

## MTFS Budget Reduction Proposals - People - Adults

REF	Capital Scheme / Flexible Use of Capital Receipts	Priority	Category	Title	Description	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Savings Total £'000	Capital Investment £'000
20/25-PE01	-	People - Adults	Service redesign	Public Health Lifestyles	Look for alternative delivery options for lifestyles services (this includes; NHS Health Checks, smoking cessation, weight management and exercise programmes for the inactive), from April 2021 onwards. This proposal suggests alternative ways of delivering these services including: Reducing the capacity of services offered (but keeping services targeted at those who need them most), seeking partial funding from NHS partners, using an alternative delivery partner, joining up with other boroughs to commission the service for economies of scale.	-	60	-	-	-	60	-
20/25-PE02	220	People - Adults	Stopping / reducing service	Osbourne Grove Redevelopment	The closure of Osborne Grove Nursing Home pending the development of the new expanded facility that will increase the number of beds available from 32 to 70. This proposal contributes to Priority 2: People. People will be supported to live independently at home for longer. Increased intermediate care provision will enable more people to regain the skills and confidence they require to live independently in the community and will deliver improved outcomes for residents. Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.	1,034	-	-	(476)	-	558	30,836
<b>TOTAL - PEOPLE - ADULTS</b>						<b>1034</b>	<b>60</b>	<b>0</b>	<b>(476)</b>	<b>0</b>	<b>618</b>	<b>30836</b>



### Financial Implications Outline

- How have the savings above been determined? Please provide a brief breakdown of the factors considered.
- Is any additional investment required in order to deliver the proposal?
- If relevant, how will additional income be generated and how has the amounts been determined?

This is an indicative figure. We are carrying out further financial analysis to support this, and also exploring if the core Council Fusion leisure services contract can be used to support extra activity in this area to mitigate reductions in activity in services where savings might be made. The indicative figure is based on a scenario where we would reduce activity (mitigated by targeting services) in GP provided health checks and GP delivered smoking cessation.

### Delivery Confidence

At this stage, how confident are you that this option could be delivered and benefits realised as set out? (1 = not at all confident; 5 = very confident)	3
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### Indicative timescale for implementation

Est. start date for consultation DD/MM/YY	01/12/2019	Est. completion date for implementation DD/MM/YY	01/04/2021
Is there an opportunity for implementation before April 2020? Y/N ; any constraints?	No, as there is a contract in place		

**Implementation Details**

- How will the proposal be implemented? Are any additional resources required?
- Please provide a brief timeline of the implementation phase.
- How will a successful implementation be measured? Which performance indicators are most relevant?

We will complete a review of where capacity can be reduced with the least impact on health inequalities. We will discuss alternative ways of funding the services with the Clinical Commissioning Group (CCG)

**Impact / non-financial benefits and disbenefits**

What is the likely impact on customers and how will negative impacts be mitigated or managed?

List both positive and negative impacts. Where possible link these to outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes)

**Positive Impacts**

It is unlikely to have a positive impact, but we will aim to mitigate negative impacts. There are potential opportunities for better integration with NHS services

**Negative Impacts**

There is a likelihood that our lifestyles offer (e.g. smoking cessation, health checks will reduce in capacity) could be mitigated by better targeting of resources on those most at need to reduce health inequalities and developing our ability to use community based resources

What is the impact on businesses, members, staff, partners and other stakeholders and how will this be mitigated or managed? How has this been discussed / agreed with other parties affected?  
List both positive and negative impacts.

**Positive Impacts**

**Negative Impacts**

The CCG/primary care may be negatively impacted as the people referred onto the programs have a risk of developing or have a number of long-term health conditions, these services are seen as part of NHS prevention and care pathways. The delivery of the NHS Long Term Plan also requires improvement in resident's health behaviours - smoking prevalence in patients registered with a Haringey GP is 21% the highest in London and significantly higher than both the London and England averages. Elected Members may be affected as the Borough Plan pledges to improve healthy life expectancy, achieving this requires early detection of all ill health and the addressing of unhealthy behaviours. Public Health England's (PHE) ambitions will be negatively impacted, the NHS Health Checks is a mandated service, not delivering the required number of checks could lead to challenges in terms of the public health grant received from Public Health England. Consultation will have to be undertaken with the Clinical Commissioning Group (CCG) and wider stakeholders, before any changes are made. Staff in commissioned services may be affected, so discussions with external providers will be required.

How does this option ensure the Council is able to meet **statutory requirements**?

The council will still be able to deliver some community NHS Health Checks, so will deliver on the statutory service requirement, but will not meet the target set.

## Risks and Mitigation

What are the main risks associated with this option and how could they be mitigated?(Add rows if required)

Risk	Impact (H/M/L)	Probability (H/M/L)	Mitigation
Reputational risk with partners (especially NHS) of reducing investment	Medium	low	Work with partners to draw in investment from other sources and re-design pathways.
Failing to meet the Borough Plan pledge to reduce the healthy life expectancy gap and reduce health inequalities	high	low	Largest risks are around residents not stopping smoking, the Council communications team would need to ensure they are maximising national campaigns and the London on-line service
Reductions in smoking cessation or national Health Checks could bring into question from Public Health England how the Public Health Grant is being spent	high	high	As Public Health England collect data quarterly on the number of health checks and smoking cessation quits achieved, we will attempt not to reduce capacity for those most in need of the service.

Has the EqIA Screening Tool been completed for this proposal?	yes
<u>EqIA Screening Tool</u>	
Is a full EqIA required?	yes

**Business Planning / MTFS Options  
2020/21 – 2024/25**

**20/25-PE02**

<b>Title of Option:</b>	Osborne Grove Nursing Home Closure		
<b>Priority:</b>	People	<b>Responsible Officer:</b>	John Everson
<b>Affected Service(s) and AD:</b>	Adults	<b>Contact / Lead:</b>	Caroline Humphrey

**Description of Option:**

- What is the proposal in essence? What is its scope? What will change?
- What will be the impact on the Council's objectives and outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes, and Borough Plan Evidence Packs)
- How does this option ensure the Council is still able to meet statutory requirements?
- How will the proposal deliver the benefits outlined?

[Proposals will be mapped to the new Borough Plan Priorities/Objectives/Outcomes as they emerge – please take account of any likely changes when framing proposals]

The closure of Osborne Grove Nursing Home pending the development of the new expanded facility that will increase the number of beds available from 32 to 70.

The development of Osborne Grove Nursing Home contributes to Priority 2: People, Our vision is a Haringey where strong families, strong networks and strong communities nurture all residents to live well and achieve their potential.

Osborne Grove Nursing Home development links directly with Outcome 7: All adults are able to live healthy and fulfilling lives, with dignity, staying active, safe and connected in their communities.

Objective 7b: People will be supported to live independently at home for longer.

Increased intermediate care provision will enable more people to regain the skills and confidence they require to live independently in the community and will deliver the following outcomes for residents:

- More people are supported to avoid going into hospital unnecessarily
- More people are supported to remain as independent as possible after a stay in hospital
- More people are prevented from moving into residential care unnecessarily

Objective 7d: Adults with multiple and complex needs will be supported to achieve improved outcomes through a coordinated partnership approach.

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=9151>

A copy of the report can be found at the above link.

**Financial Benefits Summary**

<b>Savings</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>	<b>Total</b>
<i>All savings shown on an incremental</i>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>New net additional savings</b>	- 1,034	-	-	476	-	558

<b>Capital Implementation Costs</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>	<b>Total</b>
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total Capital Costs</b>	2,983	15,112	12,741	-	-	30,836

**Financial Implications Outline**

- How have the savings above been determined? Please provide a brief breakdown of the factors considered.
- Is any additional investment required in order to deliver the proposal?
- If relevant, how will additional income be generated and how has the amounts been determined?

As this is a closure the key considerations have been the factors affecting the timeline. Current budget allocated to OGNH totals £1.9m. Considerations for client contributions and CCG income of £0.8m must be excluded from potential savings, therefore the net budget is £1.1m. Further considerations have been made to include costs for alternative provision for one client at a rate of £1400 per week, equating to £72.8k per annum. There may be an additional security cost attached to maintaining building closure that will be reported on.

Savings arising from closure are expected to be realised in full for years 2020/21 to 2022/23. Following completion of the new nursing home in 2023/24, a reduced savings amount (£0.6m) will be delivered each year thereafter.

	2019 - 20
Budget	1,932,850
Less income	- 825,700
Less alternative provision	- 72,800
Less security costs	
Total savings	1,034,350

**Delivery Confidence**

At this stage, how confident are you that this option could be delivered and benefits realised as set out?  
(1 = not at all confident;  
5 = very confident)

3 - subject to decisions being made and suitable engagement.

**Indicative timescale for implementation**

Est. start date for consultation DD/MM/YY	16/9/19 - 15/12/19	Est. completion date for implementation DD/MM/YY	31/03/2020
Is there an opportunity for implementation before April 2020? Y/N ; any constraints?	The timeline is dependent on all the relevant deadlines being hit and there is no contingency. In order to close the Home by 31/3/2019 may be a requirement to pay staff, pay in lieu of notice.		



**Implementation Details**

- How will the proposal be implemented? Are any additional resources required?
- Please provide a brief timeline of the implementation phase.
- How will a successful implementation be measured? Which performance indicators are most relevant?

The draft timeline for consultation and closure assumes that the consultation will run for 90 days and will conclude in December 2019. Cabinet date to review the report would be January 2020. 4 weeks assumed for the Best Interest approach and 4 weeks for the transition. If 3 months notice for all staff is required this would be required to be enacted at the time of the decision to close is made. In order to meet the end of March deadline any staff with 3 months notice would be entitled to PILON.

**Impact / non-financial benefits and disbenefits**

What is the likely impact on customers and how will negative impacts be mitigated or managed?

List both positive and negative impacts. Where possible link these to outcomes (please refer to relevant Borough Plan 2019-23 objectives and outcomes)

**Positive Impacts**

Once the new facility is built there will be an increase in number of nursing beds in the borough as currently demand outstrips supply. Alternative external service provision for the client will meet the Council's high standard of quality criteria.

**Negative Impacts**

There will be a short term reduction in places available pending the development of the new site. The remaining existing residents and their families will be impacted as they will be required to move. However will be placed in Homes that provide good or outstanding care.

What is the impact on businesses, members, staff, partners and other stakeholders and how will this be mitigated or managed? How has this been discussed / agreed with other parties affected?  
List both positive and negative impacts.

**Positive Impacts**

For partners and stakeholders there will be an increased provision of beds and facilities within the borough. There has been an extensive consultation in reagrds to the feasibility for a new building, and there will be an consultation with those affected by the closure of the Home currently.

**Negative Impacts**

There will be staff redundancies as a result of the proposed closure, staff will be supported through this in accordance with the restructure and redeploment policies. Access to a variety support will be provided.

Tempoary reduction in available beds and access to the facility in the interim.

**How does this option ensure the Council is able to meet statutory requirements?**

There is no requirement on the council to provide directly managed care home facilities. Alternate provision will be sourced so that can meet appropriate provision.

## Risks and Mitigation

What are the main risks associated with this option and how could they be mitigated?(Add rows if required)

Risk	Impact (H/M/L)	Probability (H/M/L)	Mitigation
Delays in decision making process	H	M	
Decision to close not made	H	L	
failure to find alternate accomodation	H	L	

Has the EqIA Screening Tool been completed for this proposal?  <u>EqIA Screening Tool</u>	Yes
Is a full EqIA required?	Yes

REF	Revenue Savings Ref	Directorate	Category	Description	2020/21 £'000	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000	Total £'000
217	-	People (Adults Services)	Self-Financing & Other	Burgoyne Road (Refuge Adaptations)	500	2,250	250	-	-	<b>3,000</b>
218	-	People (Adults Services)	Self-Financing, Other & Borrowing	Social Emotional & Mental Health Provision	300	600	600	600	600	<b>2,700</b>
219	-	People (Adults Services)	Self-Financing	Additional Supported Living	1,000	1,000	1,000	1,000	1,000	<b>5,000</b>
220	20/25-PE02	People (Adults Services)	Self-Financing	Additional OGNH Funding	1,500	9,000	17,000	7,930	500	<b>35,930</b>

**Total**

<b>3,300</b>	<b>12,850</b>	<b>18,850</b>	<b>9,530</b>	<b>2,100</b>	<b>46,630</b>
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