
REPORT FOR: CABINET

Date of Meeting:	16 February 2017
Subject:	People Services MTFS Implementation Plan
Key Decision:	Yes
Responsible Officer:	Chris Spencer, Corporate Director of People
Portfolio Holder:	Councillor Christine Robson, Portfolio Holder for Children, Schools and Young People Councillor Simon Brown, Portfolio Holder for Adults and Older People Councillor Varsha Parmar, Portfolio Holder for Health, Equality and Wellbeing
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All Wards
Enclosures:	Appendix 1 – EqlA – All Children and Young People Savings Appendix 2 – EqlA – Vaughan NRC Review Appendix 3 – EqlA – 7 Kenton Road Appendix 4 – EqlA – Reduction of People Services Commissioning Team Appendix 5 – EqlA – Deletion of the Contracts and Administration Team Appendix 6 – EqlA – Reduction to Safeguarding Quality Assurance Team

Appendix 7 – EqlA – Reduction to the Occupational Therapy Team
Appendix 8 – Consultation Response
Appendix 9 – EqlA – Stop Smoking and Tobacco Control
Appendix 10 – EqlA – Health intelligence & Knowledge
Appendix 11 – EqlA – Public Health – Ceasation of Health Improvement Projects

Section 1 – Summary and Recommendations

This report sets out the MTFS Implementation Plan for People Services across Children’s, Adult’s and Public Health Services.

Recommendations:

Cabinet is requested, subject to Council agreeing the draft budget for 2017/18 to:

1. Note the People Services MTFS Implementation Plan.
2. Agree the proposal to reduce funding for the Virtual School as set out in paragraph 3.
3. Agree the reduction of funding to the Harrow Safeguarding Children’s board (HSCB) as set out in paragraph 10.
4. Note the implications of the proposed savings in relation to other additional savings for Children’s Services.
5. Delegate authority to the Corporate Director for People following consultation with Portfolio Holder, Adults and Older People to pursue a bid as part of the North West London Sustainability and Transformation Plan and if unsuccessful, to undertake further work to explore options for the future operation of Milmans.
6. Agree to the reduction of funding to Vaughan Neighbourhood Resource Centre and delegate authority to the Corporate Director, People Services, following consultation with Portfolio Holder, Adults and Older People to implement the proposal, including undertaking any necessary consultation and reviewing the equality and other implications of the proposal.
7. Agree to the change of provision at 7 Kenton Road to supported living accommodation.
8. Agree to the reduction of the Safeguarding Quality Assurance function as set out in paragraph 42.

9. Agree to the reduction of the Occupational Therapy function as set out in paragraph 51.
10. Note the implications of the other proposed savings in Adults' Services.
11. Agree to end the Tobacco Control and Smoking Cessation programme in Public Health.
12. Agree to cessation of health improvement projects for workplace health, long term conditions, mental health and oral health.
13. Note the implications of the other proposal savings in Public Health.

Reason: (For recommendations)

To ensure the efficient and sustainable delivery of statutory services to the communities of Harrow.

Section 2 – Report

Introduction

1. The People Services MTFs Implementation Plan sets out the approach to achieve the delivery of efficient and sustainable services to the communities of Harrow within the budget envelope available and in support of the Council Priorities.

Options Considered

2. The following sections on Children's, Adults and Public Health services set out the planning that has been developed through the Council's budget setting processes and initial consultations where applicable. Reports will be presented to Cabinet on specific proposals following further work and consultations.

Children's Services Budget Proposals 2017-18 - £255k

Virtual School Proposal

3. This proposal involves the transfer of funding for 1.9 FTE posts to external grant funding achieving a saving of £90K.
4. The key responsibilities of the Virtual School are to:
 - improve outcomes and achievements of all Looked After Children (LAC);
 - ensure all LAC have robust and comprehensive personal education plans (PEPs) which provide evidence of impact;
 - ensure all appropriate Care Leavers have robust Pathway Plans with education, employment and training input; and,

- Provide training and support for Designated Teachers in schools, foster carers and placement providers.
5. The service covers all LAC 0-25 and is governed by the Corporate Parenting Board. In addition, in 2015 a Virtual School Improvement Board (VSIB), was formed to act as a critical friend and support to the VS. It has an external chair and has cross party political membership.
 6. Section 22(3A) to (3C) of the Children Act 1989 (as amended by the Children and Families Act 2014) requires a local authority to safeguard and promote the welfare of a LAC including in particular a duty to promote the child's educational achievement, a local authority must appoint at least one person for the purpose of discharging the duty above and the person must be an officer employed by the LA. The guidance states that the virtual school head should have resources, time, training and support in order to discharge the duty effectively.
 7. The Ofsted inspection of the local authority Children's Services will include a focus on the success of all vulnerable young people, including children looked after.
 8. The current team has three postholders comprising:
 - 1 FTE Virtual Headteacher
 - 0.9 FTE Education Welfare Officer (Term time only)
 - 1 FTE Personal Education Plan Co-ordinator
 9. In the short term, the proposed reduction in council funding would be replaced by external funding. Without external grant funding, the only remaining post would be the virtual headteacher funded by the council. Should external funding cease then resourcing of the Virtual School will need to be reviewed to ensure that the local authority fulfils its statutory responsibilities.

Children & Young People Services Additional Savings Proposals

10. There are five proposals within this group that would achieve a reduction of 1.3fte posts and the cessation of procurement contract. The proposals are outlined as follows:
 - a) **Harrow Safeguarding Children's Board (HSCB) – Reduce LA Contribution - £20k**
 The HSCB budget is £210,000 and the local authority currently contribute £149,173 (71%) of the budget. The proposed saving, which reduces the LA contribution to £129,173 from a budget of £190,000 still amounts to 68% of the total HSCB budget, and the LA remains the partnership agency that provides the most significant share of the overall budget. Benchmarking with other LSCBs places Harrow as one of the higher funded.

The Children Act 2004 requires the local authority to establish a local board with representatives from prescribed partner agencies and other relevant persons. There is also a duty of co-operation between the partner agencies. Section 15 states that the board partners may make payments towards the board's expenditure and may provide staff, goods, services, accommodation or other resources. HSCB is required to produce an annual report, which should include details of the contributions made by partner agencies and details of what the board has spent on child death reviews, serious case reviews and expenditure on learning events or training. The statutory guidance, Working Together to Safeguard Children: March 2015 states that "All LSCB member organisations have an obligation to provide LSCBs with reliable resources (including finance) that enable the LSCB to be strong and effective. Members should share financial responsibility for the LSCB in such a way that a disproportionate burden does not fall on a small number of partner agencies."

The proposal to reduce the LA contribution to HSCB budget by £20k was presented to the HSCB partnership on 8th December 2016. Partners noted the potential budget pressures that exist for all partner agencies in current climate, and it was discussed that the likely mitigation priorities would be to explore budget savings by undertaking some joint training activity with Brent LSCB, and a reduction on the use of consultants to undertake audit / review activity commissioned by the HSCB to complete routine, and bespoke business plan activity. This may increase pressure on the LA and partner agencies to deliver this activity in-house through current resources/officers.

- b) Cease contract with London Care Services - £40k**
The Council has historically subscribed to London Care Services which is provided by London Councils and used by London boroughs and partner authorities to place children and young people placed from home. However much of the role undertaken by London Councils previously is now undertaken by the West London Alliance and so to continue with London Care Services would be duplication.
- c) Proposal to delete sessional budget to support Adoption Service Play Therapy - £35k 0.4 FTE Sessional Worker**
Preparing children and young people for permanent placement including adoption is essential to help stabilise placements and avoid breakdown. Play therapy is a proven way of helping these vulnerable children to make the transition to permanency.

There is a statutory responsibility to undertake post adoption assessments and support. This proposal may impact on the outcome targets for adoption and permanency reported in the Annual Returns for Government via Department for Education (DfE). However, the support will be continued in various ways

through the existing workforce who have skills to work directly with children and carers.

- d) **Delete 0.3 FTE Youth Service Web Design Post - £11k**
This function will be delivered in-house through the Council's IT contractor, Sopra Steria. This is a new post planned within the Early Intervention Service Redesign and is vacant.

- e) **Delete 1 FTE Early Intervention Service Young Carers Project manager post/budget - £59k**
Young carers are children who help vulnerable adults to live independently. The local authority has a statutory duty to offer an assessment or similar needs analysis where it appears that a child is involved in providing care and must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development. Currently approximately 220 young carers are known to Harrow.

Services for young carers are delivered through the voluntary sector and by the local authority. A Carer's Strategy will be presented to the Health and Wellbeing Board in Spring 2017.

The remit of the Young Carers Project Manager is to work strategically with the local authority, Education, Health and the Voluntary Sector to improve working practices to identify young carers, assess their needs and map support services. The focus is to integrate the identification and provision of support to young carers through services. Within the Council this includes the remodelled early support service, and targeted services in children's' and adults' services and specific programmes for example, Together with Families.

The impact of the deletion of this post on service provision will be minimal. This is a fixed term contract and the post holder does not work directly with young carers. Identification, assessment and support will continue to be provided by agencies and the voluntary sector.

11. The EqIA at Appendix 1 covers all proposals for Children's Services. The EqIA demonstrates that the impact of the savings for Children and Young People impact on children and carers of children to a greater extent than the wider population. The proposals to the Virtual School impact on looked after children and former looked after children up to the age of 25. The Council's looked after children population consists of more children from a black or mixed ethnic group compared with the wider local population, therefore changes to services for looked after children may impact on these racial groups to a greater extent than other groups. Looked after children are also more likely to be male than female compared to the wider local population and compared to statistical neighbours. Mitigations include the proposal to seek external funding for the Virtual School and realising the benefits of the redesign of

early intervention services to place children, young people and families are the centre of the service.

Adults Services Budget Proposals 2017-18 - £1.203m

Milmans Community Tender - £175k

12. Milmans Neighbourhood Resource Centre (NRC) offers day services for older people offering long and short-term places. Some people need on-going support to access facilities, whilst other people may have had some trauma in their life.
13. Annie's Place is a Drop-In service which is open at Milman's Day Centre every Thursday morning from 10 am to 12 pm. The Drop-in is available for people with Dementia, their carers and wider family and provides information on services, support and practical advice on reminiscence and other therapies, relaxation, computer support, carer support and access to hairdresser and beauty therapist, yoga and gentle exercise.
14. The original proposal and MTFS was linked to the Community Model but following the unsuccessful tender at Kenmore it is not currently possible to deliver savings via this route. However, Milmans is now linked to a proposed Business Case in the North West London Sustainability and Transformation Plan (STP) and these savings will remain in the MTFS subject to successful STP bid. There is a risk that the STP bids are not successful and options will be developed to continue with a Dementia hub at Milmans but looking at other opportunities for savings.
15. The proposed timelines for this proposal are linked to STP, which at this point are not confirmed.
16. The recommendation seeks delegated authority for the Corporate Director of People to pursue the bid and if required explore alternative options.
17. The initial EqIA identifies potential impacts on those service users that are older people and those with dementia and learning disabilities if the service is changed. The EqIA will need to be reviewed and updated as further information becomes available.

Vaughan NRC Review - £100k

18. Vaughan Neighbourhood Resource Centre (NRC) is a purpose built day centre service for people with learning disabilities, autism and challenging behaviour. There are currently 56 clients that attend the day centre between 1 and 5 days per week. There are between 40 and 45 clients attending on any one day. Clients participate in a range of physical and social activities.
19. The proposal is to retain the service under Council management whilst achieving efficiencies. The saving of £100k (from a budget of £647k) would be achieved through a review of non-staffing and staffing budgets

at Vaughan and across all of the in-house provided services looking at additional efficiencies that could be made in catering, utilities, equipment, consumables and agency spend.

20. The implementation of this proposal will be from April 2017 and a timeline for the review will be developed accordingly. The recommendation delegates authority to the Corporate Director for People, in consultation with the relevant Portfolio Holder, to undertake any necessary consultation and review the implications of the proposal once further detail is known.
21. The EqIA at Appendix 2 identifies potential impact on service users with disabilities. The EqIA will be kept under review during the implementation of this proposal.

No 7 Kenton Road - £228k

22. 7 Kenton Road is a small 6 bedded step down residential care home registered with CQC to provide accommodation and personal care for up to six people with mental health needs.
23. The service provides rehabilitation support for people to recover from their mental health problems and to regain the skills and confidence to live in the community. People using the service are supported and encouraged to study vocational skills, seek employment and move onto live independently in the community.
24. This proposal is to change the registration of the service to provide accommodation with supported living services to residents provided by staff at 14/15 Kenton Road. The saving will be achieved as there will be no staffing permanently based or resident on site at 7 Kenton Road.
25. The service currently provides short term residential accommodation for 6 people at a time. The current service users are having their needs reviewed, with options to move to alternative accommodation if the service no longer meets their need.
26. The implementation of this proposal will be from April 2017 and a timeline for the consultation with staff and redundancy process will be developed accordingly.
27. The EqIA at Appendix 3 identifies potential minor impacts on service users with learning disabilities. The EqIA will be kept under review during the distinct phases of this proposal.

Group 2 Proposals developed through the MTFs Process 2017/18

Reduction of People Services Commissioning Team – £187k

28. The People Services Strategic Commissioning Team are responsible for developing and implementing Strategic Commissioning Strategies

across adults and children's services to identify current and future service needs and develop services and delivery models to maximise outcomes for users cost effectively. The Team work in partnership with internal services and corporate teams including finance and procurement, and external partners including Providers to gather market intelligence, coproduce solutions, implement transformation and government initiatives and publish strategic commissioning plans for example Learning Disability & Autism.

29. The People Services Strategic Commissioning Team comprises of 5.6 FTE and work across both Adult and Children's services. The team was merged following the last commissioning panel process which resulted in a saving of £150k (2016/17). This proposal will reduce the capacity within the People Services Commissioning Team further.
30. The reduction of this team will result in the reduction of capacity to strategically plan and commission across People Services, and the ability to innovate and deploy resources to the best advantage of our community.
31. This may impact on the realisation of efficiencies within service areas of Adults and Children's services and in addition, for adults services all future purchases being spot purchases, rather than commissioning exercises.
32. The implementation of this proposal will be from April 2017 and a timeline for the consultation and redundancy process will be developed accordingly.
33. The EqIA at Appendix 4 identifies that the proposal impacts on a small number of staff, and as such, redeployment and other internal mechanisms will contribute to mitigate the adverse impacts of the proposals.

Reduction of Adult Services Strategic Management - £127k

34. A reduction of 1 FTE Head of Service is proposed which reduces the management team to 3 FTE i.e. DASS plus 2 Heads of Service.
35. The Adults Senior Management Team are responsible for £54m controllable budget (2015/16), more than 14,000 service users and 3,000 Carers. This is currently a vacant post and the residual responsibilities have been reviewed and allocated across the management team.

Deletion of the Contracts & Administration Team - £161k

36. The Adults Major Contracts Team deal with all matters relating to all major Adults Contracts including Supporting People Contracts, Extra-Care Contracts, Mental health accommodation, Residential and nursing care Contracts, Voluntary Sector Contracts and the monitoring of KPIs and outcomes for all other adults SLAs.

37. With the reduction in Supporting People services (MTFS 2015/16 £290k and 2016/17 £150k) and a significant reduction in contracting due to the move to Personalisation there has been a considerable reduction in the number of directly commissioned Contracts.
38. There are 4 FTE posts within the team that will be deleted. Any residual duties will be accommodated within social work teams and commissioning team.
39. The implementation of this proposal will be from April 2017 and a timeline for the consultation and redundancy process will be developed accordingly.
40. The EqIA at Appendix 5 has not identified any impacts on protected groups.

Reduction to Safeguarding Quality Assurance Team - £112k

41. This proposal will reduce the Safeguarding Quality Assurance Team by 2 FTE from 8 FTE. This will reduce the capacity to visit all 750 Community Providers and over 300 Care Homes in the year and respond to safeguarding alerts.
42. The Safeguarding Quality Assurance Team investigate concerns raised by the CQC in its role in identifying situations that give rise to concern that a person using a regulated service is, or has been, at risk of harm. Following referral, the team in liaison with the Safeguarding Team, will participate in any strategy discussions, consider on-going risk factors and any necessary action plans with providers to ensure service users are safe. These plans are monitored and checked to ensure standards are being maintained.
43. The team undertake annual checks on safeguarding and quality to ensure that all providers across the Borough and where clients are placed externally meet minimum standards and help them to achieve 'Good' levels of care with an emphasis on continual improvement. They also support providers with their improvement.
44. This team is currently separate to the Adults Safeguarding Team that reviews all Safeguarding Adults alerts and carries out statutory investigations under the Pan London Policy and Procedures, which are overseen by the Local Safeguarding Adults Board (LSAB).
45. Safeguarding of adults is a responsibility that is shared by different agencies, organisations and individuals. The Care Act 2014 contains general and specific duties in relation to safeguarding. Providers of services have a responsibility to provide safe and high quality care and support and the Care Quality Commission has responsibility for ensuring that regulated providers comply with the fundamental standards of care and have the power to take enforcement action. Under the Care Act 2014, the local authority must set up a local safeguarding adults board (LSAB). The main objective of the LSAB is to assure itself that local safeguarding arrangements are effective and

that partners act to help and protect adults in its area. The LSAB has a duty to publish an annual report and partners on the board should challenge each other and other organisations where they believe that their actions or inaction is increasing the risk of abuse or neglect. This includes commissioners of services as well as providers.

46. The statutory guidance under the Care Act confirms that local authorities have responsibilities to commission effective services and to maintain effective communication and relationships with providers in their area to minimise risks of unexpected closures and failures. Where a local authority believes that there is a significant risk to a provider's financial viability, the authority should consider what assistance may be provided or brokered to assist the provider to return to viability. Local authorities have a temporary duty to meet people's needs when a provider is unable to continue to carry on a relevant activity due to business failure.
47. The level of support and monitoring that a local authority provides to meet its safeguarding duties and to prevent business failure within the market is a matter for each local authority having taken into account local context and needs.
48. The implementation of this proposal will be from April 2017 and a timeline for the consultation and redundancy process will be developed accordingly.
49. The EqIA at Appendix 6 has not identified any impacts on protected groups. The proposal impacts on a small number of staff, and as such, redeployment and other internal mechanisms will contribute to mitigate the adverse impacts of the proposals.

Reduction to the Occupational Therapy Team - £113k

50. The Occupational Therapy Team (OT) Team support vulnerable and disabled children and adults to remain living in their own homes in the community and so prevent high cost care packages and placements. The OT service facilitates hospital discharges, prevents hospital admissions, and prevents homelessness. The OT service is used to inform assessments of care needs.
51. OT's carry out specialist assessments and recommend equipment, and minor adaptations to use in their home environment to promote independence and minimise the need for formal support (e.g. a paid carer to assist with mobilising around their home and getting on and off the toilet/bed/ chair/shower etc.).
52. The OTs work with the Housing Department to prevent homelessness and ensure appropriate accommodation. They work closely with health professionals in acute, secondary care settings, and in the community in enabling people to remain living at home.

53. The current OT service consists of 1 OT Team Manager, 8 OTs and 1 Trusted Assessor (11.34 FTE). This proposal will delete the Occupational Therapy Team by 4 FTE from April 2017.
54. The impact of this reduction will be to increase the current 6 month waiting list with more vulnerable people delayed in hospital, and an increased number of vulnerable people placed unnecessarily in costly residential and nursing units.
55. This is also likely to impact the work of the Home Improvement Agency at a time when it is getting increased capital to spend on adaptations to properties, but delays in OT assessment will lead to delays to grant works under this scheme. In addition to the risk that people will be unable to return to their home, pending assessment, there is also a risk that individuals will have more intensive and expensive home care packages pending permanent adaptations to a home.
56. The implementation of this proposal will be from April 2017 and a timeline for the consultation and redundancy process will be developed accordingly.
57. The EqlA at Appendix 7 identifies that the proposal impacts on a very small number of staff, and as such, redeployment and other internal mechanisms will contribute to mitigate the adverse impacts of the proposals. There will be a potential impact on service users.

Public Health Budget Proposals 2017-18 - £0.725m

58. As all savings are delivered from within the Public Health ring fenced grant, the Council will ensure that the grant continues to be spent on services to deliver wider public health outcomes.

Stop Smoking and Tobacco Control - £279k

59. In 2017-18 it is proposed that the Stop Smoking and Tobacco Control services are ended. This will generate a savings of £279k (including the deletion of 3 posts).
60. The consultation on deleting the stop smoking service and tobacco control work was undertaken between 7 Sept 2016 and 3 November 2016. A variety of consultation mechanisms were used to ensure residents within Harrow were given the opportunity to respond to the consultation in a way that suited their needs. A consultation questionnaire was made available and circulated widely. Three focus groups were also held.
61. A total of 94 questionnaires responses were received. These represented individuals and organisations including a local Member of Parliament, the Local Medical Council, Public Health England (London), Brent and Harrow Local Pharmaceutical Committee, Association of Directors of Public Health, and Harrow Clinical Commissioning Group. All of the organisational responses were opposed to ending the service, and overall approximately two thirds of the responses were against

cessation of the service. . An analysis of the responses is attached at Appendix 8. The findings from the consultation were used to finalise the Equalities Impact Assessment.

62. In the consultation responses, concern was raised about the capacity of GPs and pharmacies to deliver alternative support. There were differing views about the availability of support online and from voluntary bodies. There were comments querying whether the proposal was short sighted, but also some support the option of those benefitting from support paying for this. There was a suggestion that the service could be reduced rather than stop, with support to more targeted groups. There were a number of comments on alternative options, some within the Council's remit and others being the responsibility of other statutory bodies.
63. There is a risk that ending the Smoking Cessation Service and other associated services will increase the risk of
 - cancers
 - Worsen the outcome and incidence of Ischemic Heart Disease
 - Worsen complication and outcomes Diabetes – Harrow has one of the highest prevalence's in the UK
 - increase in hospitalization and length of hospital stays for patients with respiratory disease and any subsequent admission
 - Adverse complication rates for elective admissions to hospital
 - Worsening dementia rates and outcomes
64. Although the rates of smoking are lower than average in Harrow, smoking has a major impact on those who continue to smoke and half of all smokers will die of a smoking related disease. It also impacts on babies and children of smokers including lower birth weight, Smoking disproportionately affects certain groups. These include babies, children and young people, pregnant women, people with a disability, the LGBT community, some minority ethnic groups and people in routine and manual social groups where smoking rates are higher. Overall ceasing this service risks health inequalities increasing within the borough. There is also a risk of increasing costs for the Council and the NHS in the longer term.
65. The Council has a general duty under s.2B of the National Health Act 2006 to take such steps as it considers appropriate for improving the health of the people in its area. These steps can include providing information and advice, providing services to promote healthy living and providing financial incentives to encourage individuals to adopt healthier lifestyles,
66. Whilst services to encourage individuals to stop smoking is not a mandated services that local authorities are required to provide, in deciding whether to cease providing the service, the Council should take account of all relevant information, including local need, consultation responses, equality implications and the perceived impact of removal of the service. In particular the Council should take account of the Joint Strategic Needs Assessment 2015-20. This confirms that Harrow has

lower smoking rates than the national average, but that it impacts those in lower socio-economic groups and is particularly prevalent in those in routine or manual groups. The quit rate of people accessing the cessation services were found to be lower than the national average, with a need for more targeting of services. Local efforts to highlight the harmful effects of smoking to young people was found to be an effective way of minimising the number of young people taking up smoking.

67. The EqlA is at Appendix 9.

Health intelligence & Knowledge - deletion of post - £48k

68. The Public Health Intelligence post provides input into needs assessments and health impact assessments which could identify inequalities in need, service provision or outcomes for any of the protected groups.

69. This saving has been delivered without the need for redundancy. The equivalent saving has been achieved through the part time filling of a number of full time posts; all staff in these posts have appropriate reduced hours contracts.

70. There are no issues identified in the EqlA at Appendix 10.

Procurement - cessation of additional procurement activity - £30k

71. The budget additional procurement activity budget was established to provide additional capacity to support the re-procurement of the School Nursing contract, preparation for the receipt of Health Visiting services and the re-procurement of sexual health services. School Nursing has been re-procured, Health Visiting services have been transferred to the Local Authority and sexual and reproductive health services re procurement will be complete by the end of the 16-17 financial year.

Cessation of Health Improvement Projects £96k

72. This proposal will bring forward the approved 2018/19 savings to 2017/18 in relation to some services supporting the wider determinants of health work - Workplace Health (£13k), Long Term Conditions (£11.5k) and Mental Health Promotion (£42k). The final element of this proposal relates to the deletion of the oral health budget (£29k).

a) Workplace Health £13k

This budget currently supports work to achieve gold status for the Council in the London Healthy Workplace Charter. This includes provision of supervision for the volunteer mental health “first aiders” who are integral to supporting workplace health and wellbeing.

Removal of the budget will impact on achievement by the Council of Healthy workplace status and will not address Harrow’s sickness absence rates which occupational health data

indicate are higher than average and the staff survey results suggesting employees typically rank their work experience at Harrow lower than their experiences elsewhere which potentially will increase staff sickness absence rates.

b) Long term conditions (LTC) £11.5k

The current Self Care & Long Term Conditions service provides evidenced based self-management training initiatives for people with long term conditions (LTC) to manage their own health, provision of appropriate and accessible one to one support and advice, health education, and self-care skills, and access to all other lifestyle services provided by Public Health for people with LTC to support healthier choices and to improve their health.

The overall objective of the programme is to provide people with skills to better manage their condition, introduce effective self-care and improve their quality of life and their health, with the intent to reduce demand for health and social care services both acutely and in the long term and to raise awareness and educate communities about LTC and prevent them occurring which will reduce prevalence itself and the support required for people with LTC across the care system.

Removal of this budget will mean that there will be no public health funded support for people with long term conditions in Harrow which potentially results in increased costs to the Council and the NHS. A bid has been made to Health Education North West London for 12 months funding to continue support for volunteers and a reduced programme.

c) Mental health £42k

This budget currently supports the Harrow Mental Health promotion Strategy via work with schools by increasing awareness of stigma and discrimination, depression, suicide, resilience, anxiety, self-harm and eating disorders and psychosis and signposting young people to help. In respect of the local community it works with the third sector including MIND to promote mental health awareness and recognition; and, signposting to appropriate resources for individuals experiencing mental health crises. Within the Council it supports the mental health aspect of the Healthy workplace charter initiative (referenced above in the Workplace Health section) and promotes mental health within the Council via 16 peer educators who are also trained Mental Health First Aiders who run the training for staff.

Overall this reduction will mean less support for young people and adults with mental health issues and less support and signposting for people in a mental health crisis. This will potentially result in increased costs for the Council and for the NHS.

Whilst the JSNA data shows that Harrow's rates of mental health conditions are generally lower than the national average for both

adults and children and young people, it also highlights the benefit of effective early help services.

Whilst public health services to improve mental health is not a mandated service, in deciding whether to cease providing this service, the Council should take account of all relevant information, including local need, equality implications and the perceived impact of removal of the service.

d) Oral Health £29k

The Oral Health programme currently has three elements - distribution of Brushing for Life packs; 'Now you have Teeth' aimed at parents of young infants who are teething; and the oral health education programme in schools. Some of these elements will be subsumed within the current Health Visiting and School Nursing contracts at no extra cost. Health Visitors will undertake the brushing for life work at the 1 year checks and also distribute the brushing for life packs. School Nurses will undertake some oral health promotion session in schools.

The implication of this saving is that there will be no instruction and guidance for parents as the supervised tooth brushing programme will cease resulting in higher levels of poor dental health in children. A bid has been made to Health Education North West London for 12 months funding to provide an alternative, reduced model to support supervised tooth brushing. This would provide an initial supervised session to carers (e.g. Children's Centre Staff) when delivering their first session with parents and children.

73. The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 contain a duty at regulation 17 in relation to dental public health. Under this duty the Council is required to provide or make arrangements to secure the provision of (1) oral health promotion programmes to the extent that the authority considers appropriate for improving the health of its people in its area; (2) oral health surveys to facilitate the assessment and monitoring of oral health needs, the planning and evaluation of the arrangements for provision of dental services as part of the health service and the monitoring and reporting of the effect of water fluoridation programmes.
74. The JSNA 2015-20 indicates that levels of oral disease in Harrow is relatively high and the proportion of children and adults visiting a dentist is lower than the national average.
75. Subject to compliance with the specific duty in relation to dental public health, the Council can decide what services to provide and how these should be commissioned, having taken into account relevant information. Whilst some services will continue to be delivered via health visitors and schools nurses, the proposal will see a reduction in the liaison with dental practices.

76. The EqlA is attached at Appendix 11. The collective impact of these proposals is assessed as having potentially minor impacts across the groups with protected characteristics.

Health visiting contract efficiencies - £105k

77. This efficiency saving has been achieved through examination of the transferred contract (in 2016 from the NHS) and negotiation with the provider. There has been no reduction in the services delivered under the contract.

Reduction in Wider Health Improvement function - £167k

78. This saving represents is a saving in addition to those identified to be made in February 2016. It comprises funds for wider health improvement (£107k) and the reversal of the 'Public Health wide growth to deal with small projects in areas of cuts' (£60k).

79. There are no service impacts arising from these savings as these budgets have not been deployed.

Performance Issues

80. The proposals detailed in this report will in some cases have a detrimental impact on performance. The proposals contained with the MTFs and the methods of implementation have both been designed to minimise the impact on service users. Mitigations will be put in place to manage any adverse impact on performance, and the monitoring of the implementation will form part of the directorate performance management process, which will measure the progress in delivering the proposals and the impact of the changes. Progress will also be reported through the quarterly cycle of Improvement Boards (which make up the Council's performance management regime) which will also consider the performance of the key measures in each of the services in the People Services Directorate to ensure the Council is aware of how the delivery of these savings will be impacting on some of the more vulnerable groups in Harrow.

Environmental Implications

81. There are no environmental impacts as part of this report.

Risk Management Implication

82. Each proposal has been risk assessed and will be tracked through the Directorate risk register as part of delivery monitoring. The risk register will feed into the Council's quarterly performance reporting cycle.

83. For major projects within the MTFs programme for the Directorate, individual risk registers documents will be created, with assigned owners and include the current and future actions in place to control the risks. The Council corporate risk management procedure will be used to rate risks.

Legal Implications

84. The specific statutory responsibilities are set out in the relevant sections above.
85. When making public law decisions, the Council must take account of relevant information, including the results of consultation and the equality implications of the decision, as well as ensuring that it continues to comply with its statutory duties. When consulting on proposals to reduce services or deliver them in a fundamentally different way, it will not be uncommon for the majority of respondents to object to the proposal. The Council must take account of these responses, as well as other relevant information including the financial implications of the proposal. In a challenging financial environment, the Council must consider the most efficient and effective way to comply with its statutory responsibilities and may have to make decisions to deliver and commission services in a different way to the way these have been provided in the past. It is essential that the Council considers the potential impact of these changes when making a decision on whether to implement them.

Financial Implications

86. The savings proposals detailed in this report, if approved, would realise a total saving of £2.183m (Childrens £255k, Adults £1.203m and Public Health £0.725m) which could be used to contribute towards the Council's 2017-2020 MTFS. The financial details of these proposals have been included in the main Revenue Budget Report 2017-18 and MTFS 2017-18 to 2019-20 which is being presented to cabinet on this agenda.
87. If there is any delay in implementing any of the proposals, there is an expectation that the directorate will, where possible, identify compensatory savings to mitigate any shortfall.

Equalities implications / Public Sector Equality Duty

88. Section 149 of the Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to (1) eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act, (2) advance equality of opportunity and (3) foster good relations between persons who share a protected characteristic and persons who do not share it.
89. Equalities Impact Assessments have been carried out for all of the proposals that make up the MTFS contribution for the People Services Directorate and these are attached as appendices where appropriate. For some proposals, the detail of the proposal is not yet identified and as such it is too early to undertake a comprehensive equality impact assessment.

90. The specific equality implications have been set out in the relevant sections of the report.

Council Priorities

The Council's vision is: **Working Together to Make a Difference for Harrow**

The Council Priorities are:

- Making a difference for the vulnerable
- Making a difference for communities
- Making a difference for local businesses
- Making a difference for families.

The recommendations support these priorities by ensuring efficient and sustainable services for vulnerable people, families and communities in Harrow.

Section 3 - Statutory Officer Clearance

Name:	Jo Frost and Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date:	13 January 2017		
Name:	Sarah Wilson	<input checked="" type="checkbox"/>	on behalf of the Monitoring Officer
Date:	16 January 2017		

Ward Councillors notified:	NO, as it impacts on all Wards
EqIA carried out:	YES
EqIA cleared by:	All new directorate proposals are subject to an initial equalities impact assessment followed by a full assessment where appropriate. The individual equalities impacts will be kept under

review as the projects are initiated and throughout the life time of the projects. Officers will put in place appropriate mitigation where this is possible.

Section 4 - Contact Details and Background Papers

Contact: Chris Spencer, Corporate Director, People Services
chris.spencer@harrow.gov.uk 020 8424 1356

Background Papers: Consultation responses (see appendix 8)

**Call-In Waived by the
Chairman of Overview
and Scrutiny
Committee**

NOT APPLICABLE

[Call-in applies]