



**Haringey Council**

<b>Report for:</b>	<b>Adults and Health Scrutiny Panel</b>	<b>Item Number:</b>	<b>6</b>
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<b>Title:</b>	<b>Further information to support the Budget Scrutiny process</b>
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<b>Report Authorised by:</b>	<b>Beverley Tarka, Interim Director of Adult Social Services</b>
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<b>Lead Officer:</b>	<b>Beverley Tarka, Interim Director of Adult Social Services</b>
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<b>Ward(s) affected: All</b>	<b>Report for Key/Non Key Decisions: Non key decision</b>
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**1. Describe the issue under consideration**

- 1.1 The purpose of this report is to provide further information to support the Panel's scrutiny of the Medium Term Financial Plan in relation to Priority 2.

**2. Cabinet Member introduction**

- 2.1 At the Adults and Health Scrutiny Panel on 11<sup>th</sup> December 2014 Members considered Priority 2 of the Medium Term financial Plan.
- 2.2 There was robust, but fair, challenge to the budget proposals and the subsequent discussions were both informative and constructive.
- 2.3 Further information was requested to feed into the budget scrutiny process.
- 2.4 It is important to note that the proposals are high level proposals and, if agreed, further work will take place to develop detailed plans. Officers may not yet be in a position to provide detailed responses to the questions raised.

**3. Recommendations**

- 3.1 That Members note the information in this report and use it to inform their further consideration of the Priority 2 budget proposals.

**4. Alternative options considered**

- 4.1 None.



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## **5. Background information**

### **5.1 Neighbourhoods Connect Community Development**

The Panel asked for more information about Neighbourhood Connects and in particular its role within the new Care Pathway for Older People; in particular they were interested in how it could provide social support and daytime activities for clients who would previously have attended a traditional day centre.

#### **5.1.1 Age UK Haringey Pilot**

- 1) Neighbourhoods Connect is a community based service that is focused on improving outcomes relating to health, wellbeing and community participation. In Haringey the initiative has evolved from a pilot delivered by Age UK Haringey in west and south east 'collaboratives', from October 2013 to March 2014. The service has a particular focus on adult population groups who are at increased risk of social isolation, including:
  - people with long-term physical and mental health conditions;
  - unpaid carers;
  - people who are housebound;
  - people with dementia and their carers; and
  - older people living alone or with an unpaid carer.
- 2) The pilot was designed together with 'Living Under One Sun' (a local voluntary sector group) to deliver a range of interventions aimed at reducing social isolation and loneliness in line with the National Institute of Social Care Excellence guidelines. It supports residents in making positive choices about their well being and increased use of activities and services currently available. The project also assists local health and social care providers (e.g. reablement services and care agencies etc) increase links with local community organisations that focus on the population of over 50s.
- 3) The service recruited a team of 2 part-time development workers and twelve sessional Neighbourhood Connectors (each working 15 hours a week). The 'Connectors' forged strong relationships with partner organisations including faith groups, primary care NHS staff, local traders, social housing scheme managers, voluntary and community organisations. Fifteen social housing schemes were visited during the project term with connectors holding approximately 60 conversations with residents. Non-English speaking residents were approached sometimes accompanied by an interpreter but more often with assistance from another resident.
- 4) This service held 539 motivational conversations with residents aged over 50 years that far exceeded the target of 272. As a direct result of these conversations, residents are pursuing activities and services that help them to be proactive. Neighbourhood Connect offer has been very positively received by residents and



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GPs. Personal empowerment (e.g. increased confidence), positive action (e.g. social housing residents' interest groups formed) and community activities (increased volunteering by target population of older people at risk of social isolation) are evidenced in the full report which is provided as an appendix.

### 5.1.2 Haringey Neighbourhoods Connect – Vision for the future

- 1) It is now proposed to build on the success of the pilot and to work across the borough of Haringey. Four Neighbourhoods Connect Services will be commissioned. There will be one service for each GP collaborative network. The four GP collaborative areas are:
  - West Haringey;
  - Central Haringey;
  - North East Haringey; and
  - South East Haringey.
- 2) Each service has aims and objectives for both individuals and for the wider community:
  - a) *Service objectives at the individual level:*
    - Support people to improve their overall wellbeing;
    - Support people to make connections with local activities and services available that support their wellbeing, including self management of long term conditions, opportunities to take part in physical activity, and social and cultural pursuits;
    - Contribute to reducing social isolation and loneliness that can be experienced by people in later life, people with a mental illness or a long term condition;
    - Contribute to increasing training, volunteering and employment opportunities for both the client group and the people involved in delivering the service;
    - Promote self-care and independence so that clients can, where possible, avoid use of emergency health services, and reduce their dependency on statutory agencies; and
    - Support people to recognise and develop their coping skills.
  - b) *Objectives at the community level:*
    - To map out the assets that already exist in communities that support people to live fulfilling healthy lives and share this intelligence with partners;
    - To contribute to increased community cohesion and strengthened communities; and
    - The service provider is expected to work collaboratively with other providers commissioned by this service and existing and emerging services that are relevant to their service. Commissioners will support this outcome to contribute to building capacity across community networks for grass roots organisations and groups.



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- 3) It is envisaged that each service will serve at least 500 people accessing the GP collaborative area. The service specification for the new service is attached as Appendix four.
- 4) Service outcomes:  
The Service will be expected to make a positive impact on the following outcomes and these outcomes are aligned with the objectives of the Service:
- Improved self-reported wellbeing;
  - Increased participation in community groups, services and activities;
  - Increased participation in training, volunteering and employment (among service users, or people delivering the service); and
  - The Service Provider will be expected to have their own delivery model to achieve these outcomes. Innovative approaches are expected.
- 5.2 Members questioned whether expanding day care could be shown to reduce the need for more expensive residential care. There is no evidence that the expansion of traditional buildings based day care for older people would result in a reduction of more expensive residential care. The majority of older people who receive day care also receive additional care services (Appendix 5). Addressing social isolation is important in maintaining people at home but there are models such as Neighbourhood Connects which address social isolation without being buildings based.
- 5.3 Questions have also been asked about the proposed model for the Haynes and the Grange and the use of capital receipts for revenue purposes. As indicated earlier, these are high level proposals and further detail of the model would be developed if it is decided to progress with the proposal. The high level proposal, however, is to develop a social enterprise model to deliver a specialist dementia service. A Social Enterprise is a business with a social purpose and any profits made by the organisation are ploughed back into the enterprise for the benefit of the business or the community in which it sits. A full business case will be developed that will take into account all the costs and benefits of this model, including consideration of what buildings and other resources will be used to deliver the service.
- 5.4 However we are expecting that one of the current day centres will no longer be required to deliver this service. Alternative options for the building will be considered at this point including possible disposal.
- 5.5 The proposals for Learning Disabilities day services is again to deliver through a Social Enterprise and, again, a business model will need to be developed as the proposals are currently high level. The principle behind the proposals is one of social inclusion. It is envisaged that those with complex needs who live at home would still receive a service and would be the immediate beneficiaries of the Social Enterprise model. This has been reinforced at meetings with service users and carers.



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- 5.6 The Council has a statutory duty to meet assessed need, regardless of where people live. It is proposed that, for those in residential care, we will re visit contracts, ensuring the focus is on outcomes to meet individual needs. Contracts will be monitored on a regular basis and people living in residential care or supported living, with an assessed need for day opportunities, will have access to those services but, in future, they will be supported by the residential or supported living provider rather than attend a centre. There will continue to be some day centre provision for people living at home and so there would be no risk for people living at home to be forced into care through proposed changes to day care.

### 6. Comments of the Chief Finance Officer and financial implications

- 6.1 The budgets for the day centres for Older People (current gross budget excluding overheads and capital charges) referred to in this report are as follows:

The Haven	384,400
The Grange	290,500
The Haynes	327,700

The budget for the Learning Disabilities Day Centres is £3,274,800.

- 6.2 The savings proposals put before Cabinet in December include the following:
- a saving of £200,000 across the two dementia day centres (The Grange and the Haynes) through a new delivery model most probably in the form of a social enterprise;
  - close the Haven as a day centre saving around £300k to £350k. (The service is already intending to invest further in Neighbourhood Connects which would be offered as an alternative for some current users with others receiving additional home care services); and
  - make £2.28m saving on Learning Disability Day Opportunities.
- 6.3 In addition the changes to these day centres are expected to support the wider shift within Adult Social Care to a more enabling and re-abling model of care that supports greater independence and integration.
- 6.4 As outlined above the proposals are still at a very high level and more specific modelling work will be required before implementation in order to validate the level of savings and provide assurance that the proposals provide good value for money.
- 6.5 Where this includes a change of use for buildings or other assets, an options appraisal will be carried out at this point that may include consideration of selling any unneeded buildings. It should be noted that if a sale was identified as the best option then local government accounting regulations forbid the use of the sales proceeds to pay for everyday services. This is set out in The Local Authorities (Capital Finance and Accounting) (England) Regulations 2003 which state:



**“Use of capital receipts**

- 23.** Capital receipts may only be used for one or more of the following purposes:
- (a) to meet capital expenditure;
  - (b) to repay the principal of any amount borrowed;
  - (c) to pay a premium charged in relation to any amount borrowed;
  - (d) to meet any liability in respect of credit arrangements, other than any liability which, in accordance with proper practices, must be charged to a revenue account;
  - (e) to meet the administrative costs of or incidental to a disposal of an interest in housing land; or
  - (f) to make a payment to the Secretary of State under regulation 12 or 13.”

**7. Assistant Director of Corporate Governance Comments and legal implications**

- 7.1 There are no legal implications arising from this report.

**8. Equalities and Community Cohesion Comments**

- 8.1 Equality Impact Assessments have been developed on the high level proposals and will be subject to further development on any proposals that are being taken forward following budget decision.

**9. Head of Procurement Comments**

- 9.1 If the Medium Term Financial Plan is agreed, further modelling work will be developed to support the proposals. It is at this stage that Procurement would be engaged.

**10. Policy Implication**

- 10.1 If the Medium Term financial Plan is agreed, further modelling work will be developed to support the proposals, this will include any required changes to policy. These will be subject to further detailed consultation and Member decisions.

**11. Reasons for Decision**

- 11.1 The purpose of this report is for information.

**12. Use of Appendices**

- 12.1 Appendix 1: LUOS NC Pilot Report  
Appendix 2: Neighbourhood Connects Age UK Haringey Report  
Appendix 3: Home from Hospital and Neighbourhood Connects Evaluation  
Appendix 4: Neighbourhood Connects Service Specification  
Appendix 5: Day Services information

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

- 13.1 None of the information in this report is exempt information.