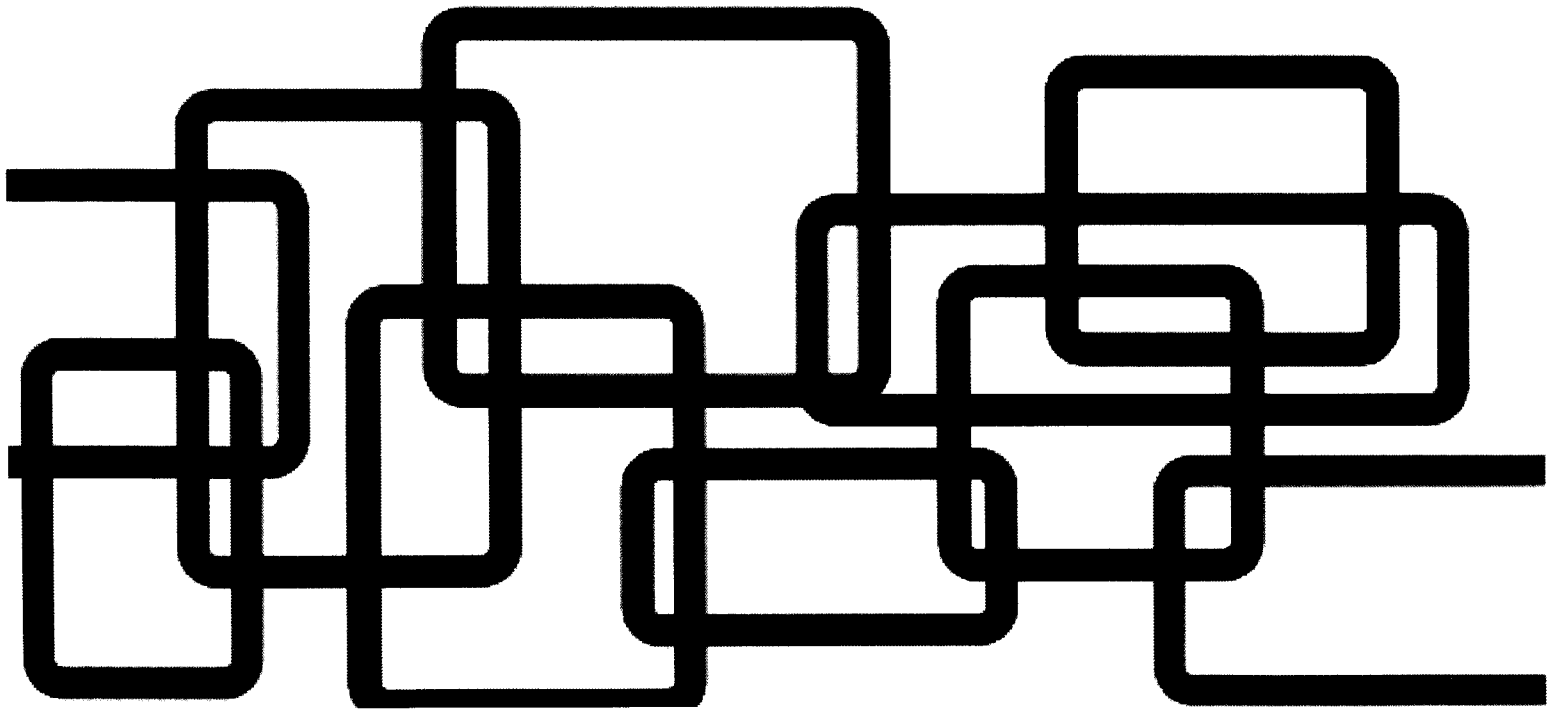
Older People's Services

Pre Business plan Review

2007/2008



Pre Business Plan Review 2007 / 2008

Business Unit: Older People's Services

Budget Holder: Mary Hennigan

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

We now have a strategic approach across partnerships and the council to providing universal services for older people. Our guiding document, "Experience Counts", aims "to ensure that older people are enabled to be as informed, active, healthy and independent as possible, and empowered citizens at the heart of the community".

The vision for Social Services is to enable adults and older people to have an informed choice in developing and maintaining a good quality of life for as long as possible in the community or, where there is no alternative, in a care home. This is an ambitious vision, which encompasses intensive services for frail older people, and a preventative approach to active and independent people. This preventative approach reflects the proposed outcomes of "Our Health, Our Care, Our Say," Sure Start in Later Life, Choosing Health and Opportunity Age.

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**
Business Plan Objective 1: to implement the relevant standards of the National Service Framework for Older People.	• Continue to work closely with partners to ensure delayed discharges are minimised. • Equalities Impact Assessment presented to Social Services Equalities Forum in July 2006.	• Day Opportunities Review to be completed, with strategy in place. • Full Council compliance with Age and Employment legislation • Targets around providing direct payments achieved.	• Hornsey Central project to be further negotiated and worked up with the Primary Care Trust (PCT).

Objectives	Progress so far	Anticipated progress at year end	Areas of work to carry forward
Business Plan Objective 2: with partners, to develop a strategy that will enable older people to access seamless, quality services within the community	• Experience Counts action plan monitored, with only 10/168 on red for the first year. • Admission Prevention and Enabling Teams have been reviewed as being an essential component of the prevention strategy. They were also found to provide excellent value for money in the long-term.	• Assessment of all out-of-hours services to have been completed • Decision to be made around mainstreaming of Enabling Team	• To continue to monitor the Experience Counts action plan
Business Plan Objective 3: to improve the quality of service and accommodation in residential homes and supported housing units	• Work on Broadwater Lodge, Cranwood and the disposal of Trentfield is now complete. • All other projects are on target for completion by required date.	• Completion of 32-bed home on Osborne Grove site • Completion of disposal of Cooperscroft • Completion of refurbishments at Red House	• None.

Objectives	Progress so far	Anticipated progress at year end	Areas of work to carry forward
Business Plan objective 4: to ensure the safety and well-being of older people	• Permanent Adult Protection Co-ordinator recruited. • Adult Protection training is ongoing, and has led to an increase in awareness and thus in adult protection investigations across Adults and OPS and partner organisations. • Health and Safety audits undertaken in day-centres, drop-ins and sheltered housing on a monthly basis	• The Adult Protection Committee and its sub-group, the Adult Protection Champions Forum, will have further developed. • The well-being agenda will be taken further forward via Experience Counts. • Successful Safer Sixties conference organised, with all partners contributing to the safety agenda throughout the year.	• 22/23 tasks under the "Making people feel safer" goal of Experience Counts were green. • The Crime Reduction team are committed to providing further home safety advice.
To provide value for money services for older people	• Value for Money assessment carried out in April 2006. • Efficiency Review of Home Care carried out.	• To implement the VfM Review Implementation Plan for Haringey Homecare, leading to more efficient structure / processes in place.	• To continue to monitor value for money in this area.

3. Performance

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 (YTD)	Proposed remedial action to achieve target
B12	Cost of intensive social care for adults and older people	590	April: 632 May: 661 June: 712 July: 729	729	• See Value for Money comments (section 4). This overall cost of 729 is broken down as follows: - Residential and nursing care for older people: **607** - Unit cost of residential care for adults with learning disabilities: **1,244** - Unit cost of residential care for adults with mental illness: **826** - Unit cost of residential care for adults with physical disabilities: **827**
B17	Unit cost of home care for adults and older people	15.50	April: 20.60 May: 20.60 June: 20.60 July: 20.60	20.60	• See Value for Money comments (section 4). This is calculated via the annual PSSEX1 return.

Ref	Description	2006/07 target / threshold	2006/07 performance Apr-Aug	2006/07 projection (YTD)	Proposed remedial action to achieve target
C51	Direct Payments	150	April: 122 May: 124 June: 121 July: 118	117	• The weak start to the year has been caused by a drop in Physical Disabilities direct payment users. Our projections show that our end-of-year threshold is likely to be achieved.
C62	Services for carers	12	April: 5.1 May: 3.0 June: 2.5 July: 2.6	3.6	• Currently Framework I does not collect the relevant information to accurately report on performance in this area. We are currently working on a project to pick up information from the panels approving these services to compare the manual system to our database. DMT have considered a report on the problems in this area and have agreed a way forward to resolve this problem.

Ref	Description	2006/07 target / threshold	2006/07 performance Apr-Aug	2006/07 projection (YTD)	Proposed remedial action to achieve target
D39	Statement of needs	85	April: 65 May: 64 June: 64 July: 79	79	• Although care management indicators are showing relatively poor out-turns at the moment, some of this can be explained by the transition from one client database system to another. The new system, Framework-I, is a live system, and staff are experiencing a learning curve around entering data as and when assessments and reviews are undertaken. It has been determined that staff have, at times, been working outside of workflow, and this also negatively affects PIs. • To address these, and operational, issues which are negatively affecting PAF outturns, a Performance Call-over Group has been set up for both Divisions.
D40	Reviews	65	April: 46.7 May: 42.1 June: 40.0 July: 47.6	51.4	See D39.
D55	Waiting times for assessment	71	April: 58.5 May: 53.0 June: 51.7 July: 50.2	53	See D39

Ref	Description	2006/07 target / threshold	2006/07 performance Apr-Aug	2006/07 projection (YTD)	Proposed remedial action to achieve target
D56	Waiting times for care packages	87	April: 78.9 May: 77.1 June: 78.4 July: 82.6	82.6	See D39

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

The Value for Money profile carried out and reviewed by Older People's Services in 2006 was based on PAF outturns for 2003/04. It should be noted, therefore, that the figures on which the VfM profile is based are three years old. Given the significant developments which have taken place in Older People's Services during that period of time, and the shift in provision away from residential and towards services in the community, it should be borne in mind that these figures are misleading and do not reflect Haringey's current position. The figures suggest that Haringey has a high number of people in residential care compared to the number it helps to support in the community. Since this time, the Community Care Strategy has seen a radical shift in provision towards supporting more people to live at home with community-based services. We have reduced the proportion of older people being placed in care homes from 35% to 18%, and over 50% of our clients receive home care.

In June 2006, a Business Process Review of Home Care was produced, after a rigorous review process was carried out by the Improvement and Performance Team. The recommendations of the review were as follows:

- Ensure that all home carers have a full programme of work, allowing for a/l, sickness and training, while at the same time ensuring that the internal service does not use sub-contracted spot agencies to increase their capacity. This will mean close working with the brokerage service based within older people's services to allocate care packages between the internal service and the independent sector.
- Staff scheduling needs to be automated, this will minimise travel time, and make more efficient use of carers time. Staff Plan, which is available following the introduction of Framework I, should be implemented. A report on homecare rostering options is being prepared as part of the E-Care Phase 2 feasibility study.
- Introduce more flexible contracts for all home carers in order to minimise spare capacity.
- Establish a 'staff bank' of home carers who will be able to add flexibility to the service. Bank staff will work only when called upon to do so and will receive an hourly rate of pay for all direct care hours they provide.
- Review sickness monitoring procedures to ensure that corporate procedures are implemented consistently and that management action is always timely.

- Develop a more sophisticated approach to forecasting demand for care hours and the type of care required (i.e. high/low dependency). The data required to undertake this analysis is available in care plans and could be used to focus the work of the internal service on clients who have specialised needs and require intensive care.

Haringey Homecare, in partnership with the Commissioning Manager and other key stakeholders, have put together an implementation plan to address these recommendations. 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 responds to "Our Care, Our Health, Our Say." Consequently, unit costs of home care are higher than in comparator Authorities, but this is balanced by the reduction in residential admissions which these innovative services have led to.

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 Community Care [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. Consequently a commissioning exercise is well advanced to determine the numbers of, for example, dementia residential and nursing care beds, which will be needed over the next five years, with a view to creating these resources in-house, subject to VfM considerations.

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.

Service	**Projected under / overspend £000s**	**Reason / remedial action being taken**
Assessment & Care Mgt	506	The sole reason for the commissioning overspend is the reduction of £0.46m imposed by the PCT in 2006/07. Without this, this area would come in on line. NB: it is assumed that an additional income of 500k will be achieved in year by assessing costs over to the PCT continuing care budget.
Day care	-13	Minor underspends reported
Emergency Response	33	This overspend is a result of the loss of contribution from the PCT in 2006/07
Residential Care	-80	Underspends in the running costs of the homes being refurbished
Mgt & Support	133	The main reason for the management and support overspend are unachieved corporate efficiencies targets and targets for funding the resource centre
Total	**579**	

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**
Mental Health Social Workers	50	50	To meet requirements set out in the Mental Health Strategy for Older People	Mental health social workers in place, as part of developing Community Mental Health Teams.
Adult Protection Co-ordinator	30	10	To ensure a co-ordinated approach to adult protection	This post has co-ordinated the Adult Protection Committee, whose membership increased from 6 to 20 in 2005/06, and has generally overseen a strengthening of partnerships in this area of work. A recent Sheffield University research project praised Haringey's Committee and noted its potential for growing effectiveness in the development of the service in future.
Implementation of Residential Strategy	0	386	To continue to modernise Haringey's residential care and alleviate costs incurred by the enforced delay in closing homes.	As planned impact.

Area/Service	2004/05 £'000	2005/06 £'000	Planned impact	Actual impact
Health Act flexibilities post	20	0	To co-ordinate the process of discharging older people who require social services from hospital.	While performance on delayed discharges has presented challenges during the last year, these challenges would have been considerably worse without this post. Problems were caused because of care provision rather than administration of SITREPs.
Improve placements and avoid bed-blocking	50	0	To ensure that hospital discharge is not delayed due to a lack of residential and nursing beds.	Delays during the latter half of 2005/06 were predominantly caused by changes in Haringey Homecare's provision. However, in April and May 06 combined, there were 484 bed days delayed due to a deficit of care home placements. External beds were contracted as a result of this, and the figure for June and July had reduced to 336.
One-off investment funded by Access and Systems Capacity grant	0	280		
Total	**150**	**726**		

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**
Reduction in internal home care	100	0	0	£100k efficiency savings achieved by a reduction in admin / management.
Commissioning / residential strategy	253	0	0	Target being achieved in 2006-07, however current overspend projected in commissioning as a result of loss of PCT income Target savings of £300k in 2007/08 Alternative proposals are detailed in section 13.
Raise charge for meals on wheels	0	0	0	Target savings of £30k in 2006/07 Increase in charge not implemented. It was the then Executive Member's decision to reinstate this at a later date. Alternative proposals are contained within section 13.
Maximise charging income	0	0	0.	Target savings of £587k in 2008/09 Alternative proposals are detailed in section 13
Reconfigure day services following day care review	0	0	0	Target savings of £250k in 2008/09 Alternative proposals are detailed in section 13
Total	**353**	**0**	**0**	Target savings not achieved totalling £30k in 2006/07, £300k in 2007-08 and £837k in 2008-/09. Alternative proposals are contained within section 13.

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.				

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**
Double running costs of Community Care Strategy – transition costs	500	-500	0	This investment offsets the considerable double-running costs of disposing of two homes, renovating three and rebuilding one, with the consequent loss of charging income as beds are held vacant to allow for these developments.
Inflation on Commissioning budgets	220	0	0	Inflation on care placements is running above RPI. In older people's services new services tend to cost more than services that have ceased.

Details of Investment	2006/07 over 2005/06 £'000	2007/08 over 2006/07 £'000	2008/09 over 2007/08 £'000	Progress
One-off investment funded by Access and Systems Capacity grant	-280	0	0	Reversal of one off investment in 2005-06
Osborne Grove day-centre	0	250	0	The residential home is in the process of being built and is scheduled for completion in early 2007/08. The investment is to run the day centre that wil be attached to the home
Total	**440**	**-250**	**0**	

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**
Impact of withdrawal of 650k funding from PCT budget pressures in 2006/07. In addition, impact of further PCT cuts in 2006/07 (announced in September 2006) totalling 2.2m Allocation to OPS will be announced shortly	It is very difficult to mitigate against funding cuts on this scale.	As stated above, while efficiency savings can be explored and possibly pursued, this is a very large sum of money to recover, and it is difficult to see how such cuts could not impact on service provision.
Demographic and market pressures	• Census predictions show that the need for dementia residential beds will increase substantially in the coming years. The same applies to the nursing care market. • Consequently we are looking at creating more of such beds in-house, if VfM calculations support this.	We have representation at the North Central London sector Older People's Leads meeting, where there is a shared approach to identifying demand. We have also moved away from spot to block contracts, and have worked with providers and our contracts team to procure placements in Haringey (where there is a relative paucity of EMI residential and nursing care) and neighbouring boroughs. We also need to manage the potential tension between individual choice and the Gershon efficiency review.

Risks	Mitigation	Further actions required
Increase in delayed discharges and unnecessary hospital admissions	Providing monthly updates to our CSCI business lead.	To resolve the lack of EMI residential and nursing placements, a block contract with a nursing home close to the Whittington Hospital (where the majority of nursing delays come from at present) has also been negotiated, and this should see delays caused by people awaiting nursing placements decrease. Commissioners are working with local providers and the Contracts team to also block-purchase more EMI residential beds, though this has become less of a cause of delays recently. In addition, Haringey is working with Age Concern Haringey to develop an advocacy service – this follows concerns raised by the Whittington hospital that a significant number of delays were being caused as a result of "patient choice" (NB: such people do not count towards social care delays, and are thus non-reimbursable).

Risks	Mitigation	Further actions required
Expand services to include preventative approach in social care	In spite of the importance attached to the new philosophy of care set out in "Our Health, Our Care, Our Say" – better prevention, more choice, tackling inequalities, support for long-term needs – there has been no extra funding to support these developments. It is therefore incumbent on Local Authorities to identify alternative sources of funding, and to work with all partners to deliver these goals.	Transferring the emphasis from acute and intensive service provision to more preventative care requires "bridge funding". However, neither Social Services nor the PCT have received any extra money to support this transfer, and neither is in a position to identify spare cash to fund these changes. Experience Counts is ensuring that providing preventative services for older people is undertaken by the whole Council – and indeed by other partners in Haringey – and not just health and social care services. We are also working with partners in the voluntary sector to develop new approaches to day opportunities, including the possibility of the new resource centre in Stroud Green being run and managed by a voluntary sector provider. There are also alternative sources of funding which can often be accessed by the voluntary sector, which can then be used to fund community-based projects, and it is anticipated that this approach will also form part of the final Day Opportunities Strategy.

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

There has been a series of legislative and policy documents relating to older people which have been produced by the Government in recent years. There were many common threads which ran throughout all of these documents, and these can be summarised as follows:

- **Prevention** services
- Increased **choice**
- Tackling **health inequalities**
- Providing support for **long-term needs**

These four themes now make the goals of the Government's White Paper on health and social care, "Our Health, Our Care, Our Say." The White Paper follows two consultations, "Independence, Wellbeing and Choice" and a listening exercise, "Your health, your care, your say". Independence, Wellbeing and Choice, the adult social care Green Paper, asked for views on how social care services could be improved. The listening exercise, Your health, your care, your say, allowed the public to speak directly to ministers, health professionals, and each other on how improvements could be made to their local services. These consultations have now formed the basis of the White Paper.

NSF Long-term Conditions

Alongside "Our Health, Our Care, Our Say", the Government has also launched the National Service Framework for Long-term Conditions, which aims to "bring about a structured and systematic approach to delivering treatment and care for people with long-term conditions." This will require Local Authorities to work with service users to produce personalised, *outcome-focused* care plans, and to enable more people with long-term conditions to be treated at home.

Opportunity Age

Opportunity Age is an initiative set up by the Department of Work and Pensions and aims to enable older people to achieve a balance of employment (where this is appropriate), managing health conditions and family and caring commitments. It is also aims to provide older people with an adequate income and decent housing, and to promote independence. In addition, Opportunity Age aims to get one million more people over 65 into work – this will clearly have to be borne in mind when the Council reviews its occupational development policies. However, "Experience Counts," Haringey's new quality of life strategy for older people, will go a long way to meeting some of these challenging objectives.

Choosing Health

"Choosing Health" was launched in 2004, and is aimed at enabling people to make healthier lifestyle choices. This involves providing good access to information, helping people to be healthier at work, reducing health inequalities and increased partnership working. The main targets set out in Choosing Health are reducing smoking and obesity, promoting exercise, reducing binge-drinking, promoting sexual health and promoting good mental health. However, the message of Choosing Health is that people should not be forced into living healthier lifestyles, but should have better information to help them make informed choices.

Inspecting for Better Lives

From consultation exercises and workshops undertaken by CSCI, they have found out what service users want from social care services:

- **Choice**
- **Independence**
- **Dignity and respect**
- **Consistent and competent services**
- **Safety**
- **Frequent, unannounced inspections**

- To achieve these objectives, CSCI proposed a gradual process of changing the way they inspect services. This was to result in more focused inspections, more interaction with service users, quicker feedback and making the inspection process more flexible.

8. Customer Focus

There has been a sea change in the way in which older people are perceived during the last 3-4 years. Where previously older people were seen as being frail, vulnerable recipients of health and social care, they are now seen as active citizens with an important contribution to make to society. This is reflected in the vision of Experience Counts, which is "to ensure that older people are enabled to be as informed, active, healthy and independent as possible, and empowered citizens at the heart of the community."

By regularly engaging with older people, via groups such as the Haringey Forum for Older People and pensioners forums, Older People's Services see older people as more than simply customers or consumers – we aspire to provide services which meet assessed needs and enable the person to remain as independent as possible. We also hope that, contrary to the heading below, older people's perceptions of services are more than acceptable – in fact, we strive for excellence in all aspects of service provision.

Customer type	**Current assessment of perceptions**	**Proposed actions to improve perceptions to an acceptable level**
Day care (in-house)	100% of service users at the Grange and Haven day-centres are satisfied with the services they receive, with 92% at Woodside. The day-centres got 96.5%, 94% and 98% respectively for staff helpfulness.	It is clear from this that users of in-house day centres and their carers are extremely satisfied with the care they receive, and indeed these centres have long been acknowledged as providing very high quality services to vulnerable client groups. The Grange, in particular, provides care to older people with mostly advanced dementia. One carer of a Grange user stated that "she leaves the house with a long face and returns with a smile and a relaxed look." We aim to continue to provide this high level of service, and look at any specific comments or recommendations stated in the surveys by users and carers.

Customer type	Current assessment of perceptions	Proposed actions to improve perceptions to an acceptable level
Supported housing (in-house)	In the 2005 MRUK survey of supported housing tenants, 92% of tenants were satisfied with their accommodation, and 79% happy with the Council as landlord.	Ensure that satisfaction levels remain high, following transfer of housing management to Homes for Haringey.
Home care (in-house and commissioned)	PAF indicator D52 measures the percentage of people who stated that they were extremely or very satisfied. Our outturn is 50.2%. PAF indicator D71 measures the percentage of people who said their carer always does what they want done. Our outturn is 60.3%.	Both outturns are outside of best performance banding, so it is clear that we need to improve aspects of our provision to increase satisfaction levels. As well as quantitative information, the 2006 user satisfaction survey also recorded qualitative information. For example, one respondent said "my home carer could not be any more help than I have – at each visit it is lovely to see a smiling face in the morning and afternoon." Another said she was happy with the care she received, but would prefer it if she was told in advance if her carers were on leave or needed to be changed for any reason. We thus have a useful corpus of user comments, which will enable us to respond to specific comments and running themes.
Residential (in-house)	Residents and carers have been fully consulted and engaged with during the modernisation of Haringey's Residential Care Homes. In fact, one of the principal aims of the strategy has been to provide more person-centred care for residents.	

Customer type	Current assessment of perceptions	Proposed actions to improve perceptions to an acceptable level
Emergency Response	While a survey of Emergency Response and Safe and Sound users has not been carried out in 2005/06, it is known that this team responds to emergencies very quickly. In 2005/06, 99.5% of calls were responded to within five minutes.	To consider surveying Community Alarm users to find out more qualitative information about perceptions.
Intermediate care	This is a cross-cutting service which encompasses short-term, usually rehabilitative services in home care, residential, nursing and supported housing settings. A Member Scrutiny Review of Intermediate Care carried out in 2006 was very complimentary about this range of services.	In 2006/07, Social Services and the PCT will develop an integrated Rehabilitation and Intermediate Care Strategy.
Commissioned services	In the Home Care Users Survey, perceptions of commissioned home care were as positive as with in-house home care. This is in contrast to a previous survey carried out in 2002 which suggested that commissioned services were less satisfactory.	The Contracts Teams regularly audit all commissioned services (including residential, nursing, home care, day care and intermediate care) and assesses each against contractual standards.

9. SMART Working

People Set out progress against your People Plan objectives and identify 3 key areas of work for 07/08.	In July 2006, the Older People's Services Divisional Management Team carried out their first quarterly review of the People Plan and found that nearly all tasks were either completed or on target for completion. ▪ Further develop a performance management culture in Older People's Services. ▪ Develop staff to meet the services needs within the new restructures (both corporate and Departmental) ▪ Ensure a person-centred, empathetic approach to service provision.
Work methods and Technology Identify any key IT projects for the coming year so that the impact of these projects can be assessed. *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.*	▪ **Implementation of Staffplan.** It is recommended that Staffplan, an electronic rostering system, is implemented as a stand-alone system with an initial download of data from Framework-i. This will mean that Haringey Homecare staff will have access to an electronic monitoring system in the fastest time possible, and that Staffplan can be integrated with Framework-I once the Finance Purchasing Modules go live. The estimated cost of this is 8k. The first phase of Staffplan will come on line in Dec 06. ▪ **Continue to provide Framework-I training as part of induction package for new staff.** ▪ **Evaluate mobile working pilot in Care Management.** If this pilot is successful and a decision is made to roll it out across Older People's Services, the costs will be £47k set-up (one-off), £24k service charge (annual), and £15k charge for integrating with Framework-I (one-off, estimate). This means a corporate charge of £86k in the first year of implementation, and £24k for each subsequent year. Social Services will have to pay £768 for each FACE user and £650 for each other user in the first year, and £528 and £468 respectively for each subsequent year. ▪ **Provide laptops for out of hours social work staff.** Laptops cost £753.68 each. Set-up costs around £80.00 each. Enables out of hours social workers to access information while out in the community, e.g. in police stations. ▪ **Enable professionals in A&E wards at the Whittington and North Middlesex hospitals to access Framework-i.** Each user will need a SecurID token, which cost £175 each including set-up. For North Middlesex there shouldn't be any additional costs as we have already got this working in Children's A&E. For Whittington, there will be costs as we will need to make some firewall changes and engage their IT department to test and if necessary make changes to their desktop. This is estimated to cost around £3k. ▪ **Phase 2 of e-Care**. Phase 2 of eCare will specifically cover the implementation of the Framework-I 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.

Workplace Identify any accommodation issues.	There remains very limited space in Stuart Crescent for the joint intermediate care team (both staff and computers).

SECTION C
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	Better prevention services with early intervention	These approaches are in line with all the key policy drivers listed in part 7, and with the vision set out in part 1.	More and diverse community services, developed beyond the current traditional, though good, approaches. For example, outreach services which seek out people who would benefit from early intervention rather than the current reactive approach.	Should definitely be developed in partnership with the voluntary sector and PCT / mental health trust. Will need pump priming, sourcing and funding from alternative resource / opportunities.

Number	Objective	Why is this important	Key activities	Dependencies and joint working
2	Give people more choice and a louder voice		Haringey already has a vibrant Older People's Forum which needs to be better resourced and given a higher profile.	The Council should enhance its funding for the Forum and encourage it to have a greater political platform.
3	Tackle inequalities and improve access to community services.		This is built into "Experience Counts" but needs to be better resourced.	All Council Departments to take their responsibilities for older people seriously.
4	Provide more support for people with long-term needs.		Older people in this category are likely to come within our tight eligibility criteria and therefore make demands on an extremely tight budget.	Will not be achievable in the short term unless there is additional funding. However, there is a joint aspiration with the PCT of diverting more of this group of people away from acute admission and towards health and social care support in the community with consequent redistribution of funds.

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 £	**2008/09 £**	**2009/10 £**	
None.				

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 Priority**	**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**
When Osborne Grove was demolished its budget of £600k (excluding capital charges) was transferred to the commissioning budget to pay for re-located residents. The new care home now needs this budget reinstated (June 07)	Balancing OPS budget	*Key service priority investment*	600				NA	NA	When Osborne Grove was demolished and its budget transferred over to commissioning, it was anticipated that this money could simply be "refunded" when the new care home was built. Due to market pressures, PCT cuts etc, this is not possible.

Proposed investment	How does this support Council Priority	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
Commissioning pressure arising from withdrawal of SP funding.	Balancing OPS budget	*Unavoidable cost pressure (price above inflation, demand above plans— evidence required)*	40				NA	NA	Historically, SP funding has been allocated to a residential home (Peregrine House). This will be withdrawn in 2007/08. The care home will not accept a lower fee rate because of the withdrawal of £40k.
To establish a business support team to support users of Framework-I, comprising one manager, two business support officers and two system support officers	The team will enable the further training and development of Framework-I and facilitate its further integration into working practice.	*Key service priority investment*	40				There are already five staff undertaking these duties		Users of Frameworki 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 Frameworki finance/eCaf/children's index/EDMS will require support from resources within this team.

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.

The following proposals relate to both Older People and Adults Business Units.

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**
Implement VFM review recommendations to reduce costs By £5 per hour			250	250				This proposal does not include the rapid response.
Reduce OPS residential Care Undertaking the objectives of Our Health, Our Care, Our Say to provide more services in the community. There will be a reduction of 79 residential placements. The savings assumptions assume Reprovision costs in the community	Achieving the objectives of Our Health, Our Care, Our Say	150	150	150	150	0	0	As above
Marketing the Community Alarm Service This proposal will generate additional income with a charge of £4pw	Make the service more widely available to the community		100	100		0	0	Will market to owner occupiers and private businesses. Capital set up costs of £65k

Closure of OPS Drop in's Some centres under utilised		140	125			6.69	6.74	Some Reprovision required using not for profit & community sectors
Merge the Winkfield and Haven Centres These centres are not fully utilised. Efficiencies will be gained	No reduction in Services. Achieves the objectives of Our Health, Our Care, Our Say	185				8	8	
Efficiencies from Telephone Monitoring in Homecare Improve invoice payments PI and ensure accuracy of charges	Improve quality of information on the home care hours provided to clients. Reduce the number of invoices queried			250		0	0	E-Care project. Phase 2 Will require some capital investment
Voluntary Sector Review across the Council The voluntary sector has not been fully reviewed for a number of years – ensure sufficient re-provision available				500	500	0	0	Will require a root & branch review of what we are commissioning from voluntary organisations
Move Mental health Clients to Supported Housing	Allow more clients to live in community setting		175	175		0	0	Achieves the objectives of Our Health, Our Care, Our Say
Review mental Health Day Opportunities				100		0	0	

Review SS Administration and stream line access processes	No impact on front line services		250	250		6	6	Savings estimated in admin and invoice payments functions Customer Services
Implementation of the charging policy • Bring forward, currently scheduled for 2008. • Increase a number of charges in services that provide a significant subsidy currently	Maximising income through adjustment to the Fairer Charging disregard, increase to unit cost of internal residential care and non residential care and increase charge for Meals on Wheels.	370				0	0	
Target Proposed Saving **Total £4.270m**		**845**	**1,050**	**1,775**	**650**			

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**
None.						

Appendix 1 – Performance Assessment Framework and other indicators

			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 over.	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	
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%	
	LSO 14 (Paf C72) LPSA	Admissions of supported residents aged 65 or over to residential/nursing care	56.1	**71**	**63**		69	66	62	

LSO 17	% of all identified carers of older people aged 65+ as recorded on Haringey Council's database receiving an assessment		**89%**	**not reported anymore**					
LSO 19	Local Target: no. of people placed in long term extra care sheltered housing places.	60	**60**	**not reported anymore**		65	70	75	

Appendix 2 - Value for money

1. Business Unit Cost

1.1 What is your annual budget £22,194k (General Fund)

1.2 What is your budget breakdown:

	Gen Fund £000s	HRA £000s	Total £000s
Employees	13,633	3,531	17,164
Premises	323	78	401
Transport	532	62	594
Supplies and Services	1,293	252	1,545
Third Party Payments	14,453	10	14,463
Transfer Payments	0	0	0
Support Services	2,744	373	3,117
Capital Charges	261	0	261
Contingencies	-164	0	-164
Gross expenditure	**33,075**	**4,306**	**37,381**
Government Grants	-3,809	0	-3,809
Other grants, reimbursements	-1,397	0	-1,397
Customer and clients	-5,675	-614	-6,289
Recharges	0	-292	-292
Gross Income	**-10,881**	**-906**	**-11,787**
Net expenditure	**22,194**	**3,400**	**25,594**

Allocations made in RA forms	
Directorate allocation	691
Business Unit Allocations	-1,143
Emergency SW team	92
Grant to Vol Orgs (Chief Exec)	409
Training Grant	318
Supporting People	5,765
	28,326

2. RA/RO Returns

NB RA & RO returns exclude Govt Grant income (but include the expenditure it funds)

2.1 How does your expenditure appear on the RA (budget) form?

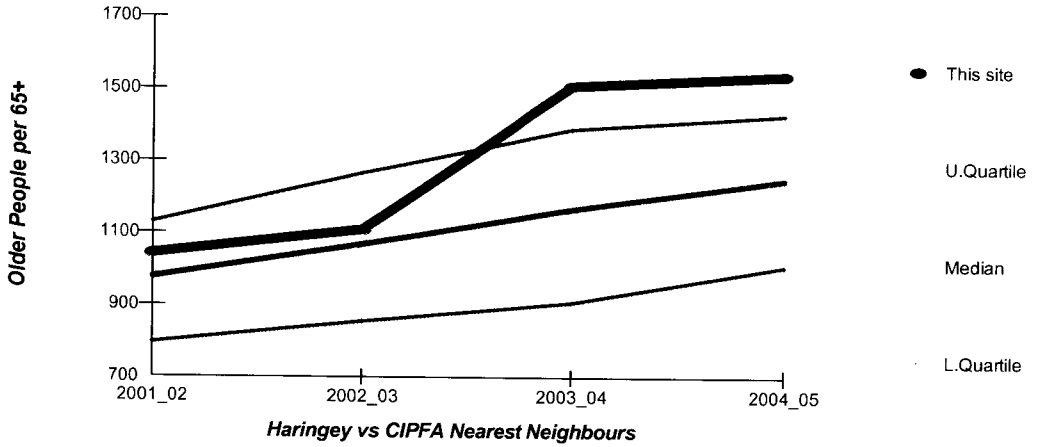
Category	Value
Older People (aged 65 and over) including older mentally ill.	32,213

2.2 How does your expenditure appear on the RO (outturn) form?

Category	Value
Older People (aged 65 and over) including older mentally ill.	31,458

3. Costs

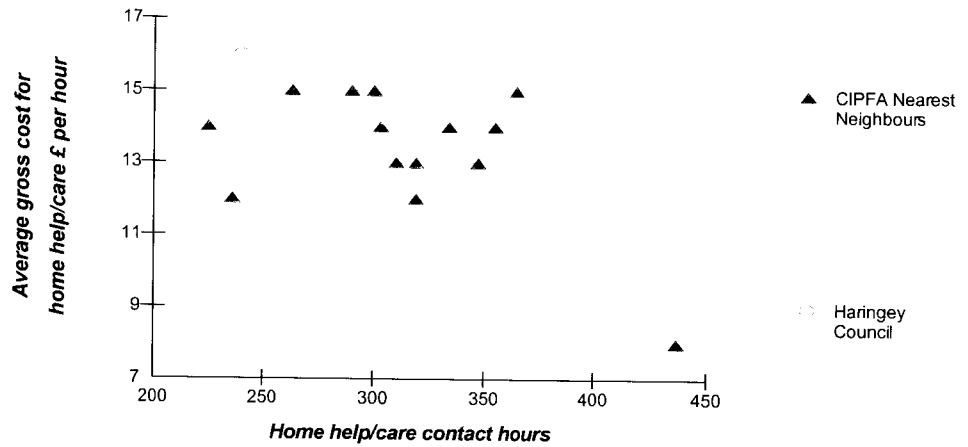
3.1 Please insert your relevant cost graphs from the value for money profile and any other information you can provide.



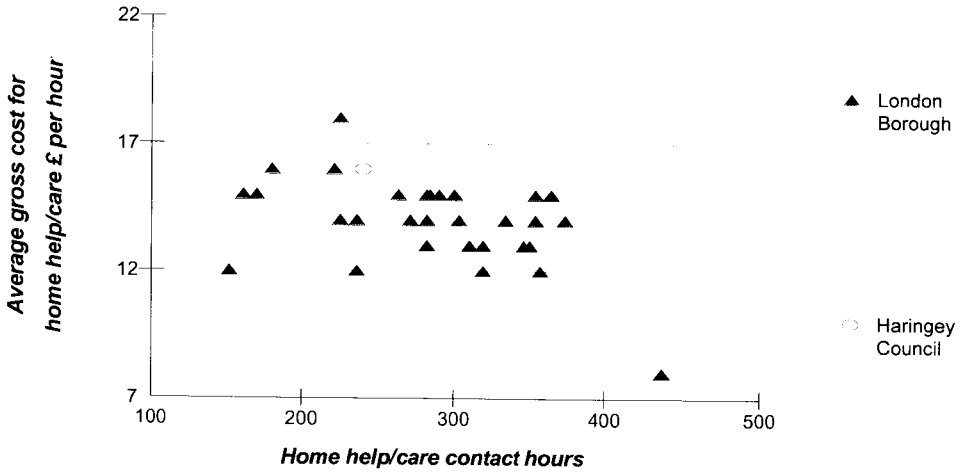
Source: RA return Period: 2004/05, 2003/04, 2002/03 and 2001/02

Spending on services for older people reflects the council's level of provision of two key services; accommodation and home care. Typically councils commission most of these services from the independent sector. While spending commitments on accommodation tend not to change significantly from year to year, spending on home care can change significantly between years.

3.1.1 Home care service volume



Source: PAF Period: 2003/04and 2001/02



Source: PAF Period: 2003/04and 2001/02

There is an inverse relationship between the gross cost per hour of home care and the number of hours of home care that councils purchase or provide.

Note that unit costs will vary for councils in London and the south east compared to the rest of the country. **Costs may also vary based on the extent to which the council uses an in-house provider, where councils purchase highly specialised services and/or serve dispersed communities.**

3.1.2 Value for Money in Home Care

In-house Home Care

Over the last few years, the in-house service has greatly expanded and diversified, providing high quality, intensive home care in line with the Community Care Strategy's aims of preventing admission to residential / nursing / hospital care and in the case of the latter, enabling a safe hospital discharge home. These services include:

1. High quality service from well trained specialist staff for people with complex needs, mental health problems, dementia, palliative and continuing care.
2. Provision of immediate response Intermediate Care for people aged 50+ for up to 6 weeks.- investment in Intensive rehabilitation by Prevention and Enabling Team means little or no support required later.
3. Night Service enables more people with very large care package needs to remain at home- who would otherwise be in a residential or nursing home.
4. Development of admission prevention service again requires intensive early intervention- producing a saving in hospital costs.

These are innovative services, not provided by many Local Authorities and put Haringey at the forefront of the White Paper agenda.

However, during 2005/06, there were developing concerns about the affordability of the service, given the speed of its developments and the impact on home care's systems of the developing care management / brokerage processes. A Business Process Review was therefore commissioned and made some helpful systems recommendations. An Efficiency Review was also instigated, completed and will shortly be put before Members for consideration.

A financial halt was therefore called to additional in-house packages which were then transferred to the cheaper block contracts. The Efficiency Review reveals, as expected, that the in-house service's unit costs (as measured in 2005/06 but already decreasing) are high compared to almost all other Authorities and comments that in order to deliver greater value for money.

- The service needs to achieve more client contact hours by rationalising staff time
- This would be greatly helped by the introduction of a well researched IT system
- NB: the service has already had 100k taken in 2006/07 as pre-planned efficiency savings
- However Members will need to decide what further savings (if any) are appropriate given that a quality service will always cost more
- Unit cost would need to drop to £21.50 in order for the overall PAF indicator to achieve best performance (i.e. £14.90 per hour).

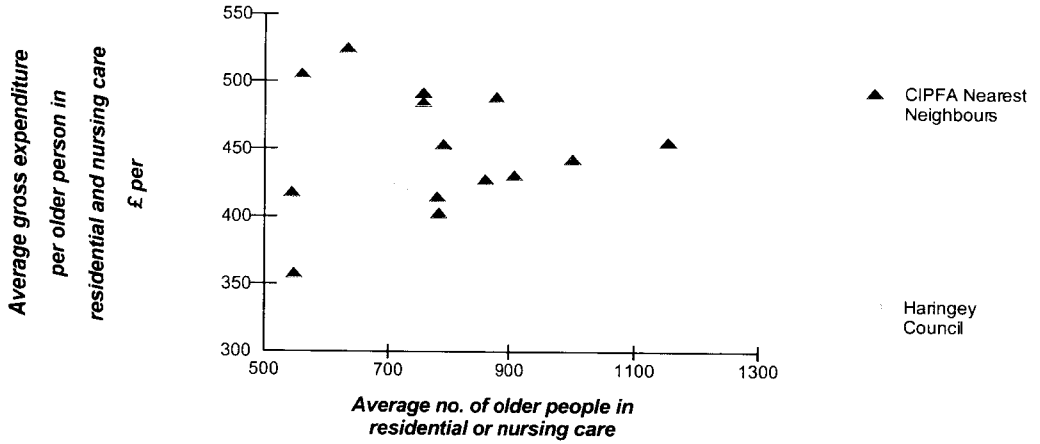
Externally commissioned home care

Two years ago, three new block contracts were entered into with three providers who had successfully tendered and an approved list of smaller, spot contracted providers was also agreed. The prices agreed, especially in the block contracts were good value for money and there was confidence in the providers although it was recognised that one provider, who had previously only worked with Learning Disability clients and needed to create a London base, would need particular support which has been provided. However, one of the other two providers began to fail in terms of quality and, in spite of nearly a year of intensive support and challenge, had to exit from the contract. We then worked with the two remaining contractors, on a geographical basis, to ensure their stability, development and continued value for money.

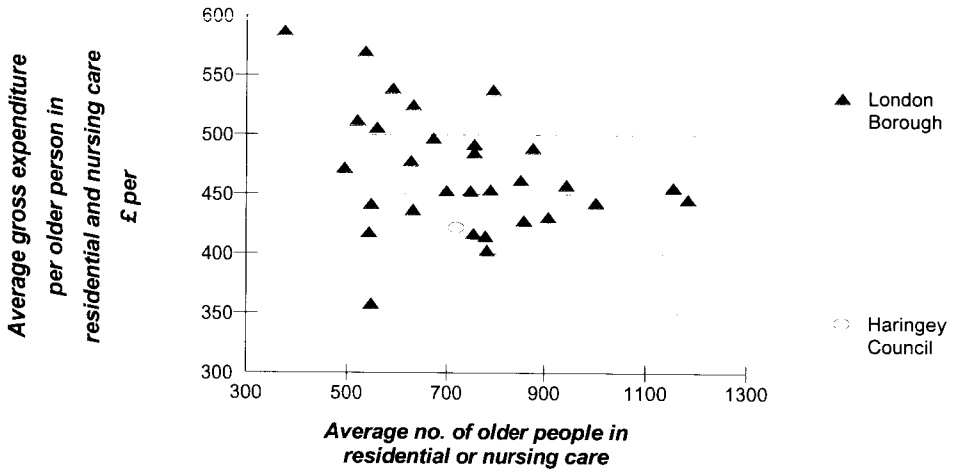
It is worth noting that in terms of client satisfaction with home care providers, it used to be the case only a year or so ago that satisfaction was much higher with the in-house service. The gap has now narrowed tremendously which is a comment on increased value for money for commissioned home care and a challenge for the in-house service, although it should be said that both levels of satisfaction are high.

The current average cost of home care from the two block providers is £12 per hour.

3.1.3 Residential and nursing care



Source: PAF Period: 2003/04



Source: PAF Period: 2003/04

There is an inverse relationship between the number of residents that councils support and the gross cost per week of accommodation.

Historical spending patterns and the level of in-house provision also play a part. In-house provision is usually more expensive but councils with high levels of in-house provision face considerable challenge if they try to reduce these levels. In-house provision may also cater for clients who need higher levels of care.

3.1.4 Value for money in Residential and Nursing Care

In-house Residential Care

As the Community Care (Residential) Strategy began to impact in the latter part of 2004/05 but particularly in 2005/06, the costs associated with three of the six homes, destined for closure, began to mount due to beds being vacant in preparation for closure. This required the Commissioning Service to purchase an increasing number of beds in the independent sector. In addition, the Service was losing charging income, only partially offset by the use of respite care and lastly, the whole process was set back by about six months because of a Judicial Review of the processes in two of the homes, further increasing costs.

This changing picture means that it is not possible to achieve an overall value for money picture of this service at the moment. However, the Strategy is progressing well and by mid 2006/07 we will have unit costings for three of the remaining four homes. Within the service it is intended to convert many beds for dementia use, with the agreement of CSCI and for the reasons outlined below.

Externally Commissioned Residential and Nursing Care

Generally speaking, the demand for 'frail elderly' beds remains constant as does that for nursing care. However, as the population ages with a consequently greater incidence of mental illness especially dementia, the need for dementia residential and dementia nursing beds is rising and naturally there is competition between purchasers for this scarce provision. The market is clearly provider led, however we have been able to block purchase some beds at a reasonable rate and unlike many other Authorities provide a supportive monitoring service which is seen as an asset by providers, hopefully supporting our negotiating position.

The current average residential bed price is £425 per week and for nursing care £530 per week. However new beds, especially in the London area, average £600 - £650 per week.

4. Unit Costs

4.1 How do you unit costs compare to other London boroughs and your nearest neighbours?

Home Care: See 3.1.2

Nursing Care: Costs have increased by about £80 per week over the last 2 years. This has been reflected nationally and is partially in response to the increased demands of the Care Standards Act. We routinely pay the same rate as host local authorities.

Residential Care: Costs of dementia care beds have increased markedly over the last 2 years – again partially in response to the care Standards Act. Costs of "frail elderly" beds have only risen marginally. We routinely pay the rate of the host authority and thus our rates should be directly comparable.

Day Opportunities: The costs of day care are markedly different per session in-house and external. However, the internal provision is generally for the most dependent people we provide support to. Also, there are some serious quality concerns about some of the independent providers. These are being addressed.

4.2 Are there alternative ways of calculating your unit costs, which will provide a more accurate picture, if so please illustrate?

The Efficiency Review's methodology has been accepted for Home Care.

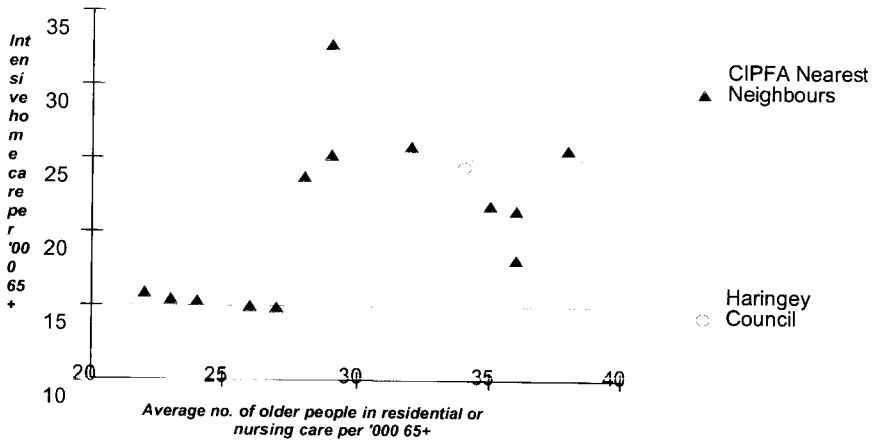
4.3 Are there any Council policy decisions which have led to high costs?

Home Care: see 3.1.2

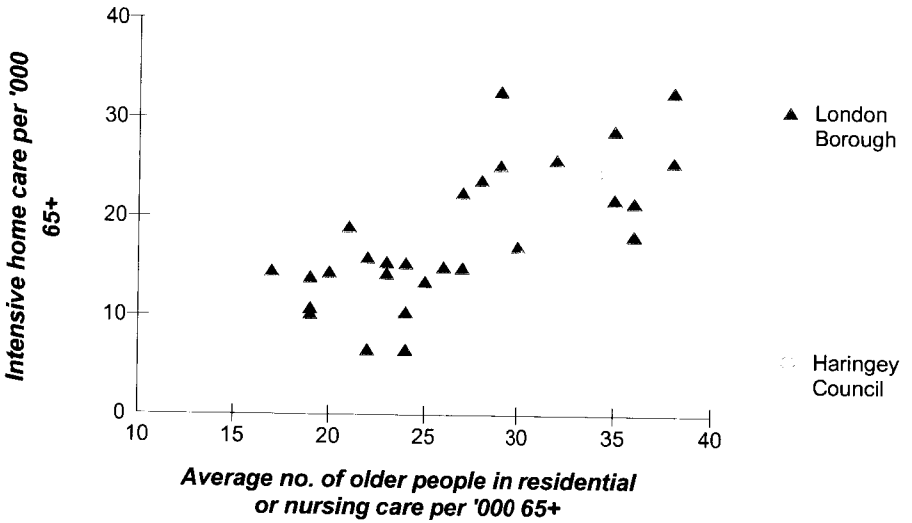
5. Service Quality and Performance

5.1 Please insert your relevant performance graphs from the value for money profile and any other information you can provide.

Service mix



Source: BVPI & PAF Period: 2003/04

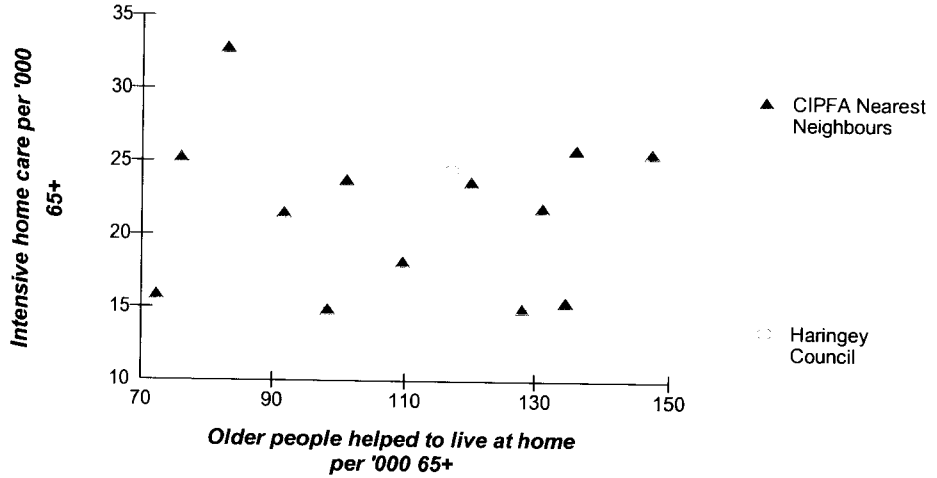


Source: BVPI & PAF Period: 2003/04

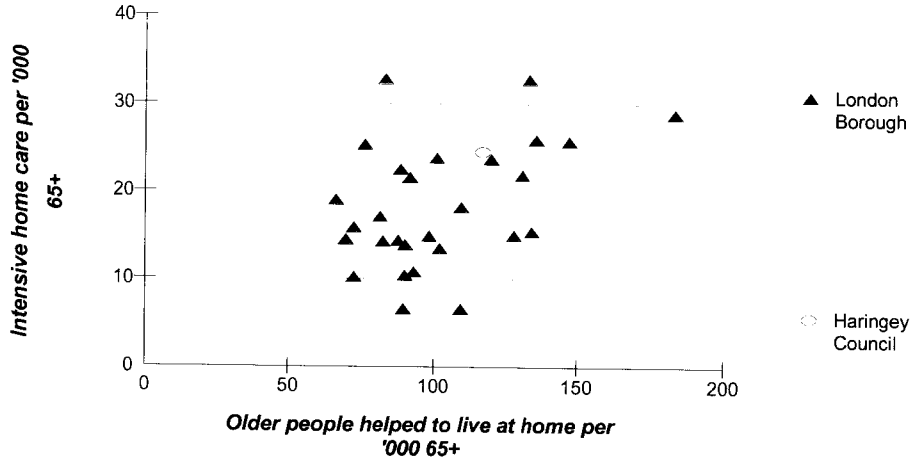
The council's overall level of spending on older people should be consistent with number of residents it supports in accommodation and the level of intensive home care provision.

Where provision for one or both of these services is high you should check whether the council's unit costs are consistent with their level of service.

Home care service coverage and intensity



Source: BVPI Period: 2003/04



Source: BVPI Period: 2003/04

The chart shows the extent to which the service provided by the council is characterised by high coverage – the proportion of older people that receive a service – and/or high intensity – the proportion of older people that receive intensive services.

Councils should be able to demonstrate how their pattern of home care provision impacts on their use of residential and nursing care.

6. Perception

6.1 Please insert your relevant perception graphs from the value for money profile and any other information you can provide.

The service mix of intensive home care to residential / nursing care has changed markedly since 2004 – we now have 100 less people in care homes and have focused the provision of home care even more tightly on those with greatest needs. However, the tight application of FACS and the consequent implementation of reductions in amount of care provided means that we have also reduced to some extent the numbers of people who get intensive home care by about 2000 hours per month.

7. Context

7.1 Please provide reasons for the level of your costs and performance, making reference to comparators.

See 3.1.2 and 3.1.4

8. What plans do you have to improve Value for Money in the future?

Business Process Review
Home care efficiency review.

Day Opportunities review
Reduction in bed capacity in-house
Block contracting
Intermediate Care Review

Appendix 3 - Financial Tables

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)
General Fund					
S012 – Home Care	3,988	-150	3,838	3,838	0
S013 – Assessment & Care Mgt	19,005	-8,205	10,800	11,306	506
S014 – Day Care	1,663	-131	1,532	1,519	-13
S0111 – Emergency Response	292	-353	-61	-28	33
S0145 – Supported Housing	43	0	43	43	0
S016 – Residential Care	4,062	-1,149	2,913	2,833	-80
S017 – Management & Support	284	0	284	417	133
S018 – Contracts	507	0	507	507	0
S019 – Community Care Finance	944	-12	932	932	0
Total General Fund	**30,788**	**-10,000**	**20,788**	**21,367**	**579**
Housing Revenue Account					
S0112 – Emergency Response	1,381	-900	481	481	0
S0146 – Supported Housing	2,552	-6	2,546	2,546	0
Total HRA	**3,933**	**-906**	**3,027**	**3,027**	**0**
Total Budget (cash limit)	**34,721**	**-10,906**	**23,815**	**24,394**	**579**

Appendix 3 - Financial Tables (Continued)

Table 2. Cost of Your Service *(This table breaks down your budget into expenditure & income types)*			
Subjective Description	**General Fund (£'000))**	**Housing Revenue Account (£'000)**	**Total OPS Budget @ July 06 (£'000)**
Employees	12,890	3,531	16,421
Premises	315	78	393
Transport	534	62	596
Supplies & Services	1,206	252	1,458
Third Party Payments	16,133	10	16,143
Transfer Payments	0	0	0
Contingencies	-290	0	-290
Total Expenditure excl. o/heads/ capital charges	**30,788**	**3,933**	**34,721**
Government Grants	-3,044	0	-3,044
Other Contributions	-1,132	0	-1,132
Receipts	-5,824	-614	-6,438
Recharges	0	-292	-292
Total Income excl. overheads	**-10,000**	**-906**	**-10,906**
Total Net Budget (cash limit)	**20,788**	**3,027**	**23,815**
Overhead / Support Services Charges	2,942	373	3,315
Capital Charges	302	0	302

Table 2. Cost of Your Service *(This table breaks down your budget into expenditure & income types)*			
Overhead Income	0	0	0
Total Budget incl. overheads & capital charges (SAP rec)	**24,032**	**3,400**	**27,432**

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**
Access & Systems Capacity	2,182	To enable Local Authorities to build up community resources and to promote independence.	Ongoing	N/A
Delayed Discharges	403	To encourage Local Authorities to work more closely with the NHS to stop delayed discharges.	Ongoing	N/A
Preventative Technology	122	To invest in telecare initiatives aimed at supporting individuals to live at home, reducing the no. of avoidable admissions to residential care or hospital.	2 year grant	2-year project
Preserved Rights	337	To cover the costs of reduced client contribution for former preserved rights clients		Part rolled into FSS, reduces as services cease
Total	**3,044**			