

Adults and Health Scrutiny Panel
Thursday 11th December 2014

Present: Cllr Connor (Chair), Cllr Adamou Cllr Beacham, Cllr Bull, Cllr Mann, Cllr Patterson, Cllr Stennett

Also attending: Cllr Hearn

1. Apologies

Apologies were received from Helen Kania

2. Urgent Business

None received.

3. Declarations of interest

None received.

4. Deputations

None received.

5. Scrutiny of the Draft medium Term Financial Plan

The Cabinet Member for Health and Wellbeing attended the meeting to discuss the budget proposals with the panel. The Cabinet member made the following points:

- Budget proposals are drawn up in the context of a reducing Revenue Support Grant and increased demand for services;
- In addition, the implementation of the Care Act in April 2015 will place new duties and responsibilities on the Council;
- Overall, the budget reflects the priorities and commitments of the manifesto published in may 2014.

The panel raised a number of general issues ahead of the budget scrutiny process these are summarised below:

1) Cost of implementing the Care Act: The panel noted that the costs of implementing new duties were difficult to quantify given a) the volume of assessments required and b) the number of self-funders (who were not in contact with the authority). It is estimated that a £240k grant will be provided to support additional costs incurred through assessments.

2) Current Overspend in Adults

The Panel noted that there was a projected over-spend of £3.6m in Adults in current financial year. Within panel discussions it was noted that:

- There was a management action plan in place to reduce the budget deficit;
- There were signs of improvement where a £600,000 reduction in deficit forecast was recorded from period 6 to period 7;
- There were a number of cost pressures which had precipitated this overspend:
 - People living longer healthier lives
 - Demographic pressures
 - More young people transitioning from child to adult care;

- There was less scope and capacity to manage overspends as the service was already leaner from previous reconfigurations;
- The overspend relates to this financial year and is independent of proposals within the MTF5.

The panel scrutinised savings and investment proposals as set out in the Medium Term Financial Plan that fell within its remit. These were:

Priority 2 Empower all adults to live healthy, long and fulfilling lives items 11-24.

Priority 2 – Item 11: New pathways for older people (£4,020,000 saving)

In panel discussions it was noted that:

- The Neighbourhood Connect pilot project was undertaken with older people and aimed to provide supported discharge from hospital and contribute to reduced social isolation;
- There was positive feedback from those who participated in the pilot and it was planned to use the Neighbourhood Connect model to support other care groups;
- If plans proceeded to replace the Haven, Neighbourhood Connect would work with existing clients to befriend them and assist in transition to the community settings;
- There were concerns that if the Haven were to close, the therapeutic benefit of those attending the centre (personal and group interaction with a stable cohort of service users) would be lost;
- There were strong reservations about replacing a day care service (The Haven) which works well and is valued by the community with a service (Neighbourhood Connects) for which there was insufficient information (e.g. how many carers needed to support this) and which has not been fully tested;
- Similarly, there were inherent risks (e.g. continuity of care, availability of volunteers) in using a volunteer centred model (Neighbourhood Connects) to provide for care in the community;
- Funding for the Haven is approximately £320k and there are approximately 55 service users which equates to £120-170 per service user per week. Other providers of day care on average cost £80 per week. The cost of residential care for elderly people is approximately £650 per week;
- If the Council wished to develop the preventative agenda and to reduce future costs, there may be a real case for not only maintaining day care provision at the Haven but developing this service further, to prevent more costly admissions to residential day care in the future (where weekly costs are threefold that of day care);
- Osborne Grove is currently underutilised (it's being partly used as a furniture store) but has significant resource potential for other care services or to generate other income streams for the council;
- If the service at Osborne House was re-provided, care packages would be commissioned for existing service users in alternative intermediate care;
- The Haynes and the Grange are both currently used to provide care for people with dementia, and it is proposed that these services be reassessed. The latter centre is a listed building and there may be little capacity or scope to extend the service offer from this site.
- Members of the panel had visited the Haynes centre and found this to be a high quality service catering for a relatively small number of service users (18).

Whilst there is scope for increased capacity at this service, there is an existing waiting list and staff were wary that this may lead to a diminution in the quality of services provided.

Agreed:

- (i) that the proposal for the closure of the Haven and the re-provision of the Haynes and the Grange Service be reconsidered pending a detailed review by Adults Services, including;
 - further financial data;
 - alternative options for the Haven Day Centre;
 - the idea of expanding day care if it can be shown to reduce the need for more expensive residential care in the future (e.g. as step down care);
 - further evidence from the evaluation of the Neighbourhood Connects project previously piloted in Haringey;
 - further evidence as to how Neighbourhood Connects service model would be appropriate for those currently using day care;
 - evidence as to the viability of the Neighbourhood Connects as a *volunteer centred* model to support day care services for older people;
 - how those with *high level* dementia care needs will be provided for in the community;
- (ii) that the proposal for the re-provision of the Haynes and the Grange Service be reconsidered pending a detailed review by Adults Services, including;
 - further clarification on what is being proposed, particularly in relation to the future support provided to:
 - those clients with *high level* dementia care needs
 - support to carers
 - Further details of the consultation process, who will be consulted and when;
- (iii) that details of the above-mentioned review be referred to Overview & Scrutiny in early January;
- (iv) in respect of Osborne Grove, it is recommended that further negotiations are undertaken with the CCG to increase NHS contributions to support the maintenance and further development of this intermediate care centre.

Priority 2 – Item 12: New pathways for people with learning disability - Accommodation (£5,171,000 saving)

In panel discussions it was noted that:

- Proposals would involve the closure of Linden, though service users will be rehomed in supported community housing;
- A number of community houses had been identified and were in the process of being developed as supported homes in the community for people with learning disabilities (e.g. Dukes Avenue);
- Adults and Housing Services were working together to identify other housing sites (voids etc) which potentially could be used for supported accommodation;
- There was a concern as to whether new services would be in place to replace decommissioned services, given that a majority of the savings proposals were in year 1.

Agreed:

- (i) that the proposals be noted.

Priority 2 – Item 13: New pathways for people with learning disability – Day Opportunities (£2,280,000 saving)

In panel discussions it was noted that:

- Since the introduction of personal budgets, where service users have more control over the day care opportunities they need, no service users have been placed within in-house day care services;
- Three of the four day care centres will close, with day care services re-provided through a social investment/voluntary sector;
- Ermine Road Day Care centre will be retained within these proposals as this is for services users with particularly challenging behaviour and for whom it may be difficult to accommodate within mainstream day care opportunities.

Agreed:

(i) That concern be expressed at:

- how these closures will impact on the current users of these day care services;
- how these closures will impact on carers, and if there are any other alternative sources of community based support?;
- the potential for long-term additional costs to the Council should customers be less able to access community based activities;
- that further information be submitted to the Panel confirming that these issues is being addressed.

Priority 2 – Item 14 New pathways for people with disabilities (£526,000 saving)

Item 15 New pathways for people with mental health needs (£1,670,000 saving)

In panel discussions it was noted that:

- A new range of services will be provided which rely less on traditional institutions, indeed, placement in residential care will be a last resort;
- The new model of service provision focuses on the re-ablement of service users and which seeks to promote social inclusion and independent living within the community;
- The prospect of service change was undoubtedly causing anxiety amongst service users, and that the council must ensure to be open and transparent about prospective change;
- The Independent Living Fund will be transferred to the Council, and members sought clarification as to how these funds will be used locally;
- Although there would be some similarity in the new pathways of care that might be developed for those with a physical disability or with mental health needs, the cyclical pattern of service use typified by mental health service users would be acknowledged in such plans;
- Adults service will work closely with housing services to identify supported living facilities, 10 units had already been identified by housing (one bedroom/studios).

Agreed:

- (i) Further clarification of how Independent Living Funds will be used once these have been received;
- (i) That concern be expressed at the potential detrimental effects on recruitment of staff to care for clients should levels of pay be offered by providers that fall below London Living Wage levels and that further information be provided regarding pay rates offered.
- (ii) That concern be expressed at the achievability of savings to be generated by the development of the Shared Lives services as a social enterprise.

Priority 2 – Item 16 New model of Social Work and Care Management (£970,000 saving)

In panel discussions it was noted that:

- As a result of the Better Care Fund and Care Act, it is anticipated that management and administration savings will be achieved through closer integration of health and social care;
- The introduction of new models of social work and care management which include greater use of supported self assessment and on-line self assessment and the use of voluntary sector brokerage and support planning will also achieve savings;
- It was noted that the Council will have new responsibilities under the Care Act particularly in relation to self funders (those who fund residential, day care or home care from their own funds) who may require assessments and onward referral to local services. The number of self funders is unknown and will only become apparent in 2017/18;
- A report on the councils preparation for the Care Act will go to Cabinet in March 2015.

Agreed:

- (i) That concern be expressed at the achievability of the savings proposed and that further evidence be provided that the proposed levels are realistic.

Priority 2 – Item 17 Care Purchasing Residential Care (£4,000,000 saving)

In panel discussions it was noted that:

- Benchmarking of the cost of care purchasing packages with other authorities places Haringey in the median range, however, there is a potential to further reduce these costs through:
 - renegotiation of existing contracts;
 - greater use of block contracts;
 - commissioning alliances with other authorities (in particular with Barnet, Enfield and Hackney);
- There were over 270 individual spot contracts currently in operation and there would be efforts to consolidate these (block contracts) to achieve savings;
- The panel had a number of service quality and service monitoring issues in relation to the greater use of block contracts, for example the provision of the London Living Wage within contracts. Whilst there were safeguards in place for monitoring service quality, it was estimated that incorporating the London Living Wage within contracts would increase residential care costs by £8m. Regional alliances in commissioning may also support stronger quality assurance processes.

Agreed:

- (i) that further feedback on the approach to Care Purchasing would be provided to a future meeting of Overview & Scrutiny;
- (ii) that further information be submitted to the Panel to confirm that quality, effectiveness and good user experience can be maintained at reduced levels of cost for contracts;
- (iii) that the proposals be noted.

Priority 2 – Item 18 Care Purchasing Packages (£5,700,000 saving)

In panel discussions it was noted that:

- This will involve a reassessment of existing packages in the context of promoting a re-ablement approach to enable people to live independently in their own homes in the community;
- In the context of the above, service users will be encouraged make more use of personal, family, community and voluntary sector resources;
- This proposal will represent a significant cultural shift, whereby assessments will be undertaken in the context of identifying existing resources available to meet needs rather than an assessment for services.

Agreed:

(i) that concern be expressed regarding the achievability of the necessary increases in the use of the personal, community, family and voluntary sector resources required by the proposal and that it therefore be reconsidered.

Priority 2 – Item 19 Voluntary Sector Savings (£1,400,000 saving)

In panel discussions it was noted that:

- It is estimated that approximately £18m of voluntary sector support services are purchased by the Council (e.g. CAB, HAVCO, Ageconcern). There is also a £3m budget to provide grants to local voluntary sector services. The proposal is to reduce this latter budget to £1.6m, achieving a saving of £1.4m over 3 years;
- All current contracts with the voluntary sector are due to end in 2015/16 which will present an opportunity to reassess and evaluate services provided;
- It will be important to re-commission services in the context of obtaining appropriate local care infrastructure ahead of the Care Act and generally support strategic capacity of the voluntary sector locally;
- There was a concern that a reduction of the total grant paid to voluntary sector services may lead to a loss of capacity in this sector locally, which may contradict other Adult Services objectives e.g. use of voluntary sector to provide for day care opportunities, re-provision through social investment etc;
- The Council commission HAVCO and Healthwatch

Agreed:

(i) That confirmation be provided of how fairness and transparency will be addressed in the re-tendering of services.

Priority 2 – Item 20 Healthy Life Expectancy (£977,000 saving)

In panel discussions it was noted that:

- There are 4 elements to a locally commissioned public health programme (40+ health checks, exercise referral, stop smoking and health champions) and these will be integrated in to one commissioned service;

- There was concern that any loss of preventative service provision is counter intuitive, especially as the Council seeks to obtain further savings in the years ahead;
- That all services appeared to be working in delivering health benefits, but in the context of financial constraint, decisions must be reached on those services that deliver greater health benefit locally;
- Re-commissioning is at an early stage and the service will assess evidence of effectiveness to inform commissioning intentions, hence savings will be achieved in year 2;

Agreed:

- (i) There were concerns as this proposal, as indicated outcomes would be lower uptake of preventative services (e.g. smoking) which may lead to increased risk of health problems at a later date and more costly health care interventions by health or social care services;
- (ii) that the proposals be noted.

Priority 2 – Item 21 Substance misuse (drugs and alcohol) (£591,000 saving)

In panel discussions it was noted that:

- The Councils commissions support for drug and alcohol users from a wide range of specialist support services and re-commissioning and partnership working and opportunities will present opportunities to achieve and savings;
- There are a number of specialist contracts with providers which may be provided through mainstream providers which will also achieve savings (e.g. CAB);
- There was a concern that the planned proposals would impact negatively on those requiring support, which may have future cost implications for the panel;
- Although savings will be achieved in all service areas (prevention, treatment and recovery) the recovery/reintegration model would remain central to the service;
- There were concerns that the service reductions outlined would represent a ‘cost shunt’ to local partners, in particular the mental health trust;

Agreed:

- (i) that the number of service users covered by the drugs and alcohol team be provided;
- (ii) that the proposals be noted.

Priority 2 – Item 22 Sexual Health (£1,684,000 saving)

In panel discussions it was noted that:

- A range of services are currently commissioned to provide sexual health services including NHS community services, GPs, pharmacists and the voluntary sector;
- It is expected that savings will be achieved through directing more people to local sexual health services (rather than other GUMs);
- There was a concern regarding the use of home testing kits for sexual health and whether there is appropriate support for their use;
- By law, residents can access any GUM service, for which local services are cross-charged. Through working with other boroughs and the increased commissioning power that this may bring, this may help to reduce the sexual health service tariffs (payable to other boroughs when local residents use their services);

- There was a concern as to why Commissioning of Sexual Health Service was being considered under member signing on 16th December when it was included within MTFs proposals as this would seem to pre-empt Cabinet and scrutiny decisions. It was noted that the Cabinet member signing is a service retender, the process which commenced in June 2014 and which must be completed by April 2015.

Agreed:

- (i) that further information is required in respect of the efficacy and support is available for the introduction of home testing kits for sexual health;
- (ii) that the proposals be noted.

Priority 2 – Item 23 Other public health services (£498,000 saving)

In panel discussions it was noted that:

- A number of services will be reduced as a result of this saving which include: health intelligence (e.g. needs assessments), health protection (e.g. screening), prescribing (e.g. smoking) and dental health;
- Locally funded health protection services compliment national provision (e.g. breast screening), thus there may be some loss in specialist local input (e.g. targeting local groups) mainstream service provision would remain unaffected;
- It was not clear what population risks there were should proposals lead to reduction in immunisation rates, particularly in relation to communicable diseases e.g. TB;
- There were concerns as to how hard to reach groups would be affected by service restrictions.

Agreed:

- (i) that further information and reassurance is provided in relation to planned service reductions and possible implications for health protection, in particular the impact that such service reduction may have on client groups (e.g. screening);
- (ii) that the proposals be noted.

Priority 2 – Item 24 Public Health Workforce (£686,000 saving)

In panel discussions it was noted that:

- There are approximately 38 staff in the Public Health Department and this proposal will see this total reduced by 10;
- Plans for reconfiguring the service are at an early stage and it is not clear what type of posts will be lost, however, there are a number of skill sets in public health (e.g. commissioning, intelligence) which may present rationalisation opportunities with other councils services

Agreed:

- (i) that the proposals be noted.

Cllr Pippa Connor

Chair

