of means testing across all tenures.<br>▪ Development of a re-housing strategy for both council tenants and owner occupiers<br>▪ To develop funding arrangements for adaptations with RSL's.<br>▪ To create a holistic well-being service encompassing benefit maximisation and decent homes. | ▪ The phase 2 project will include consultation with Homes for Haringey<br>▪ Future funding in 2008/09 for council property adaptations is dependent on Homes for Haringey achieving 2 star status in April 2007. |

## 11. Capital Investment Proposals

Please list all capital proposals that have been submitted in the capital appraisal process.

| **Proposed investment (description of scheme/ programme line)** | **Capital sought from Council resources** | | | **Council contribution as a of overall capital cost** |
|---|---|---|---|---|
| | **2007/08 £'000s** | **2008/09 £'000s** | **2009/10 £'000s** | |
| LD - Refurbishment and making good all external and internal works to Day Services properties and Talbot Rd. hostel | 95 | 45 | 25 | 100% Council<br>Total cost to Council - £165,000 |
| LD - Invest to save scheme to remodel Ermine Rd Gym to increase office space | 150 | | | 100% Council<br>Total cost to Council - £150,000 |

| | | | | |
|---|---|---|---|---|
| PD – Introduction of Digital Pens and Paper for operational staff following successful pilot in Older Peoples Services | 90 | 23 | 23 | 100% Council<br>Total cost to Council - £136,000 |
| OT – Public and Private sector adaptations and repairs (including Council's contribution to funding DFG). This is to replace the funding from the Housing Subsidy that was lost as a result of rule changes in 2005/06. However, this funding may be available when the Decent Homes allocations are agreed. | 2,000 | | | 100% Council<br>Total cost to the Council - £2,000,000 |
| Mental Health projects to be funded through specific Supported Capital Expenditure to be notified separately for Mental Health. | | | | |

## 12. New Revenue Investment Proposals (growth bids).

This proposal must include any additional revenue implications arising from any capital proposals in Table 11.

| Proposed investment | How does this support Council Priorities? | Justification (linked to PBPR Section A & B) | 07/08 over 06/07 £'000 | 08/09 over 07/08 £'000 | 09/10 over 08/09 £'000 | 10/11 over 09/10 £'000 | Staff affected | Posts affected | Dependencies/ impact |
|---|---|---|---|---|---|---|---|---|---|
| ***(a) Key service priority investment*** | | | | | | | | | |
| Increased capacity in Adults commissioning | Achieve excellent services | Introduce brokerage. Enabling a more coordinated approach to placements and monitoring. This has been done successfully in Older People. | 80 | | | | | 2 | More robust commissioning in place which will improve contract reviews, service user desired outcomes in contract monitoring. |
| LD - Project Officer to oversee co-ordination of downsizing the revenue projects for provider day services as we mainstream | Achieve excellent services | The efficiencies from this exercise have been factored into projected revenue savings. | 30 | | | | N/A | N/A | Subject to the outcome of the PBPR process, the Keston service is scheduled for next year. This investment proposal covers the cost of a project worker to oversee the implementation of the changes. |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| PD - Direct Payments Support Service | Achieve excellent services | Increased take up of Direct Payments is a Govt. target and a priority in the recent White Paper – Our Health, Our Care, Our Say. | 200 | | | | N/A | N/A | A support service enables users to manage their Direct Payments effectively thereby promoting independence. |
| Peregrine House residential service | Achieve excellent services | To cover withdrawal of SP funding – commissioning costs will increase | 40 | | | | N/A | N/A | More expensive residential accommodation for people with PD. |
| Asylum team | Putting people first | Impact of asylum seekers as a response to National Assistance, Human Rights and Asylum and Immigration Acts | 225 | | | | N/A | N/A | Not accommodated in our current services. |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| To establish a Business Support Team to support users of Framework-i | Achieve excellent services & Safer and stronger communities | Improving the accuracy, access and sharing of information on users of our services. | 40 | | | | 5 | N/A | Users of Framework-i have required an extensive programme of support since go live. Whilst the need for support has reduced there is still a requirement to train and support new staff and existing staff on new processes. Forthcoming initiatives such as Framework-i finance/eCaf/children's index/EDMS will require support from resources within this team. |
| ***(b) Unavoidable cost pressure (price above inflation, demand above plans—evidence required)*** | | | | | | | | | |
| LD Comm. – identified 43 people turning 18 next year, 6 will transfer on birthday, 8 to receive Day Opps. | Putting people first | Additional costs that will be taken on by Adults services as individuals turn 18. Also costs for day services when individuals leave school. | 362 | 187 | | | N/A | N/A | First year is full year effect – this will happen as it involves children in placements who will continue to need a service. |
| Increase in rent for St. George's | | Contingency – if the invest to save in Section 11 doesn't happen. | 7 | | | | N/A | N/A | Review due Dec 2007. Likely increase 10%. |
| Gordon Road rent | | Three fold rental increase | 30 | | | | N/A | N/A | Amount of staff providing primary care will be cut. |
| LD - Running and maintenance costs for provider properties | | Non provision in budgets | 25 | | | | N/A | N/A | No provision in budgets this year. |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| LD - Ashley road running costs | | Fixed costs | 60 | | | | N/A | N/A | Following set up of service based transport we are required to find costs. |
| New licences for drivers due to reconfigured service based transport - LD | Achieve excellent services | Statutory requirement to drive Public Service Vehicle's for disabled | 28 | | | | 35 | N/A | We would be impacted in terms of our ability to deliver Day Services and increase social inclusion. |
| As above - PD | As above | As above | 4 | | | | 5 | N/A | As above |
| **(c) *Revenue Implications of capital bids (table 12)*** | | | | | | | | | |

## 13. New cashable efficiency savings

Insert proposed efficiency savings, giving an outline of the proposed saving, the impact that this saving will have on performance (if any), the value of the saving in 2007/08 to 20010/11, the number of staff who would be made redundant and the number of posts which would be deleted. This is additional to the already agreed efficiency savings set out in the table 5.3. The total should agree to the target savings. In subsequent years cashable efficiency savings will be broken down to those achieved within the service and those achieved through the Programme of projects.

| **Proposed efficiency saving** | **Impact on performance** | **2007/08 over 06/07 £'000** | **2008/09 over 07/08 £'000** | **2009/10 over 08/09 £'000** | **2010/11 over 09/10 £'000** | **Staff affected** | **Posts affected** | **Dependencies/ impact** |
|---|---|---|---|---|---|---|---|---|
| a) Cashable Efficiency savings review of use of buildings | See Older People's PBPR for proposals | | | | | | | |
| b) Service Reductions | | | | | | | | |
| **Total** | | | | | | | | |
| **Target Saving** | | | | | | | | |

## 14. New non-cashable savings

Non-cashable savings are achieved by (1) Higher output or increased quality (extra service, extra productivity, etc) for the same inputs or (2) Proportionately more outputs or improved quality in return for an increase in resources.
An example of a non-cashable efficiency is a review of business processes which results in more transactions being processed with the same number of staff whilst maintaining quality of service.

| **Proposed service improvement/ different way working or** | **Impact on performance (for LBH & Partners)** | **07/08 over and above 06/07 £'000** | **08/09 over and above 07/08 £'000** | **09/10 over and above 08/09 £'000** | **10/11 over and above 09/10 £'000** | **Dependencies/ impact** |
|---|---|---|---|---|---|---|
| Please note that this section will be fully covered in a separate submission | | | | | | |
| **Total** | | | | | | |

| **Area** | **Contact** | **Extension** |
|---|---|---|
| Finance/ Budget information | Service Finance Manager or Kevin Bartle | 3743 |
| PBPR / Business Planning | Eve Pelekanos or Margaret Gallagher | 2508 or 2553 |
| CPA | Eve Pelekanos or Christine Piscina | 2508 or 2516 |
| Programme / Project Management | James Davis | 2510 |
| Smart Working | Philippa Morris | 1088 |
| Performance Indicators | Margaret Gallagher or Richard Hutton | 2553 or 2549 |

| | | |
|---|---|---|
| Risk Management | Anne Woods | 5973 |
| Workforce Planning | Stuart Young | 3174 |
| People Plans | Philipa Morris/Stuart Young | 1088/3174 |
| Procurement | Michael Wood | 2120 |
| Equalities & Diversity | Eve Featherstone/Helen Choudhry/ Inno Amadi | 2583/2580 |
| Consultation | Janette Gedge | 2914 |
| Community Strategy | Janice Robinson | 2613 |
| IT | Sheila Mair CES<br>Julia McClure Social Services/Finance<br>George Liveras Children's Services<br>Aslam Osman Housing/Finance<br>Jill Hellier Environment | 4672<br>4675<br>3417<br>4677<br>4687 |

**Performance Indicator, Outturn and Targets Tables**

| | | Haringey | Targets | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **BV ref.** **PAF/Local ref.** | **Description** | **2004/05** | **2005/06 Unaudited Outturn** | **2006/07 YTD** | **2006/07 Projection for the year** | **2006/07** | **2007/08** | **2008/09** | **2009/10** |
| 53 C28 | Intensive home care per 1,000 population aged 65 or | 24.48 | **22.71** | **23%** | | 24 | 25 | 25 | |
| 54 C32 | Older people helped to live at home per 1000 population aged 65 or over | 121 | **163.24** | **133%** | | 120 | 120 | 120 | |
| 56 D54 | % of items of items of equipment & adaptations delivered within 7 working days | 70% | **86%** | **90%** | | 88% | 88% | 88% | |
| 195 | Acceptable waiting time for assessment- average of (I) % where time from first contact to beginning of assessment is less than 48 hours & (ii) % where time from first contact to completion of assessment is less than or equal to 4 weeks | 62.5% | **59.4%** | **50.16 & 45.39%** | | 71% | 75% | 81% | |
| 196 D56 | Acceptable waiting time for care packages- % where the time from completion of assessment to provision of all services in a care package is not more than 4 weeks | 88.94% | **79.8%** | **83%** | | 87% | 93% | 96% | |
| 201 C51 | Adults and older people receiving direct payments at 31 March per 100,000 population aged 18 or over (age standardised) | 86.27 | **122.22** | **118** | | 150 | 150 | 150 | |

## Appendix 3 - Financial Tables ADULTS

| **Table 1. Cost of Your Service** (This table will be filled in by Corporate Finance to agree to the cash limit schedule for August). *Please give the projected year end variance for each service budget within your business unit)* | | | | | |
|---|---|---|---|---|---|
| **Service Area** | **Gross Expenditure Budget @ July 06 (£'000)** | **Gross Income Budget @ July 06 (£'000)** | **Net Budget @ July 06 (£'000)** | **Net Projected Outturn (£'000)** | **Projected Year End Variance (£'000)** |
| S051 – Physical Disabilities | 7,010 | -1,179 | 5,831 | 6,767 | 936 |
| S052 – Learning Disabilities | 21,380 | -9,104 | 12,276 | 12,576 | 300 |
| S053 – Mental Health Provider | 1,863 | -992 | 871 | 871 | 0 |
| S0535 – Community Mental Health Teams | 1,362 | -334 | 1,028 | 1,228 | 200 |
| S054 – Mental Health Commissioning | 4,566 | -2,532 | 2,034 | 3,197 | 1,163 |
| S056 – Supporting People | 22,190 | -21,993 | 197 | 197 | 0 |
| S057 – Substance Misuse & HIV | 1,224 | -568 | 656 | 646 | -10 |
| S058 – Management & Support | 557 | 0 | 557 | 613 | 56 |
| **Total Budget (cash limit)** | **60,152** | **-36,702** | **23,450** | **26,095** | **2,645** |

## Appendix 3 - Financial Tables (Continued)

| **Table 2. Cost of Your Service** *(This table breaks down your budget into expenditure & income types)* | |
|---|---|
| **Subjective Description** | **Budget @ July 06 (£'000)** |
| Employees | 14,313 |
| Premises | 239 |
| Transport | 969 |
| Supplies & Services | 1,206 |
| Third Party Payments | 44,200 |
| Transfer Payments | 2 |
| Contingencies | -777 |
| **Total Expenditure excl. o/heads/ capital charges** | **60,152** |
| Government Grants | -24,823 |
| Other Contributions | -10,163 |
| Receipts | -1,472 |
| Recharges | -244 |
| **Total Income excl. overheads** | **-36,702** |
| **Total Net Budget (cash limit)** | **23,450** |
| | |
| Overhead / Support Services Charges | 3,225 |
| Capital Charges | 548 |
| Overhead Income | 0 |
| **Total Budget incl. overheads & capital charges (SAP rec)** | **27,223** |

## Appendix 3 - Financial Tables (Continued)

| **Table 3 Grants** *(of this revised budget please set out what grants are included, what they fund, the end date and plans for accommodating in mainstream funding)* | | | | |
|---|---|---|---|---|
| **Grant** | **Amount £'000** | **Purpose** | **End Date** | **Mainstreaming Plans** |
| HIV/AIDS | 406 | Personal Social Services | None identified | N/A |
| Mental Health | 928 | To meet requirements of NSF | None Identified | N/A |
| Preserved Rights | 1,292 | To cover the costs of reduced client contribution for former preserved rights clients | | Part rolled into FSS, reduces as services cease |
| Supporting People Admin | 228 | Main Admin grant for SP | None Identified | N/A |
| Supporting People Programme | 21,765 | Delivering housing related support services | None Identified | N/A |
| | | | | |
| **Total** | **24,619** | | | |