

Corporate Priority 2

Empower all adults to live healthy, long and fulfilling lives

Ref	Proposal	2018-19 £000's	2019-20 £000's	2020-21 £000's	2021-22 £000's	2022-23 £000's	Total £000's	Current Budget £000's	Current Staff	Delivery Risk RAG
2.1	Haringey Learning Disability Partnership - Demand/Market/Operational Management	1,140	1,140	1,430	1,430	1,430	6,570	24,588	N/A	Amber
2.2	Mental Health - Demand/Market/Operational Management	390	390	490	490	490	2,250	9,352		Amber
2.3	Physical Support - Demand/Market/Operational Management	860	860	1,070	1,070	1,070	4,930	24,320		Amber
	Total	2,390	2,390	2,990	2,990	2,990	13,750	58,260		

Corporate Priority 4

Drive growth and employment from which everyone can benefit

4.1	Consultancy Spend (Tottenham Regeneration)	50		-	-	-	50	1,604	38	Green
	Total	50	-	-	-	-	50	1,604	38	

Corporate Priority 5

Create homes and communities where people choose to live and are able to thrive

5.1	Reduction in Housing Related Support budget	50	120	-	-	-	170	8,652		Amber
	Total	50	120	-	-	-	170			
	Total (Pre-Agreed) Savings	2,490	2,510	2,990	2,990	2,990	13,970			

Savings and Investment Pro-forma

Financial (Savings) information to be presented on incremental basis

Priority	2
Current Service Area	Haringey Learning Disability Partnership
Reference:	Maximising independence for Adults with LD
Council-Wide Saving (Yes/No)	No

Over five years, the Haringey Learning Disability Partnership, working jointly with Children's Services and with key partners such as the Clinical Commissioning Group and the London Borough of Islington, will implement a coherent strategy that aims to bring Haringey's demand and spending on adults with learning disabilities in line with our statistical neighbours and limit growth in spending in line with population growth. This strategy will require the following actions, which will realise benefits cumulatively as it is implemented:

Demand management

- Improved Transitions from CYPS to ASC
- Application of indicative needs bandings
- Assistive Technology to reduce the need for live-in or double-handed care
- Strengths-based assessment and support planning, with annual review

Market management

- Expand Supported Living units for adults with learning disabilities
- Deregistration of current residential providers
- Avoid residential and facilitate step-downs from residential where VfM
- Developing the market for Day Opportunities and Personal Assistants
- Specialist brokerage capacity for Learning Disabilities care packages
- Outcomes based commissioning from providers on Positive Behaviour Support
- Joint commissioning of LD services with London Borough of Islington and across the NCL five boroughs

Impact on Residents	Outcomes
Preventing, reducing or delaying the need for acute or long-term care	Integration of health and social care services
Maximising independence, choice and control for service users	Better use of resources to meet needs
	Personalised care & support

	Financial Data		Workforce Data
Base Data			
Current budget	24,588	Employees	n/a
Savings/ Invest	£000	Change in employees	
2018/19	1,140	2018/19	
2019/20	1,140	2019/20	
2020/21	1,430	2020/21	
2021/22	1,430	2021/22	
2022/23	1,430	2022/23	
Total	6,570	Total	0

Operational management

- Workforce development on strengths-based assessment and support planning for workers and brokers
- Operational alignment across CCG and Adult Social Care as part of implementing a pooled budget from 2018/19
- Apply 'top up' policy to enable choice of provision while containing cost to the council

Key Policy Decisions

What	When
Direct Payments	Jan-18
Capitalisation of OT capacity	Nov-17
Top-up policy	Oct-17
LD Section 75 agreement	Apr-18
Respite Policy	Jan-18
Fees & Charges	Jun-18

Owner	John Everson
Version	v1.0
Date	06.10.2017

Supporting information not for the public domain

Risk	RAG
Political Move to a pooled budget in 2018/19 with the CCG That the full implementation of our Section 75 agreement with the CCG for LD spending is not based on a sufficient level of budget from either CCG or Council and that overspending/underachievement of targets is shared across the organisations	A
Comms around indicative needs banding That staff, providers or clients misunderstand the council's approach to applying indicative needs bands and challenge the use of this tool for allocation of limited resources, reducing the ability to manage budgets	R
Delivery- Programme management Availability and continuity of transformation support That the lack of transformation resources to support delivery of projects such as Assistive Technology, Direct Payments and Transitions delays the implementation of service changes that will enable this strategy to deliver savings identified	R

Mitigation
Aligned budgets in place for 2017/18 and ongoing discussions via LD Executive and Finance & Performance Partnership Board will be required to establish the budget; agreeing the overall strategy for LD maximising independence to ensure operational alignment around delivering reduced health and care spend.
Developing the policy and approach to indicative needs banding jointly with workers and brokers in services; distinguishing INB clearly from related but different concepts such as 'cap' or 'RAS'; corporate messaging required around the scale of the financial challenge and our approach to maximising independence.
Clear project briefs and supporting business cases for enabling projects being developed by current Transformation Team and will establish the return on investment for these resources.

Savings and Investment Pro-forma

Financial (Savings) information to be presented on incremental basis

Priority	2
Current Service Area	Mental Health
Reference:	Maximising independence for Adults with MH
Council-Wide Saving (Yes/No)	No

Over five years, Adult Social Care will work closely with our delivery partner, Barnet, Enfield & Haringey Mental Health Trust, the Clinical Commissioning Group and our communities to strengthen the prevention and 'enablement' pathways for mental health and to ensure the support we provide minimises the long-run dependency of adults with mental health issues. For those whose needs require a social care intervention, we will develop the market and look at new commissioning arrangements to improve value for money as well as promoting choice and control for the service user. This strategy will require the following actions, which will realise benefits cumulatively as it is implemented:

Demand management

- 'Enablement' pathway, including Primary Care Mental Health Locality Hubs
- Application of indicative needs banding
- Increase take-up of Direct Payments by Mental Health clients
- Strengths-based assessment and support planning, with annual review
- Coordinate response to forensic mental health cases community discharge

Market management

- Expand Supported Living units for adults with mental health needs
- Deregistration of residential mental health providers to become Supported Living
- Avoid residential and facilitate step-downs from residential where VfM
- Specialist brokerage capacity for mental health care packages
- Develop the Clarendon Recovery College provision
- Joint commissioning of Mental Health services across the NCL five boroughs

Impact on Residents	Outcomes
Preventing, reducing or delaying the need for acute or long-term care	Integration of health and social care services
Maximising independence, choice and control for service users	Better use of resources to meet needs
	Personalised care & support

	Financial Data	Workforce Data
Base Data		
Current budget	9,352	Employees
Savings/ Invest	£000	Change in employees
2018/19	390	2018/19
2019/20	390	2019/20
2020/21	490	2020/21
2021/22	490	2021/22
2022/23	490	2022/23
Total	2,250	Total
		0

Operational management

- Address recruitment & retention challenges for Mental Health social workers
- Workforce development on strengths-based assessment and support planning for workers and brokers
- Operational alignment across BEH Mental Health Trust and Adult Social Care
- Apply 'top up' policy to enable choice of provision while containing cost to the council

Key Policy Decisions	
What	When
Direct Payments	Jan-18
Capitalisation of OT capacity	Nov-17
Top-up policy	Oct-17
MH Section 75 agreement	Apr-18
Respite Policy	Jan-18
Fees & Charges	Jun-18

Owner	Beverley Tarka
Version	v1.0
Date	06.10.2017

Supporting information not for the public domain

Risk	RAG
Political	
Comms around indicative needs banding That staff, providers or clients misunderstand the council's approach to applying indicative needs bands and challenge the use of this tool for allocation of limited resources, reducing the ability to manage budgets	G
Delivery- Programme management Availability and continuity of transformation support That the lack of transformation resources to support delivery of projects such as Assistive Technology, Direct Payments and Transitions delays the implementation of service changes that will enable this strategy to deliver savings identified	R
Dependency on BEH Mental Health Trust That the less direct influence over delivery of the Mental Health pathway due to the Mental Health Trust being the delivery lead reduces the pace and/or scale of the savings that can be made to MH care purchasing	A

Mitigation
Developing the policy and approach to indicative needs banding jointly with workers and brokers in services; distinguishing INB clearly from related but different concepts such as 'cap' or 'RAS'; corporate messaging required around the scale of the financial challenge and our approach to maximising independence.
Clear project briefs and supporting business cases for enabling projects being developed by current Transformation Team and will establish the return on investment for these resources.

Savings and Investment Pro-forma

Financial (Savings) information to be presented on incremental basis

Priority	2
Current Service Area	Physical Support
Reference:	Maximising independence for Adults needing Physical Support
Council-Wide Saving (Yes/No)	No

Over the next five years, Adult Social Care, working with the CCG, acute providers and primary care will seek to extend independence, choice and control to those with physical support needs and further strengthen the pathways that prevent, reduce and delay the need for social care. This will offset projected growth, particularly from the 76-85 cohort of older people with physical support needs.

This strategy will require the following actions, which will realise benefits cumulatively as it is implemented:

Demand management

- Use of preventative equipment, adaptations & technology
- Admission avoidance, including falls, working with CCG
- Targeted expansion of reablement, including for cases from community
- Discharge to Assess, Out of Hospital services & intermediate care
- Expand the Assistive Technology offer within reablement & long-term care

Market management

- Develop a more outcomes-focused Homecare offer
- Develop the market for Day Opportunities for older people
- Target intermediate care provision and manage voids
- Expand the provision of ExtraCare supported housing for older people

Operational management

- Continued evaluation and review of BCF-funded services
- Apply 'top up' policy to enable choice of provision while containing cost to the council
- Develop an integrated Occupational Health offer across acute, social and primary care

Impact on Residents	Outcomes
Preventing, reducing or delaying the need for acute or long-term care	Integration of health and social care services
Maximising independence, choice and control for service users	Better use of resources to meet needs
	Personalised care & support

	Financial Data		Workforce Data
Base Data			
Current budget	24,320	Employees	
Savings/ Invest	£000	Change in employees	
2018/19	860	2018/19	
2019/20	860	2019/20	
2020/21	1,070	2020/21	
2021/22	1,070	2021/22	
2022/23	1,070	2022/23	
Total	4,930	Total	0

Key Policy Decisions	
What	When
Direct Payments	Jan-18
Capitalisation of OT capacity	Nov-17
Top-up policy	Oct-17
Respite Policy	Jan-18
Fees & Charges	Jun-18
Community Alarms Monitoring & Response	Jun-18

Owner	Beverley Tarka
Version	v1.0
Date	06.10.2017

Supporting information not for the public domain

Risk	RAG
Political iBCF funding to address DTOCs That insufficient real terms investment of iBCF monies reduces the ability of the local authority to address current challenges around Delayed Transfers of Care, leading to future funding being withdrawn	R
Delivery- Programme management Availability and continuity of transformation support That the lack of transformation resources to support delivery of projects such as Assistive Technology, Direct Payments and Transitions delays the implementation of service changes that will enable this strategy to deliver savings identified	R
Diminishing returns to demand management That there turns out to be less scope for further demand reduction beyond the measures successfully instituted in 2016/17 and 2017/18 due to the profile of need in Haringey and that without increased investment in prevention unavoidable demand rises	G

Mitigation
Corporate agreement required about the use of iBCF funding to support the Adults budget in 2018/19 in order to avoid losing future funding
Clear project briefs and supporting business cases for enabling projects being developed by current Transformation Team and will establish the return on investment for these resources.
Establishing the evidence base to evaluate services such as Reablement to understand the current impact and clarify scope for further targeted expansion; focusing the development of a future Assistive Technology offer on known avoidable costs in provision of care; strengthen operational links with Primary Care to maximise prevention, early intervention and condition management.

Savings and Investment Pro-forma

Financial (Savings) information to be presented on incremental basis

Priority	4
Current Service Area	Regeneration
Reference:	
Council-Wide Saving (Yes/No)	No

Following a detailed review of the overall Tottenham Regeneration programme budget, savings from General Fund (£50k) have been identified from 2018/19 on consultancy spend. These proposed savings followed a detailed review with the budget holders to determine what spend could be delayed or reduced to meet the savings the Council is required to make. The impact of reduced spend on consultants will mean that progression of regeneration schemes or projects may be delayed.

Key Policy Decisions	
What	When
N/A	N/A

Supporting information not for the public domain

Risk	RAG
Political	G
Delivery- Programme management	G

Impact on Residents	Outcomes
Delay to progression of some regeneration schemes / projects	Slow the progress of the regeneration programme

Base Data	Financial Data	Employees	Workforce Data
Current budget	1,604,228		38
Savings/ Invest	£000	Change in employees	
2018/19	50	2018/19	0
2019/20		2019/20	
2020/21		2020/21	
2021/22		2021/22	
2022/23		2022/23	
Total	50	Total	0

Owner	Helen Fisher
Version	1
Date	Oct-17

Mitigation

Savings and Investment Pro-forma

Financial (Savings) information to be presented on incremental basis

Priority	5
Current Service Area	Housing
Reference:	S56300
Council-Wide Saving (Yes/No)	No

This is a budget that commissions services so does not fund council employees. The current budget (2017/18) still includes the funding due to be transferred to Adults Services following the implementation of the Housing Related Support Review. The split is as follows:

£4,654k to Adults Services
£3,999k to remain in Housing Related Support

Savings offered:

Reduction in Housing Related Support budget by:

Potential Savings for 2018/19 of approx 50k by bringing monitoring roles back into the HRS team from HfH.

Additional savings of approx 120k in 19/20 by recommissioning community based homelessness prevention work.

Impact on Residents	Outcomes
If a BME service is decommissioned, previous	More appropriate and effective services c

Base Data	Financial Data	Employees	Workforce Data
Current budget	8,652,300		none
Savings/ Invest	£000	Change in employees	
2018/19	50	2018/19	0
2019/20	120	2019/20	0
2020/21		2020/21	
2021/22		2021/22	
2022/23		2022/23	
Total	170	Total	0

Key Policy Decisions	
What	When
Homelessness Strategy	Feb-18

Owner	Alan Benson
Version	1
Date	28/09/2017

Supporting information not for the public domain

Risk	RAG
Political	
Lack of appetite to review of BME community groups funding	Amber
Delivery- Programme management Risk averse legal and financial advice	Amber
Capacity to deliver within Homelessness Strategy & Commissioning team	Amber
Improved joint working between LBH and HfH	Amber

Mitigation