

NOTICE OF MEETING

Cabinet

TUESDAY, 16TH JUNE, 2015 at 6.30 pm HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillor Claire Kober (Chair), Councillor Jason Arthur, Councillor Ali Demirci, Councillor Joe Goldberg, Councillor Stuart McNamara, Councillor Peter Morton, Councillor Alan Strickland, Councillor Bernice Vanier, Councillor Ann Waters.

AGENDA

1. FILMING AT MEETINGS

Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items of Urgent Business will be considered under the agenda item where they appear. New items of Urgent Business will be dealt with under Item 27 below. New items of exempt business will be dealt with at Item 31 below).

4. DECLARATIONS OF INTEREST

A Member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A Member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. NOTICE OF INTENTION TO CONDUCT BUSINESS IN PRIVATE, ANY REPRESENTATIONS RECEIVED AND THE RESPONSE TO ANY SUCH REPRESENTATIONS

On occasions part of the Cabinet meeting will be held in private and will not be open to the public if an item is being considered that is likely to lead to the disclosure of exempt or confidential information. In accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 (the "Regulations"), members of the public can make representations about why that part of the meeting should be open to the public.

This agenda contains exempt items as set out at **Item [29 and 30]: Exclusion of the Press and Public**. No representations with regard to these have been received.

This is the formal 5 clear day notice under the Regulations to confirm that this Cabinet meeting will be partly held in private for the reasons set out in this Agenda.

6. MINUTES (PAGES 1 - 22)

To confirm and sign the minutes of the meeting held on 17th March as a correct record.

7. MATTERS REFERRED TO CABINET BY THE OVERVIEW AND SCRUTINY COMMITTEE (PAGES 23 - 60)

To consider the following Overview and Scrutiny Project report:

- The Scrutiny Review of Transition from Child Mental Health Services to Adult Mental Health Services.

8. CABINET RESPONSE TO THE SCRUTINY REVIEW OF TRANSITION FROM CHILD MENTAL HEALTH SERVICES TO ADULT MENTAL HEALTH SERVICES (PAGES 61 - 116)

[To be Introduced by the Cabinet Member for Children and Families and the Cabinet Member for Health and Wellbeing]. Report of the Assistant Director for Commissioning]. This report sets out the Cabinet response to the recommendations of the Adult and Health Scrutiny Panel Project on Transition from Child Mental Health Services to Adult Mental Health Services, which was carried out during the winter of 2014/2015.

9. DEPUTATIONS/PETITIONS/QUESTIONS

To consider any requests received in accordance with Standing Orders.

10. THE COUNCIL'S END OF YEAR PERFORMANCE ASSESSMENT - QUARTER FOUR, 2014/15 (PAGES 117 - 162)

[To be introduced by the Leader of the Council. Report of the Deputy Chief Executive] The report will inform Cabinet of progress against the Council's outcomes and strategic priorities during the fourth quarter of 2014/15.

11. THE COUNCIL'S FINANCIAL OUTTURN 2014/2015 (PAGES 163 - 186)

[To be introduced by the Cabinet Member for Resources and Culture. Report of the Assistant Director of Finance] The report sets out the provisional outturn position for the General Fund, Housing Revenue Account (HRA), the Dedicated Schools Budget (DSB), the Collection Fund and the Capital Programme for 2014/15.

12. REHOUSING POLICY FOR REGENERATION AND RENEWAL SCHEMES (PAGES 187 - 222)

[To be introduced by the Cabinet Member for Housing and Regeneration. Report of the Director of Planning, Regeneration and Development] This report seeks approval to consult on a an Estate Renewal Re-housing and Payments Policy (Appendix 1) proposed for the borough. The policy brings together in one document all the relevant statutory provisions (e.g. in respect of Home Loss and Disturbance Payments) and existing Council policies (e.g. within the Allocations Policy) with guidance to facilitate the Council's estate renewal programme, by more effectively re-housing and compensating residents required to move and providing vacant possession for development works to take place.

13. HORNSEY TOWN HALL DELIVERY STRATEGY (PAGES 223 - 250)

[To be introduced by the Cabinet Member for Housing and Regeneration. Report of the Director for Planning, Regeneration and Development] This report seeks Cabinet approval for a new approach to the Hornsey Town Hall project, including agreement of an alternative proposed procurement strategy, new capital project budget and seeks authorisation for officers to take the Hornsey Town Hall site forward to the market. A report would return to Cabinet once a preferred bidder is selected, prior to award of contract.

14. DELIVERING CHILDREN'S CENTRES IN HARINGEY : 2015-2018 (PAGES 251 - 310)

[To be introduced by the Cabinet Member for Children and Families. Report of the Assistant Director for Commissioning] The purpose of this report is to provide Cabinet with details of proposals for the future delivery of Children's Centre services , report back on initial engagement with stakeholders on the proposed model and seek approval to go out to statutory consultation with a final decision to be made by Cabinet in December 2015.

15. TIVERTON PRIMARY SCHOOL ROOF REPLACEMENT WORKS (PAGES 311 - 316)

[To be introduced by the Cabinet Member for Children and Families. Report of the Assistant Director for Capital Projects and Property Services]. This report requests approval to award a contract for construction of a roof replacement at Tiverton Primary.

16. DELIVERING PRIORITY 2 : EMPOWER ALL ADULTS TO LIVE HEALTHY, LONG AND FULFILLING LIVES (PAGES 317 - 320)

[To be introduced by the Cabinet Member for Health and Wellbeing .Report of the Deputy Chief Executive]The next set of 3 papers sets out the business case and design for whole system change in line with the objectives set out in Priority 2 of the Corporate Plan, *Empower all adults to live healthy long and fulfilling lives*, agreed by Cabinet in February 2015. These papers each require discrete decisions but they are presented collectively to illustrate the coherence between them.

17. NEW OPERATING MODEL FOR ADULT SOCIAL CARE (PAGES 321 - 334)

[To be introduced by the Cabinet Member for Health and Wellbeing. Report of the Deputy Chief Executive] This paper sets out the strategic context for the delivery of Priority 2 of the Corporate Plan and specifically how key components of a new operating model are being developed within that context. The report further requests Cabinet approval for the implementation of the new operating model.

18. CORPORATE PLAN PRIORITY 2 CONSULTATION (PAGES 335 - 344)

[To be introduced by the Cabinet Member for Health and Wellbeing. Report of the Deputy Chief Executive.] This report seeks Cabinet agreement to specific consultation and further engagement, with residents and partners on specific issues, as detailed in section 6 of the report including:

- Increasing our capacity to provide re-ablement services and support intermediate care.
- Increasing our capacity to provide suitable accommodation that promotes individual well being through expanding Supported Living Accommodation and Shared Lives schemes
- Increasing the availability and flexibility of specialist services within the borough meeting the individual needs of residents.

19. MARKET POSITION STATEMENT FOR ADULT SOCIAL CARE (PAGES 345 - 392)

[To be introduced by the Cabinet Member for Health and Wellbeing. Report of the Deputy Chief Executive] Cabinet will be asked to approve the Council's Market Position Statement for Adult Social Care.

20. AGREEMENT TO ENTER INTO A PARTNERSHIP AGREEMENT WITH HARINGEY CCG (PAGES 393 - 398)

[To be introduced by the Cabinet Member for Health and Wellbeing. Report of the Deputy Chief Executive] This report seeks Cabinet approval for the Council to enter into a Section 75 Partnership Agreement with the local Haringey Clinical Commissioning Group. This is a requirement of the Better Care Fund which is a national programme to support the transformation and integration of health and social care at a local level.

21. TRANSFER OF 0-5 YEAR OLD PUBLIC HEALTH COMMISSIONING TO LOCAL AUTHORITIES (PAGES 399 - 408)

[To be introduced by the Cabinet Member for Health and Wellbeing. Report of the Director for Public Health] This report provides information relating to 0 – 5 year old public health commissioning and formally accepts the transfer of funding and commissioning responsibilities from NHS England to the Council.

22. HEALTH AND WELLBEING STRATEGY (PAGES 409 - 462)

[To be introduced of the Cabinet Member for Health and Wellbeing. Report of the Director for Public Health.] This paper summarises the revisions that have been made to the draft Health and Wellbeing Strategy following the public consultation that concluded at the end of March. Cabinet are asked to endorse the attached strategy for final approval by the Health and Wellbeing Board on the 23rd June.

23. APPOINTMENT OF CABINET SUB COMMITTEES (PAGES 463 - 484)

[To be introduced by the Leader of the Council. Report of the Chief Executive] To appoint Members to serve on the Advisory Committees set out below for the new municipal year 2015/16 and to confirm the terms of reference of these Committees:

- Corporate Parenting Advisory Committee
- LHC Joint Committee.

24. APPOINTMENT TO PARTNERSHIP COMMITTEES (PAGES 485 - 500)

[To be introduced by the Leader of the Council. Report of the Chief Executive] To appoint Cabinet Members to the Community Safety Partnership Board and Health and Wellbeing Board.

25. MINUTES OF OTHER BODIES (PAGES 501 - 518)

To note the minutes of the following:
10 March .2015 – Cabinet Member Signing
26 March 2015- Cabinet Member Signing
30 March 2015 – Leader Decision
30 March 2015 - Cabinet Member Signing
30 March 2015 - Cabinet Member Signing
31 March 2015 - Cabinet Member Signing
14 April 2015 - Cabinet Member Signing
19 May 2015 - Cabinet Member Signing

26. SIGNIFICANT AND DELEGATED ACTIONS (PAGES 519 - 540)

To note delegated and significant actions taken by Directors.

27. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at Item 2 above.

28. EXCLUSION OF THE PRESS AND PUBLIC

Note from the Head of Democratic Services

Items 29, 30 and 31 allow for the consideration of exempt information in relation to Items ,13, 15, and 3 respectively.

RESOLVED:

That the press and public be excluded from the remainder of the meeting as the items below contain exempt information, as defined under paragraph 3, Part 1, schedule 12A of the Local Government Act 1972

29. HORNSEY TOWN HALL DELIVERY STRATEGY (PAGES 541 - 544)

As per item 13

30. TIVERTON ROOF REPLACEMENT (PAGES 545 - 548)

As per item 15

31. NEW ITEMS OF EXEMPT URGENT BUSINESS

To consider any items admitted at Item 3 above.

Bernie Ryan
Assistant Director – Corporate Governance
and Monitoring Officer
5th Floor
River Park House
225 High Road
Wood Green
London N22 8HQ

Ayshe Simsek
Principal Committee Coordinator
Tel: 020 8489 2929
Email: ayshe.simsek@haringey.gov.uk

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Councillors Kober (Chair), Arthur, Demirci, Goldberg, McNamara, Morton, Strickland, Vanier and Waters

Also Present: Councillors Elliot and Peacock

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CAB831.	APOLOGIES There were no apologies for absence. An apology for lateness was received from Councillor Stuart McNamara who was attending directly from another meeting.	
CAB832.	URGENT BUSINESS No items of urgent business were put forward.	
CAB833.	DECLARATIONS OF INTEREST No declarations of interest were put forward.	
CAB834.	NOTICE OF INTENTION TO CONDUCT BUSINESS IN PRIVATE, ANY REPRESENTATIONS RECEIVED AND THE RESPONSE TO ANY SUCH REPRESENTATIONS No representations were received.	
CAB835.	MINUTES The minutes of the meeting held on the 10 th February were approved as an accurate record of the meeting.	
CAB836.	DEPUTATIONS/PETITIONS/QUESTIONS <u>Response to Petition Received in relation to The Haven</u> In accordance with Committee Standing Orders the Chair reported back to the meeting the response to the petition received and noted at the February Cabinet meeting. The Leader expressed understanding of the strength of feeling surrounding the proposals to close The Haven day centre and acknowledged the views of service users, and their carers, and the value they placed on this service. However, the cuts imposed upon the Council meant it must look to use its more limited resources in ways which continued to support as many people as possible, as fairly and well as possible. Investment in	

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buildings, rather than in people and communities, did not meet this test. The Haven served a very limited number of people and to prioritise scarce resources to maintain that service at the expense of others was inequitable. Currently, The Haven day service provided day opportunities to 48 Haringey Residents. The development of community options and social enterprise models will give more people more choice locally.

The Council's statutory obligation to meet the assessed needs of vulnerable adults had not changed, and the Council would continue to ensure that residents assessed as needing adult social care continue to receive high quality services. The proposals were about changing the way that services were delivered, reducing the number of buildings based services and delivering more community based models. Cabinet noted that Neighbourhood Connects is one model and for those who are assessed as having needs that cannot be met by a Neighbourhoods Connect model, the Council will ensure support is provided through other means.

A number of people currently receive personal budgets/direct payments, which gives them control over how day activities are spent. I recognise that there is work to be done in terms of developing the market so that there are increased opportunities for choice. This is work that our commissioning team are currently developing.

It was also important to note that the closure of the Haven will be subject to further consultation.

Deputation - in relation to item 23, Review of Libraries and Improving Face to Face Customer Services

The Leader invited Fiona Stone to address the meeting and put forward issues regarding the proposals for Marcus Garvey Library. Ms. Stone expressed concerns regarding rumours that had developed concerning the transfer of Haringey Customer Service staff into Marcus Garvey Library, following the closure of Apex House. Ms. Stone expressed concern that no concrete proposals had been released and that so far there had been a distinct lack of consultation with the community on this issue. Ms. Stone noted that a transfer of staff would lead to a reduction in space at the library and a reduction in the number of staff.

Ms. Stone was concerned that the proposed £3m refurbishment of Marcus Garvey would be mostly used to facilitate the integration of Customer Services staff into the building. Ms. Stone also commented that the library was the only non-privatised space in the area for the community to use. Ms. Stone argued that libraries were a vital amenity, particularly for children, who often did homework in the library. Marcus Garvey provided a range of events for children, which were heavily attended by the local community. By reducing the space, the Council would have to stop putting on these events and this would have a massive effect on the local community. Ms. Stone noted that there seemed to be a discrepancy between the Priority One of the Corporate

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	<p>Plan and any attempt to reduce services at Marcus Garvey.</p> <p>Cllr Kober, the Leader of the Council, commented that there seemed to be a disconnect between plans for a marginal reduction in space at Marcus Garvey Library and the suggestion in the deputation that this equated to a loss of children's librarians and a loss of libraries as a space for learning exploration and knowledge. The Leader invited the presenters to provide some further clarification on this. Luci Davin responded that one of the main problems surrounding this issue was that the Council had failed to adequately communicate its plans for Marcus Garvey and that this had led to a lot of concern and speculation within the community. Ms. Davin expressed concern about any reduction of the IT facilities on the top floor, which were already heavily over subscribed.</p> <p>Councillor Arthur, the Cabinet Member for Resources & Culture, responded to the issues raised and reinforced the centrality of the library to the community and emphasised that Marcus Garvey was one of the most heavily used libraries in the Borough. Cllr Arthur stated that both he and the Cabinet as a whole were absolutely committed to maintaining and investing in Haringey's libraries and were also committed to keeping all nine libraries open. Cllr Arthur advised that the Council wanted to use the money available to invest in the space, maximise its usage and provide a wide array of services accessible from Marcus Garvey. A number of issues were identified with Marcus Garvey that needed to be addressed, including the quality of the furnishings and fittings, lifts not working and underutilised space. Cllr Arthur noted that what was being proposed was a reinvestment in the space at Marcus Garvey in order to address those issues.</p> <p>Councillor Arthur commented that there would be an initial set of consultation meetings taking place the following week in the Library, two sessions would be on Friday and a another session on the Saturday. It was noted that the consultation process would be heavily advertised in the local press and on social media. Councillor Arthur assured the deputies that he would be visible during this process and that anybody could contact him to see the proposals and provide feedback on them. Councillor Arthur gave an assurance that the Children's Library would be protected and also offered to speak to the deputies in person to further address their concerns.</p>	
CAB837.	<p>REVIEW OF LIBRARIES AND IMPROVING FACE TO FACE CUSTOMER SERVICES</p> <p><u>Following the deputation, it was agreed to move to the Item on the Review of Libraries and Improving Face-to-Face Customer Services (Item 23 on the agenda):</u></p> <p>The report was introduced by the Cabinet Member for Resources & Culture. The report provided information on the results of a review of Haringey's libraries and library service that was completed in 2014 and also sought approval for the relocation of 180 staff currently located at Apex house and the accompanying improvement works to Marcus</p>	

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Garvey and Wood Green Libraries to facilitate this.

The Leader noted that instead of a wholesale relocation of staff into Marcus Garvey, staff would be also be relocated to the Council's existing Customer Services centre at 48 Station Road and into Wood Green Library in addition. The Leader also reiterated the proposal for significant investment in Marcus Garvey library contained in the report. Finally, the Leader outlined the benefits of the £3m investment in Marcus Garvey, as laid out in paragraph 5.25 of the report, namely:

- No loss of library space
- Improved access to building
- Improved IT facilities for public use
- Improved toilet facilities
- Improved book stands and book stock
- Improved learning zones
- Bringing three customer services points into one and providing modern mobile technology based customer service
- Refreshed front door improvements

Cllr Arthur commended the recommendations set out in the report and also stated that additional work would need to be developed in order to create a comprehensive libraries strategy that set out what the future role of libraries would be. It was noted that a lot of engagement with user groups and residents would take place as part of this process.

RESOLVED that approval be given to:

- i). Tranche 1 – Building & improvement works to Marcus Garvey Library to upgrade the building and improve library, learning and customer services and the release of £3m to fund capital works.
- ii). Tranche 1 – Improvement works to Wood Green Library to redesign the library space and to locate an improved Customer Service offer into the unused space upstairs allowing a consolidation of Customer Services staff to be relocated in Wood Green Library and the release of £1.5m to fund capital works.
- iii) Tranche 1 – The refurbishment of 48 Station Road, Wood Green, to facilitate the relocation of Community Housing Services currently in Apex House to 48 Station, Wood Green and the release of £0.5m to fund capital works.
- iv) Tranche 1 – Develop an options analysis for the delivery of library services from Muswell Hill Library and release £80k revenue funding from the Transformation Reserve.
- v) Tranche 2 – The development of a library strategy to plan for the longer term future of the library service which will be presented to Cabinet in September 2015.
- vi) Tranche 3 – The development of the IT network for libraries.

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	<p>Alternative Options considered Officers considered a number of alternatives in order to move staff out of Apex House with consideration to the complexity around the time constraints of vacant possession of Apex House. The three locations that offered the most appropriate viable options were Marcus Garvey Library, Wood Green Library and 48 Station Road.</p> <p>Reasons for Decision The changes proposed, would help deliver a number of key corporate outcomes for the Council. The actions contained within the report would deliver on the review of Haringey Library service that was completed in 2014 and would invest in delivery of a better service. The changes would secure a new location for 180 staff currently located at Apex House by improving Wood Green and Marcus Garvey Libraries. All of these changes would help to deliver a better face-to-face service for residents and customers and deliver key aspects of the Council's corporate Customer Services Transformation Programme.</p>	
CAB838.	<p>THE COUNCIL'S PERFORMANCE ASSESSMENT - QUARTER THREE, 2014/15</p> <p>The Leader introduced the report which set out the progress against outcomes and strategic priorities during the third quarter 2014/2015.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> i. That the progress against the Council's Corporate Plan Priorities in Quarter 3 2014/15 be noted; and ii. That the areas of focus going forward be noted. 	
CAB839.	<p>CARE ACT 2014, IMPLEMENTATION - ELIGIBILITY CRITERIA AND DEFERRED PAYMENTS ARRANGEMENTS</p> <p>The Cabinet Member for Health and Wellbeing, introduced the report which sought consideration and approval of proposals for the implementation of Part 1 of the Care Act 2014. Cabinet noted that these proposals paid particular attention to new eligibility criteria and deferred payments arrangements which will be needed to ensure that the Council is fully compliant with its statutory duties under Part 1 of the Act. These relate, mainly, to care and support whilst also addressing the financial aspects of implementation. Cabinet was further asked to note a series of changes made by the Act to the statutory responsibilities of the Council and its delivery of adult social care service. Cabinet was asked to note in particular the proposal that carers would not be charged for the services provided to them by the Council under the Act,</p> <p>.</p> <p>RESOLVED</p>	

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- i. That the proposed use of three Care Act related revenue grants made for 2015/16 as set out in paragraph 5.21 of the report be approved;
- ii. That only the national minimum eligibility threshold for care be adopted;
- iii. That the proposed Deferred Payments Policy attached at Appendix 1 of the report be approved;
- iv. That the maximum interest rate allowed on Deferred Payments to off-set the costs to the local authority of making these Payments be agreed;
- v. To impose a cost neutral administration charge on Deferred Payment Agreements equivalent to the actual set-up, maintenance and wind-up costs of each such Agreement - standard charges are set out in Appendix 2 of the report;
- vi. That carers' services be provided free of charge to reflect the Council's on-going support for carers and its recognition of the invaluable contribution they make to supporting some of the most vulnerable members of our community;
- vii. That Haringey's development of a new assessment and eligibility process which will ensure a fit with the requirements of the Care Act and involve ceasing the use of the current Resource Allocation System (RAS) be approved; and
- viii. That the '*highlights*' of the Act and their implications as listed and described in Table 1 in the report, be noted.

Alternative options considered

Implementation of the Act is a statutory requirement, but within the margins of discretion allowed the following alternative options have been considered:

- a) Adopting eligibility criteria more generous than the national minimum threshold and levying charges and interest rates on deferred payments less than the allowed maximums: However, these options have unfunded cost implications.
- b) Charging for carers' services: This option could lead to the breakdown of caring relationships, thereby, imposing significant additional costs on the Council while signalling a lack of support for the efforts of carers. Only three London Boroughs, at the time of writing, are considering charging for carers' services. In comparison, 15 will not be charging while others are yet to announce their positions on this matter.

Reasons for decision

To ensure the proper implementation of, and compliance with those sections of Part 1 of the Act which come into force on 1st April 2015.

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CAB840. AUTHORITY MONITORING REPORT (AMR) 2013/14

The Cabinet Member for Planning introduced the Authority Monitoring Report (AMR) covering the monitoring period 1 April 2013 to 31 March 2014. Cabinet noted that the document was used to assess the effectiveness of Haringey's planning policies and reported on milestones in the Local Development Scheme (LDS) and provided a robust basis to inform any future revisions to policies or their implementation. Future monitoring reports were expected to engage not only with planning policy performance, but with the priority outcomes covered by the service that are reflected in the Corporate Plan.

In response to questioning from Councillor Elliot in relation to the Council's plans for tackling the rising vacancy rates in high streets, it was noted that the Council had a 7% high street vacancy rate, which was lower than the London average of 9% and the national average of 14%.

The Cabinet Member for Economic Development, Social Inclusion and Sustainability highlighted the unavoidable challenges affecting high streets such as the rise of the economy and internet shopping and also the requirement for diversity in the high streets and lack of shops which required inventory costs. It was recognised that the Council's role was not to protect or stop the trading of individual businesses and that local authorities were limited in planning powers to shape the economy and limit licences for businesses such as betting shops. It was further noted that Haringey had very strong high streets in comparison to other boroughs and offered support to individual traders and traders groups. In the longer term, work was being done to consider the shape of Haringey's high streets in the future, including physical presence of internet retailers, supporting market leadership and being at the forefront of trends.

RESOLVED

- i. That the Authority Monitoring Report (AMR) 2013/14 be noted and approved for publication on the Council's website.

Alternative Options Considered

The Localism Act 2011 requires local planning authorities to produce monitoring reports. Haringey's existing procedure of annual monitoring is considered an effective way for presenting the effectiveness of planning policies, within existing resources. As such, no other options were considered. However, the report includes information beyond the monitoring year where it helps to provide a more current picture of performance outcomes.

Reasons for decision

The publication of the Authority Monitoring Report is a requirement of the Localism Act 2011. Approval of the contents of the AMR 2013/14 for publication will ensure that the Council meets its statutory obligations for planning performance monitoring.

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**CAB841. CONSULTATION ON HARINGEY'S DRAFT HOUSING STRATEGY
2015-2020**

The Cabinet Member for Housing and Regeneration introduced the report which sought Cabinet approval to begin a six week period, starting in May 2015, of public consultation on the draft Haringey Housing Strategy 2015 - 2020. Cabinet noted that the consultation period would give the Council's residents, partners and stakeholders the opportunity to inform the development of the final Strategy and adoption by Full Council later in 2015.

The strategy focused on the following four main priorities:

- Increased help to those in crisis, preventing homelessness and housing issues and providing support.
- Ensuring that a clear dividend of social housing was delivered
- Driving up the quality of all homes, including private sector housing and the setting up of a lettings agency.
- Increasing the number of homes and estate renewals.

RESOLVED

- i. That the first round of consultation (Appendix B) and the Equalities Impact Assessment (Appendix C) be noted;
- ii. That the issues raised by the Regulatory Committee at its meeting of 3 March 2015 and the officer response at Section 8 of the report be noted;
- iii. That the draft Housing Strategy document as a statement of the Council's housing priorities for the period 2015 - 2020 for public consultation be endorsed; and
- iv. That the proposed process for consultation and adoption of the final Strategy at paragraph 6.11 be noted.

Alternative Options considered

The Council's existing Housing Strategy was written in 2008/09 and covers the 10-year period 2009 to 2019. Consequently the Council could consider taking no action and not renew the Housing Strategy. However, since it was published there have been many changes that have led us to believe that it is no longer fit for purpose.

The Council could also consider carrying out a simple review and refresh of the 2009 – 2019 Strategy. However, the extent of the changes since 2009 are such that this would not enable the Council to adequately meet the challenges it faces.

Alternatively, the Council could rescind the Housing Strategy altogether and move forward without one – there is no statutory requirement on a local authority to produce a housing strategy – however, having a strategy is considered both best practice and necessary to articulate how the Council will meet the housing challenges and deliver its housing

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	<p>objectives and priorities.</p> <p>Reasons for Decision</p> <p>Producing a housing strategy is considered best practice. It summarises the key housing challenges facing the borough and sets out how both the Council and its partners can work together to tackle them.</p> <p>The strategy will help the Council, in partnership with others, to make sure that:</p> <ul style="list-style-type: none"> • Our existing housing is in a good, safe condition; • New housing meets the needs of our community and is built to good quality standards; • We target limited resources to those who need them the most; and • Our partners know what is expected of them when providing housing and housing related services. <p>The Council is proposing a revised housing strategy for the period 2015 to 2020, as its current housing strategy is considered out of date. Since the current Housing Strategy was published in 2009, there have been significant changes at a local, regional and national level. These include:</p> <ul style="list-style-type: none"> a) Changes in government policy on local government, housing and welfare with Haringey facing a greater challenge than ever in meeting the housing needs of its residents but with less money and fewer staff b) A significant reduction in public subsidy for affordable housing with the introduction of affordable rents at up to 80% of local market rents c) A growing population; Haringey's population has grown from 216,510 in 2001 to a projected 293,749 by 2026 with particular growth in working age and older residents d) Further Alterations to the London Plan (FALP) – has set Haringey an increased target of building 1,502 new homes in the borough per year for the period between 2015/16 and 2025/26 e) A growing gap between incomes and housing costs in Haringey f) A growing private rented sector with increasing concern about its quality, management and affordability. 	
CAB842.	<p>RELOCATION OF ASHLEY ROAD DEPOT TO MARSH LANE AND DISPOSAL OF LAND AT ASHLEY ROAD DEPOT</p> <p>The Cabinet Member for Housing and Regeneration introduced the report requesting Cabinet to consider proposals to relocate the waste management operation from Ashley Road to Marsh Lane. The proposals sought to create new homes, new sports facilities for the new school and a new state of the art waste management facility, the costs of which would be covered by the sale of the land at Ashley Road Depot.</p>	

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In response to Councillor Elliot questioning the mention of lower level affordable housing in the report, it was explained that future proposals for relocating the recycling centre, which met corporate priorities to increase recycling levels, would impact the level of affordable housing on the site.

RESOLVED

- i. That the outline plans, costs, and programme for relocating the Ashley Road Depot to Marsh Lane at a total overall budget cost of £16.3m be noted and that approval to proceed with the project along with plans to relocate other Council services, as set out in Appendix A, and currently located on the depot site be granted in order to achieve vacant possession;
- ii. That the valuation figures be noted for the full vacant possession of the land at Ashley Road Depot and the sale price of the land being sold to the Harris Federation and the contribution towards relocation costs from the Harris Federation set out in Part B of the report as representing a total estimated gross income of the site;
- iii. That the gross cost of the proposed relocation project is £16.3m and agree that this budget is added to the approved capital programme for the proposals set out in Appendix B and C of the report, be noted;
- iv. That the current estimated total disposal value of the whole site (including the land currently occupied by the Reuse and Recycling centre) could fully support the relocation costs and overall project budget, provided a lower level of affordable housing provision is acceptable on the remainder of the Ashley Road Depot site (see Part B of the report) be noted;
- v. That the remainder of the Ashley Road depot site (being the land shown edged red on the plan in Appendix D) be declared surplus to requirements. On the basis that the waste management operation and other services are relocated to Marsh Lane and other Council sites and the future of the reuse and recycling centre is agreed (through a separate report to Cabinet) to be provided on another site or closed;
- vi. That the disposal of the Ashley Road Depot site be authorised (being the land shown edged red on the plan in Appendix D) and the authority to agree the final terms of the sale be delegated to the Director of Regeneration, Planning and Development after consultation with the Cabinet Member for Housing and Regeneration and the Cabinet Member for Finance and Culture;
- vii. That the delivery approach for the relocation of the waste management services and other services to the Marsh Lane site be delegated to the Director of Regeneration, Planning & Development after consultation with the lead member for Housing

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and Regeneration;

- viii. That the revenue savings of £230,000 be included in the Medium Term Financial Plan (MTFP) from the assumed closure of the reuse and recycling centre and that the future plan for the reuse and recycling centre will be determined by March 2017 (through a separate report to Cabinet) when the savings plan is set to conclude.

Alternative options considered

Cabinet on 16th September 2014 made a decision to dispose of part of the depot site to the Harris Federation. The decision to locate a school on Technopark and the status of Tottenham Hale as a regeneration growth area therefore promoted a feasibility study to test whether it was appropriate and cost effective to relocate the entire depot to another site.

Option A - Consolidate the Depot on Ashley Road Depot

This scenario involves relocating and consolidating the existing services on the remaining depot land once the disposal to the Harris Federation takes effect. A feasibility study has been undertaken to establish whether there is enough space on the remainder of the site for this to be possible.

The study identified that there would not be enough room for all services to be accommodated on the reduced Ashley Rd footprint and that some services would need to be relocated to the Marsh Lane site in any case. The total estimated costs for this option are prohibitive at circa £6.3m and would deliver a suboptimal solution. This would not offer the opportunity for redevelopment of the depot site in line with regeneration plans for Tottenham Hale.

The result of operating from two sites would also potentially incur an increase in operational and revenue costs for waste management operations. The current contract operator, Veolia, also raised concerns over the safety of operating Heavy Goods Vehicles on such a compact site.

Option B - Relocate the depot to another site

In the event of relocating to another site other than Marsh Lane it would require an alternative site to be identified in the current portfolio which is unlikely to be found. Another site would therefore need to be purchased which could prove to be **very difficult and costly to acquire** in the Borough.

This option with land acquisition costs is therefore expected to cost more than the Marsh Lane proposals.

A separate feasibility study and options appraisal will be undertaken to determine the future of the reuse and recycling centre.

Reasons for Decision

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	<p>It is recommended that the relocation of the Ashley Road Depot operations to Marsh Lane and other Council sites is pursued. This would provide the opportunity to deliver housing on the depot site, deliver a new modern depot at Marsh Lane and enables the all through school to build a new sports hall and multi use games areas which will also be available for use by the community.</p> <p>The costs of the project currently are weighed up against the potential value in the Ashley Road depot site for residential development which in turn shows a range of income dependent on the affordable housing element.</p> <p>The options considered and presented in this report shows the Council could make a surplus on the basis that the housing development is purely private housing and there is no affordable housing element on the Ashley Road depot site. In the scenario where affordable housing is provided via the development at 30% with Housing Grant there is an overall cost position for the council of £899k. However there may be the potential for regeneration grant funding to offset this cost or for valuations to increase to allow the land sale receipt to fully cross subsidise the relocation costs.</p>	
<p>CAB843.</p>	<p>APPROPRIATION OF HOUSING LAND FOR PLANNING PURPOSES</p> <p>The Cabinet Member for Housing and Regeneration introduced the report which sought authority to appropriate eight sites for planning purposes to enable development. The eight sites were:</p> <ul style="list-style-type: none"> • Anderton Court, Alexandra Park Road, N22 • Parking area, Barnes, Clarence Road, N22 • Connaught Lodge garages, Connaught Road, N4 • Ednam House garages, Florence Road, N4 • Parking area, Fenton Road, N17 • Parking area, Whitbread Close, N17 • Land between 10 – 12 Muswell Hill Place, N10 • Land adjacent to 82 Muswell Hill Place, N10 <p>RESOLVED</p> <p>That it be confirmed that the pieces of land set out below and shown edged red on the plans at Appendix 1a to 1h of the report are no longer required for the purpose for which it is held (currently held for housing purposes) and approves the appropriation of these pieces of land, for planning purposes under section 122 of the Local Government Act 1972 and subject to the powers provided by section 237 of the Town & Country Planning Act 1990 for the reasons set out in 5.9 of the report.</p> <ul style="list-style-type: none"> • Anderton Court, Alexandra Park Road, N22 • Parking area, Barnes, Clarence Road, N22 • Connaught Lodge garages, Connaught Road, N4 • Ednam House garages, Florence Road, N4 • Parking area, Fenton Road, N17 • Parking area, Whitbread Close, N17 • Land between 10 – 12 Muswell Hill Place, N10 	

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	<ul style="list-style-type: none"> • Land adjacent to 82 Muswell Hill Place, N10 <p>Alternative options considered</p> <p>The Council has previously considered the continued use of these sites in their current usage as parking, garages and small areas of open space ancillary to Council homes, managed in the Housing Revenue Account. These assessments have concluded that the sites are underused or inappropriate in their current usage and can be better used to provide additional affordable housing, for which there is an acute level of need in the borough.</p> <p>The Council has obtained planning permission for new homes at these sites and, in preparing the development proposals for which consent has been obtained, the Council has sought to mitigate the impact on the surrounding area.</p> <p>The Council has considered developing homes on these sites without appropriating the land for planning purposes, however, the need to develop additional affordable homes as soon as possible is acute, both to meet housing need and reduce the use of temporary accommodation for homeless households.</p> <p>To not appropriate the land for planning purposes would risk the proposed developments being frustrated by third party rights, which in turn could frustrate and delay the building of the first council homes in Haringey in over 25 years. However, the Council recognises the potential rights of third parties and will pay compensation where a legal basis for such payments is established. Local residents have been consulted on the schemes as they proceeded through planning and any comments or objections taken into consideration by Planning Committee in reaching its decision.</p> <p>Reasons for Decision</p> <p>To support the implementation of the Council's Housing Investment and Estate Renewal Strategy by enabling the development of new, Council built, affordable housing in the Borough.</p>	
CAB844.	<p>FINANCIAL CONTRIBUTION TO STRATFORD, TOTTENHAM, ANGEL ROAD [STAR] RAIL SCHEME</p> <p>The Cabinet Member for Housing and Regeneration introduced the report seeking approval of a financial contribution of £250,000 to the STAR (Stratford, Tottenham, Angel Road) Rail Scheme to be funded from the Community Infrastructure and Growth Reserve.</p> <p>It was noted that Enfield Council and the Department for Transport were also contributing to the scheme, which would enable the delivery of quality and volume of homes and connect residents in the Northumberland Park area to the wider job market more effectively by providing four trains an hour to Northumberland Park.</p> <p>RESOLVED</p>	

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	<p>That a financial contribution of £250,000 to the STAR scheme to be funded from the Community Infrastructure and Growth Reserve be approved.</p> <p>Alternative options considered</p> <p>The West Anglia main line is at capacity in peak periods. The investment in a third track is the only feasible way of enhancing local rail services to meet the current and emerging needs for improved accessibility for North Tottenham.</p> <p>The Council has consistently supported and campaigned for improvements to rail services on this line, most recently in its response to Network Rail's Anglia Route study consultation and in Local Plan Strategic Policy SP7.</p> <p>Reasons for Decision</p> <p>The Council is being requested to contribute £250,000 towards an overall investment package of £122m to deliver 3 tracks between Tottenham Hale and Angel Road with associated station works and closure of the level crossing and construction of a new accessible footbridge at Northumberland Park. The works will allow a greatly improved level of service at Northumberland Park with a "turn up and go" frequency of 4 trains per hour. It is likely the Council will need to make this contribution in June 2015.</p>	
CAB845.	<p>APPROACH TO THE DELIVERY OF CORPORATE PLAN PRIORITY ONE: ENABLING EVERY CHILD AND YOUNG PERSON TO HAVE THE BEST START IN LIFE , WITH HIGH QUALITY EDUCATION</p> <p>The Cabinet Member for Children and Families introduced the report setting out a sequence of papers on the approach to achieving the objectives of Priority 1 in the new Corporate Plan: Enable every child and young person to have the best start in life, with high quality education. This follows agreement by Cabinet in December 2014 to the direction of travel on the approach.</p> <p>RESOLVED</p> <p>That the approach in relation to Delivery of Priority 1, as set out in the Cabinet papers considered in Minute No. 845 to 849 below, be agreed.</p>	
CAB846.	<p>FUTURE OPERATING MODEL FOR CHILDREN'S SERVICE</p> <p>The report was introduced by the Cabinet Member for Children and Families seeking approval of the proposed operating model, based on the existing network of learning community and working with partners, for Children's Services including the organisational design and principles.</p> <p>RESOLVED</p>	

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	<p>That the proposed operating model for Children's Services, including the organisational design and principles, be approved, as detailed in Paragraphs 9 and 10 of the report.</p> <p>Alternative options considered The operating model design has built on the direction of travel approved by Members in December 2014 and in the Options Paper approved in November 2013.</p> <p>Reasons for Decision To implement a new operating model for children's services which enables support to children, young people and their families to be provided earlier, fewer children to become looked after and outcomes for children and young people to improve as a result, and to meet the financial envelope for services going forward.</p>	
CAB847.	<p>BUILDING A BETTER FUTURE FOR CHILDREN AND YOUNG PEOPLE IN HARINGEY: AN EARLY HELP STRATEGY 2015-2018</p> <p>The report was introduced by the Cabinet Member for Children and Families seeking approval of the Early Help Strategy, to achieve better outcomes for children, young people and families, by developing family resilience and intervening early when help and support is needed.</p> <p>In response to concerns about the implications of the proposals on current Children's Centres expressed by Councillor Peacock it was emphasised that the proposals sought to improve services to children within the reduced resources available.</p> <p>RESOLVED</p> <p>That the Early Help Strategy as set out in Appendix 1 of the report be approved.</p> <p>Reasons for Decision The Early Help Strategy has been developed in partnership and provides a strategic framework for the Council and partners for the delivery of an early help approach to improve outcomes for children, young people and their families.</p>	
CAB848.	<p>DELIVERING CHILDREN'S CENTRES IN HARINGEY : 2015-2018</p> <p>The report was introduced by the Cabinet Member for Children and Families asking Cabinet to note the engagement currently being undertaken with a range of stakeholders to develop the model for children's centre prior to commencement of statutory consultation in June 2015. It was recognised that the number of children's centres would be reduced but key outreach sites would be provided and the introduction of the Healthy Child Programme would enable all children to be targeted at the ages of 1 and 2 years old.</p> <p>In response concerns raised by Councillor Peacock it was explained</p>	

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	<p>that:</p> <ul style="list-style-type: none"> • Issues raised during stakeholder engagement were being recorded. • Whilst there would be a smaller range of hub children's centres, there would still be support for parents and on-going provision for childcare and stay and play activities which had been highlighted as valuable services during stakeholder engagement thus far. <p>RESOLVED</p> <ol style="list-style-type: none"> i. That the high level model for Children's Centres set out in 6.3 of the report be noted. ii. That the engagement underway with a range of stakeholders to develop the detailed model for Children's Centres be noted. iii. That it be agreed that the detailed proposed model for Children's Centres will return to Cabinet in June 2015 for approval for statutory consultation commencing in June 2015. <p>Alternative options considered The engagement process is exploring a range of options for the future design of Children's Centres with key stakeholders. The final set of proposals will return to Cabinet before statutory consultation gets underway.</p> <p>Reasons for Decision This proposal is to enable engagement with stakeholders to continue so that detailed proposals for changes to children's centres can be considered by Cabinet in June, to enable consultation to take place.</p>	
CAB849.	<p>HARINGEY'S CHILDCARE POLICY 2015-2018: IMPROVING THE SUSTAINABILITY OF COUNCIL MAINTAINED CHILDCARE</p> <p>The report was introduced by the Cabinet Member for Children and Families asking Cabinet to note the engagement currently taking place with a range of stakeholders to develop Haringey's Childcare Policy prior to the commencement of consultation in June 2015.</p> <p>In response to Councillor Peacock questioning the implications of a future fee structure for childcare the Cabinet Member explained that the Council was considering many options and would continue to work with the Schools Forum.</p> <p>RESOLVED</p> <ol style="list-style-type: none"> i. That the engagement underway with a range of stakeholders to develop a sustainable Childcare Policy for Haringey be noted; and ii. That it be agreed that consultation on the Childcare Policy for Haringey be reported to Cabinet in June 2015 for approval. 	

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	<p>Alternative options considered The engagement process is exploring a range of options for Haringey's Childcare Policy. The final draft of the Policy will return to Cabinet before consultation takes place.</p> <p>Reasons for Decision Cabinet is being asked to note the development of a sustainable Childcare Policy for Haringey through the engagement of a range of stakeholders. The engagement on the Childcare Policy for Haringey will return to Cabinet in June for approval prior to consultation getting underway in June 2015.</p>	
CAB850.	<p>YOUNG PEOPLE'S STRATEGY 2015-2018</p> <p>The report was introduced by the Cabinet Member for Children and Families asking Cabinet to note the draft Young People's Strategy, in line with the Council's Corporate Plan, to give high level strategic direction and focus in enabling young people to achieve their potential and thrive. The four priorities of the strategy were highlighted:</p> <ul style="list-style-type: none"> • Valuing young people in the Borough for their positive contribution to communities and the economy; • Provision of clear pathways into employment, learning and enterprise; • Improving the health and wellbeing of young people; • Reaching vulnerable young people. <p>RESOLVED</p> <ol style="list-style-type: none"> That the draft Strategy for further engagement and discussion with young people and stakeholders be agreed; That it be agreed that the final Young People's Strategy be reported to Cabinet in June 2015 for approval. <p>Alternative Options Considered There is a need to provide a Framework by which services for young people can work with coherence, increasing effectiveness of partnership and collaboration and so improving the outcomes of young people. This can only be agreed through this Corporate Strategy.</p> <p>Reasons for Decision To agree a draft Young People' strategy for further engagement and discussion with young people prior to Cabinet considering the final strategy in June.</p>	
CAB851.	<p>OPTIONS APPRAISAL FOR THE FUTURE OF THE COUNCIL'S OUTDOOR EDUCATION CENTRE, PENDARREN HOUSE IN POWYS, WALES</p> <p>The report was introduced by the Cabinet Member for Children and Families to inform Cabinet about the initial feasibility study on Pendarren</p>	

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	<p>House and set out a recommended approach to examining options for future trading and hosted activities undertaken at the Council's Outdoor Education Centre.</p> <p>The importance of the benefits of Pendarren for children in the Borough was recognised and finding an investment partner was key to improving the offer and the management of Pendarren as well as reducing the subsidy to the Council in the short term and continuing to deliver activities from the facility in the future.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> i. That Option 1 be implemented immediately in partnership with the Friends of Pendarren to reduce the subsidy in 2015/16; ii. That Option 3; to agree that the Council goes 'out to market' to procure an external partner organisation through a leasing arrangement for the provision of Outdoor Education at Pendarren House to eradicate the subsidy from 2016 be agreed, and this matter be brought back to Cabinet for a final decision once the marketing exercise has been completed. <p>Alternative Options considered The feasibility report draws out four options for the Council to consider: retaining the status quo, establishing Pendarren as an independent trust, procuring an external partner organisation to manage Pendarren and consideration of closure with sale of the site.</p> <p>Reasons for Decision The Cabinet has agreed a proposed saving of £220k from Pendarren House in 2016-17 as part of the Medium Term Financial Strategy linked to Priority 1 of the Corporate Plan.</p>	
CAB852.	<p>PROPOSED SCHOOL EXPANSIONS</p> <p>The report was introduced by the Cabinet Member for Children and Families and sought a final decision on whether or not to permanently expand Bounds Green Infant and Junior School and St Mary's Infant and Junior School.</p> <p>The Leader recognised that both schools were well led and thanked Jenny Duxbury, Head of Education Services, for her work particularly on the school expansions projects.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> i. That the views, opinions and evidence received be noted in response to the representation period carried out between 9 January and 5 February 2015 on the statutory notices published to permanently expand the following schools by one form (30 pupils) of entry each: Bounds Green Infant and Junior School N11 St Mary's CE 	

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Primary School N8;

- ii. That the following be noted:
 - Analysis of the views, opinions and evidence of the representations received;
 - Analysis of other factors including the demand for and supply of reception places in the borough, with particular reference to the demand for and supply of places in Planning Application 2 and Planning Application 5;
 - The projections for school rolls in our borough for up to ten years ahead and based on actual and projected birth rates;
- iii. That, in considering 1 and 2 above, the proposals be approved without modification (Stage 3 of the statutory steps outlined in the Department for Education's statutory Guidance¹) the expansions of Bounds Green Infant and Junior School N11 and St Mary's CE Primary School N8; and
- iv. That implementation of the proposals to commence, noting that work on the design of how the additional form of entry will be delivered on-site at each school is ongoing and that planning permission will be sought as required.

Alternative options considered

This report seeks a final decision on the permanent expansion of Bounds Green Infant and Junior School N11 and St Mary's CE Primary School N8. Previous reports (July 2013 and 2014 and a Cabinet member signing report dated 11 December 2014) have set out why additional school place are required in these areas of the borough and why these specific schools were identified for consultation. The identified reports summarise the results of the pre-statutory consultation carried out between September and November 2014.

The Education Act 2011 changed the arrangements for establishing new schools and introduced section 6A (the academy/free school presumption) to the Education and Inspections Act 2006. Local authorities are not able to set up new schools in this way and there are currently no known free school providers proposing a school in this area. Any proposals would be subject to central government approval and subject to a site being identified.

Reasons for Decision

This decision has been made to ensure that there will be future sufficiency of school places in identified areas of demand. The schools are identified as best meeting the School Place Planning Principles. The projected demand has been balanced with the views of those who responding to periods of consultation and representation with local stakeholders.

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<p>CAB853.</p>	<p>RIVERSIDE SCHOOL, ART AND MUSIC, AWARD OF CONTRACT FOR PHASE 2</p> <p>The report was introduced by the Cabinet Member for Children and Families and requested approval to award a contract for the construction of Art and Music curriculum facilities at Riverside Special School.</p> <p>RESOLVED</p> <p>That approval be given to the appointment of MBS Contracting Services Ltd in the amount of £877,427.45 for a contract period of 20 weeks to allow for delivery of the project by October 2015.</p> <p>Alternative options considered</p> <p>The authority procured the contractor via Constructionline. The authority considered use of LHC School and community building framework for award of this contract. Upon consideration, the LHC framework was considered not suitable for this size of project. The authority also considered the iESE contractors framework. This was unsuitable due to the predicted value of the contract being less than £1m.</p> <p>Reasons for Decision</p> <p>To complete the construction of art and music facilities at Riverside school to ensure continuing delivery of an important curriculum area and to enable the project to move forward within critical timescales.</p>	
<p>CAB854.</p>	<p>FUTURE OPTIONS FOR THE USE OF LARKSPUR CLOSE</p> <p>The Cabinet Member for Housing and Regeneration introduced the report updating on options, based on residents' needs and preferences, for the future use of Larkspur Close, to re-designate the sheltered housing scheme for older people as a Community Good Neighbour Scheme and begin consultation with stakeholders.</p> <p>RESOLVED</p> <ul style="list-style-type: none"> i. That Larkspur Close be re-designated as a Community Good Neighbour Scheme in accordance with the approach set out in paragraphs 5.17 to 5.33 of the report; ii. That consultation with residents, stakeholders and affected staff be undertaken and an agreed approach implemented, with final approval of the support model and charges delegated to the Chief Operating Officer in consultation with the Lead Member for Housing & Regeneration; and iii. That the exclusion of Larkspur Close from the Decent Homes programme be removed so that the scheme is eligible for inclusion in the future programme. <p>Alternative Options Considered</p> <p>A range of options were considered by Cabinet in 2011 and a preferred</p>	

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	<p>option determined, with other options ruled out. The preferred option of seeking a partner to acquire Larkspur Close and continue to operate it as a sheltered scheme was pursued, as set out in the report. The ruled out options have not been reconsidered.</p> <p>Reason for Decision The preferred option identified by Cabinet in December 2011, to seek a partner to acquire Larkspur Close and continue to operate it as a sheltered scheme, has not been achieved.</p> <p>A decision is needed on the future use of Larkspur Close in the light of this, in order that progress can be made with the designation and use of the scheme and the continued provision and development of appropriate support to residents.</p>	
CAB855.	<p>MINUTES OF OTHER BODIES</p> <p>RESOLVED</p> <p>That the minutes of the following bodies be noted:</p> <p>Corporate Parenting Advisory Committee 8 December 2014 Leader Decision - 13 February 2015 Cabinet Member Signing – 17 February 2015 Leader Decision – 19 February 2015 Cabinet Member Decision 3 March 2015</p>	
CAB856.	<p>SIGNIFICANT AND DELEGATED ACTIONS</p> <p>RESOLVED</p> <p>That the significant and delegated actions taken by officers during February 2015 and the beginning of March 2015 be noted.</p>	
CAB857.	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>None.</p>	
CAB858.	<p>EXCLUSION OF THE PRESS AND PUBLIC</p> <p>That the press and public be excluded from the remainder of the meeting as the items below contain exempt information, as defined under paragraph 3, part 1, and schedule 12A of the Local Government Act 1972.</p>	
CAB859.	<p>RELOCATION OF ASHLEY ROAD DEPOT TO MARSH LANE AND DISPOSAL OF LAND AT ASHLEY ROAD DEPOT</p> <p>As per item 842 above.</p>	

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CAB860.	RIVERSIDE SCHOOL, ART AND MUSIC, AWARD OF CONTRACT FOR PHASE 2 As per item 853 above.	
CAB861.	NEW ITEMS OF EXEMPT URGENT BUSINESS None.	

The meeting ended at 19:50 hrs

COUNCILLOR CLAIRE KOBER

Chair

Project Report:

Transition from Child Mental Health Services to Adult Mental Health Services

A PROJECT BY THE ADULTS AND HEALTH SCRUTINY PANEL

March 2015

www.haringey.gov.uk

Chair's Foreword

Young people with mental health problems need the support they receive to be seamless as they progress through their adolescence into young adulthood. The current situation involves a 'cliff edge' in this support which occurs when a young person reaches the age of 18 and leaves the Children's Service to transition into the Adult Mental Health Service. At this point of transition, young people often don't meet the higher Adult threshold criteria for care, resulting in their support being withdrawn. This leaves vulnerable young people without support at a critical time and can often lead to a young person ending up in crisis and needing a much higher level of support as their mental health worsens.

At a workshop run by the Council which was attended by outside agencies from support services in mental health, it was clear that the current system not only allowed young people to drop through the net in terms of support for their mental health condition, it was also strongly felt that this current system of transition should end and that young people should be supported right through from the age 0-25, to prevent this cliff edge scenario.

The Adult Health Panel took evidence from a variety of stakeholders including; BEH Mental Health Trust, the CCG, Mind in Haringey, Open Door, Young Minds, First Step, Camden and Islington Mental Health Service and most importantly Haringey's front line staff in Children's and Adult Mental Health Services. From these experts the problems were identified and a new service was proposed which took shape under Dr Nick Barnes guidance, who as the Young Peoples Consultant Psychiatrist working within the BEH Mental Health trust, created the new proposed service 'Heads up for Haringey'.

This new model would be run as a pilot initially and be headed up by Dr Nick Barnes. Heads up for Haringey would remove the variation in funding and support young people currently experience and instead provide a service that continues through the young person's life up to age of 25. This would provide a joined up service that wraps care around an individual to support them with their mental health problems. The aim being to reduce any escalation in a persons mental health problems and allow all the services to be based in one hub with communication shared between all staff, from housing through to education. This will allow individualised care without the young person being passed from one service to another. Current national guidelines also recommends this more joined up approach; including the Care Act 2014, the Children's and Families Act 2014, 'Closing the Gap' a national policy document 2014 and NHS England's recent advice regarding providing a cross-service approach.

The new Joint and Mental Health Wellbeing Framework, which this new initiative would sit within, is an opportunity to transform our local mental health services and improve the mental health and wellbeing outcomes for our residents by allowing young people to access appropriate care and support, in order to remain within their own communities. I hope the panel's recommendations are taken forward and take advantage of the governance arrangements for implementing this new framework.

I would like to extend my heartfelt thanks to everyone who came and gave their time and expertise to develop this new Heads Up For Haringey service, in particular Melanie Ponomarenko who arranged all the meetings and was instrumental in putting this report together.

CLlr Pippa Connor
Chair, Adults & Health Scrutiny Panel

Panel Members:

CLlr Gina Adamou
CLlr David Beacham
CLlr Gideon Bull
CLlr Jennifer Mann
CLlr James Patterson
CLlr Anne Stennett
Helena Kania (co-optee)

For further information on the project please contact:
Christian Scade
Interim Principal Scrutiny Officer
0208 489 2933
Christian.Scade@Haringey.gov.uk

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Recommendations

RECOMMENDATION (1)

In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed.

RECOMMENDATION (2)

The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.

RECOMMENDATION (3)

The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.

RECOMMENDATION (4)

The panel recommends that:

- (a) The “Heads up for Haringey” model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. *(Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)*
- (b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.
- (c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.

- (d) Intelligence from the pilot should be used to inform future commissioning intentions and service developments.

RECOMMENDATION (5)

The panel recommends that a “Heads up for Haringey” guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and carers and include:

- Information on local services which may be accessible to the young person
- Referral forms
- Pages for useful information which the young person can add to
- Information on useful websites and Apps

RECOMMENDATION (6)

The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.

RECOMMENDATION (7)

The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.

Introduction

1. Why did the Panel choose this project?

The process for identifying a work programme for the Adults and Health Scrutiny Panel included a 'Scrutiny Café' consultation, meetings with Cabinet Members and Senior Officers, input from partners, and a discussion by Members of the Panel. The issue of transition from child to adult mental health services was identified from this process for a number of reasons, which are best summarised by a written submission to the project from Dr Nick Barnes, Young People's Psychiatrist, Barnet, Enfield and Haringey Mental Health NHS Trust, as below:

"Transition within mental health services at the age of 18yrs can be problematic for many reasons;

- *It can be problematic for young people as they make the transition from childhood to adulthood in many other areas of life.*
- *There is a marked difference in provision between adolescent and adult services.*
- *It is often a time of distress and disengagement for those that do need transfer from adolescent mental health services to adults mental health services.*
- *The arbitrary age of 18yrs doesn't fit with a developmental model of adolescence – up to 25yrs*

Most services working with young people up to the age of 18yrs often do their best to discharge young people rather than seek for them to be transferred on to adult services. In most cases this is about the young person making steps forwards in their life and not needing to be dependent upon adult services, but this decision can also be driven by higher thresholds for accessing care being set out by the adult mental health teams.

Many other services are developing provision for up to 25yrs, as shown by the development of the Education, Health and Social Care Plans (replacing SEN statements) offering support up to 25yrs as well as the youth justice system exploring the extending of support through the Youth Offending Services to an older client group. The Government has shown clear commitment to developing services for children and young people to be extended through to 25yrs." (Dr Nick Barnes)

Policy Context

2. National context

- 2.1 One in four people on average experience a mental health problem, with the majority of these beginning in childhood. A report by the Chief Medical Officer in 2014 found that 50 per cent of adult mental health problems start before age 15 and 75 per cent before the age of 18.
- 2.2 The Government has committed to improving mental health provision and services for children and young people. The information below provides a summary of commitments relevant to this review.
- 2.3 The Government's 2011 Mental Health strategy, [No Health without Mental Health](#), pledged to provide early support for mental health problems, and set out the Government's plan to improve mental health outcomes for people of all ages.
- 2.4 The strategy states "*Care and support should be appropriate for the age and developmental stage of children and young people...Careful planning of the transfer of care between services will prevent arbitrary discontinuities in care as people reach key transition ages.*"
- 2.5 The strategy sets shared objectives to improve people's mental health and wellbeing and improve services for people with mental health problems. The strategy highlights that services can improve transitions, including from child and adolescent mental health services (CAMHS) into adult mental health services, by:
- planning for transition early, listening to young people and improving their self-efficacy;
 - providing appropriate and accessible information and advice so that young people can exercise choice effectively and participate in decisions about which adult and other services they receive; and
 - focusing on outcomes and improving joint commissioning, to promote flexible services based on developmental needs.
- 2.6 The [Health and Social Act of 2012](#) put a responsibility on the Health Secretary to secure improvement "in the physical and mental health of the people of England".
- 2.7 The [Children and Families Act 2014](#) reforms the system of support across education, health and social care. It creates a new 'birth-to-25 years' Education, Health and Care Plan (EHC) for children and young people with special educational needs and offers families personal budgets so that they have more control over the type of support they get.
- 2.8 In some cases, where a person is over 18, the "Care" part of the EHC plan will be provided for by adult care and support, under the Care Act. For children and young people with special educational needs, the Act aims to:
- Get education, health care and social care services working together

- Make sure children, young people and families know what help they can get when a child or young person has special educational needs or a disability
- Make sure that different organisations work together to help children and young people with special educational needs
- Set up one overall assessment to look at what special help a child or young person needs with their education, and their health and social care needs, all at the same time
- Give a child or young person just one plan for meeting their education, health and social care needs, which can run from birth to age 25 if councils agree that a young person needs more time to get ready for adulthood
- Reform the system of support across education, health and social care to ensure that services are organised with the needs and preferences of the child and their family firmly at the centre, from birth to the transition to adulthood.

2.9 **The Care Act 2014** introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates¹. The Care Act states if a child, young carer or an adult caring for a child is likely to have needs when they turn 18, the local authority must assess them if it considers there is “significant benefit” to the individual in doing so.

2.10 When a local authority assesses a child who is receiving support under legislation relating to children’s services, the Act requires them to continue providing him or her with that support through the assessment process. This will continue until adult care and support is in place to take over.

2.11 These changes should mean there is no “cliff-edge” where someone reaching the age of 18 who is already receiving support will suddenly find themselves without the care and support they need at the point of becoming an adult. This is regardless of whether the child or individual currently receives any services.

2.12 The assessment should give information about eligibility, what can be done to meet or reduce their needs and an indication of the support they will get and requires local authorities to work to promote the integration of adult care and support with health services. The Act does not say that the child or young person has to be a certain age to be able to ask for an assessment. It says that local authorities must consider, in all cases, whether there would be a “significant benefit” to the individual in doing an assessment.

Ensuring there is no gap in services

2.13 When a local authority assesses a child (including a young carer) who is receiving support under legislation relating to children’s services, the Act requires them to continue providing him or her with that support through the assessment process.

¹ <http://www.scie.org.uk/care-act-2014/>

- 2.14 This will continue until adult care and support is in place to take over – or until it is clear after the assessment that adult care and support does not need to be provided. Again, these changes will help ensure there is no “cliff-edge”.
- 2.15 The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within, and between, local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.
- 2.16 The Deputy Prime Minister’s 2014 policy paper, [Closing the Gap: priorities for essential change in mental health](#), includes twenty five priorities for action to improve mental health services. Most relevant to this piece of work is:

“We will end the cliff-edge of lost support as children and young people with mental health needs reach the age of 18...”

- 2.17 The document goes on to say “...it has long been recognised that far too many young people who rely on mental health services are ‘lost’ to the system when they reach adulthood. From a point where they receive regular, focused support for their mental health needs, they find themselves on their own, unprepared for the abrupt cultural shift from a child-centred developmental approach to an adult care model. They may disengage, in many cases dropping through the care gap between the two services and losing much needed continuity of care. Those affected are often the most vulnerable and disadvantaged; getting lost in transition only adds to this – and makes them more likely to end up out of work and not in education or training. It can also mean their physical health deteriorates. For a significant number therefore, transition is poorly planned, poorly executed and poorly experienced. For so many reasons, this “cliff-edge” situation must end.”

Model specification for Children and Adolescent Mental Health Services (CAMHS)

- 2.18 NHS England has published a new model specification for Children and Adolescent Mental Health Services (CAMHS) targeted at specialist services (tiers 2 and 3) which treat patients with a range of emotional and behavioural difficulties such as behavioural problems, depression and eating disorders, to help improve the standards of care being given to vulnerable youngsters. It was developed by professionals working in the NHS and Local Authorities and young people and their parents were consulted.
- 2.19 The service specification includes a range of quality indicators such as personalised transition plans that include, for those young people who do need to transfer to adult services, joint meetings with CAMHS and adult mental health services. For those who do not, it will include information on how to access services if they become unwell.
- 2.20 Monitoring the outcomes of transitions from CAMHS to adult mental health services, or to other services such as the voluntary sector or primary care, is neither universal nor robust. CCGs and Local Authorities will be able to use the specification to build on best practice and the evidence from a range of service models to commission high quality, measurable person-centred services that

take into account the developmental needs of the young person as well as the need for age appropriate services. This will need a cross-service approach, involving housing, employment services and social workers – and not least, the young person themselves – to ensure they get the support they need.

- 2.21 The Panel were able to access a draft copy of the specification which was used to inform the recommendations contained in this report.

Funding for services

- 2.22 Concerns have been raised about levels of funding for CAMHS services and such issues were discussed in 2014 during a House of Commons Health Select Committee inquiry².
- 2.23 In December 2014, the Deputy Prime Minister announced a five year investment of £150m for eating disorder and self-harm services for children and young people³. Part of the intention is to channel money from expensive inpatient services to local provision, and foster the development of waiting time and access standards for eating disorders for 2016.

Scoping Study 15-24 year old services

- 2.24 In addition to the information above, the panel was made aware of a forthcoming publication highlighted in the policy paper “Closing the Gap: priorities for essential change in mental health” –

“NHS England will undertake a high-level scoping study to examine evidence for both physical and mental health services focused on the 15-24 year age group and the implications this might have for care pathways, social workers and health professionals in the UK.”

² <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/>

³ <https://www.gov.uk/government/news/deputy-pm-announces-150m-investment-to-transform-treatment-for-eating-disorders>

3. Local context⁴

- 3.1 Some children and young people in Haringey may be at greater risk of developing mental health problems than those living elsewhere in London and nationally. This is attributed to the number of factors impacting on mental health such as lack of education, rates of offending, levels of deprivation, unemployment and children living in lone parent households. Mental health needs of children and young people are greater in the east part of the borough.
- 3.2 Local data suggests that we have a higher number of referrals to CAMHS but a lower number of those seen by Tier 3 and Tier 4 services than is estimated by Public Health England (PHE). PHE also estimated a higher prevalence of mental ill health in children and young people compared to England, in particular conduct disorders. Almost 50% of children with conduct disorders engage in crime activities by the age of 20 and are at higher risk of suicide and substance misuse.⁵
- 3.3 Children in the care of local authorities are at particular risk of mental ill health. During their investigation the Panel was informed that at the end of March 2014, there were 511 looked after children. Of those, 50% were without any concerns, 13% had borderline mental health concerns and 37% had mental health concerns, as identified by the Strengths and Difficulties Questionnaire (SDQ) screening tool. It should be noted that as of February 2015 the number of looked after children had reduced to 462. In addition, children placed from other local authorities in Haringey will also need to access local services.
- 3.4 Young offenders are at high risk of suffering mental ill health. It is estimated that up to 40% of young people in the youth justice system have mental ill health. The rate for first time entrants to the youth justice system in Haringey (417 per 100,000) was similar to London and England.
- 3.5 Our local information on self-harm referrals in children and young people seems much lower than that reported anecdotally by schools, general practitioners and accident and emergency departments. It is therefore important to understand real need in local communities and focus on prevention, particularly in school settings.

Service landscape⁶

- 3.6 Mental health services in Haringey are commissioned by Haringey CCG, NHS England (specialist services) and Haringey Council. Services are provided by a range of providers including Haringey Council, NHS Trusts, primary care, VCS and independent sector.
- 3.7 The main provider of mental health services for Haringey is Barnet, Enfield and Haringey Mental Health Trust. Most of the current activity is commissioned in a block contract making it challenging to support the shift of resources to prevention and early help, or to develop further community based services.

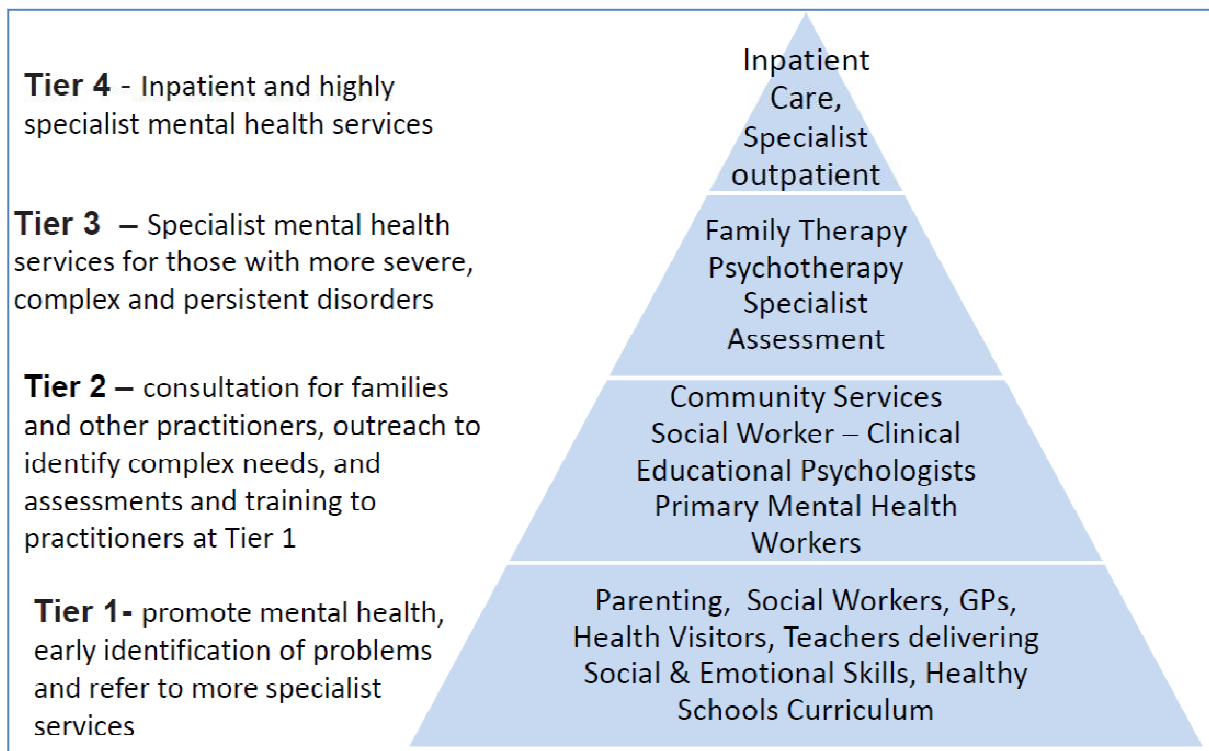
⁴ Information taken from Mental Health & Wellbeing Framework in Haringey – Consultation Doc (2015)

⁵ Friedli L and Parsonage M (2007): Mental health promotion: building an economic case

⁶ Information taken from Mental Health & Wellbeing Framework in Haringey – Consultation Doc (2015)

- 3.8 Barnet Enfield and Haringey Mental Health NHS Trust (BEH MHT) provides a range of mental health services principally to the London Boroughs of Barnet, Enfield and Haringey. They provide a comprehensive range of services for children and young people working closely with the local authority (public health, education, youth justice and social care departments) and voluntary and community sector.
- 3.9 BEH MHT Children and Adolescent Mental Health Services (CAMHS) are provided in the four-tier framework and there is a single point of referral⁷ for all children. Most referrals to CAMHS are from GPs, followed by schools and social services.

Mental health services for Haringey's Children and young people



Source: National Service Framework for Children, Young People and Maternity Services, 2004

- 3.10 There is a variety of services provided in Tier 1 and Tier 2 ranging from interventions in the community, schools, and primary care and parenting initiatives provided by the Council. However, at present, there is no system in place to monitor comprehensively the referrals to Tier 1 and 2 and follow children and young people along the whole pathway. Appropriateness of referrals depends on the information being disseminated to all stakeholders and the communities. Commissioning arrangements for Tier 1 and Tier 2 services could also be better integrated to reduce duplication and improve efficiency. At present, over 40 services and interventions are being commissioned by the schools, Council, CCG, Public Health Department and a number of external agencies. Some of these services are general and include a component of mental health and wellbeing such as health visiting and school nursing. Other services provide more targeted approach such as Open Door, a charity that provides counselling

^{7 7} Emotional wellbeing and mental health for children and young people in Haringey Needs Assessment 2011

and psychotherapy to young people aged 12-24. At present, there is no single directory of Tier 1 and Tier 2 services in Haringey that would enable full utilisation of this diverse offer. Also, fragmented provision arrangements make it challenging to consistently apply quality standards for commissioned services across the whole borough and in line with the national evidence and best practice.

- 3.11 Specialist Children and Adolescent Mental Health Services (CAMHS) are NHS services offering assessment and treatment when children and young people have emotional, behavioural or mental health difficulties. In 2012, there were 1,080 children in Haringey who required Tier 3 and 45 for Tier 4 CAMHS services (Public Health England 2014). Current data (March 2014) from CAMHS shows 40% of children referred into CAMHS tier 3 were 10-14 years old. About one in five referrals were made for children aged 5-9 years and nearly a third (31%) were referred into CAMHS among the 15-18 year age range. The greatest numbers of referrals were from General Practitioners, equating to 45%. Local Authority referrals were mainly from Education (24%) and Social Services (14%).
- 3.12 In 2012-13, the inpatient admission rate (89 per 100,000) for mental health disorders for 0-17 year olds was similar to London and England. Young people's hospital admission rate for self harm (191.7 per 100,000 directly standardised) was lower than London and England figures (Public Health England 2014).

Main Report

4. Introduction

- 4.1 “There is a clear appreciation across all services working with Children and Young people within the London Borough of Haringey that the issue of “Transition” – and more particularly the moving between adolescent mental health services and adult mental health services at the age of 18yrs - proves enormously problematic for many young people and their families/carers.” (Dr Nick Barnes).⁸
- 4.2 During the review the Panel, with input and assistance from a range of stakeholders looked at the various issues and considered what recommendations could be made to improve the transition pathway for young people.

5. Survey

- 5.1 The Panel felt that it was important to get the views of young people who had experienced or were experiencing transition as well as the views of both parents and carers of those young people. The Panel had initially planned to set up a focus group to hear views and input with the support of BEH MHT. However none of the young people who were contacted felt able to talk about their experiences, and so the Panel felt that an on-line survey would be beneficial.
- 5.2 Two surveys were developed in order to gain input from young people and their parents/carers. The Panel gratefully received comments and amendments on the survey from a number of professionals involved in the project to ensure that the questions were the right ones to be asking, as well as being useful in developing the transition service.
- 5.3 Hard copies of the survey were distributed by partners at their reception centres and the online survey link was sent out to relevant mailing lists, however the response rate was low, even with an extension. The total number of responses was just 20 people. Therefore whilst the results of the survey are in no way statistically proportional of the population they may provide a useful snap shot of views.
- 5.4 Further analysis of the parent/career survey can be found at **Appendix A**. In addition, there were some suggestions from young people that may be useful to commissioners. These are noted below:
- *When asked about their current mental health, one respondent said that it was ‘ok’, one ‘very bad’ and one ‘very good’.*
 - *Respondents were asked whether there were any experiences they wished to share around their mental health. One respondent noted that sometimes a young person just needs someone to talk to and this should not be classed as a mental health issue. This may relate to stigma, something the Public Health*

⁸ Dr Nick Barnes, ‘Suggestions for CAMHS transition project’, submission to Panel, Nov ‘14

Team are currently doing some work on. Another respondent indicated that it was better not to talk about your experiences.

- Some respondents did not feel involved in planning and making decisions about their move from child to adult services.*
- Some respondents were not aware that there might be a time which they could no longer access some services due to their age.*
- When asked the question on the best way for young people to get information on services, one respondent felt that their support worker/key worker/personal adviser was the best source of information, one felt that drop-in sessions would be best and one felt that an email may be helpful.*
- When asked what could be done to improve transition one respondent responded "give them the heads up..."*

5.5 The Panel felt strongly that further input was needed from young people in order to improve the service. This is something which is also stated as extremely important in the NHS England CAMHS specification.

6. Fair Access to Care

6.1 Whilst recently legislation and policy has focused on ensuring that information, advice and guidance is available to those who require it, and on a greater integration of services, the legislation has not addressed the differing eligibility criteria between adult and children services. These legislative issues are around a young person's need, as set out by national criteria, at the point at which a young person becomes 18 years of age. The clear gaps in what a young person of 17 years of age can access and what a young person can access at the point at which they turn 18 years of age, present what has been termed a 'cliff-edge' and can be a difficult time for a young person.

6.2 The Panel heard that in adult services a person must have 'severe and enduring' mental health needs in order to meet the eligibility criteria for access to services. However, there are adult mental health services that are available to those with less complex needs such as counselling and Improving Access to Psychological Therapies (IAPT). These provide a different service offer and this can mean that a young person can be shocked at the difference in provision and access, at a time when they are already vulnerable.

6.3 Whilst the Panel is aware that it is out of its remit to make recommendations on nationally set criteria, it felt that it is extremely important that this 'cliff-edge' is as cushioned as possible, in order to try and prevent the development of more severe mental health needs in the future. The Panel also felt that there is a need to prepare young people and their parents/carers for this change, this includes making it clear to young people what is available at each stage of the pathway.

7. Transition point

- 7.1 The Panel heard from a range of stakeholders about issues at the point of transition between child mental health services and adult mental health services, when a young person turns 18 years of age.
- 7.2 The Panel noted that there are some areas which work well, for example if a young person was referred to CAMHS with psychosis at 17, they would seamlessly move to the Early Intervention Service (EIS) at 18. In this instance the Panel heard that the move tends to work well, as the staff know each other, work well together and also communicate effectively. This is also aided by the EIS being quite an intensive package and so a young person would still have intensive support on reaching the age of 18 years, for the completion of the 3 year treatment programme (as outlined in the National Service Framework and NICE). After 3 years the person would generally transfer back to primary care or the Support and Recovery Service, which uses an enablement model to help young people move forward with their lives.
- 7.3 However in the instance of a young person accessing CAMHS for first episode psychosis at 14 years of age, the majority would be discharged back to primary care at the end of three years, assuming they had stabilised sufficiently. If they then required a service after they were 18 they would go straight into adult mental health services which are quite different from what they would have previously received. The Early Intervention Service (EIS) is currently being reviewed, and transition issues will be examined as part of this.
- 7.4 The Panel heard that those working with young people try to look at services such as Improving Access to Psychological Therapies, GP management, Open Door etc. to fill gaps/cover patches for young people who are not eligible for secondary care mental health services. However, those working with young people felt that there was a need for a much more seamless service for young people with a higher level of support across the board to prevent them experiencing the above mentioned 'cliff-edge'. Panel Members agreed with this view.

8. Communication with young people and their families/carers

- 8.1 The Panel were informed that overall young people in Haringey are not currently very well prepared for transition. This includes ensuring young people have the relevant information on what is happening, including changes to their service provision (e.g. when a service would no longer be available due to age) and also ensuring that the correct staff are engaged early enough, from all relevant services (both adults and children's services). There was acknowledgement that this is an area which needs some further work and improvement, and suggestions such as merging services more so that a young person does not feel lost or bereft at the point which they transition to adult services were discussed as a good way forward by both the Panel and project participants.
- 8.2 The Panel felt that it would be beneficial to provide young people with a booklet or folder of information, possibly which they could add to as and when they are given new information. The Panel and attendees felt that it would be important for this information to be presented in a professional format to ensure that young people feel that the information is valid and important.

- 8.3 A recommendation to develop a guide book to improve communication with young people and their families/carers has been put forward by the panel. This is included under section 13 as this provides further information on pathways / service models.

9. Data

Data on those who are due to transition

- 9.1 The Panel heard that at present there is no consistently updated list of young people who may need adult services at the point at which they turn 18 years of age. The Adult Mental Health Service has a list at present⁹, which has ten young people who may need to transition to adult services in the near future and require services/funding. However the young people on the list have been added due to relationships and contacts across the services as opposed to any clear process by which a young person could be added. The Panel felt that this would not only make it difficult for adult services to properly plan for those who may be transitioning into the service, but also meant that the risk of a young person falling through a gap and being lost from services was greater.
- 9.2 The Panel agreed that there was a need to identify those who may need adult services at the right time. This should be early enough to enable sufficient planning and transition.

RECOMMENDATION (1)

In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed.

Data on young people who come back into services at a later date

- 9.3 The Panel heard evidence relating to young people who are not eligible for adult services when they turn 18 years of age, however do then come back into contact with services a few years down the line, often in crisis. This can be into adult mental health services, but it can also be into services such as homelessness.
- 9.4 There is currently no data collected on those who come back into contact with services and who may have been in contact as a young person. The Panel heard that there may be challenges in getting this kind of information, for example a person may not disclose that they were in contact with children's services and BEH MHT have anecdotal evidence but no statistics. However, Panel Members felt it would be useful for a piece of work to be done looking at those who do come back into contact with services, what their needs are, and whether there are particular groups who are most likely to come back into contact at some point. The Panel felt that this would be a valuable piece of work which could help with early intervention, prevention and planning e.g. to assist with

⁹ As per October 2014

targeted work with those of higher risk of re-entering services. The Panel felt that this would also link into the Council's wider work on early intervention.

RECOMMENDATION (2)

The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.

10. IT

- 10.1 The Panel was made aware that there is currently no interface between RIO (mental health IT system) and Framework-i (Social care records system). This means that staff working across services, and organisations, have to physically request information as the systems do not link. This process can take time.
- 10.2 The national charity, Young Minds, informed the Panel that data sharing is often cited as a barrier by organisations nationally (often with reference to data protection rules). However Young Minds directed the Panel to [Caldicott 2](#), an independent review, requested by the Secretary of State for Health, on how information is shared across the health and care system. This includes information sharing guidelines and places an emphasis on there being an obligation to share information.

11. Young Adult Service

- 11.1 The Panel heard the status underpinning the Young Adult Service is slightly different – a young person is classed as 'leaving care' up until the age of 21, or 25 years of age if they are in education. Looked after children often have very complex needs and young people rarely present with one clear need, rather these young people often require very significant support. There is a lot of unmet need, however there is also a lot of work being done to try and address this e.g. with Open Doors and Young Minds.
- 11.2 The Panel was made aware of the work being carried out by First Step, a service provided by Tavistock and Portman NHS Trust, who undertake a multi-disciplinary screening and assessment in the first instance. This ensures that Looked After Children (LAC) are screened to identify any mental health needs, then more extensive screening takes place to consider the level of the needs (where identified). A young person would then be referred appropriately should they need to be. This is specific to leaving care due to the increased prevalence of mental health needs within this group of young people. There are often added complexities, for example unaccompanied minors can often have substance and alcohol misuse needs.

Transition

- 11.3 As with young people across mental health services, at the point of transition young people can often not meet the adult diagnosis threshold, but they will often meet this threshold later in life as their mental health needs deteriorate. They therefore often come back into mental health or other services at the point of crisis, at which point they meet the eligibility threshold.
- 11.4 During their investigation, and as noted earlier in the report, the Panel heard there were over 500 young people in care in Haringey, with approximately 330 placed out of borough. Following the panel's research however, and as noted in par 3.3, the number of looked after children, at February 2015, had reduced to 462 – with 101 placed in borough and 299 placed out of borough (62 placement details suppressed due to confidentiality). Given that different boroughs have different pathways, and young people often have to move often, this again adds to the complexities.
- 11.5 Many young people come back to the borough at 18 years of age as this is where they are eligible for housing. The Young Adult Service works with the Vulnerable Adults Team on housing issues, however due to the leaving care status this housing is often only available up until the age of 21 or 25 years, again adding a complexity for young people who have been in care.
- 11.6 The Vulnerable Adults Team is the main housing link, however it is difficult to find suitable housing for these young people and the Panel heard that only 60 care leavers will have housing in the borough. The Panel felt that there should be an overseeing role within mental health services to ensure that young people do not fall through the gap between children and adult services at this point.

RECOMMENDATION (3)

The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.

12. Young people appropriate services

- 12.1 There was a great deal of discussion on ensuring that services for young people are appropriate to meet their needs, as opposed to being rigidly constrained by an age. The Panel heard that a young person may have arrested development, for example when a young person has been in care and/or been through a difficult time their development can be on hold/'arrested' until later. In these instances a young person turning 18 years of age is a false view of when a young person becomes an adult. The Panel agreed with stakeholders that in order to bridge this gap and ensure young people in the borough have the support that they need a strong integrated model which spanned a larger age range e.g. 15-25 years of age would be the most appropriate form of service provision.

- 12.2 An age appropriate service was again discussed and explored further at the pathway workshop, which is outlined below. It has also been identified as best practice in a number of authorities in the UK, as well as in other countries. Examples of these are included in the written submission by Dr Nick Barnes, which can be found further in this report.

13. Pathway workshop

Current Pathway

- 13.1 The Panel ran a workshop with staff who work with young people across adult services, children's services, BEH MHT and the voluntary sector. This included social workers, personal advisers and a young people's psychiatrist. The objectives of the workshop were:
- To understand the pathway between child and adult mental health services.
 - To understand how different agencies fit into the pathway.
 - To identify issues/challenges/blockages along the current pathway and opportunities to improve these pathways.
 - To identify an improved pathway.
- 13.2 It was evident from the workshop that the current pathway from child to adult mental health services is very ad hoc, and the Panel felt that it was very dependent on who a young person happens to be in contact with, for example Open Door runs a service for young people aged 12-25 years of age and therefore a young person is unlikely to fall between the gap, and Psychosis also works on a more seamless pathway. However, if a young person is assessed by adult services and does not meet the threshold then they are likely to fall between the gap.

A more effective pathway

- 13.3 As part of the workshop, two groups were set up to consider what a more effective pathway would look like for young people. The first group felt that a multi-agency hub, which could be accessed by young people up to the age of 25 years, would be a more effective pathway for young people.
- 13.4 The second group 2 came up with two options:
- Multi-agency transition service for young people up to the age of 25 years
 - A multi-agency formulation meeting at the point of discharge from children's mental health services to discuss, with involvement from the young person, the most appropriate care package moving forward, including involvement from voluntary organisations.

A new service model?

- 13.5 The Panel heard evidence from the national charity, Young Minds, who made the following points:
- There is no point tweaking processes around the edges, you have to change the whole system to make improvements.
 - There is a need to remember that there are young people who will have needs that 'don't quite fit' into structures and therefore there needs to be flexibility.
 - Any transition service must be holistic – and a one stop shop.
 - This approach may be expensive but the evidence is there to demonstrate that it is cost-effective.
 - Engagement with the young people is much easier when it is in a hub which covers a variety of services, and is also therefore non-stigmatising.
 - Young people must be involved.
- 13.6 The Panel felt that in order to provide an effective transition pathway for young people, as well as ensuring Haringey is in line with best practice, the borough should move towards an integrated service model for young people from 13-25 years of age.
- 13.7 The Panel was very grateful for the support and assistance of Dr Nick Barnes and Dr Virginia Valle, Young People's Psychiatrists from the Adolescent Outreach Team, BEH MHT, throughout the project. Dr Nick Barnes made a written submission to the Panel which he presented at the final meeting. The Panel felt that the points made in Dr Barnes' submission, and the proposed model were in line with the conclusions which the Panel were discussing. The Panel and project attendees also felt that the model which was suggested by Dr Barnes was also in line with the NHS England Model Specification for Child and Adolescent Mental Health Services which the panel had early sight of whilst in draft form. In particular the Panel and attendees felt that the proposed model would address the model specifications outlined in the document¹⁰.
- 13.8 The extract below is from a statement submitted to the Panel by Dr Barnes:
- "There is scope and need for a wider provision at a Tier 2 level in community which could link with schools/education, social care and other services. There are 2 very strongly favoured models of support that seek to address this integration of care;*

¹⁰ <http://www.england.nhs.uk/resources/resources-for-ccgs/#camhs>

The Sandwell Model¹¹ – delivered in Sandwell and Dudley, this is a service that offers a widely integrated service that seeks to address “wellbeing” in a far wider sense, rather than focus specifically on mental health. Hence it has had significant impact on levels of violence within the local population, as well as seek to raise levels of resilience. A key feature of this service has been the desire to reduce the threshold of accessing support. This service appreciates that offering work at an earlier stage reduces the risk of further escalation of need, and so invests in an earlier intervention and more preventative approach.

Headspace¹² (in Australia) – Effectively seen as a One Stop Shop for addressing the wellbeing of young people (12 – 25yrs). This approach is more about a reconfiguration of current services, rather than necessarily commissioning more services (seeking an integration of – Childrens Services, Education, Sexual health, Employment, Youth Offending service, Youth services, drug and alcohol services as well as mental health services) so that a young person may approach the service without specifically believing they are looking to address their mental health needs first and foremost.

Models of good practice for (Tier 3/4) mental health services – there are many models of good practice, and within our own borough, there are areas where transition is addressed in a well-coordinated manner. This is particularly so in the **Early Intervention Services** (linking across the Adolescent Outreach Team and the adult EIS services that work with young people with psychosis). The bridging of care across both teams works well within the borough but is only for a very small and select number of young people, with the EIS intervention only being available for a maximum of 3 years¹³.

Orygen Youth Health¹⁴ - Orygen Youth Health Clinical Program (OYHCP) is a world-leading youth mental health program based in Melbourne, Australia. OYHCP has two main components: a specialised youth mental health clinical service; and an integrated training and communications program.....

¹¹ <http://www.bcpft.nhs.uk/services/for-children-and-young-people-and-families/84-camhs/250-specialist-camhs>

¹² <http://www.headspace.org.au/>

¹³ This is in-line with [NICE](#) and the [National Service Framework for Mental Health](#)

¹⁴ <http://oyh.org.au/>

The Enablement Initiative within BEH-MHT and local authorities – The Network – The development of enablement approach by BEH-MHT and local authorities has also opened up opportunities for exploring the issues of transition, perhaps best exemplified by the model developed within Barnet – the Network. The Network is an enablement service that provides support and interventions which enhance and promote recovery, social inclusion, and community integration to maximise resilience and independence. (See attachment). As BEH-MHT are looking to expand the enablement approach across all services, it is clear that there could be some very positive collaborative work between the local authority and the trust, involving the third sector/Community and Voluntary sector organisations, that would allow for us to address transition, accessibility, integration and enablement. See model below. Currently the trust is exploring setting up a pilot for addressing transition concerns through this enablement approach.

Other important local developments -

- **Integrate Haringey** – the involvement of MAC-UK within the borough, seeking to set up an integrate project with the local authority and BEH-MHT offers a real opportunity for young people who would never normally access mental health services find a less stigmatising way of addressing their needs – often in a much more integrated perspective. To offer a Headspace type service for these young people to move on to would reinforce that perspective of inclusion and participation
- **Early Help** offer from local authority – Establishing the role of the Early Help coordinators, with a clear emphasis on earlier intervention and more preventative work would also fit well with a headspace type model for the borough's young people
- **Tottenham Regeneration** – within a climate of regeneration, surely this is also the time to then think about how to regenerate services so that they meet the needs of the young people; that the services are accessible, integrated, about enablement and focus on working sooner rather than later.

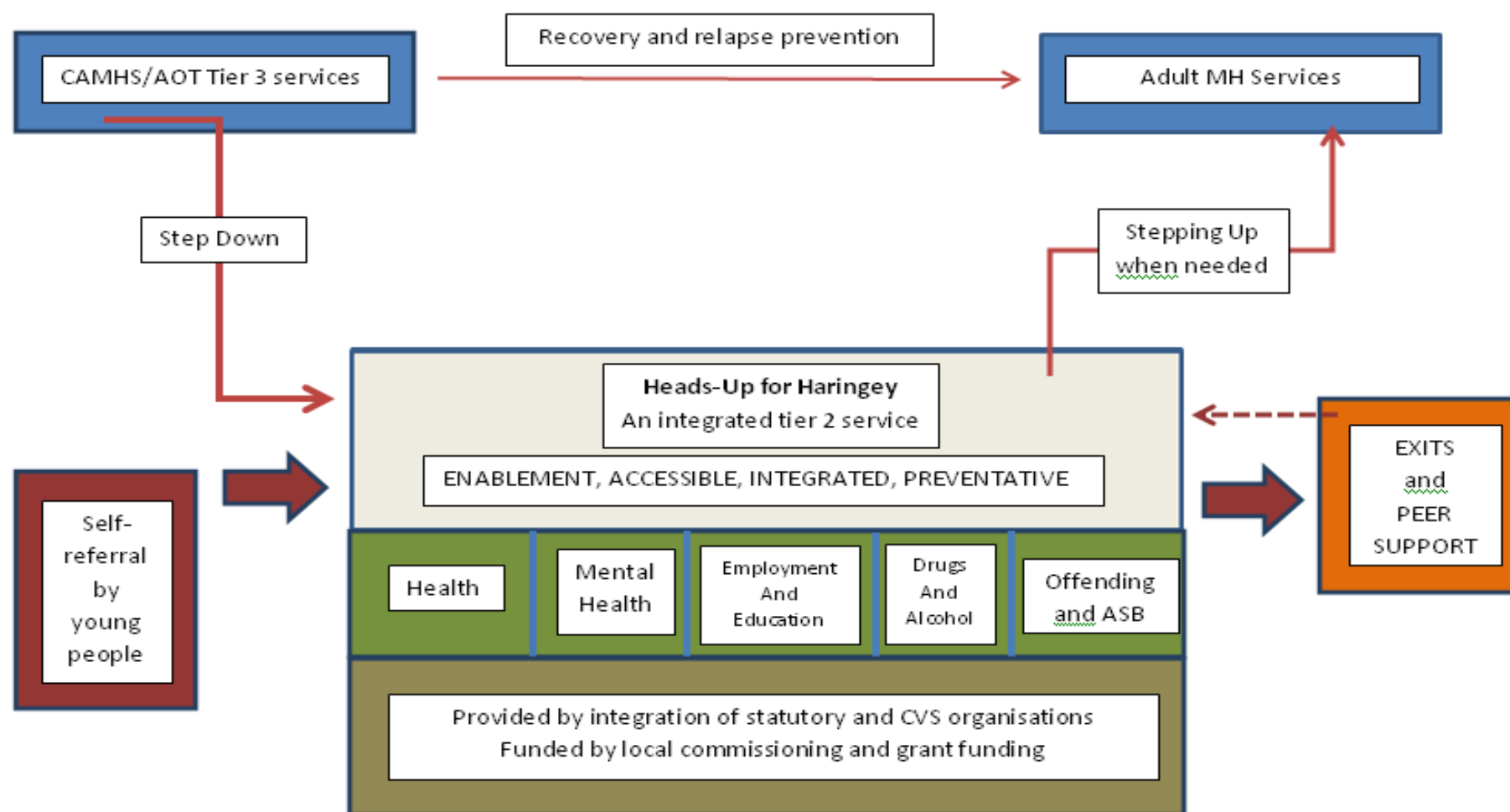
Proposal – Heads Up for Haringey – If we are seeking to address Transition, then to best achieve this, we also need to think about accessibility (and unmet need), integration of services, early help and prevention, promoting enablement

(and not dependency) and fundamentally seeking to provide the most appropriate support for young people in Haringey.

The model (overleaf) seeks to build on the information provided above. It seeks to allow for a clear pathway from adolescent services to adults services where needed, but that for the majority of young people this could occur through a “step-down” – more integrated, community service that would allow for young people that doesn’t reinforce dependence, but seeks to promote enablement and empowerment. This service could be an integration of support at a tier 2 level, from statutory and CVS organisations (promoting wellbeing and building resilience rather) and then gradually evolve to become an open access, self-referral provision for all young people within the borough”.

- **Dr Nick Barnes, Young People’s Psychiatrist, BEH Mental Health NHS Trust**

Haringey CAMHS Transition project



- 13.9 Given the consensus amongst the Panel and attendees (including representation from Haringey CCG and the Commissioning team) that the proposed model was a positive way forward the Panel made the following recommendations:

RECOMMENDATION (4)

The panel recommends that:

- (a) The “Heads up for Haringey” model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. *(Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)***
- (b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.**
- (c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.**
- (d) Intelligence from the pilot should be used to inform future commissioning intentions and service developments.**

RECOMMENDATION (5)

The panel recommends that a “Heads up for Haringey” guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and carers and include:

- Information on local services which may be accessible to the young person**
- Referral forms**
- Pages for useful information which the young person can add to**
- Information on useful websites and Apps**

14. Staff awareness

- 14.1 As mentioned above the pathway workshop engaged with a range of professionals who have first-hand experience of working with young people with mental health needs including social workers, personal advisers, a young people's psychiatrist and staff from local voluntary organisations (Open Door, First Step and Mind in Haringey).
- 14.2 Throughout discussions at the workshop participants were sharing ideas and learning more about what each service and/or organisation provided, what the referral routes were and how the different services/organisations fitted together. Participants also shared contact details. The Panel felt that this demonstrated a potential for much greater partnership working to enable professionals to learn more about what is available across the borough and where they could refer or signpost young people and/or their parents and carers to.
- 14.3 The Panel heard that there is no Approved Mental Health practitioner with a childcare background in the adult service and no adult trained social worker in the Young Adult Service. The Panel felt that the inclusion of a social worker trained in children/adult service would be beneficial across the services.
- 14.4 The Panel gathered evidence from Camden's mental health services concerning their new model for transition of young people with mental health needs as an example of best practice. Camden have two aspects to their service, one of which is 'age alignment' where meetings are held every 2 weeks and attended by decision makers from across adult and children mental health services. At these meetings cases are looked at individually with discussion on what needs to change to assist the young person. The attendance of staff from children's and adult services encourages a focus on how the departments operate differently and what needs to be done to bridge this gap. An advantage of this approach has been that more information has been shared across children's and adult services and has also enabled working practices to be shared. Another advantage includes sharing knowledge on what services are available for young people e.g. projects that an adult team may know about that a children's team does not.
- 14.5 The Camden model also involves 'transition champions' in each team in adult services – this assists with sensible thinking about what will help a young person even when they do not meet the transition threshold.
- 14.6 The Panel felt that there were lessons which could be learned from the Camden model which would benefit young people in Haringey. Whilst the Panel's main recommendation centres on the new service model it felt that improved communication and working across the services and partnership would benefit young people in the interim and until the new model was fully operational (subject to agreement of the recommendation).

RECOMMENDATION (6)

The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.

RECOMMENDATION (7)

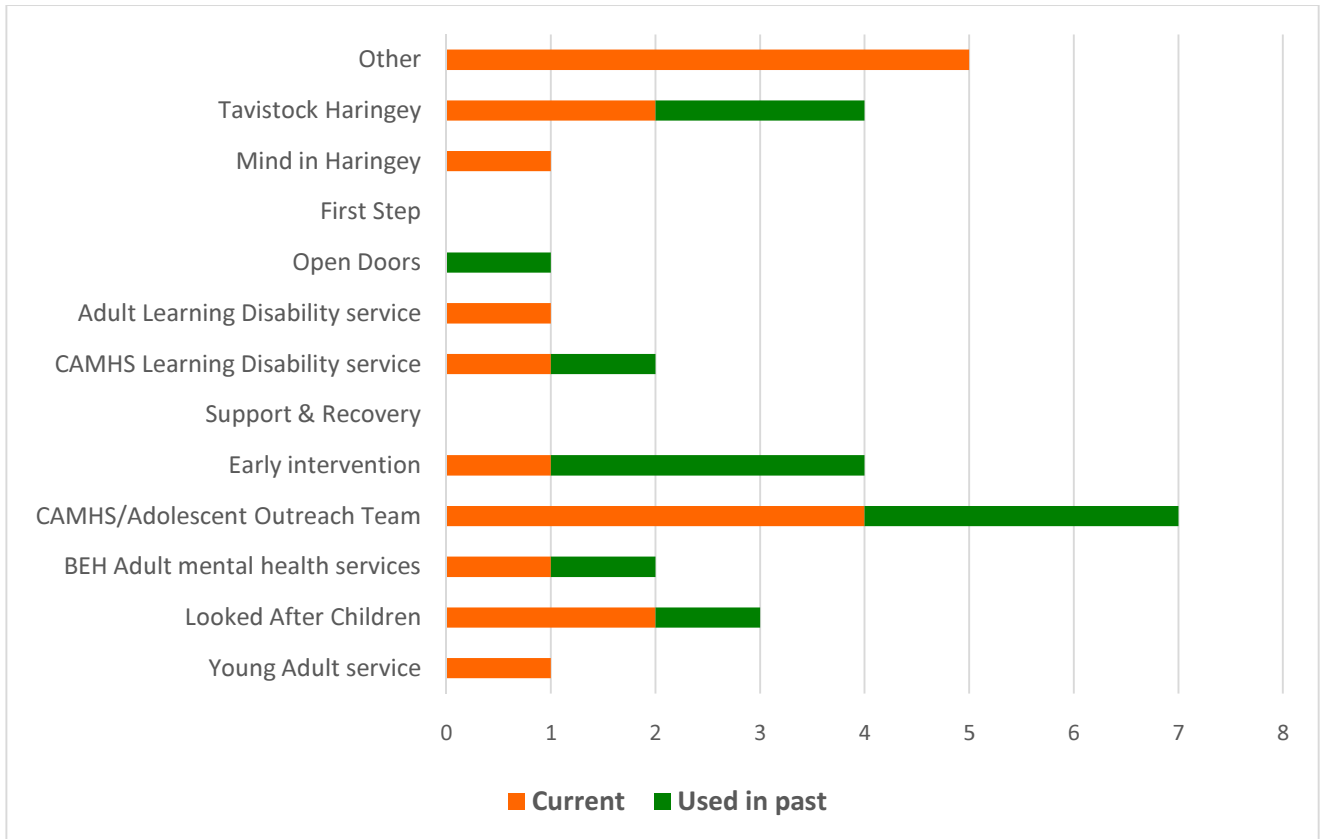
The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.

APPENDICES

Appendix A – Parent/Carer Survey

Q1. Has your young person ever used or is currently using any of the following services?

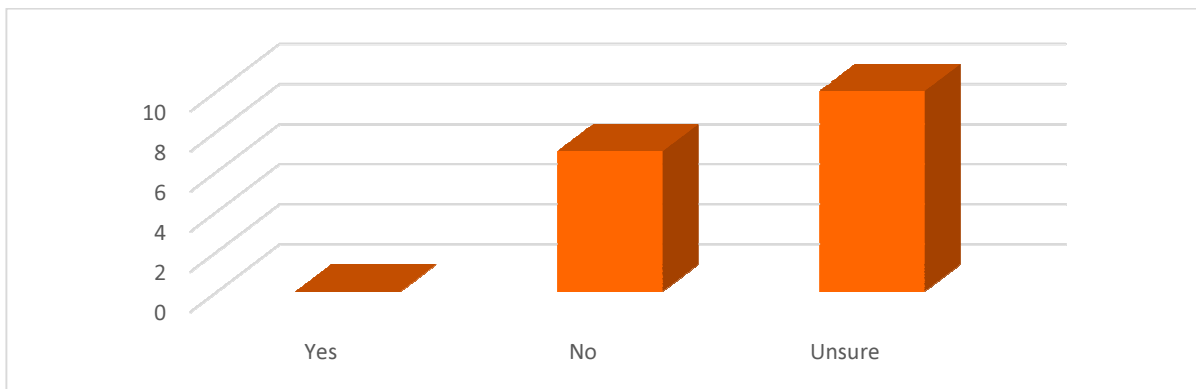
As can be seen from the chart below survey respondents had come into contact with a range of services across the young person's mental health services.



Q2. Do you feel that the children and young people's services and adult services communicate well with each other?

There were no responses to this question.

Q3. Do you think that the transition between children and young people services and adult services works well?



Respondents were also asked to give an example of when transition has worked well, or where it could be improved. There were three responses to this part of the question, two of which centred on delays in transition – one on a young person experiencing a service transition and one on a delay in the transition assessment until the young person was 19 years of age:

“The transition for my daughter with autism, from school to college was very difficult. I had to employ solicitors at great cost to me. The outcome was a delay of 3 weeks from the start of the term. This was a residential college and the delay for a young person with problems with social skills was very difficult for her. Friendships had already been formed and she felt very isolated for some weeks at the start. This led her to say she wanted to die. Though this relates to Education the delay was caused by Social Care as opposed to the Special Educational Needs department.”

“Transitions assessments should be done before the child turns 18yrs old. My son did not get a transitions assessment until age 19”

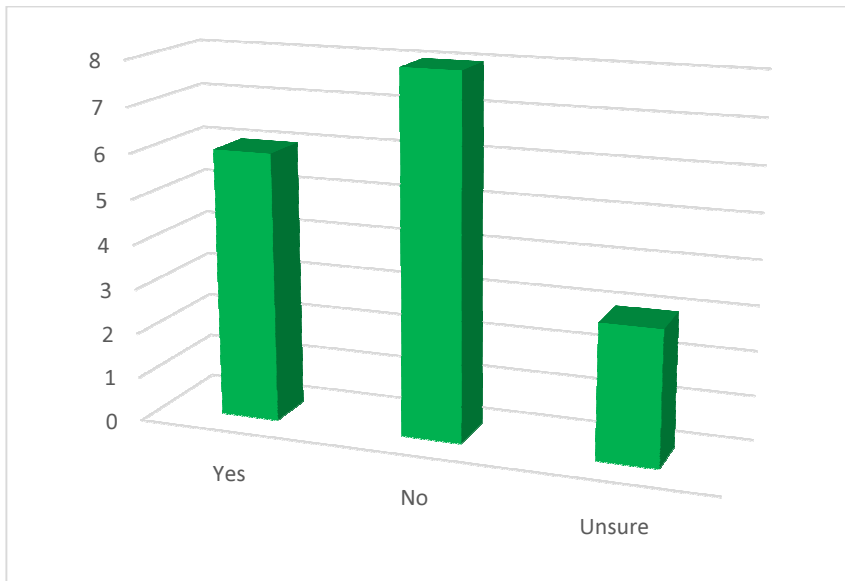
The third respondent talks about the changes or ‘cliff-edge’ when a young person transitions from child to adult mental health services and which was part of a recurring theme through the course of the project:

“Most of the time I think it takes a bit of time for the transition to settle into place. The young people need to be made aware of how the boundaries change and the responsibilities that they will have to take on. I'm unsure as to whether or not they are prepared for this but at the same time there is some apathy amongst the young people as they are used to getting everything handed to them on a plate and then suddenly everything changes and they have to become much more responsible and manage their emotions at the same time.”

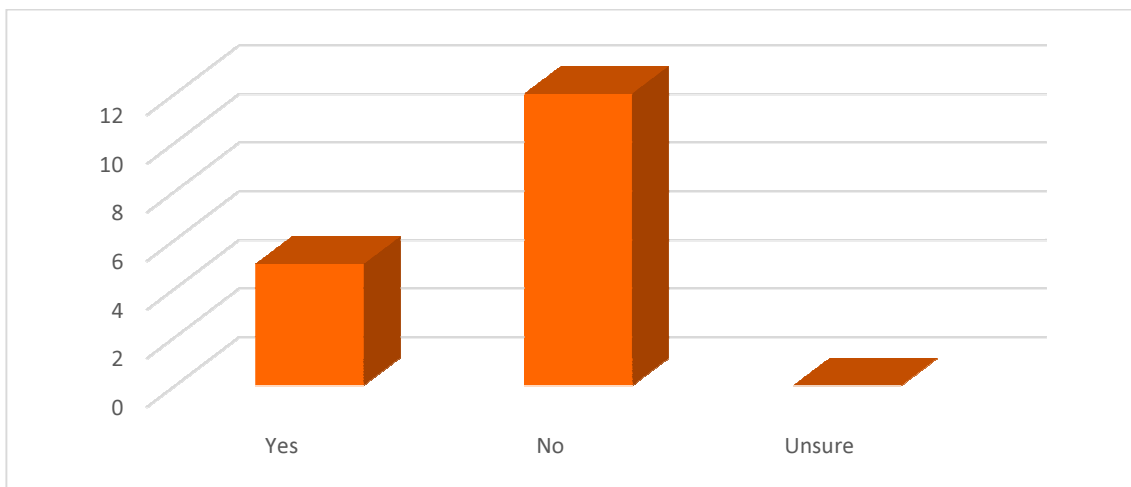
Questions 4, 5, 6 and 7

Based on the responses to these questions there may be merit in considering how information can be better shared with parents and carers of young people with mental health needs in order to ensure that they are personally prepared for the different role and responsibilities they are likely to have in their young person's life when that young person transitions and also how they can best support their young person at this critical time. Whilst the Panel is aware of the parent/carers counselling services offered by Open Door the Panel understood from project participants that information on this valuable service may not be widely known. The Panel also felt that the Open Door projects were an example of best practice and should they be more widely expanded and/or built on then it could ensure that parents and carers are better informed, as well as their young people.

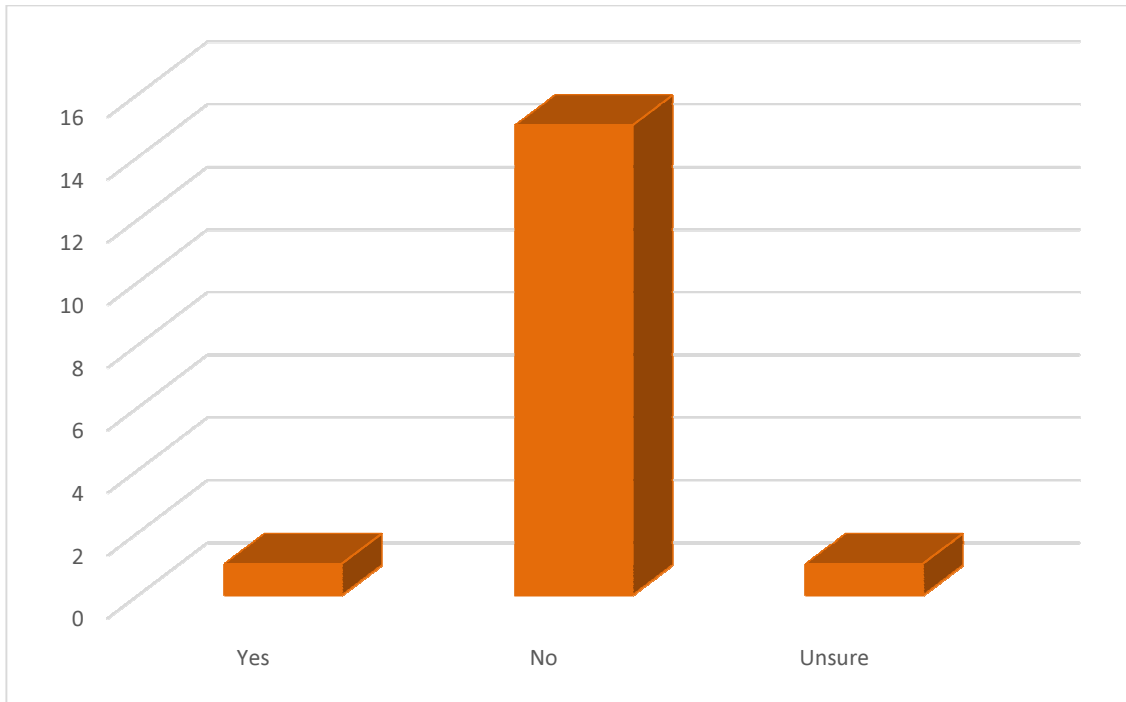
Q4. Were you aware that there would be some services that your young person might not be able to access based on their age?



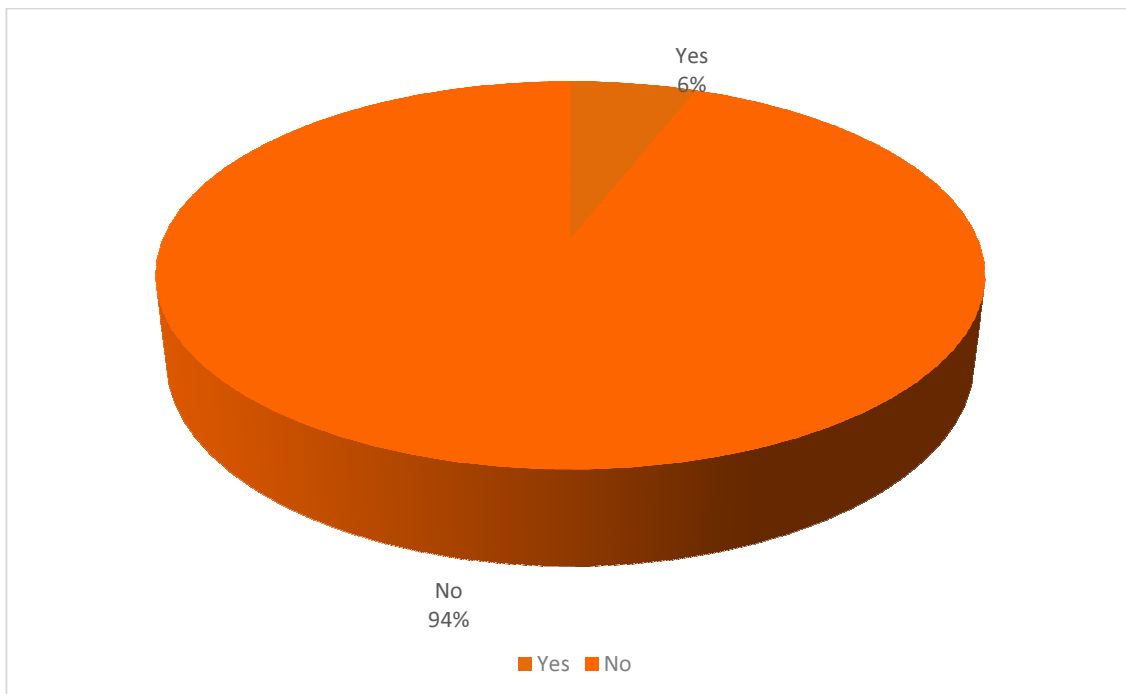
Q5. Has anyone told you that your involvement in your young person's care may change depending on their age?



Q6. Have you been offered any guidance to help you support your young person as they transition between services?



Q7. Have you been offered any personal support to manage the impact on YOU that may result from the service transition of your young person (e.g. counselling)?



Q8. Is there anything you think should be done to help you understand and prepare for your young person when they transition between services (e.g. peer support)?

The majority of respondents to this question felt that it would be beneficial for them to have more information on transition. Commissioners may wish to consider how best these needs can be met.

- *“A standard pack containing a timeline of what to do when etc, details of services available all downloadable from Haringey website.*
- *It would be very helpful to have at least one discussion on the subject of transition, rather than spend all that valuable time simply fighting for the right placement*
- *Yes - I think even basic information would be useful. I've not been told anything about transition eg he is finishing Year 11 this year - what happens next? Does it matter if he goes to college outside Haringey?*
- *I would like a designated person to talk me through the process of transitioning to higher education for my child*
- *Yes. There needs to be more dialogue about expectations, proactivity and outcomes that are there leading up to and beyond the transition period.*
- *Workshops*
- *More and clearer information and access to social work advice*
- *Support from local agencies. Ease of access to information through either web app or direct mail.*
- *One to one meetings or group forums about the changes*
- *Yes, peer support might be helpful.*
- *We get no support at all”*

Q9. Is there anything you think should be done to improve the transition process for young people?

Responses to this questions included ensuring the young people have the information they needed to be prepared for transition, improved communication and a more seamless pathway. Should the recommendations of this project be agreed then the Panel hopes that these issues will be resolved as part of the new model.

- *“More talk about it at school and college from about age 15 so they see it as something that will definitely happen and is positive and so they feel prepared.*
- *Give quicker response to the agreement of next placement so that transition could be managed much more calmly*
- *Better information and earlier - maybe a basic transition information pack and then a meeting with the young person and carer to discuss the process with them*

- *I always have to fight hard for help with every transition. Haringey council are never pro active in helping*
- *Only experienced this so far with regard to education transition. Young people are 17 years.*
- *Professionals talk to each other*
- *Consultation with parents and parent groups*
- *Support from local agencies. Ease of access to information on services through either web app or direct mail.*
- *Make the transitions team properly resourced. Ensure that all sencos in schools & colleges understand the system and what is on offer*
- *Communication*
- *Yes. They need to be made fully aware of what their responsibilities are to themselves and how to manage these."*

Appendix B – Review contributors

Name	Job Title/Role	Organisation
Cllr Pippa Connor	Chair	Haringey Council
Cllr Gina Adamou	Panel Member	Haringey Council
Cllr Jennifer Mann	Panel Member	Haringey Council
Cllr Gideon Bull	Panel Member	Haringey Council
Cllr Anne Stennett	Panel Member	Haringey Council
Cllr James Patterson	Panel Member	Haringey Council
Cllr David Beacham	Panel Member	Haringey Council
Helena Kania	Panel Co-Optee	Haringey Forum for Older People
Melanie Ponomarenko	Senior Policy Officer (Scrutiny)	Haringey Council
Diane Arthur	Advocacy Services Manager	Mind in Haringey
Ewan Flack	Director	Mental Health Support Association
Nuala Kiely		Mental Health Support Association
Mike Wilson	Director	Haringey Healthwatch
Tim Deeprise	Assistant Director, Mental Health Commissioning	Haringey Clinical Commissioning Group
Dr Virginia Valle	Young People's Psychiatrist	Haringey Adolescent Outreach Team, BEH MHT
Dr Nick Barnes	Young People's Psychiatrist	Haringey Adolescent Outreach Team, BEH MHT
Lynette Charles	Operations Manager	Mind in Haringey
Wendy Lobotto	Service Manager	First Steps
Julia Britton	Director	Open Door
Michael Murphy	Head of Learning Disabilities	Haringey Council
Jennifer Plummer	Team Manager, Mental Health Services	Haringey Council
Emma Cummergen	Deputy Head of Young Adult Service	Haringey Council
Charlotte Pomery	Assistant Director for Commissioning	Haringey Council
Paul Quinn	Social Worker / AMHP	Haringey Early Intervention Service
Sally Hodges	Associate Clinical Director and PPI Lead	Tavistock Portman
Andrew Wright	Director of Strategic Development	BEH MHT
Shaun Collins	CAMHS	BEH MHT
Janet Blair	Interim Project Manager	Camden & Islington Mental Health

Name	Job Title/Role	Organisation
		Foundation Trust
Lysanne Wilson	Director of Operations	Young Minds
Daniel Palmer	Personal Adviser, Young Adult Service	Haringey Council
Andrea Melis	Personal Advisor	Haringey Council
Sally Morley		BEH MHT
Sara Perry		BEH MHT



Haringey Council

Report for:	Cabinet 16 June 2015	Item Number:	
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Title:	Cabinet response to the Adults and Health Scrutiny Panel Project report: Transition from Child Mental Health Services to Adult Mental Health Services.
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Report Authorised by:	Charlotte Pomery, Assistant Director of Commissioning
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Lead Officer:	Catherine Swaile, Joint Children's Commissioner, Haringey Council and Haringey Clinical Commissioning Group
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Ward(s) affected: Various	Report for Key/Non Key Decisions: Key
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1. Describe the issue under consideration

- 1.1 This report sets out the proposed Cabinet response (attached as Appendix 1 to this report) to the recommendations of the Adult and Health Scrutiny Panel Project on Transition from Child Mental Health Services to Adult Mental Health Services (attached as Appendix 2 to this report), which was carried out during the winter of 2014/2015.

2. Cabinet Member introduction

- 2.1 Improving outcomes for children and young people with poor mental health and wellbeing will make a difference to their lives, and to the lives of their parents, carers, family, friends and wider community. If together we can effectively support children and young people, they are less likely to need adult mental health services and more likely to enjoy a higher quality of life into adulthood.
- 2.2 The transition into adult mental health services has been recognised as a key point of strain for some young people, and the recommendations in this report seek to ensure

that services are appropriately in place for all young people in the borough. This Cabinet paper commits the Council and the Clinical Commissioning Group to consider the recommendations of the report fully and to embed the response into the review of Child and Adolescent Mental Health Services in Haringey which is currently underway and due to report over the summer of this year.

3. Recommendations

3.1 Members are asked:

3.1.1. To consider the Scrutiny Report on Transition from Child Mental Health Services to Adult Mental Health Services (attached as Appendix 2);

3.1.2 To agree the responses to the Scrutiny Report recommendations (attached as Appendix 1)

4. Alternative options considered

4.1 The Adult and Health Scrutiny Panel Project on Transition from Child Mental Health Services to Adult Mental Health Services explored a number of views from a range of stakeholders in collating the information from which to draw up its report. There has been an inclusive process across partners, including the Barnet, Enfield and Haringey Mental Health Trust, the Haringey Clinical Commissioning Group and the Council to draft the responses to the recommendations.

5. Background information

5.1 The Adult and Health Scrutiny Panel Project on Transition from Child Mental Health Services to Adult Mental Health Services was carried out during the winter of 2014/2015 in order to make recommendations to improve the transition pathway and experience for young people. The review report and recommendations have now been published and the Council and the Clinical Commissioning Group, with Barnet, Enfield and Haringey Mental Health Trust have produced the draft response attached at Appendix 1.

6. Comments of the Chief Finance Officer and financial implications

6.1 The budgets related to transition form part of the core business of Haringey Council, the Clinical Commissioning Group, and the Barnet, Enfield and Haringey Mental Health Trust. There are no particular financial implications of this report but if issues emerge as the local transformation plan develops it is assumed that these will either be cost neutral or absorbed within existing budgets.

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

7.1 The Assistant Director Corporate Governance has been consulted on the contents of this report.

7.2 The legal context to transition planning for children to adult services has been dealt with in the Project Report. The recommendations arising from the Project Report are within the terms of reference of Adults and Health Scrutiny Review Panel.

7.3 Under Section 9F Local Government Act 2000 ("LGA"), Overview and Scrutiny Committee have the powers to review or scrutinise decisions made or other action taken in connection with the discharge of any of Cabinet's functions and to make reports or recommendations to Cabinet with respect to the discharge of those functions. Overview and Scrutiny also have the powers to make reports or recommendations to Cabinet on matters which affect the Council's area or the inhabitants of its area. The Constitution provides that the Scrutiny Review Panels must refer their findings/recommendations in the form of a written report to the Overview and Scrutiny Committee for approval and afterwards, final reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.

7.4 Under Section 9FE of the LGA, there is a duty on Cabinet to consider and respond to the recommendations indicating what if any action Cabinet proposes to take and to publish its response.

8. Equalities and Community Cohesion Comments

8.1 Nationally, 50% of children and young people who experience poor mental health and wellbeing go on to suffer from mental ill-health during adulthood, with poor outcomes across many areas of their lives. This report seeks to ensure that support for children and young people as they enter adulthood is appropriate and meets their needs, partly to avoid the need for further care and support as they become older and partly to ensure that they enjoy a high quality of life and are able to achieve their potential.

9. Head of Procurement Comments

9.1 The Report does not have any identified Procurement activities within it. Any Procurement that needs to be undertaken to meet the objectives set out within the Report will be dealt with on an individual basis under normal procurement practice.

10. Policy Implication

10.1 There are no policy implications arising directly from the report.

11. Reasons for Decision

11.1 Cabinet is asked to comment on the recommendations of the Adult and Health Scrutiny Panel Project on Transition from Child Mental Health Services to Adult Mental Health Services in order to ensure that the review report is fully considered within the context of the Council and partners' existing work to improve mental health and wellbeing outcomes for children and young people in Haringey.

12. Use of Appendices

12.1 Appendix 1 contains the detailed response to the Adult and Health Scrutiny Panel Project on Transition from Child Mental Health Services to Adult Mental Health Services.

13. Local Government (Access to Information) Act 1985

13.1 N/A

Transition from Child Mental Health Services to Adult Mental Health Services – Conclusions and Recommendations of Adults and Health Scrutiny Panel Project Report, draft responses to Recommendations

Overall comments on the report			
	<p>NHS Haringey Clinical Commissioning Group (CCG) and the Council (LBH) welcome this report as a positive contribution to addressing the issue of transition from child to adult mental health services. It outlines a number of key areas for further work and exploration and some tangible recommendations for how to do this.</p> <p>The CCG and Haringey Council are currently in the process of reviewing all child and adolescent mental health services. This work fits within the context of the national taskforce on CAMHS and the local development of a Haringey Mental Health and Wellbeing Framework. It will provide a stock-take of current provision and support the development of a local transformation plan to ensure improved access and high quality evidence based provision. Work is currently going on with stakeholders to map and evaluate services and to develop a sustainable model for the future. The outcomes from this Scrutiny Panel Report are extremely timely and will feed into this work.</p>		
	Recommendation	Draft response (Agreed/ Not Agreed/Partially Agreed)	Who and When
1	In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed.	<p>Agreed.</p> <p>We recognise that solutions to these interface issues need to be considered in order to assist integrated care planning. This is a challenge not unique to mental health services and one which forms a plank of work within the Health and Care Integration Programme.</p>	<p>In order to define the parameters of the information required we will ensure this is on the agenda for the workshop outlined in recommendation 4c.</p> <p>We will discuss what information is required and the process by which that is shared to ensure timely notification of children</p>

			<p>that are likely to require support post 18 and joined-up planning.</p> <p>Any IT or process issues not specific to CAMHS will be taken forward by the Health and Care Integration Board as part of its work on systems Integration</p>
2	<p>The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.</p>	<p>Agreed.</p> <p>We believe we need to:</p> <ul style="list-style-type: none"> • Establish what data is currently available across various agencies around young people transitioning from CAMHS • Establish what data is required around transition to enable the planning and commissioning of services • Begin to gather and report this information so that it can be used as outlined. 	<p>As part of the multi-agency workshop outlined in recommendation 4C we will identify what data is currently held that will support this work and what the gaps are within the system in terms of data.</p> <p>Robust data will need to be gathered as part of the 'Heads Up for Haringey Pilot' to support our understanding of the transition pathway. We can then establish what data is required on an ongoing basis</p>

			and commissioners will work with relevant providers to implement.
3	The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.	<p>Partially Agreed.</p> <p>The coordinating and overseeing role for children and young people leaving care is fulfilled by the Young Adult Service. However we recognise the need for local mental health services to support those returning to Borough through effective transfers of care from other mental health services that have been providing care to the young person while they were out of Borough. Homelessness or unsettled accommodation should not be a barrier to accessing mental health support.</p>	<p>LBH Young Adult's Service to provide coordination for care leavers and link with mental health providers to address any issues around individual young people.</p> <p>LBH to ensure the youth strategy and the mental health framework implementation groups map and address any broader links between mental health problems and homelessness.</p> <p>LBH & CCG Commissioners to ensure contractual mechanisms are in place to support seamless access to mental health services for this group- September 2015</p>

4	<p>(a) The “Heads up for Haringey” model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. (Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)</p> <p>(b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.</p> <p>(c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.</p> <p>(d) Intelligence from the pilot should be used to inform future commissioning intentions and service developments.</p>	<p>Agreed.</p> <p>We will complete a scoping exercise to look at developing a transition model for young people in Haringey. This will need to be completed as a pilot initially to gather information on the transition pathway. This will need to be a multi-agency piece of work and we have already had interest expressed by BEH and Tavistock and Portman to be involved.</p>	<p>LBH/CCG Commissioners to organise a multi-agency workshop to examine pilot development by July 2015. The outcomes from this workshop will inform the CAMHS Review and can be included in the local transformation plan. Timescales will be determined at that point.</p> <p>BEH to support the development of this pilot.</p>
5	<p>The panel recommends that a “Heads up for Haringey” guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and</p>	<p>Agreed.</p> <p>We will look at improving information for families accessing CAMHS or seeking to access CAMHS. The format for this should be determined through work with young people.</p>	<p>The CAMHS Review will look at how this can be developed and whether a similar resource is required for</p>

	<p>carers and include:</p> <ul style="list-style-type: none"> - Information on local services which may be accessible to the young person - Referral forms - Pages for useful information which the young person can add to - Information on useful websites and Apps 		<p>professionals/referrers. This will then form part of the local transformation plan.</p>
6	<p>The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.</p>	<p>Partially agreed.</p> <p>Whilst we agree that regular multi-agency case discussion meetings would be useful, we would like to review this in the context of other transition planning arrangements and allow the frequency to be determined by need. The CAMHS Transition process needs to be considered within the wider 0-25 offer agenda and as far as possible the processes need to dovetail.</p>	<p>The existing transition panel will be reviewed to see if this is an appropriate forum or if this work can be learnt from. Transition planning arrangements will be taken forward as part of the pilot development.</p> <p>LBH/CCG</p>
7	<p>The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.</p>	<p>Agreed.</p> <p>We recognise the benefits of working across children and adult services. We will look at this recommendation in the broader context of solutions for closer working between CAMHS, adult mental health services and social care. We would like to consider this option amongst other opportunities for working across services which may include joint training/joint case planning etc.</p>	<p>BEH, LBH and the CCG to consider and take forward</p>




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Report for:	Cabinet - 16 June 2015	Item Number:	
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Title:	The Council's End of Year Performance Assessment - Quarter Four, 2014/15
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Report Authorised by:	Zina Etheridge, Deputy Chief Executive 
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Lead Officer:	Charlotte Pomery, Assistant Director of Commissioning
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Ward(s) affected: All	Report for Non Key Decisions: Information
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1. Describe the issue under consideration

- 1.1. To inform Cabinet of progress against the Council's outcomes and strategic priorities during the fourth quarter of 2014/15. This is the last report on the delivery of the Corporate Plan 2013-15.

2. Cabinet Member introduction – Leader of the Council

- 2.1. As we review performance at the end of the 2014/15 Council Year, I am encouraged to see the council has continued to improve performance across the areas that matter most for local residents.
- 2.2. I am particularly pleased all of our Secondary Schools are currently rated good or outstanding by Ofsted, clearly showing the significant improvements made in Haringey schools in recent years. Almost 90% of our primary schools are also either good or outstanding. Attainment also continues to rise across the post 16

sector, with 66% of Haringey's 19 year olds achieving an A-level equivalent qualification, above the London average.

- 2.3. The council also successfully met its very challenging recycling target this year, not only does this reflect the ongoing focus the council has placed on making Haringey a cleaner, greener borough but also creates significant savings for the borough by sending less waste to landfill. It has been frustrating to see the continuing high volume of reported fly-tipping. A community in action pilot is being launched in Noel Park with a focus on working with residents and community groups to target this which I hope will lead to substantial reductions in the number of fly tips before the project is rolled out borough-wide.
- 2.4. While library visits have declined over the past year – reflecting the national trend - I would hope to see numbers increase as council implements the recommendations of the libraries review. This will see the borough's libraries significantly modernised with extensive upgrade works due to start at Marcus Garvey and Wood Green later this year.
- 2.5. As we begin delivering our new corporate plan 2015-18 – *Building a Stronger Haringey Together* – I am pleased that we will focus our performance measurement on the outcomes we want to achieve for people in Haringey and be more transparent by publishing more performance data. This will enable the public to see more of what we do and hold us to account as a public body that serves them.

3. Recommendations

- 3.1. Cabinet is asked to note:
 - 3.1.1 progress against the Council's Corporate Plan priorities in Q4 and for the year 2014/15.
 - 3.1.2 the plan to report on delivery of the Corporate Plan 2015-18 in a more outcome focused and transparent way.

4 Alternative options considered

N/A

5 Background information

- 5.1 This report is a self assessment of the Council's performance in Quarter Four 2014/15 against the Council's outcomes and strategic priorities as set out in the [Corporate Plan](#) agreed at Cabinet on 9th July 2013.
- 5.2 The main body of this report begins on page 4.
- 5.3 Reporting on the Corporate Plan 2015-18 will follow a new format, which will provide clear and transparent data, intelligence and insight to multiple audiences (i.e. the public,

members, scrutiny, officers), with minimal time lag. Performance indicators will measure the outcomes we are seeking to achieve in Haringey and we will begin looking ahead at how the work we are doing will impact on the outcomes we want to achieve, through the projects in our transformation programmes.

6 Comments of the Chief Finance Officer and financial implications

- 6.1 There are no financial implications arising directly out of this report. Any new actions taken to improve performance must be funded out of existing council budgets.

7 Assistant Director of Corporate Governance Comments and legal implications

- 7.1 The Assistant Director of Corporate Governance has been consulted in the preparation this report and confirms that that there are no specific legal implications.

8 Equalities and Community Cohesion Comments

- 8.1 Progress against equalities objectives is measured as part of the corporate basket of performance indicators and these are included within this report. In addition to information on these objectives, we will continue to publish equality impact assessments and the annual employment profile, and promote equality through our procurement and commissioning processes.

9 Head of Procurement Comments

N/A

10 Policy Implications

- 10.1 Haringey's quarterly performance assessment links to the following documents / strategies:
- The [Corporate Plan](#) 2013-15
 - [Key strategies](#)

11 Reasons for Decision

N/A

12 Use of Appendices

- Appendix 1: Performance Tables Quarter Q4, 2014/15

13 Local Government (Access to Information) Act 1985

- Service performance indicator returns
- Corporate Plan



**The Council's Performance Assessment
Quarter 4, 2014/15**

**Produced by
Performance and Business Intelligence Teams
April 2015**

1. Introduction

2. The Council's Corporate Plan 2013-15 was agreed at Cabinet on 9th July 2013. The Plan identifies four key outcomes for the borough, these are:
 - **Outstanding for all:** Enabling all Haringey children to thrive
 - **Safety and wellbeing for all:** A place where everyone feels safe and has a good quality of life
 - **Opportunities for all:** A successful place for everyone
 - **A better council:** Delivering responsive, high quality services and encouraging residents who are able to help themselves to do so.
3. A basket of indicators has been identified which will enable the Council to measure progress against each of the outcomes and their strategic priorities. This report looks at the performance against each of these indicators in the fourth quarter and in the year 2014/15 to assess the progress that has been made against each outcome and whether targets were achieved. It highlights where we are performing well and where further focus is required.
4. The report is organised by Outcome and priorities, with highlights of both strong and poor performance being provided in a summary at the head of each outcome. The report highlights the key actions being taken by officers and partners to address poor performance or downward trends. Further detail can also be found in the performance scorecard which is set out in appendix 1.

Outcome 1: Outstanding for all

Overall Assessment

There is significant transformational work underway across this Outcome, with service redesign at a strategic and operational level. This work is targeted on improving outcomes for local residents and improving performance across the raft of Corporate Plan indicators. There are a number of areas performing well across the outcome, focusing in this summary on:

- **Primary and secondary schools judged Good or Outstanding:** 86% of primary and 100% of secondary schools are judged as Good or Outstanding.
- **Post 16 Attainment:** Attainment at level 3 (A level) continues to rise with 65.7% of Haringey's 19 year olds achieving a qualification, a 4 percentage point increase from 2013, now above the average for London.
- **Haringey's Families First Programme** –665 (78%) of families in phase one have achieved an improvement in one or more outcome area: crime/anti-social behaviour, education, employment with improvements expected for all the remaining 185 families by May. 551 families are eligible for phase 2 of the programme since Haringey have been put forward as early adopters of the expanded programme.
- **Adoptions and Special guardianship orders** -There were 54 adoptions and special guardianship orders (SGO) in 2014/15 with an increase in **special guardianship** orders in Quarter 4; 14 special guardianship orders completed bringing the total to 32 for the year. The target was exceeded and permanency was secured for 22% of children that ceased to be looked after.

Targeted improvement work is underway in the following areas:

- **Number of 16-18 year olds not in education, employment or training** - The level of NEETs and young people whose status is Not Known have been above the London average since the seasonal summer peak. NEETs have shown a steady increase for the last 5 months and at 4.5% are higher than our statistical neighbours. From October a new localities based model of early help will be in place with local teams responsible for NEETs and Unknowns in their area. A Young People's Strategy and a set of delivery options is being developed which will address delivery challenges in this area.
- **The timeliness of children being placed for adoption.** A programme of work around permanency is underway to ensure a whole systems approach to fostering, to develop a foster to adopt scheme and concurrent planning with family finding methods deployed for children with more challenging needs. Haringey's current average of 589 is 102 days above the national threshold of 487 days for 2012/15 but an improvement on the 778 days in 2013/14 and compares favourably with England's three year rolling average of 628 days.

Priority 1: Work with schools, early years and post 16 providers, to deliver high quality education for all Haringey children and young people

The Council is working with schools to raise standards and educational attainment, maximise the range of post 16 training and education opportunities and ensure that such opportunities are being taken up by young people.

Key performance indicators and targets for this priority

- Reduce the gap between the lowest achieving children at the Early Years Foundation Stage and the rest
- Increase the percentage of children achieving level 4 or above in combined reading, writing and maths at Key Stage 2 to 78%
- Increase the percentage of pupils achieving 5 or more A*- C grades at GCSE including English and Maths (Key stage 4) to 63%
- Increase the proportion of 19 year olds achieving Level 2 (GCSE A*-C) to 86%
- Increase the proportion of 19 year olds achieving Level 3 (A level) to 61%
- Reduce the percentage of 18 year olds not in education, employment or training to 3.6%
- Reduce the percentage of 18 year olds for whom their education, employment or training status is not known to 9.5%
- Increase the proportion of schools and children's centres rated as good/outstanding to 100% by 2016

Ofsted ratings of children's centres and schools

1. The Education Standards watchdog carries out inspections of childcare providers and schools on a rolling basis. As at February 2015 the Ofsted ratings for Haringey were as follows:

Figure 1: Ofsted Judgements as at February 2015

Establishment Type	Outstanding	Good	Requires improvement	Inadequate	Total inspected	No category/no inspection
Children centres	0	10	5	0	15	1
Primary schools	11	43	9	0	63	1
Secondary schools	5	6	0	0	11	0

- **Children's centres:** There has been one additional inspection of South Grove Children's Centre at the end of March 2015 and that previously uninspected centre was judged to be Good. Of those that have received an inspection ten centres are judged **Good** (67%) and five (33%) **Require Improvement**. This leaves just one Children's Centre uninspected Rokesly. The Children's Centre manager and advisory team are working with the centre to ensure the inspection will have a good outcome.

Primary schools: 54 of Haringey's 63 (86%) of primaries which have been inspected are judged as **Good or Outstanding**. Haringey is above the latest national position as at January 2015, 82%. Nine primaries Require Improvement; none are Inadequate. Effectiveness in all primary schools is considered to be at least Good or rapidly improving

Secondary schools: all eleven schools (excluding Haringey 6th Form Centre) continue to be rated **Good or Outstanding** (100%).

2. Educational attainment

- Analysis of 2014 Haringey attainment shows that outcomes will be in line with the 2016 projection of the top quartile in London and almost all key measures are now in line with or above England averages for the first time with gaps between the London average narrowed or eradicated.

Post 16 Attainment

- In 2014 85% of 19 year olds were qualified to Level 2, just short of the 86% target and national level. Attainment at level 3 continues to rise with 65.7% of Haringey's 19 year olds achieving a qualification, a 4 percentage point increase from 2013, now above the average for London (64%) and exceeding the national average.

Young people not in employment, education, or training (NEET)

- There are two indicators that measure progress in this area:
 - the percentage of young people who are not in education, employment or training
 - the percentage of young people for whom it is not known whether they are in employment, education or training
- Over the year there are seasonal variations in the numbers, linked to the academic year. The service monitors the number weekly and takes action where there is any unusual variation in the levels.

Figure 2: NEETS and Not Knowns as at March 2015

	Haringey	London average	Statistical Neighbours
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NEETs	4.5%	3.5%	3.6%
Not Knowns	13.2%	6.9%	10.6%

Figure 3: NEETs: 2013/14 and 2014/15, Haringey and London

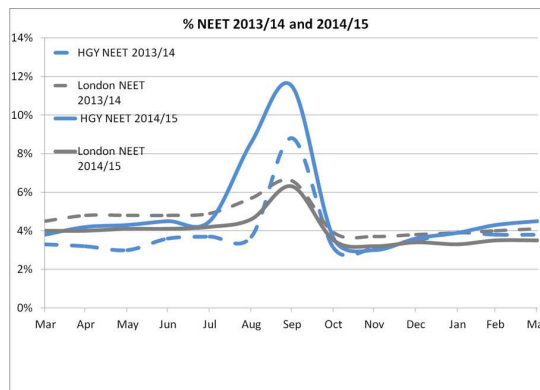
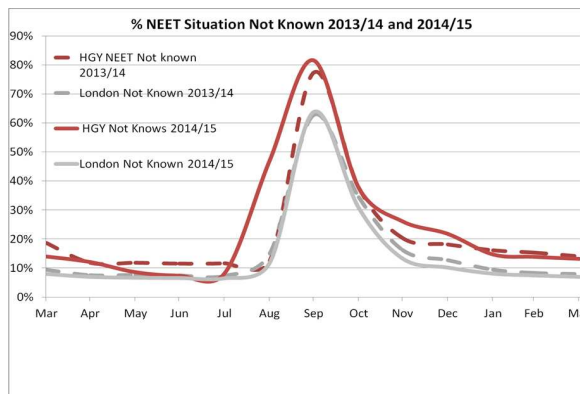


Figure 4: Not knowns: 2013/14 and 2014/15, Haringey and London



7. Both NEETs and Not Knowns have been above the London average since the seasonal summer peak. Whilst Not knowns remain at the same level as last year NEETs have shown a steady increase for the last 5 months. NEET levels are higher in part as we have become more effective at locating them. Unknowns are higher than expected in part due to UCAS data not being supplied to local authorities this year. We are adjusting for this change and increasing detached work through the youth service. From October 1st there will be a new localities based model of early help in place. Locality teams will be responsible for NEETs and Unknowns in their area and be supported by a Progression Adviser who will oversee this process and wider Raising Participation Requirements such as the September Guarantee.
8. Progress has been made towards developing a Young People's Strategy which will address the delivery challenges in this area including introducing a new robust mechanism to track unknowns, systematically planning for the seasonal spike, and supporting NEETs to become EETs. A set of delivery options for services for young people is also being developed.

Priority 2: Enable every child and young person to thrive and achieve their potential

Research shows that good maternal health, support for families and parents and sufficient and high quality early help are key to achieving this aim.

Key performance indicators and targets for this priority

- Increase the percentage of women with access to maternity services in 12 weeks to 75% by 2013/14 and to 80% by March 2015
- Support 850 families through the Families First programme
- Ensure that 80% of vulnerable 2 year olds in the borough take up their free early years place
- Ensure that 90% of vulnerable 3 and 4 year olds in the borough take up their free early years place
- Increase the percentage of children achieving at least 78 points across the Early

Years Foundation Stage (at age five)

- Complete 20 adoptions and 25 special guardianship orders by March 2014
- Reduce time between a child entering care to moving in with prospective adopters to less than an average for 2013-16 of 426 days
- Stabilise the number of children on child protection plans

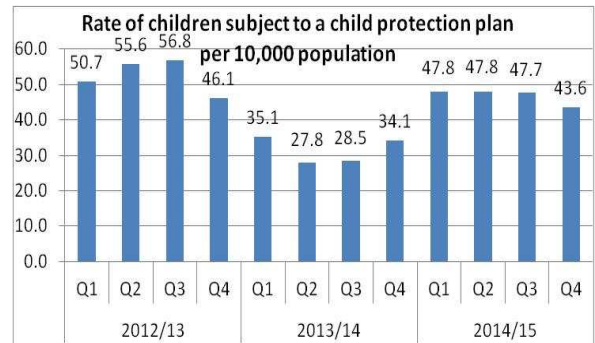
Early support and help for families

9. The **Haringey Families First** (HFF) Programme - an initiative seeking to work with Haringey's most troubled families as defined by the national Troubled Families programme— all 850 families have an allocated a lead worker and 78% of these families have achieved an improvement in one or more outcome area. By the end of January 2015, Haringey increased the number of families it had turned around through improvements in these areas to 665: crime/anti-social behaviour, education, employment in phase one of the initiative. Haringey have until May 2015 to secure improvements for the remaining 185 families. It is likely that 100% will be achieved.
10. Haringey have 551 families with a lead professional who are eligible for phase 2 of the programme since being put forward as early adopters of the expanded programme.
11. As at the end of April 2015 57% of **eligible 2 year olds had taken up their free childcare place**. 784 places have been taken up out of the DfE estimated take-up target of 1368 (80%) and the gap with the national position of 62% is closing. Good progress is being made with place development with 1,013 places developed so far and a further 202 places due on stream by September 2015. It is realistic to assume that Haringey will achieve 80% of the place target and although the take-up target has not yet been achieved, there is a positive direction of travel with the following actions in place to further increase take-up:
 - Focus on filling on vacancies with established providers and conducting provider vacancy audits, offering support to promote places.
 - Targeting parents who are eligible but not taking up places and understanding why parents don't take up places.
 - Providing enhanced brokerage – helping parent's access places.
 - Increased provider and children's centre direct brokerage and outreach.
 - Library and children centre drop-ins
 - Introduction of an electronic checking service for providers and parents. Improving the customer journey and speeding up placements.
 - A reinvigorated communications campaign is planned, as is targeted work with communities with low take up, i.e. Polish, Bangladeshi, and Jewish Orthodox.

Adoption and special guardianship

12. There have been 22 **adoptions** and 32 **special guardianship orders (SGO)** in 2014/15. There was an increase particularly in **special guardianship** orders in Quarter 4 with 14 orders going through, taking the total for the year to 6 more than in 2013/14. The target was exceeded and 8.8% of children who ceased to be looked after were adopted. When SGOs are included 22% achieved a form of legal permanency. Over a 3 year period 2011-14 Haringey's proportion of children adopted (8%) remains below that of our statistical neighbours (9.8%) and the national position (14%) although work is in place to improve on this via the Sufficiency agenda.

13. The average number of **days taken for looked after children to be placed for adoption for those children adopted in the period** reduced to 589 days for the year from 778 days in 2013/14. Whilst performance remains 102 days above the national threshold (487 day average for 2012-15), there is a positive direction of travel and current performance compares favourably with the latest available comparator data for England of 628 days for the three year rolling average (2011-14) and 769 days for our statistical neighbours.



14. Where times for children who are adopted by their foster family are stopped at the date the child moved in with the foster family, the average wait reduced to 415 days, **an improvement of 100 days compared with the previous year**. These figures relate to the timeliness for 22 adoptions but performance remains better than the 3 year average (2011-14) of 521 days for our statistical neighbours.
15. A programme of work around permanency continues to ensure that edge of care services are optimised to prevent children becoming looked after where appropriate. **We have seen a 5% reduction in our rate of looked after children between Q3 and Q4**, 24 fewer looked after children and a 10% reduction since March 2014. This is understood to be a safe downturn in our LAC population.
16. Work to ensure a whole systems approach to fostering, to **develop a foster to adopt scheme for Haringey led by senior practitioners is planned**. The service are progressing contractual arrangements with Coram to undertake recruitment and the assessment function of adopters including a fast track assessment process for second time adopters. **20 adopters were approved in 2014/15**. The placements and adoption service are working towards a more preventative approach which looks at early routes to permanency incorporating concurrent planning and family finding methods deployed for children with more challenging needs. **These actions should improve the timeliness of the adoption process** by offsetting the time taken to place children with more complex needs.

Figure 6: Rate of children subject to a Child Protection Plan in Haringey

17. We are improving our approach to placements and working actively with Independent Fostering Agency (IFA) foster carers who have **are undertaking targeted recruitment of local** the end of March 342 children were in Fosterii relatives or friends, a reduction of 39 fostering placements since 1st April 2014. In line with the reduction of looked after children in 2014/15 there has been a net reduction across all types of paid provision. As at 31st March 2015 42% of fostered children were in Haringey provision and 50% in private provision.

Child Protection Plans

18. There has been a 28% increase in the **number of children subject to a child protection plan** since March 2014 but numbers have reduced in Q4 from an average of 282 to 257. This equates to a rate of 44 per 10,000 children aged 0-17. This is higher

than the same time last year (201 or 35 per 10,000) but following this reduction is now more in alignment with our statistical neighbours (257 or 42 per 10,000 in March 2014).

19. The change in numbers of children subject to plan can result from service changes and the timeliness of transfer of cases into Safeguarding and Support but is also related to the screening processes which affects the number of children referred into children's social care as well as the correct application of thresholds when children become subject to a plan. The quality of decisions made is tested through review and regular audits as part of our quality assurance processes. An audit to review the impact and outcome for children who ceased to be subject to plan is scheduled for the beginning of May.
20. In addition, the Thresholds document has recently been refreshed and will be relaunched, this will further strengthen systems at the Front Door.

Outcome 2: Safety and wellbeing for all

Overall Assessment

There is significant work in the Council and with partners to improve outcomes across this area of activity which cover safety, safeguarding and improving health and wellbeing. There are a number of areas performing well across the outcome, focusing in this summary on:

- Continued decrease in **youth re-offending** with gap in performance with London and comparable authorities closed- Re-offending down from peak of 49.5% a year ago to 40.9% of the cohort re-offending.
- The high proportion of positive outcomes on the **Offender Management Scheme and Gang Unit Project**. 62% of the caseload demonstrated a reduction in re-offending.
- **Teenage conceptions**- show a continuing downward trend for Haringey with the rate of teenage pregnancy dropping faster than anywhere else in the country. Haringey's rate of teenage pregnancy locally was amongst the highest in London in 2010 at 49.2 per 1,000 population but the rate of 20.9 (2013) is now lower than the average for London and nationally as well as exceeding the 28.7 target.

Targeted improvement work is underway in the following areas:

- There has been an increase in **alcohol related hospital admissions** compared with the same period in 2013/14 and Haringey continues to have significantly higher number of alcohol related hospital admissions than average particularly for males. Public Health will reinstate the hospital alcohol liaison service and will continue to work with GPs to increase early intervention within primary care.
- The proportion of **looked after children placed 20 miles or more** from Haringey has reduced this quarter and fewer children are placed outside the local authority boundary. Targeted recruitment of carers in the borough is underway with 24 foster carers approved and recruited in 2014/15, 22 of these through a new contract with NRS. A continued focus on recruitment of carers for young people age 11+ and long term carers is part of the new sufficiency and permanency policy planning.
- The continuing issue of high volumes of **fly-tips reported by residents and Members**. Noel Park Ward will be the focus of a community in Action pilot. This pilot will focus on working with residents and community groups to drive down fly tipping and address other environmental and community safety issues that the community identify as priorities.
- **People killed and seriously injured (KSI)** in road accidents. A study of the borough's collisions to identify remedial measures and education requirements is underway. The Council is working with local communities to deliver 3 Community Streets Programmes across the borough. In addition, the introduction of a borough wide 20 mph speed limit comes into effect this year and should impact positively on the number of people killed or seriously injured.

Priority 3: Make Haringey one of the safest boroughs in London

The focus of this priority is reducing crime, improving coordination to tackle domestic violence and increase community confidence.

Key performance indicators and targets for this priority

- Work with 80 young people involved in gangs
- Ensure that the Gang Unit works with 80% of the people on the gang caseload and keeps them engaged
- Increase the number of cases dealt with through Integrated Offender Management¹ from 70 to 310 cases over 4 years (95 in 2013/14, 250 2014/15, 280 2015/16, and 310 2016/17)
- Reduce re-offending amongst 10-17 year olds to no more than 40%
- Increase the percentage of residents who feel the council and police are dealing with crime and anti-social behaviour effectively to 59%

Reducing crime

21. The most recent available data for the **youth re-offending rate** is two years old and should be considered alongside local information. Published data for Haringey shows a continued positive direction of travel in the most recent period (April 12 – March 13), from 41.6% last period to 40.9%. Youth re-offending continues to decrease since its peak of 49.5% over a year ago, this is the sixth consecutive period showing a reduction. Offending has reduced by 15% and is now lower than the London & family group averages for the first time.
22. Haringey has the lowest number of first time entrants in our family group meaning that less young people are entering the youth justice system. This is partially due to the success of the Triage service which diverts low-tariff offenders. There has also been a marked reduction in the number of offences committed.
23. The multi-agency **Integrated Offender Management Unit** dealt with 304 cases in 2014/15 exceeding year 2 targets equating to 143 individuals dealt with during the year. It dealt with 304 cases, equating to 134 individuals. The live caseload has been extended to 94 open cases. Those offenders on the scheme had a 38.5% reduction in convictions since joining the scheme compared with the two years prior to joining with the cost of offending reducing from £6,796,257 to £3,421,722 over the period.
24. The **Gang Unit Project** worked with 53 young people involved in gangs in 2014/15, short of the target of 72. Work continues with the most problematic individuals with complex needs. 79% of the Integrated Gang Unit cases have engaged and been retained, close to the 80% target. This happens when an intervention plan is agreed and completed with a forward plan developed meaning that these young people have been referred for longer term support. In 2014/15, 62% of individuals on the scheme demonstrated a reduction in

¹ Integrated Offender Management (IOM) is delivered through a co-located multi agency team consisting of Police, Probation, Council and other Pathway Partners linked to the Drug Intervention Programme, Integrated Gangs Unit, Youth Offending Services, the Secure Estate, Domestic Violence, Mental Health, Housing, Job Centre plus and voluntary sector providers focussing partnership resources on the most prolific and problematic offenders.

reoffending compared with six months prior to referral against a target of 20% to be achieved over a four year period.

25. In addition other positive outcomes were achieved with 38% of the gang project caseload engaged in education, employment or work experience (54% when custody and immigration cases are excluded). 75% of the annual caseload are living in settled accommodation. In December 2014 Haringey participated in a Local Assessment process carried out by the Home Office peer review team. This included front line professional partners in Haringey in a conversation around violence, young people and vulnerability. Feedback was exceptionally positive about local operational knowledge and dedication of staff in phase one whilst the second phase (March 2015) explored gaps and developed an action plan to address child sexual exploitation. This will contribute to the Gangs and Serious Youth Violence strategy and associated delivery plan for 2015/16.

Priority 4: Safeguard children and adults from abuse and neglect wherever possible, and deal with it appropriately and effectively if it does occur

Key to safeguarding children and adults is embedding effective safeguarding practice, ensuring that there are robust and efficient processes in place to keep vulnerable children and adults as safe and secure as possible.

Key performance indicators and targets for this priority

- Ensure that 85% of assessments are completed within 45 working days
- Reduce the proportion of looked after children placed more than 20 miles from Haringey to 16%
- Ensure that no more than 7% of children subject to a child protection plan have a child protection plan lasting 2 years or more
- Ensure that no more than 10% of looked after children have three or more placements in the year
- Increase the proportion of adult social care users who state that the services they use make them feel safe and secure to 85%

Feeling safe and secure

26. The proportion of **Child and Family Assessments completed within 45 working days** dipped in Quarter 4 and declining to a low point of 73% in December against an 85% target. 83% of children and families assessments were completed in 45 days in March, 82% in the period April to March. Current performance is showing a decline from levels achieved earlier in the year and the end of year performance fell slightly short of the 85% target although an improvement from the 76% achieved last year.

27. There has been increased pressure on our front door with contacts to the service increasing by 21% compared with the previous year and a significant increase in the number of referrals and consequently assessments particularly in March. 635 assessments were completed in Quarter 4- over a third more than in Quarter 3 going some way to explain the lower levels of timely completion in the last quarter of the year. Daily reporting to service managers and weekly performance meetings continue to play a role in tracking the timely completion of assessments.

28. In 2014/15, there were three children (1%) who ceased to be subject to a plan in the period where the **child protection plans lasted over two years**. This is down from 9% at the end of March 2014, lower than our statistical neighbours (6%) and our own target of 7%. Good performance is typified by low percentages but this needs to be considered alongside levels of children subject to a plan for a second and subsequent time (re-registrations).

29. 21.5% (84) of children were subject to a **child protection plan for a second or subsequent time**, an increase from the 12.5% in 2013/14 and above our target and statistical neighbour average of 14%. High levels of subsequent plans may suggest that the professionals responsible for the child's welfare are not intervening effectively either to bring about the required changes in the child's family situation, or to make alternative plans for the child's long term care. Monthly audits and regular reviews are completed to provide assurance that children and their families are receiving the services necessary to

bring about the required changes in the family situation and to monitor performance in working towards the outcomes outlined in the child's plan. A quality assurance review of all cases which have ceased to be subject to plan is scheduled for early May and will report on the impact and outcome for these children.

30. Indicators of **stability of placements** for looked after children remain in line with statistical neighbours and targets. At the end of March 34 children or 7.5% had **3 or more placements** and 74% of those looked after for 2 and half years or more had been in the **same placement for at least 2 years**. Together these measures of stability suggest quality matching of the child's needs and can be associated with better outcomes. The target is set at 10% as some movement in placements may be necessary, for example to meet the changing needs of the child or where a placement breaks down. Focus on this area will continue as part of the looked after children review with a workshop scheduled for 28 April.
31. The proportion of **looked after children placed 20 miles or more from Haringey** reduced to 77 children or 18% in Quarter 4. Some of this improvement is attributable to an increase in carers in the borough and the introduction of an Edge of Care panel to review all placements for children coming into care but some will be as a result of the overall reduction in the number of looked after children. Although there have been successive months of reduction performance remains above the target of 16% and above the national average of 12%, and it is not clear whether this reduction will be sustained. A review of Looked After Children is underway to reshape the current approach to placements, sufficiency and to look at current policy and how this might be improved to better meet the needs of our young people.

Priority 5: Provide a cleaner, greener environment and safer streets

The key measures for this priority are maintaining clean streets and high quality parks and open spaces.

Key performance indicators and targets for this priority

- Maintain green flag status for 18 Haringey parks
 - Ensure that 65% of all parks inspected are graded to a high standard (A or B)
 - Ensure that the proportion of land with unacceptable level of litter does not exceed 7%
 - Ensure that the proportion of land with unacceptable level of detritus does not exceed 11%
 - Reduce the number of fly tips reported by residents to 450 per month in 2014/15
 - Reduce the number of people killed or seriously injured on Haringey roads
-

Clean streets

32. Tranche 3 survey inspection data shows levels of **street cleanliness** have been maintained and levels of litter and detritus were better than target. The service continues to work with the contractor to redesign the street cleaning service to aid improvements in levels of cleanliness across the borough.

Figure 7: Number of flytips reported in Haringey

Reporting of flytips continues to be a significant issue in the borough. Despite a reduction in the number of reports in Quarter 4, Haringey has exceeded the full year target: 8,444 reports by residents against a target of 5,400. During Quarter 4 residents reported 1,973 incidences of fly tipping in the borough, well ahead of the 2014/15 target ceiling level of 450/month. There continues to be a high level of fly tip reporting through the Haringey App for Quarter 4, however this has not resulted in a channel shift in the way fly tips are being reported. The Haringey App is an additional reporting tool making it easier for residents to report fly tips. Veolia performance information shows that reported fly tips are collected within the 24 hour SLA.

33. Village 4 Wood Green Assembly area is where the majority of fly tipping is happening and being reported. Noel Park Ward will be the focus of the up and coming community in Action pilot. Part of this pilot will focus on working with residents and community groups to drive down fly tipping as well as addressing other environmental and community safety issues that the community identify as priorities.
34. The council is continuing to pursue a fly tip action plan with a focus of inspection, door knocking and enforcement at identified fly tipping hot spots. Following visits to other boroughs to find out about their fly tipping strategies the Corporate Delivery Unit are currently working on a fly tipping review with recommendations and focus on strategy around fly tipping.

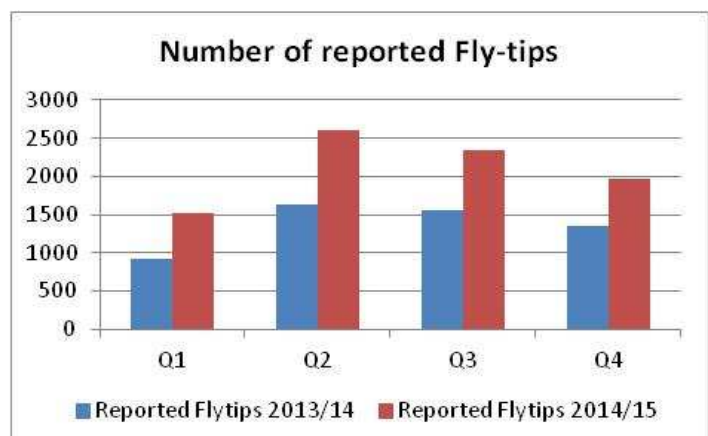
High quality parks and open spaces

35. Across all inspections undertaken in the final Quarter of the year, the proportion of **parks with acceptable levels of litter** (graded A or B standard) increased to 85% which is well above the 70% target. The full year target has been comfortably exceeded with 74% of almost 500 inspections assessing our parks to have a good overall standard of cleanliness.

Road Safety

36. Quarterly figures for the number of **people killed and seriously injured (KSI)** in road accidents are significantly higher than target. Annual KSI figures are calculated as an average of the last three calendar years. The Mayor's recently revised target based on the 2005 – 2009 figures is a reduction of 40% by the year 2020 equating to 56 KSI. Based on this the target for the calendar year of 2014 is 76 KSI.

37. In Haringey the year to date accident figure is 91, 15 more people killed or seriously injured than our target. The large disparity can be explained by a spike in the number of KSI in 2012 and 2013 with 107 and 106 KSI respectively.
38. To better understand trends, the Council has engaged consultants to conduct a study of the borough's



collisions and to identify remedial measures and education requirements. This will assist in prioritising future years' funding. The Council is also working with local communities to deliver 3 Community Streets Programmes across the borough. In addition, the introduction of a borough wide 20 mph speed limit comes into effect this year and is likely to lead to a decrease in the average KSI per year across the borough. We will also continue to focus Local Safety Scheme funding on accident hotspots across the borough to help us meet the Mayor's Target of 56 KSI per year by 2020.

Priority 6: Reduce health inequalities and improve wellbeing for all

To achieve this priority services are focusing on encouraging healthy lifestyles for children and adults and promoting independence and delivering high quality support and care for those in the greatest need.

Key performance indicators and targets for this priority

- Reduce Haringey's under 18 conception rate to 32.7 in 2013/14 and to the rate for London by 2015 (London rate 28.7 per 1,000 in 2011)
- Halt the rise in childhood obesity amongst 4-5 year olds
- Halt the rise in childhood obesity amongst 10-11 years olds
- Reduce cardiovascular mortality to 77.7 per 100,000 by 2013/14 and to 76 per 100,000 by 2014/15
- Ensure that alcohol-related hospital admissions do not increase by more than 6%
- Increase the proportion of adult social care users in receipt of a Personal Budget to 70%
- Increase the percentage of adult social care users reporting that they have control over their daily life to 72%
- Increase the proportion of adults with learning disabilities living in settled accommodation to 70%
- Increase the proportion of clients aged 65 and over above achieving independence through rehabilitation to 90%
- Increase the proportion of adults in contact with mental health services living independently to 80%

Please note that for a number of the above indicators there is a time lag in the publication of data, in this report the latest available data is shown.

Healthy lifestyle

39. **Teenage conceptions-** Latest ONS under 18 conception rates released in February 2015 show a continuing downward trend for Haringey, with a rate of 20.9 per 1000. Haringey now has a rate lower than for London (21.8 per 1000) and England and Wales (24.5 per 1000) having exceeded our local target set within the Health and Wellbeing Strategy 2013-2015.
40. Our 2013 annual rate of 20.9 per 1000 is below those of our comparable neighbours and shows that Haringey's percentage rate of change for 1998- 2013 is a decrease of 66.5%. This decrease is also greater than the decreases achieved by London (-57.3%) and England and Wales (-48%).

41. In addition, under 16 conception rates for 2013 show that Haringey's rate of 3.6 per 1000 is lower than the under 16 rate for London (4.3 per 1000) and for England & Wales (4.9 per 1000) and is also below the under 16 rates of our comparable neighbours.
42. Interventions to reduce teenage pregnancy have continued to focus on improving young people's access to Sex and Relationship Education via the Healthy Schools programme, increasing the range of young people friendly contraception and sexual health services in pharmacies, GPs and clinics and targeting additional support to those most at risk including outreach sexual health nurse provision and Speakeasy training for their parents/carers and the professionals supporting them.
43. 5300 Haringey young people have registered on to Come Correct C-Card, the free condom distribution scheme to young people under 25 in Haringey and across London. Contraception and sexual health services including support for teenage parents are promoted on www.haringey.gov.uk/sexualhealth which includes a dedicated Under 25s section.
44. The latest data on this measure suggests that there has been an increase in **alcohol related hospital admissions** compared with the same period in 2013/14. This is a change as the rate had been falling. Public Health will aim to work with the Clinical Commissioning Group to reinstate the hospital alcohol liaison service and will continue to work with GPs to increase early intervention within primary care.
45. No new information or data is available on **childhood obesity**
46. No new data is available for **early mortality from cardiovascular disease (CVD)**.

Choice, control and independence

47. The proportion of social care clients and carers receiving long term support services in receipt of self-directed support remain comfortably above the target of 70%, at 83% and 78% respectively. Personalisation through self-directed support, where service users are in control of their own care and support making more choices which are important to them, remains a key focus for Adult Social Care.

Support for vulnerable adults

48. The percentage of **adults in contact with secondary mental health services living independently** has increased to 77%, and exceeded the target of 70%. Data from the Mental Health Trust shows that 937 individuals on the Care Programme Approach have been identified as living independently, close to levels achieved by comparator authorities and higher than those achieved nationally.
49. The proportion of **adults with learning disabilities** identified as **living in their own home** or with their family at the time of their 2014/15 assessment or review increased in Quarter 4 to 72%, exceeding the 70% target and a slight improvement on levels achieved in 2013/14.

Outcome 3: Opportunities for all

Overall Assessment

As with each of the outcomes, good performance in this area cannot be delivered by the Council alone but requires strong partnership working. There is an increasingly strong prevention and early intervention approach being adopted across this outcome. There are a number of areas performing well across the outcome, focusing in this summary on:

- A continued **reduction in levels of unemployment**, including narrowing the gap in the level of Job Seekers Allowance claimants between the least and most affluent areas of the borough.
- The 134 people supported into work through a Council-run **employment programme**, which exceeded the target of 100.
- **Progress on delivering changes in Tottenham** – Tottenham was designated a Housing Zone by the GLA in February, one of the first nine in London. The Housing Zone will have an initial focus on Tottenham Hale where it will pave the way for 2,000 more homes including an ambition for 50% affordable homes. The Strategic Masterplan Framework for Northumberland Park was published in February incorporating feedback from the local community on themes around the place, homes, open space, community and connectivity. Feedback was overwhelmingly positive with residents expressing a firm view that they wanted change in the area.

Focused improvement work is underway in the following areas:

- The continued increase in the **use of temporary accommodation**, albeit the rate of increase has been lower than London and England. Haringey remains the second highest borough in London for households living in temporary accommodation.

Priority 7: Drive economic growth in which everyone can participate

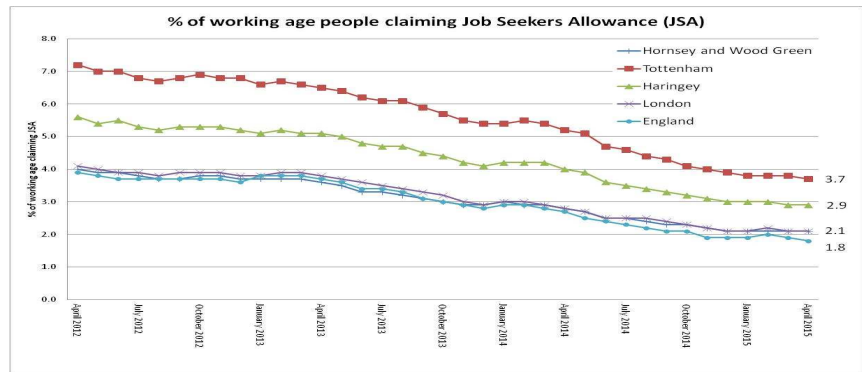
A key part of delivering this priority is supporting jobless residents into employment.

Key performance indicators and targets for this priority

- Reduce the proportion of working population claiming job seekers allowance by 10%
- Support 300 people into work through Jobs for Haringey programme, 30% of whom will be young people

Unemployment

49. The proportion of **Haringey's working age population were claiming Jobseekers' Allowance (JSA)** has continued to reduce and in April 2015 it reached 2.9%. Haringey continues to follow the London and England trend and the gap persists. Although geographic variations remain, Tottenham is reducing at a faster rate thereby narrowing the gap with Haringey.



50. Unemployment rates are driven by a range of local, regional and national factors and require both a change in the economic circumstances and interventions at various levels from a range of agencies to bring about a significant reduction. Council-run initiatives are currently targeted on those with longer periods of unemployment but because of the comparatively small numbers involved this work cannot have a significant effect on the overall rate of unemployment. In Quarter 4 the Jobs for Haringey Programme supported 37 people into employment taking the final figure for 2014/15 to 134, above the annual target of 100 people.

Priority 8: Deliver regeneration at priority locations across the Borough

This priority focuses on delivering a cohesive programme of physical, social and economic renewal for Tottenham and key regeneration sites across the borough. The Council and the local community are working together in a number of areas and a range of partners is involved in planning and delivering the changes being proposed and delivered across the Borough.

51. Milestones reached in Quarter 4 to deliver the programme of renewal for Tottenham and other key regeneration sites in the borough include:

- Tottenham was designated a Housing Zone by the GLA in February, one of the first nine in London. The Housing Zone will have an initial focus on Tottenham Hale, where it will pave the way for 2,000 more homes than would otherwise be possible, including an ambition for 50 per cent affordable homes. Alongside the new homes will come almost £45million investment in unlocking sites for development and creating a modern district centre, with fantastic transport links, new bridge access to the Lee Valley Regional Park, new public spaces, shops and restaurants, and new employment opportunities.
- Consultation was held on the Local Plan Regulation 18 documents including a Tottenham Area Action Plan from 9 February to 27 March.
- The Strategic Masterplan Framework for Northumberland Park was published in February. A set of Key Principles for Change were developed based on the feedback from the local community to guide any potential regeneration plan or future detailed masterplan for Northumberland Park. These cover themes around the place, homes, open space, community and connectivity. The feedback was overwhelmingly positive, residents said that they want and welcome change in the area. The Northumberland Park Residents Association was formed to ensure the

local community's views are represented in any future regeneration of Northumberland Park. On the 25 March, the elected members of the Residents Association were voted in.

- The council was successfully awarded a Heritage Lottery Fund grant of almost £1.5million from the Townscape Heritage Initiative Programme to be invested in reinstating some of the original High Road facades in the North Tottenham Conservation Area during the coming four years. Work will include repairing the exteriors of buildings and restoring historic architectural features. Apprentices will be offered the chance to learn valuable period restoration skills by working on the scheme, while local residents will be invited to workshop sessions to find out more about the project.
- Following Cabinet approval of the High Road West masterplan in December, to progress the regeneration proposals the council served an Initial Demolition Notice on the council's secure tenants of the properties in the Love Lane Estate.
- Work commenced on the Tropical Park, creating a new local park in Houghton Road off West Green Road which will celebrate the diversity of the area using colourful plants, trees and flowerbeds to create a safe garden for local people, traders, community groups and schools to use.
- Two initiatives were launched: The 'Haringey 100' on 13 March at CHENEL, a campaign for employers to pledge to take on 100 apprentices in 100 working days, and the Opportunity Investment Fund (OIF) on 16 March at Tottenham Town Hall. The OIF is a £3.65m programme to enable investment in workspace and employment projects in Tottenham. The fund is jointly provided by the council and the GLA.
- On 28 March the council held a Tottenham Hale information day at the Engine Room, Hale Village. Residents were able to find out more about regeneration plans and proposals in the area through a mini exhibition, viewing the Tottenham Hale model showing potential future changes and the Tottenham Regeneration team were in attendance to answer any questions. Three guided walking tours of green spaces, creative businesses and Hale Village took place throughout the day.
- Wood Green Project Board established November 2014 to steer delivery of the Wood Green Investment Framework.
- Wood Green Investment Framework (a comprehensive economic and spatial plan for commercial and residential development and investment) commissioned to Fluid Design Limited (in a consortium with AECOM and DTZ). To complete in December 2015.
- GLA High Street Fund award of £300,000 to develop meanwhile uses in council-owned buildings on Station Road. 'The Green Rooms' Art Hotel with cafe/bar and exhibition space at 13-27 Station Road to be refurbished and fitted out for grand opening in Spring 2016.
- Wood Green Business Engagement Manager appointed to develop a formal business association in Wood Green and commission a feasibility study for a Business Improvement District (BID) for Wood Green.
- Commissioned Knight Frank to convene an expert panel in autumn 2015 to make high-level recommendations for how environmental sustainability can be maximised through major regeneration developments in Tottenham and Wood Green.
- Attended Site Match in February 2015 and MIPIM in March 2015 to highlight major regeneration developments in Tottenham and Wood Green.

52. Future Milestones to deliver a programme of renewal for Tottenham and other key regeneration sites in the borough include:

- Tottenham Housing Zone – the Council and GLA are aiming to complete the due diligence process on the grant agreements by summer 2015.
- Residents in Northumberland Park ward will work with Haringey Council, together with The Prince's Charities and leading addiction charity Blenheim CDP on social regeneration projects after receiving £1m funding from the DCLG Transformation Challenge Award funding scheme.
- There will be further community information events taking place in Tottenham Hale in June 2015.
- Continued delivery of shopfront improvements in West Green Road and along the High Road completing in summer 2015. Cycle Superhighway – delivery of a five mile cycling route between north Tottenham and Liverpool Street, due for completion in 2016, construction is due to start on site mid 2015
- Implementation of major station improvements at Tottenham Hale – works completing in 2017.
- Delivery of upgrade of local rail links to bring four trains per hour between Angel Road, Northumberland Park, Tottenham Hale and Stratford on the West Anglia Main Line, completing in 2018.
- Harringay Green Lanes - the Green Lanes Town Centre Improvements scheme, funded by the Mayor's Outer London Fund (OLF) and the Green Lanes Corridor scheme, funded by Transport for London (TfL) which aim to make highways infrastructure and public realm improvements along the Green Lanes Corridor will be completed

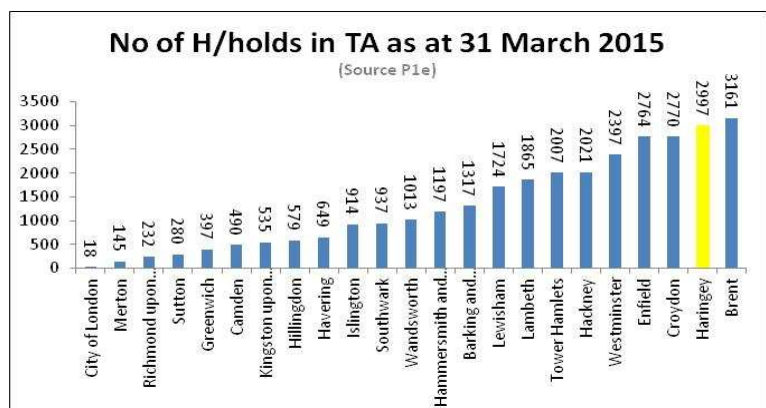
Priority 9: Ensure that everyone has a decent place to live

A key challenge for Haringey is to tackle high levels of homelessness in the borough and ensure that housing is of a good quality and well managed.

Key performance indicators and targets for this priority

- Deliver 820 housing units annually, 50% of which should be affordable housing.
- Provide more homes by building or converting 300 - 600 new homes
- Re-license 90% of mandatory HMO's where licenses have expired within year
- License an additional 100 Properties within the 'Additional HMO Licensing Scheme' in Haringey ward
- Prevent homelessness - reduce homeless acceptances to 2.1 per 1,000 population
- Reduce the number of households in temporary accommodation to 2,800

53. The **number of homelessness acceptances** continues to fluctuate, in Quarter 4 there were 164 acceptances bringing the total for the year to 657, equating to 2.55 acceptances per 1,000 population. This equates to 105 or 13.7% fewer acceptances this year compared with 2013/14 but performance remained consistently above the target all year and the year-end target of 546 was not achieved.
54. The number of homeless approaches continues to be affected by a high rate of landlords evicting clients housed in the private rented sector (PRS). Compounding this, the buoyancy of the PRS is making it difficult to source PRS properties as alternatives to accepting homeless applications. Officers are focusing on early intervention to reduce homelessness approaches through better information and advice and to encourage residents to take a more proactive approach to the risk of homelessness.
55. The number of **households living in temporary accommodation** has continued to increase taking the total to 2,997 households, an increase of 14 in Quarter 4 and 128 more households in temporary accommodation since last year. The end of year target was predictably not achieved but the rate of increase in the numbers in temporary accommodation remains below London and national trends.
56. The main reason for approach is eviction from the private sector with landlords citing uncertainty around Universal Credit and higher market rents than Housing Benefit allows. The service is reviewing any potential quick fixes that will contribute to a reduction in the numbers. This includes areas such as benchmarking and reviewing the incentive payments offered via the Home Finder scheme and delivering an enhanced visiting regime to identify any abandonment or illegal sub-letting of temporary accommodation.



Outcome 4: A better council

Overall Assessment

The Council's Customer Services Transformation Programme is setting out an ambitious change agenda in this area and all services in the Council are seeking to improve efficiency and to address customer service standards. There are a number of areas performing well across the outcome, focusing in this summary on:

- **Timely processing of planning applications** - performance improved in minor application processing this quarter and all major applications have been processed in 13 weeks in 2014/15, an improvement on the previous year performance.
- 95.93% of **Council tax** was collected in 2014/15 exceeding target.
- The **household recycling rate** target has been met with 37.4% of household waste recycled in 2014/15.

Focused improvement work is underway in the following areas:

- **Customer service centre performance** which remained at or just below target with the exception of first contact resolutions (FCR) which dipped to 77% in Quarter 4 against a target of 85%.
- The **delayed transfers from a hospital to a community setting** – an increase in delays has been seen this quarter to 12.1 delays per 100,000 population, the highest rate since Quarter 1 2013/14 against a target of 8.6. The service continue to work collaboratively with health around discharge services and make best use of Winter Pressures funding to reduce delays.
- Decline in **number of library visits**. There was a 6.5% reduction in visits to Haringey libraries between 2013/14 and 2014/15 although this is in line with national trends. The service is continuing to implement the recommendations of the Libraries Review and is part of the Customer Services Transformation programme. The initial focus is on Marcus Garvey and Wood Green, two of our main libraries where major projects are being planned with implementation expected late 2015/early 2016.

Priority 10: Ensure the whole council works in a customer focused way

As a Council we want to ensure that our residents and customers are satisfied with the customer service they receive.

Key performance indicators and targets for this priority

- Increase the proportion of calls answered to 90% (call centre)
- Increase the proportion of calls dealt with first time to 82% (call centre)
- Reduce the proportion of complaints upheld following detailed investigation by the Ombudsman to 50%
- Reduce waiting times at Customer Services Centres so that 75% of personal

callers are seen in 20 mins

- Increase visits to Haringey libraries by 10% by 2015/16

57. Performance for the **customer service** indicators were at or just below target for call centre answering and customer service centre waiting times. The proportion of first contact resolutions (FCR) dipped in Quarter 4. In 2014/15:

- 89% of **calls to the call centre were answered**, against a target of 92%
- 78% of **callers to the Customer Service Centres were seen within 20 minutes**, against a target of 78%.
- 77% of **call centre calls were resolved first time**, against a target of 85%.

A new performance management approach has been introduced which will enable the service to actively manage performance in these key areas. A project manager has been appointed to assist with delivering some of the technical projects within Customer Services/Contact Centre, including procuring and deploying a technical solution to assist with the capture of FCR information which will help us to understand the drivers impacting on FCR.

58. The proportion of **complaints upheld following investigation by the Ombudsman** is comfortably below target – 31% against a target of 45% (35 out of 114 cases) and an improvement on the 58% in 2013/14. Benchmarking data shows that Haringey receives a lower rate of formal complaints per 10,000 population than a number of our neighbouring authorities and is below the average for London authorities.

Priority 11: Get the basics right for everyone; Priority 12: Strive for excellent value for money

Key performance indicators and targets for this priority

- Reduce the percentage of Principal roads where maintenance should be considered to 7%
- Increase the percentage of minor planning applications processed within 8 weeks to 65%
- Increase the percentage of other planning applications processed within 8 weeks to 80%
- Increase the percentage of major planning applications processed within 13 weeks to 65%
- Increase the proportion of residents returning completed electoral registration forms to 90%
- Increase the percentage of staff receiving performance appraisals to 95%
- Ensure that 94% of council tax is collected in year
- Increase the proportion of household waste recycled to 37%
- Reduce the rate of delayed transfers of care to 8.6 per 100,000 population

59. Targets for all types of **planning applications processed within timescale** have been met. Whilst there was a slight dip in Q4 performance for other applications, performance on processing minor applications in 8 weeks improved and 100% of all major planning applications were processed in 13 weeks or in line with agreed extension in 2014/15.

Although the major applications relate to relatively small numbers, performance has improved from 82% processed in timescale in 2013/14.

60. The proportion of **Council tax** due that was **collected** in 2014/15 exceeded the target set – 95.93% against a target of 94% for the year. It was also an improvement on the collection rate of 95% in 2013/14.
61. In Quarter 4 there was an increase in the number of **delayed transfers of care from hospital** from 8.47 to 12.12 per 100,000 population. This is above our target of 8.6 and levels of delays in comparator authorities (6.9).

Figure 11: Delayed transfers of care

The increase in delays in Quarter 4 was mainly attributable to an increase in NHS acute delays. Social care delays continued to remain low during Quarter 4 with performance maintained through the effective use of Winter Pressures funding. The service continue to work collaboratively with the Clinical Commissioning Group (both operationally and strategically) to reduce delays.

62. **Recycling levels** for quarter 4 increased slightly, taking the year to date provisional rate to 37.35%, just above this year's target of 37%. A rolling action plan is in place to ensure the challenging targets over the next five years, in excess of 40% recycling, can be achieved. There has been a focus on estates and blocks of flats in the past year with the roll-out of food waste recycling to all such properties now completed, improvements to dry recycling facilities and a comprehensive outreach programme which has provided a reusable sack for recycling to all households. Estates will continue to be an ongoing area of focus for communications and outreach work during the coming year. This is alongside detailed survey work currently being undertaken on recycling and refuse storage capacity and behaviours that will allow targeted communication to low performing areas.
63. **Library visitor numbers** increased slightly in Quarter 4 bringing the total number for the year to 7,031 visits per 1,000 population against a target of 8,605. The general decline in visitor numbers reflects a national trend. The service is continuing to implement the recommendations of the Libraries Review and is part of the Customer Services Transformation programme. The initial focus is on Marcus Garvey and Wood Green, two of our main libraries where major projects are being planned. Implementation is expected late 2015/early 2016.

64. The new **Individual Electoral Registration (IER)** process automatically registered 61% of the Haringey electorate via DWP data – matching in its first year, exceeding the notional 39% expected. In Haringey there are large communities who are ineligible to vote and who have little incentive to respond to the Council, but nonetheless many do. Haringey's **contact rate** was 94.2% in response to (at least three) follow up Household Enquiry Forms and Invitations to Register. It is believed that the remaining households were either ineligible to vote or empty properties. This was achieved through an extensive



Communications campaign involving JC Decaux Panels, receipt backs, a registration day (where Customer Service Officers asked anyone contacting the Council if they were registered) and a registration “bus”.

65. In three months Haringey signed 15,000 people and increased the overall Register by 8.2% from December 1st. The Parliamentary register was the largest since 1987 and the first since that time in which the **Tottenham Parliamentary register** stood at over 70,000. Our metrics suggested that the Parliamentary portion of the electorate had been relatively stable since 2010 (although the overall register has been growing) so this was a pleasing result. Anecdotal evidence also suggested that turnaways at polling stations due to people not being registered were limited.

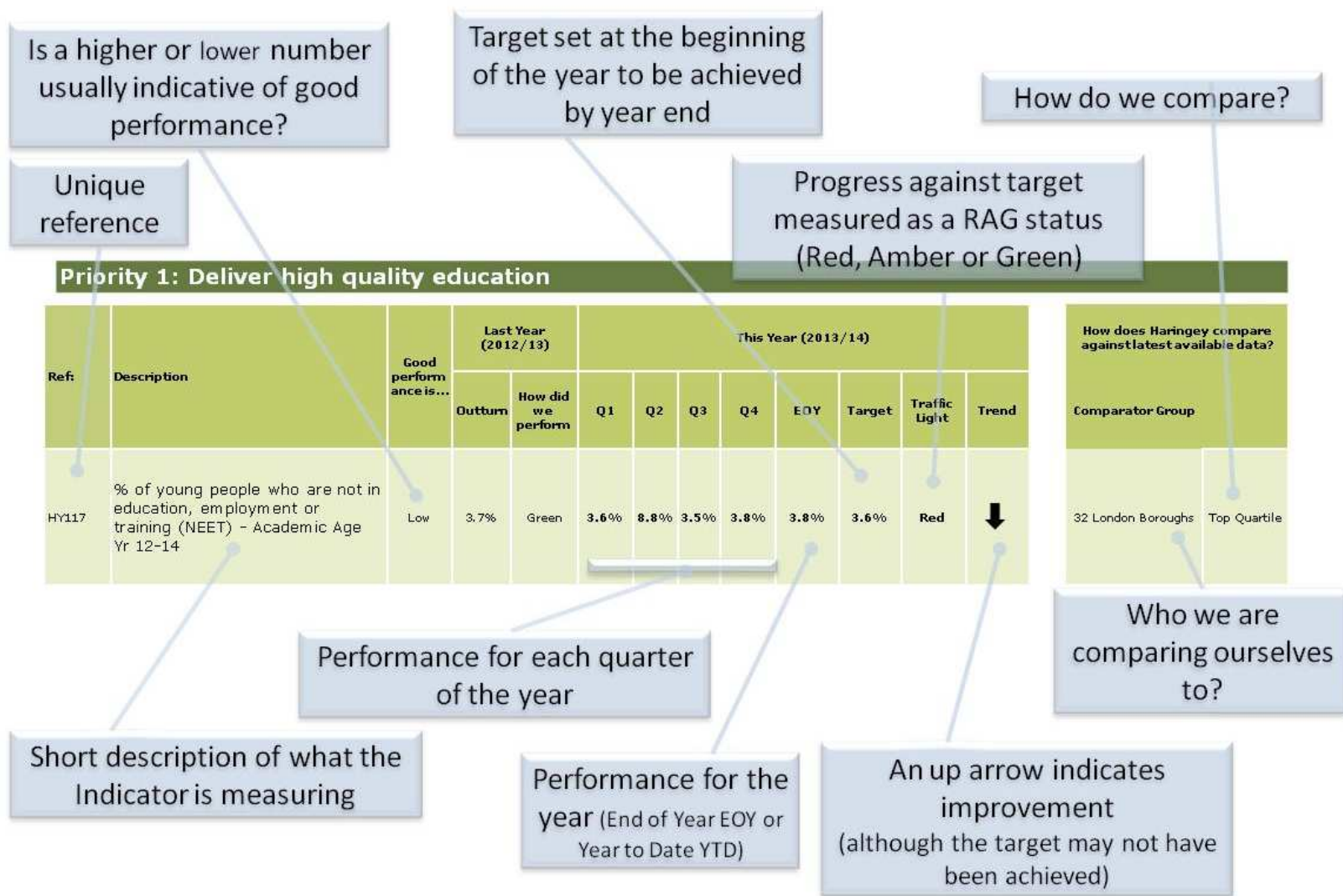
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Appendix 1: Corporate Plan Performance Scorecard

Summary

Outcome	Priority	No. KPIs	Red	Amber	Green	No target	Data awaited
Outstanding for all: enabling all Haringey children to thrive	Deliver high quality education	10	1	3	5	1	0
	Enable every child and young person to thrive	10	3	0	3	4	
Safety and wellbeing for all: a place where everyone feels safe and has a good quality of life	Make Haringey the safest borough in London	5	0	2	2	0	1
	Safeguard children and adults	5	1	1	2	0	1
	Provide a cleaner, greener and safer environment	6	2	0	4	0	0
	Support health and wellbeing for all	11	1	0	7	1	2
Opportunities for all: a successful place for everyone	Drive economic growth in which all can participate	2	0	0	2	0	0
	Ensure that everyone has a decent place to live	7	3	0	2	0	2
A better Council: delivering responsive, high quality services; encouraging residents who are able to help themselves	Customer focus, Getting the basics right, Value for Money	13	2	1	8	0	2

Explanation of performance data



Priority 1: Deliver high quality education

Ref:	Description	Good Performance is	Last Year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	YTD	Target	Traffic Light	Trend	Comparator Group	
HY 31 (NI 92)	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	Low	36.6%	No target	Annual				33.2%	No target	-	↑	England	33.9%
HY 74a	Achievement at level 4 or above in Reading, Writing and Maths at Key Stage 2	High	75.0%	Amber	Annual				79%	78.0%	Green	↑	England	79%
HY75	Achievement of 5 or more A*- C grades at GCSE including English and Maths	High	63.5%	Green	-				58%	63.0%	Amber	→	England	52.6%
HY117	% of young people who are not in education, employment or training (NEET) - Academic Age Yr 12-14	Low	3.8%	Red	4.5%	11.5%	3.6%	4.5%	4.5%	5.5%	Green	↓	London	3.5%
HY117a	% of young people whose education, employment or training (NEET) status is Not Known - Academic Age Yr 12-14	Low	14%	Red	7.4%	81.6%	21.8%	13.2%	13.2%	14.5%	Green	↑	SN mean	3.6%
Op 182 (NI 79)	Achievement of a Level 2 qualification by the age of 19	High	85% (2013)	Amber	Annual				85% (2014)	86.0%	Amber	→	London	6.9%
Op 182b	Achievement of a Level 3 qualification by the age of 19	High	61.6% (2013)	Green	Annual				65.7% (2014)	61.0%	Green	↑	SN mean	10.6%
													England	86%
													London	88%
													England	57%
													London	64%

Ref:	Description	Good Performance is	Last Year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	YTD	Target	Traffic Light	Trend	Comparator Group	
HY493a	Proportion of Primary schools rated outstanding or good by OFSTED	High	82%	Red	84 %	86 %	87 %	86 %	87%	100%	On Track	↑	London	86%
HY493b	Proportion of Secondary schools rated outstanding or good by OFSTED	High	100%	Green	100 %	100 %	100 %	100 %	100%	100%	Green	→	London	82%
HY493c	Proportion of Children's Centres rated outstanding or good by OFSTED	High	64%	Red	64 %	64 %	64 %	67 %	67%	100%	Red	→		

Priority 2: Enable every child and young person to thrive

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
Op388	The number of children subject to a child protection plan	Within Range	201	No Target	282	282	281	257	257	No Target	-		Statistical Neighbourhoods (March 2014)	257
OP388a	The rate of Children Subject to a CP plan per 10,000 pop	Within range	35	No Target	48	48	48	44	44	No Target	-	↑	Statistical Neighbourhoods (March 2014)	42

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
Op 418	Number of adoptions/special guardianship orders	High	64	Green	11	9	16	18	54	45 (14/15)	Green	↓		
HY483	Average days from becoming looked after to being placed for adoption for children adopted in period	Low	778.18	Red	515	620	563	709	589	487 national threshold	Red	↑	England (2012-15 average)	487
HY483a	Average days from becoming looked after to being placed for adoption for children adopted in period adjusted for adoptions by foster parents (A10)	Low	516.18	No Target	151	150	498	709	415	No Target	-	↑	England (2011-14 average)	217
HY654a	Percentage of vulnerable 2 year olds taking up their free early years place	High	New Indicator		Annual				57% local estimate	80%	Red	↑	National	62%
HY654b	Percentage of vulnerable 3 & 4 year olds taking up their free early years place	High	90%	Green	Annual				90%	90%	Green	▬	England London	97% 92%
HY30 (NI 72)	Readiness for school at five years: Achievement of at least 78 points across the Early Years Foundation Stage	High	50.0%	No Target	Annual				61.0%	No Target	-	↑	England London	60% 62%
OP_731	Number of families with an	High	686	Amber	765	831	850	850	850	850	Green	↑		

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
	allocated lead professional													
HY93 (NI 126)	Early Access for Women to Maternity Services (Antenatal booking at 12 weeks)	High	67.2% (12/13)	Red	Annual				76.4% (13/14)	80.0%	Red	↑		

Safety and wellbeing for all: a place where everyone feels safe and has a good quality of life

Priority 3: Make Haringey the safest borough in London

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend		
HY26	Percentage of people thinking that the Council and partners are doing a good job dealing with crime and anti-social behaviour (NI21). Residents' Survey	High	58.0%	Amber	Annual					64.0%	-			
HY688	Gangs: Gang Unit Project caseload	High	27	Green	26	27	29	30	53	80 by 2017 or 20 p/year	Green	↑		
HY690	Number of cases dealt with through Integrated Offender Management	High	255	Green	136	231	283	304	304	250	Green	↑		
HY695	Gangs: Proportion of Gang Unit caseload who are engaged and retained	High	89%	Green	90%	94%	76%	79%	79%	80%	Amber	↓		
OP495a	Percentage of young people re-offending within 12 months (Rolling Year)	Low	44.5%	Red	44.5%	41.9%	41.6%	40.6%	40.6%	40%	Amber	↑	London	41.6%
													Statistical Neighbours	41.1%

Priority 4: Safeguard children and adults

Ref:	Description	Good Performance	Last year 2013/14	This Year 2014/15	How does Haringey compare against latest available data?
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		is	Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY64	Child Protection Plans lasting 2 years or more	Within Range	9.1%	Red	0%	1.4%	0%	9.2%	1%	7%	Green	↑	Statistical Neighbours London	6% 4.7%
HY62	Stability of placements of looked after children: number of moves	Low	9%	Green	9.6%	10.1%	7.5%	7.5%	7.5%	10%	Green	↑	England	11%
Op49	The proportion of people who use Adult Social Care services who say that those services have made them feel safe and secure	High	84.8%	Amber	Annual Survey				Due July 2015	85.0%	-	-		
HY650	Children and Families Assessments completed within 45 working days	High	75.55%	Red	85.8%	97.5%	88.2%	78%	82%	85%	Amber	↑	Statistical Neighbours	77%
HY_653	Percentage of looked after children placed 20 miles outside Haringey	Low	19.18%	Red	18.5%	20.5%	18.6%	18%	18%	16%	Red	↑	England	12%

Priority 5: Provider a cleaner, greener and safer environment

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY195a	Improved street and environmental cleanliness, levels of: Litter	Low	3%	Green	6% (tranche 1)	3% (tranche 2)	3% (tranche 3)	3%	4%	7%	Green	↓	London boroughs average (21 returns)	6.1%
Op195b	Improved street and environmental cleanliness, levels of: Detritus	Low	3%	Green	4%	2%	2%	2%	3%	11%	Green	▬	London boroughs average (19 returns)	7.6%

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY110	Number of people killed and seriously injured in road accidents	Low	92	Red					91	76	Red	↑		
HY162	Reduction in the number of reported fly-tips	Low	5,478	Green	1,513	2,615	2,343	1,973	8,444	5,400	Red	↓		
OP329	Increase in number of green flag award parks	High	16	Green	Annual				18	18	Green	↑		
HY764	Of all parks inspected % graded with A or B scores for overall standard	High	66%	Green	66%	71%	75%	85%	74%	70%	Green	↑		

Priority 6: Support health and wellbeing for all

Ref:	Description	Good Performance is	Last year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY17	Mortality rate from all cardiovascular disease (including heart disease and stroke) in persons less than 75 years of age	Low	85.84 (2010-12)	Red	Annual				85.69 (2011-13)	76 by 2014/15	Red	↑	London	80.10
HY19a	% of 4-5 year olds who are obese	Low	20.8% (2012/13)	Red	Annual				20.2% (13/14)	20.8%	Green	↑	England	22.5%
HY19b	% of 10-11 year olds who are obese	Low	38.6% (2012/13)	Red	Annual				38% (13/14)	38.6%	Green	↑	England	33.5%

Ref:	Description	Good Performance is	Last year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How We Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	Low	589.52	No Target	174.03	155.36			329.39			↓	London (2013/14)	
HY112a	Under 18 conception rate per 1000 pop.	Low	33.1 (2012)	Amber	Annual				20.9 (2013)	32.7 (2013) 28.7 (by 2015)	Green	↑	London England	21.8 24.5
HY35	Proportion of people who use services who have control over their daily life	High	71.0%	Red	Annual				Due May 2015	72.0%	-	-		
ASCOF_1 C.1A	Proportion of people using social care who receive self-directed support - People	High	New Indicator		91.3	89.4 %	90.5 %	82.6 %	82.6%	70%	Green	↓		
ASCOF_1 C.1B	Proportion of people using social care who receive self-directed support - Carers	High	New Indicator		90 %	92.9 %	83.7 %	78 %	78%	70%	Green	↓		
ASCOF_1 G	Proportion of adults with learning disabilities who live in their own home or with their family	High	69.3%	Red	5.15 %	43 %	44.1 %	71.7 %	71.75 %	70%	Green	↑	comparator authorities England	72% 74.8%
ASCOF_1 H	Proportion of adults in contact with secondary mental health services living independently, with or without support	High	66.8%	Red	72.7 %	73.0 %	75.4 %	76.8 %	76.8%	70%	Green	↑	comparator authorities England	78.8% 60.9%
ASCOF_2 B.1	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services EFFECTIVENESS	High	87.6%	Amber	Annual				Due May 2015	90%	-	-	Comparator authorities England	88.2% 81.9%

Opportunities for all: a successful place for everyone

Priority 7: Drive economic growth in which all can participate

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY496	Percentage of working population claiming Jobseeker's Allowance (JSA)	Low	4.3	Green	4	3.4	3	3	3	4.3	Green	↑	London England	2.2% 2.0%
HY696	Haringey residents supported into employment through the Jobs for Haringey Programme	High	348	Green	20	23	54	37	134	100	Green	↓		

Priority 9: Ensure that everyone has a decent place to live

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY154	Net additional homes provided	High	493	Red	Annual						-			
HY155	Number of affordable homes delivered (gross)	High	150	Red	Annual						-			
HY4a	Number of homelessness acceptances	Low	762	Red	190	146	157	164	657	409	Red	↑		
HY4c	Homelessness acceptances per 1,000 population	Low	2.95	Red	0.74	0.57	0.61	0.64	2.55	2.1	Red	↑		

Ref:	Description	Good Performance is	Last Year 2013/14		This Year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we Performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY156	Number of households living in temporary accommodation	Low	2,869	Amber	2,890	2,948	2,983	2,997	2,997	2,800	Red	↓	London	
HY651a	Number of additional HMOs licensed within the Additional HMO Licensing Scheme in Haringey ward	High	164	Green	32	32	17	30	111	100 (14/15)	Green	↓		
HY651b	Proportion of expired mandatory HMOs re-licensed	High	100%	Green	86 %	94 %	63 %	90 %	90%	90%	Green	↓		

A better Council: delivering responsive, high quality services; encouraging residents who are able to help themselves

Ref:	Description	Good Performance is	Last Year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
ASCOF_2C.2	Number of delayed transfers of care attributable to social care service (social care or jointly social care and the NHS)	Low	11.3	Red	9.6	10.8	8.47	12.12	10.34	8.6	Red	↓	Comparator authorities England	6.9 9.7

Priorities 10-12: Customer focus, Getting the basics right, VfM

Ref:	Description	Good Performance is	Last Year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
HY157a	Percentage of planning applications processed in 13 weeks or in agreed PPA / extension time agreement (Major)	High	81.82%	Green	100%	100%	100%	100%	100%	65%	Green	↑		
HY157b	Percentage of planning applications processed in 8 weeks or extension of time agreement (Minor)	High	77.25%	Green	85.8%	74.7%	64.5%	83.5%	76.55%	65%	Green	↓	London boroughs average (24 returns)	71.8% (Apr-Dec 2014)
HY157c	Percentage of planning applications processed in 8 weeks or in	High	83.05%	Green	89.2%	82.6%	79.7%	74.1%	81.11%	80%	Green	↓	London boroughs average (24 returns)	82.5% (Apr-Dec 2014)

Ref:	Description	Good Performance is	Last Year 2013/14		This year 2014/15								How does Haringey compare against latest available data?	
			Outturn	How we performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group	
	extension of time agreement (Other)				%	%	%	%					returns)	
HY192	Recycling rate	High	36.16%	Green	37.46%	37.57%	37.03%	37.32%	37.35% provisional	37%	Green	↑	London Borough average (19 returns)	35.6%
HY9	% of council taxes due for the financial year which were received in year	High	95.02%	Green	30.54%	55.59%	82.48%	95.93%	95.93%	94%	Green	↑	London Q3 (26 returns)	81.6%
HY168	Principal roads where maintenance should be considered	Low	22%	Red	Annual				Results Jul/Aug	15%	-	-		
HY89	Customer Services Centres- Waiting times – personal callers seen in 20 mins	High	76%	Green	77%	77%	80%	81%	78%	75%	Green	↑		
HY199	Call Centre calls answered as a % of calls presented	High	90%	Green	91%	88%	89%	89%	89%	92%	Amber	↓		
HY85	Number of library visits per 1000 of the population	High	7,517	Red	7,580	6,623	6,739	7,180	7,031	8,605	Red	↓		
Op91	Call Centre End to End resolution	High	92.5	Green	84	75	79	70	77	85	Red	↓		
HY406a	Proportion of complaints upheld following detailed investigation by the Ombudsman	Low	58%	Baseline	27%	30%	25%	41%	31%	45%	Green	↑		
HY656	Haringey Council appraisal completion rate	High	97.9%	Green	Annual				Due June 2015	95%	-	-		

Ref:	Description	Good Performance is	Last Year 2013/14		This year 2014/15							How does Haringey compare against latest available data?	
			Outturn	How we performed	Q1	Q2	Q3	Q4	Outturn	Target	Traffic Light	Trend	Comparator Group
HY657	Residents returning completed electoral registration forms	High	92%	Green	Annual				94.2% contact rate	90%	Green	↑	



Haringey Council

Report for:	Cabinet – 26 June 2015	Item Number:	
Title:	The Council's Financial Outturn 2014/15		
Report Authorised by:	Kevin Bartle – Assistant Director of Finance (CFO)		
Lead Officer:	Neville Murton – Head of Finance (Budgets, Accounting and Systems)		
Ward(s) affected: All	Report for Key/Non Key Decisions: Non key Decision		

1. Describe the issue under consideration

- 1.1. Following the conclusion of the financial year, the provisional revenue and capital outturn for 2014/15 is set out in this report, together with a number of requests to carry forward resources and proposed transfers to earmarked reserves.
- 1.2. The report sets out the provisional outturn position for the General Fund, Housing Revenue Account (HRA), the Dedicated Schools Budget (DSB), the Collection Fund and the Capital Programme for 2014/15.
- 1.3. The outturn position will be reflected in the Council's Statement of Accounts, which will be signed for audit by the Chief Financial Officer before 30th June 2015 and will remain provisional until the conclusion of the statutory audit process.
- 1.4. The provisional position has been summarised over the following areas:
 - The General Fund revenue account;
 - The HRA revenue account;
 - The General Fund capital programme;
 - The HRA capital programme;
 - The Dedicated Schools Budget; and,
 - The Collection Fund.



Haringey Council

2. Cabinet Member introduction

- 2.1. I am pleased to report that once again the council has risen to the challenge of balancing its budget against a backdrop of severe government cuts that disadvantage the neediest. However, given the level of reductions that still need to be delivered and the uncertainty we have about future funding for Local Authorities under a new government we must redouble our efforts to maintain financial discipline across the whole Council.
- 2.2. We have previously been led to believe that going into a new parliament the country's finances would have recovered from previous economic shocks yet we now find ourselves with only half of the deficit eliminated and with more pressures than ever before to deliver valuable public services to the most vulnerable in society.
- 2.3. Notwithstanding the significant financial challenges that can be seen in both Children's Services and Adult Social care, and is illustrated by the budget variances in those areas as set out in this report, this Council has successfully managed the budget overall; focussing on our key priorities and setting out clearly our approach through the Corporate Planning process which incorporates the Medium Term Financial Strategy.
- 2.4. We will continue to adopt a robust approach to budget management in 2015/16 and when I next present a budget management report to the Cabinet in July 2015 I will highlight the action that I will be proposing in order to manage those pressures appropriately.
- 2.5. We have delivered what we said we would when setting the budget and, as a result, have been able to provide prudent amounts to enable us to manage the risks that are inherent in the transformational change we are undertaking to maintain the delivery of key services.
- 2.6. The Council's draft Statement of Accounts for 2014/15 is currently being finalised; this draft will be subject to the independent external audit which is due to be completed by early September. The final audited accounts will then be submitted to Corporate Committee for approval in September.
- 2.7. I commend this report to the Cabinet for approval.

3. Recommendations

- 3.1. Cabinet is recommended to consider and approve:
 - the various provisional revenue outturn positions (General Fund, HRA, DSB) as set out in this report and in particular the explanations for the outturn variances set out in Appendices 1(a) to 1(g);
 - the service revenue requests for carry forward and transfers to/ (from) reserves also set out in Appendices 1(a) to 1(g);



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- the provisional capital outturn positions (General Fund and HRA) as set out in this report and in particular the explanations for the outturn variances set out in Appendix 2;
- the capital carry forward requests set out in Appendix 3; and,
- the performance of the Council Tax and NNDR Collection Fund in 2014/15.

4. Alternative options considered

- 4.1. The reporting of the Council's outturn and management of financial resources is a key part of the role of the Chief Financial Officer (Section 151 Officer) and no other options have therefore been considered.

5. Background information

- 5.1. This report sets out the provisional financial outturn position for the General Fund, Housing Revenue Account, Dedicated Schools Budget, Collection Fund and the Capital Programme. The Council's Statement of Accounts will be prepared in accordance with the Accounts and Audit Regulations and the draft accounts (which are subject to audit) will be approved by the Chief Financial Officer by 30 June. Work will continue during the rest of June to finalise the accounts and this work may result in some changes to the final position reported here.
- 5.2. The external audit of the accounts will commence in July. The auditors will submit a report on their findings, and issue their formal opinion, at Corporate Committee on 24 September 2015.

6. Outturn 2014/15 – Revenue General Fund

- 6.1. The General Fund revenue account was approved by Council in February 2014 with a planned contribution to General Fund balances of £4.957m, which has been achieved. Table 1 below summarises the provisional outturn position on the General Fund including the accounting adjustment to reflect any Revenue Contributions to Capital Outlay (RCCO); it also summarises proposed requests to either carry forward resources or to transfer resources into earmarked reserves, which the Cabinet are asked to consider and approve.
- 6.2. For the General Fund the overall position is an **underspend** of **£2.2m**. This position reflects the proposed transfer to reserves of £4.957m explained above, the CFO has further considered the Council's financial position together with its existing reserves, and has identified the need to create an earmarked Risk Reserve, which it is proposed the remaining balance of £2.2m be transferred to. This is illustrated in Table 1 below.
- 6.3. There were significant overspends in both Children's and Adults social care in 2014/15 as set out in Table 1 below; primarily these have arisen due to increasing numbers of children and adults leading to those services being unable to maintain spending within the approved budget. Both services are implementing management action plans designed to bring spending back into line with approved budgets during 2015/16.



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6.4. The Chief Operating Officer also reported a net overspend of £1.2m mainly as a result of pressures in customer services where additional staff were required to manage the integration of Customer Services with Libraries. There was also a planned contribution towards redundancy costs relating to the transferred waste management contract with Veolia, where the Council required contract savings to be made.

6.5. More detailed explanations of the above and variances across all areas are set out in Appendices 1 (a) to 1 (g).

Summary Position

Table 1 – Summary 2014/15 Revenue Position

£'000 General Fund	2014/15 Budget Variance			
	Budget	Budget Variance	Proposed Transfers	Provisional Outturn
Leader and Chief Executive	4,206	(1,856)	1,225	(631)
Chief Operating Officer	87,500	1,461	(265)	1,196
Deputy Chief Executive	151,363			
- Children's Services		5,142		5,142
- Adults Services		3,082		3,082
- Other DCE		(101)	(144)	(245)
Dir. Of Regeneration/ Planning	6,397	(144)	44	(100)
Non Service Revenue (NSR)	32,233	(5,344)	(5,308)	(10,652)
Total	281,699	2,240	(4,448)	(2,208)
Net underspend transferred to Risk Reserve				(2,208)
				0

Note: Budget variances include Revenue Contributions to Capital Outlay (RCCO)

7. Housing Revenue Account (HRA)

7.1. For the Housing Revenue Account the planned surplus of £10.4m has been achieved and the adjusted surplus of £12.029m, which is the budgeted £10.432m and the in-year underspend of **£1.597m**, set out in Table 2 below will be transferred to HRA Reserves.



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Table 2 – The Housing Revenue Account

£'000 HRA	2014/15 Budget Variance			
	Budget	Estimated Variance	Proposed Transfers	Provisional Outturn
Housing Revenue Account	(10,432)	(1,924)	327	(1,597)

8. Dedicated Schools Budget (DSB)

8.1. The provisional outturn position for the Dedicated Schools Budget is an overall **underspend** of **£469k** of which £37k represents a decrease in schools' delegated budgets and the remainder is in respect of centrally held items within the DSB.

8.2. Overall, the year-end balances held in schools' delegated budgets now stands at £11.7m.

9. The Collection Fund

9.1. The overall position on the Collection Fund was a minor deficit of **£141k**. This comprises two elements: Council Tax which ended the year with a surplus of £4.977m and National Non Domestic rates (NNDR) which ended the year with a deficit of £5.118m.

9.2. These variances can be largely attributed to the continued better than anticipated performance against the Council Tax Reduction Scheme assumptions resulting in the Council Tax surplus. For NNDR there have been a significant number of successful appeals. Cabinet are reminded that for NNDR the risks are shared between the Council, The Greater London Authority (GLA) and the Government; illustrating the extent of the issues in that area and highlighting the potential risks should the government seek to reduce the central share.

10. Outturn 2014/15– Capital

10.1. The final approved Capital Programme Budget for the General Fund in 2014/15 was £86.046m and for the Housing Revenue Account £56.8m. Taking into account the proposed requests for carrying forward resources the overall position was an **underspend/slippage** against General Fund projects of **£11.4m** and an **underspend/slippage** against the Housing Revenue Account of **£7.6m**. This position together with the proposed requests to carry forward resources (Appendix 3) has been summarised in Table 3 below:

Table 3 – Summary 2014/15 capital position

£'000	2014/15 Budget Variance			
	Budget	Estimated Variance	Proposed C/Fwd	Revised Variance
General Fund	86,046	(20,589)	9,231	(11,358)
Housing Revenue Account	56,800	(17,969)	10,322	(7,647)



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10.2. The financing implications of this underspent position have been reviewed in order to maximise the financial benefit to the Council; to this end capital receipts have substantially been used to replace proposed prudential borrowing. The impact of these decisions on the financing of future expenditure have also been taken into account.

10.3. A detailed analysis of the reasons for these variances is set out in Appendix 2 with a number of requests for the carry forward of resources into future years set out in Appendix 3. The supporting resources for financing these carry forward items have been identified and reserved on the Council's balance sheet to ensure that these schemes can continue to be financed.

11. Comments of the Chief Finance Officer and financial implications

11.1. As the report is primarily financial in its nature, comments of the Chief Financial Officer are contained throughout the report.

12. Assistant Director of Corporate Governance Comments and legal implications

12.1. The Assistant Director of Corporate Governance has been consulted in the preparation of this report and confirms that all statutory and constitutional requirements have been addressed. Accordingly, there are no immediate legal implications arising out of the report.

13. Equalities and Community Cohesion Comments

13.1. Not applicable.

14. Head of Procurement Comments

14.1. The Head of Procurement has been consulted on this report and confirms that there are no procurement implications.

15. Policy Implications

15.1. The Council's Medium Term Financial Strategy and its annual budget represent the resource framework for the delivery of Council policy and its objectives. This outturn report identifies whether or not those policies and objectives have been delivered within the approved resource envelope.

16. Reasons for Decision

16.1. It is important for Members to understand the Council's financial position at key times of the year, of which outturn is one, in order to inform their decision making and strategic planning.

17. Use of Appendices

Appendices 1 (a) to 1 (g) – Analysis of revenue variances, carry forward requests and proposed transfers to or from reserves

Appendix 2 – Analysis of capital variances

Appendix 3 – Proposed capital carry forward requests



Haringey Council

18. Local Government (Access to Information) Act 1985

18.1. The following background papers were used in the preparation of this report:

- SAP outturn reports
- Final accounts working papers – proposed transfers to reserves.

18.2. For access to the background papers or any further information please contact
Neville Murton – Head of Finance (Budgets, Accounting and Systems Team) on
020 8489 3176.

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Leader and Chief Executive

Chief Executive's Office	19
AD Corporate Governance	(1,675)
Head of Policy and Business Management	(200)
Total Revenue variances - Leader and Chief Executive	(1,856)
Proposed Transfers to / from Reserves	1,225
Total Leader and Chief Executive after Proposed Transfer to/ From Reserves	(631)

Chief Operating Officer

Chief Operating Officer's Office	1,132
AD Finance	74
AD for Customer Services	2,238
AD for Human Resources	20
AD for Environmental Services and Community Safety	(3,454)
AD for Community Housing Services	(916)
AD for Corporate Programme Office	(881)
Total Revenue variances - Chief Operating Officer	(1,787)
Revenue Contribution to Capital	3,247
Proposed Transfers to / from Reserves	(265)
Total Chief Operating Officer after Proposed Transfer to/ From Reserves	1,196

Deputy Chief Executive

Deputy Chief Executive's Office	31
Director of Children's Services	4,595
Director of Adults Services	3,079
AD for Commissioning	(113)
AD for Schools and Learning	547
AD for Communications	(124)
Director for Public Health	105
Total Revenue variances - Deputy Chief Executive	8,120
Revenue Contribution to Capital	3
Proposed Transfers to / from Reserves	(144)
Total Deputy Chief Executive after Proposed Transfer to/ From Reserves and C/Fwd	7,979

Regeneration, Planning and Development

Director of Regeneration, Planning and Development	(74)
AD for Planning	(121)
AD for Regeneration	(33)
AD for Corporate Property and Major Projects	189
Programme Director - Tottenham	(252)
Total Revenue variances - Regeneration, Planning and Development	(291)
Revenue Contribution to Capital	147
Proposed Transfers to / from Reserves	44
Total Regeneration, Planning and Development after Proposed Transfer to/ From Reserves and C/Fwd	(100)

Dedicated Schools Grant

Director of Children's Services	223
AD Commissioning	(1,958)
AD Schools and Learning	340
Total Revenue variances - Dedicated Schools Grant	(1,395)
Proposed Transfers to / from Reserves	1,395
Total Dedicated Schools Grant after Proposed Transfer to/ From Reserves	0

Non Service Revenue

Non Service Revenue Account	(5,344)
Proposed Transfers to / from Reserves	(5,308)
	(10,652)

Total Revenue Outturn Variation (General Fund)**(2,209)****Housing Revenue Account**

Managed Account	(737)
Retained Account	(9,372)
Total Revenue variances - Housing Revenue Account	(10,109)
Revenue Contribution to Capital	8,185
Proposed Transfers to / from Reserves	327
Total Housing Revenue Account after Proposed Transfer to/ From Reserves	(1,597)

Revenue Outturn 2014/15		Variation £000 £000	
Leader and Chief Executive			
Explanation of revenue variances			
Chief Executives Office			
Minor variances		19	
Sub-total Chief Executives Office			19
AD Corporate Governance			
Audit & Risk Management - there has been a change to accounting treatment this financial year which accounts for the bulk of this variance. As a result, £1,296k will be transferred to the insurance reserve as part of the year end adjustments leaving a minor variance in this area.		(1,197)	
Electoral Services - after a planned transfer to reserve of unspent government grant (£56k) there will be a minor under spend (£86k)		(142)	
Corporate Legal Services - the variation is due to over-achievement of income due to higher than planned caseload.		(258)	
Other minor variances		(78)	
Sub-total AD Corporate Governance			(1,675)
Head of Policy and Business Management			
The budget has underspent due to a restructure and subsequent delays in recruitment (£83k) and limited requirement to fund one-off projects during the year (£118k)		(201)	
Other minor variances		1	
Sub-total Head of Policy and Business Management			(200)
Total Revenue variances - Leader and Chief Executive			(1,856)
Leader and Chief Executive			
Proposed Transfer to / from Reserves			
Planned transfer to insurance reserve		1,297	
Planned transfer of unspent grant to service reserves: Local Democracy (£56k)		56	
Planned transfer from service reserves: Audit (£19k); Insurance (£109k)		(128)	
Total Proposed Transfers to / from Reserves:			1,225
Total Leader and Chief Executive after Proposed Transfer to/ From Reserves			(631)

Revenue Outturn 2014/15		Variation £000 £000	
Chief Operating Officer			
Explanation of revenue variances			
Chief Operating Officer's Office			
Customer Services Transformation Programme - this expenditure is fully funded from reserves which will be drawn down as part of the year end accounting entries		1,296	
Minor Variances		(164)	
Sub-total Chief Operating Officer's Office			1,132
AD Finance			
Minor Variances		74	
Sub-total AD Finance			74
AD for Customer Services			
Libraries & Culture - Over-spend on staffing largely due to additional and weekend opening hours and part year impact of an interim Head of Libraries (£214k), and the unachievement of commercial rental income (£43k) from HALS which will be resolved in 15/16		253	
Repayment of housing benefit (HB) grant following errors identified during the 13/14 grant audit (£443k); an increase in the bad debt provision to more closely align with prudent levels and acknowledged good practice (£633k); Discretionary Housing payments above grant funding (£280k) and an increase in ineligible HB payments and data cleanse activities (£590k). The service plan to draw down reserves to cover the retrospective impact of the 13/14 grant audit.		2,034	
Additionally over spending on staffing due to delayed service restructure and additional resource to manage the integration of customer services & libraries (£927k) offset by over achievement of court cost income (£524k), unspent Social Fund and New Burdens grants which will transfer to reserves for future use (£994k) and no requirement to spend the NNDR discretionary relief budget due to changes in legislation (£352k). The unspent grant will be transferred to reserves for draw down in future years, as set out below.			
Minor Variances		(49)	
Sub-total AD for Customer Services			2,238
AD for Human Resources			
Minor Variances		20	
Sub-total AD for Human Resources			20
AD for Environmental Services and Community Safety			
AD for Environmental Services & Community Safety - Legal fees overspend across the business unit (£95k) driven by a licensing and employment casework, other minor overspends (£19k)		114	
Single Front Line - the underspend reflects the Revenue Contribution to Capital set out below which will take place as part of the year end accounting entries. Other elements of the underspend were driven by increased parking income (£998k), staffing and running cost savings in the parking enforcement team (£247k), street lighting energy savings (£253k), offsetting additional costs arising from reactive street lighting works (£158k), bedding in the new nuisance vehicle contract (£115k), a shortfall in fixed penalty notice income (64k) and delays in the Neighbourhood Action Team restructure (£116k) that has now been completed.		(3,805)	
Additionally, the Council has had to fund the cost of redundancy payments (£553k) made by Veolia as a consequence of efficiency savings required by the Council and made to the waste management contract.			
Business Support - Staff savings and reduced commissioning of consultants as a result of lower procurement activity in year		(159)	
Direct Services - There was a Catering Service overspend as 17 schools opted out of the service during the financial year (£151k), other minor overspends across the Parks, Wolves Lane and Passenger Transport services (£120k)		271	
Community Safety - Staffing overspend within Mortuary and Coroners due to a reliance on agency staff to fill vacant posts (£83k), other minor variances (£23k)		106	
Other minor underspends across the business unit		20	
Sub-total AD for Environmental Services and Community Safety			(3,454)
AD for Community Housing Services			
The overspend relates to Temporary Accommodation costs largely due to rising rents and reduced benefit payments, the position is proposed to be balanced through the reserve request below.		352	
Housing Related Support - Under spend due to contract efficiencies and terminations ahead of savings in planned for 2015/16.		(1,268)	
Sub-total AD for Community Housing Services			(916)
AD for Corporate Programme Office			
This underspend is accounted for by (a) planned Revenue Contribution to Capital (£311k) identified separately below which will be adjusted as part of the year end accounting entries and (b) unspent Revenue Contribution to Capital (£498k) which will be transferred to the IT infrastructure reserve for draw down in future years. Use of the Revenue Contribution to Capital is carefully managed by internal officer Boards which ensure that decisions on investment are only made once a viable business plan is in place.		(881)	
Sub-total AD for Corporate Programme Office			(881)
Total Revenue variances - Chief Operating Officer			(1,787)

Revenue Outturn 2014/15		Variation £000 £000	
Chief Operating Officer			
Revenue Contribution to Capital			
Highways and Parking		2,525	
Leisure, parks		385	
OneSAP Procurement		26	
IT Evergreening		311	
Total Revenue Contribution to Capital			3,247
Proposed Transfer to / from Reserves			
Planned transfer from reserves to fund Customer Services Transformation Programme spend in 14/15		(1,296)	
Planned transfer from transformation reserve to fund agreed projects: Business Infrastructure Programme (£69k)		(69)	
Planned transfer to transformation reserve. The following spend has slipped so funds will be required during 2015/16: HR (£32k); Corporate Programme Office (£60k)		92	
Planned transfer to the IT Infrastructure Reserve of unspent Revenue Contribution to Capital (£498k) to fund future years' investments.		498	
Planned transfer from service reserve to cover the required repayment of 2013/14 Housing Benefit grant following errors identified during the grant audit (£443k) and additional court costs (£100k).		(543)	
Planned transfer of unspent grant in AD Customer and AD E&CS to service reserves: (£870k + £101k + £23k)		994	
Planned transfer of unspent grant and underspent revenue to service reserves to fund future expenditure		449	
Transfer from (DCLG - Welfare Reform Projects) - Release of reserves created to mitigate impact of Welfare Reform on Temporary Accommodation budget		(390)	
Total Proposed Transfers to / from Reserves:			(265)
Total Chief Operating Officer after Proposed Transfer to/ From Reserves			1,196

Revenue Outturn 2014/15		Variation £000 £000	
Deputy Chief Executive			
Explanation of revenue variances			
Deputy Chief Executives Office			
Recruitment costs for senior management - high level of in year activity.		31	
Sub-total Deputy Chief Executives Office			31
Director of Children's Services			
Quality Assurance and Reviewing service: £140k Staffing overspend from high levels of agency and some above establishment posts in part of the year, £40k advertising due to high level of recruitment activity.		180	
Early Help and Prevention Directors budgets: Underspend on Senior Management staffing due to part year vacancies		(100)	
Early Help and Prevention - Additional running costs across Early Help and Prevention including training, travel, consultancy and third party payments		60	
Youth Offending Services - underspends on staffing as a result of holding vacancies pending restructure and as part of management action to offset overspends.		(246)	
Troubled Families Grant - income received as part of national grant programme. Subject to carry forward request (see below.)		(407)	
Early Help Service - underspends on staffing from vacancies while service was being set up		(245)	
Safeguarding and Support - high levels of demand for support especially section 17 & children in need		108	
First Response Staffing - additional staff have been needed to cope with high levels of demand. In addition in the first half of the year there were more resources employed on a temporary basis to deal with backlogs		926	
Assistance to Children with No Recourse to Public Funds - in common with many other authorities we are experiencing high levels of demand for support. An action plan is now in place to ensure that cases are resolved more promptly reducing long term costs		956	
Assistance to Homeless Children and Families - this is support to families where there is no housing duty but the Council is required to ensure that Children are not affected by homelessness. This is another area where high levels of demand are being experienced.		430	
Support, services, subsistence and other payments to Children in Care and Young Adults - we have comparatively high numbers of Children in Care including older teenagers.		270	
Costs of Accommodations, Support and Other Services for Care Leavers and Young Adults. There is a statutory duty to provide support and services to all care leavers and Haringey has comparatively high numbers of eligible young people. In addition the costs of rent and support have been increasing and benefit changes have made it more difficult for young people to claim Housing Benefit.		490	
Costs of support and services to Unaccompanied Young People Seeking Asylum. Home Office Grant Funding is not meeting the full costs of providing services		223	
Looked After Children Placements. A savings target of £2.25m was taken in 2014-15 based on a safe reduction of LAC numbers through prevention and increased use of Adoption and Guardianship. However there was a delay in the impact of these actions on the LAC numbers which did not begin to fall until midway through the year.		1,770	
Adoption and Special Guardianship Orders - increasing numbers of these placements are leading to a short term cost.		223	
Fostering and Adoption - additional costs for the assessment of potential foster carers and inter-agency payments. An intensive recruitment effort has resulted in an increase in the numbers.		506	
Transport for Children with Special Educational Needs. A planned saving has not yet been achieved although there are plans to ensure its delivery in 2015-16.		224	
Haslemere Road - there were a number of staff related one off payments including backdating of a pay review and use of agency to cover long term absences.		240	
Other Support to Children with Additional Needs - there are overspends across the service relating to high demand and the lack of low cost alternatives on offer.		151	
Unused SEND Reform grant - this is funding provided to support implementation of the Children and Families Act. Due to staff not being recruited until late in the year some of the activity has been yet been carried out.		(302)	
Other Minor Variances incl. associated legal costs		(862)	
Sub-total Director of children's Services			4,595

Revenue Outturn 2014/15		Variation £000 £000	
Director of Adults Services			
Care Purchasing for Older People including Reablement. The service strategy is to maintain clients independence within the community for as long as possible. The budgetary provision has not kept pace with the number of clients the service has been supporting over a number of years. During the year the number of clients have reduced by 68 following a good practice review of low level need packages, however, not sufficiently to mitigate the full budget pressure.		1,495	
Care Purchasing for Adults with Mental Health Needs. The number of clients being supported has increased by 30 during 2014-15. The increased number of clients have primarily transitioned from children's services or as a result of re-assessment of continuing health care eligibility. Despite the increase in client numbers, the number of clients in residential and nursing placements have reduced with most new clients accessing community placements, mostly supported living.		530	
Care Purchasing for Adults with Learning Disabilities - The number of clients being supported has increased by 84 during 2014/15. The increased clients have primarily transitioned from children's services or as a result of re-assessment of continuing health care eligibility. Despite the increase in client numbers, the number of clients in residential and nursing placements is 6 with most new clients accessing community placements, mostly Day care and direct payments.		2,113	
Care Purchasing for Adults with Physical Disabilities. The number of people presenting themselves for services has been increasing in recent years as is the level of support required. This is due to a number of demographic and healthcare factors including increased rates of stroke survival, and levels of deprivation and long term conditions. The number of clients being supported has increased by 14 over 2014-15 of which 6 are residential and nursing placements.		514	
Care Purchasing for Other Working Age Adults (Sensory, etc) - The number of clients being supported have reduced by 6 during 2014-15. However the budgetary provision has not kept pace with the number of clients the service has been supporting over a number of years.		87	
Care Management and Assessment - Early in 2014-15 Adults Services agreed a management action plan including maintaining vacancies to support known budgetary pressure in care purchasing budgets. The underspend reflects the management action implemented to achieve this.		(495)	
Adaptations and Equipment - The service maintained a number of vacancies during the year and capitalised appropriate expenditure to a capital grant in order to maximise its use.		(412)	
Central Costs and Business Support - Adults Business support now provides a service across the Deputy CE portfolio and therefore cost have been shared across the relevant departments. In addition, the union recharge is lower than expected.		(75)	
Additional In Year Funding including Systems Resilience Funding and Better Care Fund. A range of funding sources including Care Act Implementation, Section 256 (Health) Funding for 2013-14 and 2014-15 and release of a previous year's provision make up this underspend.		(644)	
In house Services - Reablement, Day Centres and Osborne Grove - The underspend in in-house services is primarily in relation to salaries. The Rapid response sitting service funded through Health funding underspent by £40k and improved rota management in the community reablement team, the day centres and Osborne Grove has managed salaries costs down.		(164)	
Bad Debt Provision - Adults Services aged debt has been increasing over the last few years. A new strategy has been agreed to enhance debt management, in particular in relation to cases referred for legal follow-up.		130	
Sub-total Director of Adults Services			3,079
AD for Commissioning			
Underspend on staffing in Children's commissioning due to vacant posts - new Joint CAMHS commissioner appointed late in the year		(113)	
Sub-total AD for Commissioning			(113)
AD for Schools and Learning			
Traded Services. A significant initiative during the year was the development of the traded service portal and the identification and recharging of services being provided to schools plus the removal of some unattainable income budgets. Areas where income surpluses were generated include CPD, Governor Support, the Professional Development Centre (PDC) and School Improvement		(116)	
Premature Retirement Compensation. The AD Schools and Learning has limited control over this budget which covers the redundancy cost of school based staff. The net cost is to be covered by a transfer from reserves.		488	
Looked After Children. Initiatives in this area have been helped by the significant increase in the Pupil Premium Grant for Looked After Children.		(51)	
ICT Managed Service Provision. This service is recharged to schools and returned a surplus. From 2015-16 schools will be charged directly for this.		(46)	
Playing for Success. This service was fully rechargeable to schools but did not generate sufficient income to cover costs and ceased during the year.		51	
Attendance and Welfare Service. A significant proportion (70%) of the overspend is due to the one-off backdating of single status payments and a continuing budgetary pressure on salaries made up the remainder. A reorganisation of education services is addressing the latter issue.		106	
Outstanding for All. This initiative will be funded from reserves.		93	
Minor Variances.		22	
Sub-total AD for Schools and Learning			547

Revenue Outturn 2014/15		Variation £000 £000	
AD for Communications			
Haringey People Purdah meant that we did not publish one planned issue of Haringey People. Some further newsletter activity was also not completed in 2014-15		(53)	
Other - including translation/interpretation		(71)	
Sub-total AD for Communications			(124)
Director for Public Health			
Sexual Health There was an overspend on the demand led budget for GUM clinic work; however this was offset by slippage and underspends across a range of other schemes		(173)	
NHS Health checks The demand in this area was lower than budgeted for.		(100)	
Smoking and Tobacco There were underspends on the pharmaceuticals/prescribing part of the budget which is demand led.		(70)	
Lifestyle Change and Anti Obesity - additional activity was commissioned in this priority area to be funded by underspends elsewhere and use of the Public Health reserve.		112	
Public Mental Health - additional activity was commissioned in this priority area to be funded by underspends elsewhere and use of the Public Health reserve.		119	
Prescribing The Director of Public Health came to an agreement with the local CCG to fund some prescribing costs for public health related activity.		210	
Other Minor Variances including £7k emergency planning (not funded from PH grant.)		7	
Sub-total Director for Public Health			105
Total Revenue variances - Deputy Chief Executive			8,120
Deputy Chief Executive			
Revenue Contribution to Capital			
Disabled Facilities Grant - Revenue Contribution to Capital		3	
Proposed Transfer to / from Reserves			3
Draw down from transformation reserve for Performance Team staff working on the Business Infrastructure Programme		(47)	
Draw down from Public Health Reserve for expenditure above budget		(97)	
Total Proposed Transfers to / from Reserves:			(144)
Total Deputy Chief Executive after Proposed Transfer to/ From Reserves and C/Fwd			7,979

Revenue Outturn 2014/15	Variation £000	Variation £000
Regeneration, Planning and Development		
Explanation of revenue variances		
Director of Regeneration, Planning and Development		
Minor variations	(74)	
Sub-total Director of Regeneration, Planning and Development		(74)
AD for Planning		
Industrial Living project - due to the delays in the consultation process the project slipped. The variance will be subject to a carry forward request.	(186)	
Other minor Variances	65	
Sub-total AD for Planning		(121)
AD for Regeneration		
Minor Variances across the Business Unit	(33)	
Sub-total AD for Regeneration		(33)
AD for Corporate Property and Major Projects		
Shortfall in fee income from disposals	175	
Other Minor Variances	14	
Sub-total AD for Corporate Property and Major Projects		189
Programme Director - Tottenham		
Some minor slippage in projects and small delays in some elements of the programme	(252)	
Sub-total Programme Director - Tottenham		(252)
Total Revenue variances - Regeneration, Planning and Development		(291)
Regeneration, Planning and Development		
Revenue Contribution to Capital		
Growth on the High Road Projects	147	
Total Revenue Contribution to Capital		147
Proposed Transfer to / from Reserves		
Regeneration - transfer £43,843 to Solar PV reserve to fund interest charges	44	
Total Proposed Transfer to / from Reserves		44
Total Regeneration, Planning and Development after Proposed Transfer to/ From Reserves and C/Fwd		(100)

Revenue Outturn 2014/15		Variation £000 £000	
Non Service Revenue			
Explanation of revenue variances			
Treasury and Capital Financing			
The borrowing costs associated with the newly created Strategic Acquisitions Fund was not required in 2014/15. In addition the capital financing costs were lower than budgeted for because of the continuation of the Council's internal borrowing strategy and capital expenditure slippage also reduced the need for borrowing.		(3,800)	
Each year any PFI grant not required to meet the contractual PFI scheme costs is transferred to the Lifecycle Fund to support future years' expenditure.		(1,420)	
Sub-total Treasury and Capital Financing			(5,220)
Contingency and Miscellaneous Items			
The Council received a number of additional grants during the year which were held centrally as in many cases they supported activities that budgets had already been provided for. In addition the in-year review of items held on the balance sheet together with a specific programme to review historic balances relating to Council Tax resulted in a number of items being written back to the revenue account.		(3,488)	
This reflects the amount to be supported by the Collection Fund equalisation reserve, the transfer of which is show below.		8,112	
There has been no need to call on the Council's corporate contingency, also given that the agreed pay award was only effective from January 2015, there were also underspends against the centrally held pay inflation budget.		(4,619)	
Sub-total Contingency			5
Alexandra Palace			
There was a small under spend against the agreed budget to fund the operating deficit at the Trust. Given the significant regeneration facing the Trust over the medium term, it is proposed that this sum be transferred to reserves		(129)	
Sub-total Alexandra Palace			(129)
Total Revenue variances - Non Service Revenue			(5,344)
Non Service Revenue			
Proposed Transfer to / from Reserves			
Planned transfer of repayments into the Sustainable Investment Fund (SIF)		140	
Planned transfer to reserves for ONESAP project		97	
Planned transfer from Collection Fund Equalisation Reserve		(8,112)	
Planned transfer to the PFI Lifecycle Reserve		1,420	
Planned transfer to service reserve of Alexandra Palace underspend		128	
Unused draw down for Haringey 54k Programme		26	
Transfers to Service Reserves to fund the following in 2015/16			
Tottenham - Transfer to reserves requested to fund 3 projects not otherwise budgeted for in 2015-16, £20k for Northumberland Park Outdoor Gym, £40k for Bruce Grove Station works and £45k for DE feasibility studies		105	
Industrial Living project - Funding for this project was agreed by Cabinet in Feb 2014, some delays within the scheme have led to some slippage and therefore this carry forward request is required to enable the project to complete.		160	
Grant for supporting disadvantaged children in the early years - one-off grant to (a) prepare for the implementation of the Early Years Pupil Premium; and (b) to provide support to local settings as they set up and deliver integrated working on 2 year old		19	
Troubled Families Grant - this grant was received in advance of work undertaken. It is proposed to carry it forward into next year to fund the work of the Families First team (Haringey's local Troubled Families Programme.)		407	
SEN Reform Grant This is a one off grant from DfE to fund the set up costs for the reforms introduced by the Children and Families Act. Only part of this was achieved in 2014-15 and so it is proposed to carry the balance forward to complete the work next year.		302	
Total Proposed Transfers to / from Reserves:			(5,308)
Total Non Service Revenue after Proposed Transfer to/ From Reserves			(10,652)

Revenue Outturn 2014/15		Variation £000 £000	
Dedicated Schools Grant			
Explanation of revenue variances			
Director of Children's Services			
SEN Support Services. These are SEN services provided to schools by LA teams covering: Visual Impairment, Language Support, Hearing Impairment, Speech and Language Therapy and Autism Support. An underspend in the Language and Autism Support Teams due to vacancies offset an overspend in Speech and Language.	(51)		
Independent and Voluntary Schools. Historically this has been a difficult budget to control with a placement costing anything up to £350k. The overspend arises from additional and higher cost placements.	625		
Top-up Funding. This is funding provided to maintained schools and academies both in borough and out. It covers mainstream schools, special schools and special resource units. The underspend here helps offset the overspend on placements in independent and voluntary Schools	(125)		
Higher Education Top-up. The LA took on responsibility for funding SEN top-up for students aged 19-25 in September 2013. This is a difficult budget to predict and control due to uncertainties about the number and location of students and significant price inflation	375		
Contribution to Support Costs. Part of the agreed DSG contribution to corporate support costs.	(601)		
Sub-Total Director of Children Services			223
AD Commissioning			
Alternative Provision Commissioning. This is a newly created budget following the conversion of the Octagon to academy status. The underspend is one-off as alternative services are being developed.	(306)		
Two Year Old Funding. As in the previous year, the DfE funding for the Two Year Old Programme was based on estimated population rather than actual numbers. This funding will remain with the LA and be rolled forward to cover the enhanced hourly rate agreed by the Council after offsetting the over spends detailed below.	(2,373)		
Early Years Commissioned Services and Childcare Subsidy. Net overspend due to additional support for children funded through the childcare subsidy.	79		
Trajectory Funding. Projects to develop capacity to provide for two year olds. To be funded from reserves brought forward.	126		
PVI and Children Centre early Years Single Funding Formula. Increasing numbers led to an overspend against budget. This can be contained within the overall underspend on early years.	516		
Sub-Total AD Commissioning			(1,958)
AD for Schools and Learning			
Alternative Provision. There was an underspend at Simmons House Hospital School pending recruitment and a small credit in respect of The Octagon.	(26)		
Early Years Quality and Improvement Team. Staff vacancies have led to an underspend in this area.	(72)		
The Tuition Centre. This is now classed as a school under the School and Early Years Finance Regulations and the underspend will roll forward as part of the Schools Reserve.	(54)		
Traded Services. A significant initiative during the year was the development of the traded service portal and the identification and recharging of services being provided to schools	(625)		
Individual Schools. This is a mixture of school budget shares for maintained schools, centrally retained contingencies, and funding for academies for the Early Years Single Funding Formula. Elements of this will be funded from the brought forward non-schools DSG Reserve.	1,149		
Admission and School Organisation. A reorganisation of school services incorporated the alternative provision management budget (following the conversion of the Octagon to academy status) in this area where vacant posts led to an underspend.	(32)		
Sub Total AD Schools and Learning			340
Total Revenue variances - Dedicated Schools Grant			(1,395)
Dedicated Schools Grant			
Proposed Transfer to / from Reserves			
Transfer 1 -From Schools Reserve	(37)		
Transfer 2 - To Non-School DSG Reserve.	432		
Transfer 3 - Provision for the funding of agreed overheads.	1,000		
Total Proposed Transfers to / from Reserves:			1,395
Total Dedicated Schools Grant after Proposed Transfer to/ From Reserves			0

Revenue		Variation	
Outturn 2014/15		£000	£000
Housing Revenue Account			
Explanation of revenue variances			
Managed Account			
Rental Income below budget due to numbers of properties sold under Right to Buy	171		
Leasehold Service Charge - under recovery due to the lower than anticipated capital works recoverable due to the late start of the Capital Programme	676		
Under recovery of district heating (is offset by the lower than anticipated energy costs)	148		
Reduction due to lower water rates (is offset by lower costs to Thames Water)	182		
Lower water rates and energy costs	(169)		
Bad Debt Provision - Level of bad debt expected due to Welfare Reform did not materialise	(1,745)		
Sub-total Managed Account			(737)
Retained Account			
Transfer of Company Account surplus	(1,210)		
Recharges from Tottenham Team budget less than assumed	(193)		
Additional income for cost of processing increased Right to Buy applications (£300k), reduced voids leading to reduced need to offset empty property Council Tax costs centrally (300k), other minor variances.	(962)		
On-going lower than budgeted interest rates and the product of the Council's internal borrowing strategy has led to significantly lower capital financing costs for the HRA	(6,997)		
Other Minor Variances	(10)		
Sub-total Retained Account			(9,372)
Total Revenue variances - Housing Revenue Account			(10,109)
Housing Revenue Account			
Revenue Contribution to Capital Expenditure			
RCCO	8,185		
Total Revenue Contribution to Capital Expenditure			8,185
Proposed Transfer to / from Reserves			
Contribution to Pension Reserve	327		
Total Proposed Transfers to / from Reserves:			327
Total Housing Revenue Account after Proposed Transfer to/ From Reserves			(1,597)

Capital Outturn 2014/15		Variation £000 £000	
General Fund			
Explanation of Capital variances			
Chief Operating Officer			
ECS			
Corporate Management of Property - A number of planned energy improvement works to be completed as part of the Re-Fit programme have been delayed and will be completed in 2015-16 in line with a revised programme.		(339)	
Highway schemes: Minor variance on a £4.5m programme due to committed schemes not completed in year as a result of contractor capacity issues		(136)	
Section 106 Scheme: Variance as a result of slippage in schemes due to contractor capacity issues		(472)	
TfL Principal Road Maintenance: Planned underspend of the TfL allocation to facilitate LBH's contribution to the TfL Gyratory project arrangement as agreed and set out by TfL		(150)	
Leisure Externalisation - Delays in the completion of the project caused by slower than expected progress by the contractor and additional specification requirements. No carry-forward as remaining works will not be commenced until after 2015-16.		(188)	
Recreation Projects: Bruce Castle scheme slippage (£154k). A Consultant review has been completed with options for accessing HLF and other funding; Further work delayed until corporate approach is confirmed in respect of funding and regeneration approach.		(203)	
Information Technology:- Slippage on IT spend as a direct impact of slippage and rescheduling of projects within the ever greening programme. IT expenditure will be required in 2015-16. There is a high number of IT projects against corporate and transformation programmes.		(461)	
Customer Services - The spend on the Customer Services Transformation programme during 2014-15 has all been revenue in nature (£1,296k). This programme is funded from reserves and appropriate draw down of funds to match expenditure will be undertaken for the remaining elements of the programme.		(2,000)	
Ever Greening - Slippage on this scheme is as a result of extended design and procurement timescales, the implementation phase of Evergreening projects has been re-scheduled. Spend is due early FY2015.		(487)	
Energy Efficiency Programme - the programme was delayed due to technical issues associated with the design of the Free Cooking solution and late delivery of the lighting stock from Europe. However, the programme is now fully underway.		(925)	
OneSAP (Cross Directorate) - this programme is now substantially complete with some minor residuals to be funded in 2015-16..		(624)	
Adhoc Minor variances - (electoral registration £5k, Alexandra Palace £66k)		(71)	
Other Minor variances		31	
Sub-total Chief Operating Officer			(6,025)
Regeneration, Planning & Development			
Smart Working Programme - The programme has completed with an under spend of £420k. Residual commitments of £120k will be paid for in 2015-16.		(540)	
Other Accommodation Strategy budgets relating to replacement of Civic Centre functions and costs of disposals were not required.		(200)	
Hornsey Town Hall - under spend due to Business Case review of future options		(261)	
Marcus Garvey Library - early design work to progress and inform the project to improve customer service provision was undertaken in 2014-15. The budget for this project was approved by Cabinet in March 2015 for 2015-16 expenditure.		101	
Ashley Road/Marsh Lane Depot re-location. Early design work to progress and inform the project to relocate the existing Ashley Road depot to Marsh Lane was undertaken in 2014-15. The budget for this project was approved by Cabinet in March 2015 for 2015-16 expenditure.		114	
Technopark. The unspent budget relates to vacant possession costs which have yet to be paid out.		(123)	
Green Lanes (OLF). The works to the railway bridge at Green Lanes have been delayed and will be completed in 2015-16.		(277)	
Western Road recycling centre - The project has overspent the agreed budget due to delays and additional unforeseen costs. However, these additional costs should be recoverable from North London Waste Authority once the final project accounts have been settled.		153	
Alexandra Palace Landscaping - Project to improve the East West route currently in contract; contract letting delay has lead to slippage.		(117)	
Tottenham Regeneration Master planning - required to support Tottenham Hale housing zone bid; some anticipated costs charged against revenue budgets		(390)	
Growth on the High Road - Holcombe Market. Delays have occurred to this project due to the need to negotiate with adjacent landholders and re-design delays have been incurred to deal with utilities diversions. The project is expected to complete in 2015.		(325)	
West Green Tropical Park - minor slippage on this project.		(70)	
Low Carbon Zones - budget reserved for work on district heating and retro fit co-operative		(243)	
Minor under/overspends on other projects under £50k		10	
Sub-total Regeneration, Planning and Development			(2,168)

Capital Outturn 2014/15		Variation £000 £000	
Children's Services			
Hornsey School for Girls - The project to replace the sports hall roof has completed under budget.	(44)		
Bad weather has delayed a project to improve the sports pitch drainage at Fortismere School. The project will complete in 2015-16 and the budget will need to be carried forward.	(88)		
Broadwater Farm ILC. The project has now closed and the residual budget is not required.	(277)		
Rhodes Primary expansion Phase 1 & 2. The project has now closed and the residual budget is not required.	(201)		
Rhodes Primary expansion Phase 3. The project has now completed but final costs are still to come through following settlement of the final account.	(182)		
Rhodes Avenue Contract Resolution - This budget is reserved to cover the legal costs of resolving issues on Phases 1 and 2 of the Rhodes expansion contract.	(170)		
Kitchen works to support free infant school meals. Grant contributions have been agreed for various schools to improve their kitchen and dining facilities. A number of schools have yet to complete works in order to draw down these funds.	(219)		
The full contingency budget for temporary school expansions was not required.	(281)		
The project to expand Welbourne School has completed under budget.	(518)		
The full budget for future permanent expansions was not used in 2014-15 pending the completion of further consultations.	(128)		
The full budget for St James expansion was not used as the original proposed expansion was not progressed following consultation.	(491)		
Various projects to provide additional 2 year old places are being progressed. Two projects at Stamford Hill and Ilse Amlot centre have required more time to progress than originally planned.	(327)		
Proposals to rewire 2 primary schools have been postponed due to capacity issues.	(572)		
Contingency for reactive maintenance repairs was not required in the current year.	(318)		
Roof works are progressing at Coldfall and Tiverton schools. However 2 further proposed projects are delayed pending a review of value for money and overall costs, leading to an under spend in 2014-15.	(160)		
Carer Home adaptations. This budget is demand led, and only one grant payment came forward for approval in 2014-15, resulting in an under spend.	(139)		
The budget for programme delivery has under spent. This is due to the reduced overall size of programme during the current year.	(402)		
The programme risk contingency was not required in 2014-15 and will be carried forward.	(1,890)		
Sub-total Children's Services Programme			(6,407)
Adult's Services			
Community Capacity Grant - Although additional CCG was available in 2014/15 this was not added to the budget, although it is available to finance this expenditure.	273		
Aids and Adaptations - The demand for adaptations on Council stock was higher than anticipated during the financial year in contrast to the significant underspend for private homes funded by the DFG grant.	76		
Disabled Facilities Grant (DFG) - facilities adaptations to private homes to enable vulnerable social care clients to remain independent for as long as possible. In 2014-15 there was a lower than projected take-up by private householders resulting in an underspend.	(679)		
Sub-total Adult's Services Programme			(330)
Housing			
Private Sector Housing - Spend on Empty Property Grant recovered from the GLA	63		
Housing combined with new work - Works delayed due to challenges with the mobilisation of the new major works framework. Request to carry forward the budget	(433)		
Housing New Build Programme - delay in the Implementation of the new build programme. Requested budget to be carried forward.	(4,760)		
CPO's - No properties processed for CPO in 2014/15	(500)		
Sub-total Housing			(5,630)
Public Health			
Public Health England provided capital grant to the Council in support of HAGA Alcohol Service in providing and refurbishing an Enterprise Cafe as part of their Alcohol Misuse rehabilitation services. There were unexpected delays in HAGA being able to sign the lease for the subject building which caused a slippage to the works schedule for this external project. The funding will be utilised by this project in 2015/16.	(29)		
Sub-total Public Health			(29)
Total Capital variances - General Fund			(20,589)

Capital Outturn 2014/15		Variation £000 £000	
Housing Revenue Account			
Capital Variances			
Housing Estate Improvement: - including Estate Roads & Pavements		151	
Planned Preventative Maintenance - Works to start on site spring 2015 to avoid winter working. Requested budget to be carried forward		(1,578)	
Housing Structural Works - Fewer than expected calls on the budget which is demand led		(118)	
Housing Extensive Void Works - Fewer than expected calls on the budget which is demand led		(437)	
Stock Survey - The project was delayed and will be completed next year. A request to carry forward the under spend is made.		(140)	
Boiler Replacement - Fewer than expected calls on the budget which is demand led		(1,130)	
Capitalised Voids Works - This is a demand led budget, there were additional calls to turn around void properties for rental.		145	
Decent Homes: - Due to the under performance of the Contractors and the Compliance teams the programme is subject to slippage. The funding is requested to be carried forward.		(11,494)	
Mechanical & Electrical Works - Works delayed due to challenges with the mobilisation of the new major works framework		(2,614)	
Fire Protection Work - Delay due to the re-design of the sprinkler system to be installed at Campbell Court		(123)	
Supported Living Scheme - Extra scheme was added to the project leading to delays.		(110)	
Security/CCTV - Scheme delayed as framework contractors gave priority to Decent Homes work. A request to carry forward the underspend has been made.		(200)	
Internal Communal Flooring - Scheme delayed as framework contractors gave priority to the Decent Homes programme. A request to carry forward underspend has been made.		(200)	
Minor under/overspends on other projects under £50k		(121)	
Total Capital variances - Housing Revenue Account			(17,969)

Capital Carry Forward Requests Outturn 2014/15		Variation £000 £000	
General Fund			
Requests for Capital Carry Forward Chief Operating officer			
ECS			
Corporate Management of Property:- The request is to carry forward this budget to complete the delayed energy improvement works through the Re-Fit programme (£93k) and remainder to address the high priority repair improvements in line with the condition assessments, now due by October 2015.		339	
Highway schemes: Elements of 2014-15 planned programme where spend will occur in 2015-16		136	
Section 106 schemes: 2014-15 slipped works, planned programme spend will occur in 2015-16		472	
Section 278 schemes: 2014-15 slippage works, programme will occur in 2015-16		49	
Priory Park - Tennis court refurbishment landscaping works - the works are part of a contractual commitment to the external funders and could not be completed within the last financial year due to the need for the ground to settle prior to commencement of the landscaping portion of the scheme. The landscaping works are £25k and the remaining £5k is retention payment.		30	
Bruce Castle - Consultant review completed with options for accessing HLF and other funding; work delayed until corporate approach is confirmed in respect to funding and regeneration approaches and a Programme Manager needs to be appointed to deliver requirements.		154	
Information Technology:- 2014-15 Slippage on IT spend was as direct impact of slippage and rescheduling of projects within the evergreening programme. IT works to support the Evergreening schemes will occur in 15/16 plus spend in relation to corporate IT initiatives to support the digital strategy and Smart working will also occur in this financial year.		461	
Customer Services - the 2014-15 slippage on this programme was largely due to delays in the tender process. The contract has now been let and the Council is committed to incurring expenditure, expected early 2015-16.		704	
Ever Greening - 2014-15 slipped works implementation phase of Evergreening projects has been re-scheduled to spend in 2015-16.		487	
Energy Efficiency Programme - this funding is fully committed now and spend is expected to complete within the first 6 months of 2015-16		925	
Electoral Registration - This scheme continues into 2015-16 and has conditions that stipulate funding must be used for the purposes of electoral transformation programme only.		5	
Alexandra Palace - this spend is fully committed and projects are expected to complete within the first quarter of 2015-16		66	
Sub-total Chief Operating Officer			3,828
Regeneration, Planning & Development			
Accommodation Strategy/Smart Working Programme - Budget required to cover residual commitments and a new phase of Accommodation Strategy to deal with set up of the Shared Service Centre and achieving vacant possession of surplus office accommodation.		540	
Hornsey Town Hall - the carry forward of unspent budget for the HTH project is requested to fund an options appraisal on retention of Mountview Theatre Academy in a Wood Green location and to support the procurement of a new partner for the HTH project.		261	
Technopark. The unspent budget relates to vacant possession costs which have yet to be paid out.		123	
Green Lanes (OLF). Budget required to complete committed scheme.		277	
Alexandra Palace Landscaping - Budget required to fund existing commitments		117	
Tottenham Regeneration Masterplanning. Budget is required to cover planned commitments		390	
Growth on the High Road - Holcombe Market. Budget is required to complete the project.		325	
West Green Tropical Park - budget required to complete committed project		70	
Low Carbon Zones - budget reserved for work on district heating		243	
Sub-total Regeneration, Planning and Development			2,346

APPENDIX 3

Capital Carry Forward Requests Outturn 2014/15		Variation £000 £000	
Children's Services			
Bad weather has delayed a project to improve the sports pitch drainage at Fortismere School. The project will complete in 15/16 and the budget will need to be carried forward.		88	
Rhodes Primary expansion Phase 3. The project has now completed but final costs are still to come through following settlement of the final account.		182	
Rhodes Avenue Contract Resolution - This budget is reserved to cover the legal costs of resolving issues on Phases 1 and 2 of the Rhodes expansion contract.		170	
Kitchen works to support free infant school meals. Grant contributions have been agreed for various schools to improve their kitchen and dining facilities. A number of schools have yet to complete works in order to draw down these funds.		219	
Various projects to provide additional 2 year old places are being progressed. Two projects at Stamford Hill and Ilse Amlot centre have required more time to progress than originally planned.		327	
The programme risk contingency was not required in 14/15 and will be carried forward.		1,890	
Sub-total Children's Services Programme			2,876
Adult's Services			
Department of Health allocates the Community Capacity Grant to local authorities, providing capital funding to support development in three key areas: personalisation, reform and efficiency. A number of projects, mainly the development of Mosaic for charging and deferred payment and Haricare development requirements of the Care Act slipped during the year.		181	
Sub-total Adult's Services Programme			181
Total Capital carry forward requests - General Fund			9,231
Housing Revenue Account			
Capital carry forward requests			
Stock Survey: To cover contractual commitments to complete the survey work		140	
Mechanical & Electrical Works: Works delayed due to challenges with mobilisation of new framework. Carry forward required to cover contractual commitments from 2014/15		2,575	
Security/CCTV: Works delayed due to challenges with the mobilisation of the new major works framework. Carry forward required to cover contractual commitments from 2014/15		200	
Internal Communal Flooring: Works delayed due to challenges with the mobilisation of the new major works framework. Carry forward required to cover contractual commitments from 2014/15		200	
Decent Homes: Works delayed due to challenges with mobilisation of new framework. Carry forward required to continue works agreed in Leaders signing of 2013.		2,014	
Housing New Build Programme: Delay in the Implementation of the new build programme		4,760	
Housing Combined with New Work Programme: Works delayed due to challenges with the mobilisation of the new framework for the conversion of preproperties		433	
Total Capital carry forward requests - Housing Revenue Account			10,322



Haringey Council

Report for:	Cabinet	Item Number:	
Title:	Estate Renewal Re-housing and Payments Policy		
Report Authorised by:	Lyn Garner (Director of Regeneration, Planning and Development)		
Lead Officer:	Dan Hawthorn (Assistant Director for Regeneration) and Nick Smith (Commissioning Manager, Housing Services)		
Ward(s) affected: All wards	Report for Key/Non Key Decisions: Key decision		

1. DESCRIBE THE ISSUE UNDER CONSIDERATION

- 1.1** This report describes an Estate Renewal Re-housing and Payments Policy (Appendix 1) proposed for the borough. This policy would provide a consistent borough-wide approach to the re-housing and payment commitments offered by the Council to all households required to move as a result of estate renewal schemes. The policy would apply to all regeneration and estate improvement schemes, where 10 or more units are being improved or redeveloped.
- 1.2** Implementation of the proposed policy would require a new delegation to the Assistant Director for Regeneration (in consultation with the Cabinet Member for Housing and Regeneration) to decide the 'effective date' of the policy, in respect of individual Cabinet approved schemes and the Cabinet approved phases of those schemes, thereby providing more effective management control of re-housing, voids and payments.
- 1.3** The policy brings together in one document all the relevant statutory provisions (e.g. in respect of Home Loss and Disturbance Payments) and existing Council policies (e.g. within the Allocations Policy) with guidance to facilitate the Council's estate renewal programme, by more effectively re-housing and compensating



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residents required to move and providing vacant possession for development works to take place.

- 1.4** This report seeks approval of the policy document (at Appendix 1) for consultation and seeks approval for the consultation arrangements and timetable (set out in section 5 below), including a further report to the Cabinet scheduled for January 2016 to consider the consultation outcome, an Equalities Impact Assessment and a final policy for approval.

2. CABINET MEMBER INTRODUCTION

- 2.1** The Council's estate renewal programme represents a key component in the delivery of our Corporate Plan priority to create homes and communities where people choose to live and are able to thrive and in the implementation of our ambitious Housing Strategy for the borough. We are determined to put residents at the heart of our estate renewal programme.
- 2.2** We want to ensure that residents who need to move as a result of an estate renewal scheme are well-informed about the re-housing commitments and financial compensation available to them, together with the support they can expect to receive, for example, from the Independent Tenant and Leaseholder Advisors the Council is engaging for its estate renewal schemes. The draft Estate Renewal Re-housing and Payments Policy (see Appendix 1) proposed in this report sets out the Council's re-housing and compensation commitments to residents, including both secure tenants and leaseholders. The purpose of the policy is to make sure residents receive good quality, timely and appropriate support and accurate information. The policy will also assist in the delivery of our estate renewal programme.
- 2.3** The Cabinet is being asked to approve the draft Estate Renewal Re-housing and Payments Policy for consultation over the late summer/early autumn period, with a final version of the policy then being brought back to the Cabinet for approval, taking into account the consultation results and a full equalities impact assessment.

3. RECOMMENDATIONS

- 3.1** It is RECOMMENDED that the Cabinet:

- 1.** Notes and approves the Estate Renewal Re-housing and Payments Policy (at Appendix 1) for consultation.
- 2.** Notes and approves delegation of the decision on the 'effective date' of the policy in respect of individual estate renewal schemes and, where appropriate, the individual phases of such schemes, to the Assistant Director for Regeneration, in consultation with the Cabinet Member for Housing and Regeneration.



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3. Notes the purpose of the policy, as set out in section 1 of Appendix 1 and in paragraphs 5.13 and 5.14 of this report
4. Notes and approves the consultation arrangements and timetable (set out in section 5 of this report), including a further report to the Cabinet scheduled for January 2016 to consider the consultation outcome, an Equalities Impact Assessment and any recommended changes to the policy, for final approval by the Cabinet.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 The alternative options of developing an estate renewal re-housing policy only or just a set of procedures covering the issues in Appendix 1 were considered. However, it was considered important to bring together all the policies relevant to re-housing and compensating residents in one document, rather than just cover re-housing matters. Also, a set of procedures for staff would not represent a statement by the Council of its commitments to affected residents, which is an important objective of the proposed policy.
- 4.2 In developing the proposed policy, alternative approaches to how the policy should be applied to individual estate renewal schemes were considered. Broadly, 3 approaches were considered:
 - (a) Apply the minimum statutory entitlements and existing policy commitments across all schemes
 - (b) Consider the re-housing and payment commitments to residents on a scheme by scheme basis
 - (c) Apply (a) above, but consider additional discretionary entitlements on a scheme by scheme basis
- 4.3 The approach set out in paragraph 4.2, item (a) above has been broadly adopted within the policy at Appendix 1, as this provides consistency across different schemes and amongst residents from different areas. It also provides a better balance between meeting the re-housing needs of residents affected by estate renewal and other households on the Housing Register. However, the proposed policy at Appendix 1 does provide for some flexibility on a scheme by scheme basis, for example, in respect of the degree to which residents are able to return to take up a new permanent home on their estate, which is dependent on the number of new homes provided in each scheme. In addition, Local Lettings Policies (provided for within the existing Allocations Policy) offer some additional scope for local flexibility.
- 4.4 The minimum statutory entitlements include one-off Home Loss Payments of £4,900 for eligible households and Disturbance Payments for reasonable moving costs. The Council's existing policies include, under the Allocations Policy, provision for secure tenants required to move being placed in the highest re-housing band (band A) and being able to bid for alternative accommodation under Choice Based Lettings, until 12 months prior to vacant possession being required



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for development works. At that stage, direct offers would be made to ensure re-housing takes place.

4.5 In addition to existing entitlements, consideration has been given to additional discretionary entitlements beyond existing policy, including:

- (a) All secure tenants under-occupying their existing home, being able to under-occupy their new home by 1 bedroom
- (b) Adult children living with secure tenants being offered separate accommodation
- (c) More generous 'fixed payment' Disturbance Payments, beyond those paid under existing arrangements to other secure tenants being moved to allow major repairs to their home

However, these additional entitlements have not been incorporated within the proposed policy at Appendix 1, to ensure a fair and consistent approach is taken in respect of those required to move as part of an estate renewal scheme, as compared to other groups.

4.6 It is proposed that the alternative options described above, should feature within the consultation questions, as they are likely to be considered important by residents who may be affected by estate renewal schemes. Equally, any additional benefits for this group may be seen as disadvantaging other groups, such as those on the Housing Register, with potential equalities implications.

5. BACKGROUND INFORMATION

London Context

5.1 A review of the published policies of 20 London boroughs conducted for this report, has confirmed that the re-housing of tenants affected by large scale estate renewal projects is set on a borough-wide basis in all 20 Councils, normally in their Allocations Schemes, together with confirmation of the statutory Home Loss and Disturbance Payments available. All boroughs also express a broad aim that tenants can return to their estate after re-development, but this is generally left to be confirmed on a scheme by scheme basis. In 19 of the 20 boroughs, the options offered to leaseholders were also determined on a scheme by scheme basis, although one Council has a borough wide policy awaiting approval.

5.2 Offering residents affected by estate renewal the clearest commitments possible in terms of re-housing and compensation is generally considered to be good practice.

Haringey Policy Context

5.3 The Council's Corporate Plan for 2015-2018 identifies housing as one of its five priorities, committing the Council to 'Create homes and communities where people choose to live and are able to thrive'. Housing also plays a role in delivering other Corporate Plan priorities, for example, the role new homes play in driving the priority for growth and regeneration.



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5.4 The draft Housing Strategy for 2015 – 2020 approved for consultation by the Cabinet on 17 March 2015, proposes a vision for housing in Haringey: *'Housing is about people and communities, not just bricks and mortar. This means mixed and inclusive neighbourhoods where residents can lead happy and fulfilling lives'*. The draft Housing Strategy then summarises the proposed approach under 4 objectives:

- (i) improve help for those in housing crisis
- (ii) ensure that housing delivers a clear social dividend
- (iii) drive up the quality of housing for all residents
- (iv) achieve a step change in the number of new homes being built

5.5 In November 2013, the Cabinet approved the 'Housing Investment and Estate Renewal Strategy 2013 – 2023' which includes 4 strategic objectives:

- 1. To improve existing housing stock by efficient and informed investment, maximising resident satisfaction, promoting low energy consumption and delivering environmental sustainability
- 2. To increase the supply of high quality homes, delivered through development opportunities on Council owned land and through estate renewal
- 3. To create mixed and balanced communities by incorporating a range of housing tenures, including new Council homes, to meet a variety of local needs
- 4. To enable local people to benefit from jobs, apprenticeships and supply chain involvement through construction work.

5.6 In October 2014, the Cabinet approved a revised Allocations Scheme, which includes section 15.15, which sets out the re-housing priority given to tenants required to move as a result of redevelopment or regeneration, and a number of other relevant provisions referred in the proposed policy at Appendix 1.

5.7 The Council also has in place arrangements to implement relevant statutory provisions, for example, in respect of Home Loss and Disturbance Payments.

High Road West Regeneration Scheme

5.8 The Council has taken forward its Housing Investment and Estate Renewal Strategy (see 5.5 above) with the High Road West Regeneration Scheme, which was approved by the Cabinet on 16 December 2014. The Cabinet approved separate guides for secure tenants, leaseholders and private tenants at High Road West, which set out a range of provisions agreed in consultation with residents, including enhanced re-housing entitlements and payment arrangements such as:

- (a) All secure tenants under-occupying their existing home being able to under-occupy their new home by 1 bedroom
- (b) Two payment options for Disturbance Payments being offered to secure tenants – a fixed payment model and an assisted move model



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5.9 At its meeting on 16 December 2014, the Cabinet also gave delegated authority to the Director of Regeneration, Planning and Development, in consultation with the Cabinet Member for Housing and Regeneration, to agree and review the procedures associated with the guides for secure tenants, leaseholders and private tenants. In accordance with this, a delegated authority report has introduced arrangements for Home Loss and Disturbance Payments in respect of secure tenants at High Road West (as set out in paragraph 5.8 item (b) above), including a structure of fixed payments for Disturbance Payments based on the bedroom size of the property being vacated and the payment option preferred, as follows:

Disturbance Payment Option	1 bedroom	2 bedroom	3 bedroom	4 bedroom
Fixed Payment (where tenant arranges own move)	£1,650.00	£2,000.00	£2,400.00	£2,780.00
Assisted Move (where Council arranges removals only)	£1,473.50	£1,744.00	£2,063.50	£2,384.00

5.10 The fixed payment amounts in row 1 of the table above are consistent with the existing comparable borough-wide amounts, as set out in paragraph 5.11 below. The lower payments in row 2 of the table above, reflect deductions equivalent to the charges for removals by the Council's contractors at High Road West. Secure tenants at High Road West can also request the disconnection and reconnection of appliances and/or a 4 hour 'handyman' service, again with deductions from the payments in the table above equivalent to the Council's contractor's charges for these services.

5.11 The Disturbance Payment options negotiated with secure tenants at High Road West differ from those already in place for the borough as a whole, which currently comprise 2 payment options:

(a) a fixed payment option, with pre-determined fixed payment levels based on the size of the property being vacated, updated periodically. The current fixed payment levels (as of September 2014) are as follows:

1 bedroom property - £1,650

2 bedroom property - £2,000

3 bedroom property - £2,400

For 4 bedroom plus properties, £380 will be added to the 3 bedroom figure above (i.e. £2,400) for each additional bedroom.

(b) A claim option, where the tenant can opt to submit a Disturbance Payment claim form for any legitimate moving expenses, together with receipts. The level of payment assessed under this option will be progressed, even if this is less than the fixed payment quoted to the tenant under (a) above.



- 5.12 The Disturbance Payment arrangements for secure tenants included in the draft Estate Renewal Re-housing and Payments Policy (see paragraph 7.50 of Appendix 1) reflect the existing borough-wide arrangements described in 5.11 above, rather than the High Road West arrangements set out in 5.9 and 5.10 above. Given the significance of this issue for tenants, it is proposed that this be specifically covered in the proposed consultation.

Proposal for Estate Renewal Re-housing and Payments Policy

- 5.13 From good practice in other London boroughs conducting large scale estate renewal projects, the experience gained at High Road West and the need to progress a programme of estate renewal schemes across the borough, it was considered appropriate and timely to develop a borough-wide policy on re-housing and payments with the following objectives:
- (a) to provide a clear statement of the Council's re-housing and payment commitments to residents who need to move as part of an estate renewal scheme
 - (b) to introduce a new delegation in respect of the 'effective date' of the policy at Appendix 1, in order to more effectively manage re-housing, voids and payments in respect of individual schemes and the phases of such schemes
 - (c) to bring together in one document all the statutory provisions and Council policies relating to re-housing, payments and obtaining vacant possession for development works in order to better co-ordinate the delivery of estate renewal schemes.
- 5.14 The purpose of the policy at Appendix 1 is not to replace existing re-housing and payment policies, but rather to bring these together in one document to provide a consistent borough-wide approach to be applied across all estate renewal schemes and to give a clear statement of the Council's commitments to residents required to move, including:
- (a) to offer secure tenants the option of returning to a new permanent home on their estate where possible, on a scheme by scheme basis
 - (b) to offer secure tenants an alternative home with a lifetime tenancy
 - (c) to offer separate accommodation to adult children living with secure tenants where:
 - the tenant is under-occupying their home and the resultant two moves achieve a net reduction of at least 2 bedrooms (as set out in section 15.22.5 of the Allocations Scheme)
 - there are exceptional circumstances, for example, the tenant is severely overcrowded or a re-housing move would not otherwise take place, as determined by the Exceptions Panel, at the Council's discretion (as set out in section 15.28 of the Allocations Scheme)
 - (d) to allow a secure tenant to under-occupy their new home by one bedroom where they currently under-occupy a large family home with 4 or more



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bedrooms or currently occupy a substantially adapted home with 3 or more bedrooms, at the Council's discretion (as set out in paragraphs 15.22.7 and 15.23.3 of the Allocations Policy)

5.15 The resultant Estate Renewal Re-housing and Payments Policy proposed at Appendix 1, includes the following sections:

1. Purpose – which explains that the policy aims to meet the needs of both the Council and residents when it is necessary to move households in order to facilitate development works. It makes clear that the policy applies to regeneration and estate improvement schemes, involving 10 or more units.
2. Policy Statement – which explains that the policy brings together existing statutory provisions and Council policies relating to re-housing, compensation payments and obtaining vacant possession
3. Legal Framework – which sets out the relevant legislation
4. Policy Framework – which sets out relevant Council policies
5. Consultation and Communication - which sets out the consultation and equalities impact assessment required in respect of individual schemes .
6. Re-housing and Payments Programme – which includes delegation of the decision on the 'effective date' of the policy in respect of individual schemes to Assistant Director for Regeneration, in consultation with Cabinet Member for Housing and Regeneration
7. Re-housing and Payments Programme for Tenants – which covers 3 main issues:
 - (a) Re-housing
Includes the definition of which tenants are eligible for re-housing and explains the awarding of band A status to eligible households. It also describes Local Lettings Policies.
 - (b) Gaining possession
Explains how refusals of alternative accommodation are considered and the possession action taken if required
 - (c) Payments
Defines which tenants are eligible for Home Loss and Disturbance Payments and the amounts payable
8. Re-housing and Payments Programme for Freeholders and Leaseholders – which covers the same 3 main issues:
 - (d) Re-housing
Explains the entitlement to full market value and Council assistance with purchase options
 - (e) Gaining possession
Explains the voluntary agreement to acquire and the arrangements for compulsory purchase if required
 - (f) Payments
Defines eligibility for Home Loss and Disturbance Payments and the amounts payable



9. Additional Areas – which deals with private tenants, non-authorised residents and squatters. It sets out the practical help for residents, including support provided by the Independent Tenant and Leaseholder Adviser and the support available to vulnerable households. It also deals with the management of empty properties to provide vacant possession for development works.

Consultation Arrangements and Timetable

- 5.16 On the question of consultation, Legal Services have advised that there is no statutory duty to consult on the policy at Appendix 1, but the need to consult can arise from a legitimate expectation of consultation based on a promise or practice of the Council and that the Council's resident involvement agreement "Your Voice Counts" may give rise to such an expectation. That consultation has to be fair and this includes there being an adequate consultation period and conscientious consideration of consultation responses. A consultation period of 6 weeks is considered sufficient and sufficient time should also be allowed to consider and respond to the feedback, before a final decision is taken. Equalities data will be collected as part of the consultation process, so that an Equalities Impact Assessment (EqIA) can also be completed and considered.
- 5.17 Therefore, this report to the June Cabinet is seeking approval of a draft policy to go out to consultation, then, once the consultation period has ended, a further report will be submitted to the Cabinet to agree the final policy, taking into account the outcome of the consultation and an Equalities Impact Assessment.
- 5.18 Given the large number of consultations scheduled for summer 2015, including the Housing Strategy consultation taking place during June/early July, the Communications Team have advised that this consultation should not commence prior to 1 August and should run for 12 weeks, to take account of the holiday period and the potentially controversial nature of the policy. This approach is being adopted in respect of other comparable consultations taking place over the summer. This extended consultation period would also provide additional time for meetings with resident groups and others to be held, as necessary. Therefore, the outline timetable proposed for the consultation is as follows:
 - June 2015 – Cabinet approves draft policy for consultation
 - August - October 2015 – 12 week consultation period
 - October/November 2015 – consideration of responses and EqIA produced
 - January 2016 – Cabinet considers consultation outcome, EqIA and final policy for approval



6. COMMENTS OF THE CHIEF FINANCIAL OFFICER AND FINANCIAL IMPLICATIONS

- 6.1 This report sets out the proposed process and policy for applying a consistent borough-wide approach across all estate renewal schemes.
- 6.2 Any Home Loss and Disturbance payments relating to the council's housing stock are normally chargeable to the council's Housing Revenue Account (HRA). It has, however, been proposed that for Estate Renewal schemes these costs are met by future development partners for these projects. Where these costs are not met by a future development partner then they will be chargeable to the council's HRA. Funding that is available from the HRA is limited and before entering into any commitments it must be ensured that sufficient funding will be available.
- 6.3 The proposal to set off any tenant rent arrears against Home Loss payments is consistent with current wider Council policy and would have a positive impact on income collection rates for the HRA.
- 6.4 The offer of separate accommodation to eligible adult children living with secure tenants may impact on homeless clients currently on the Housing Register and may have a negative impact on the council's homelessness budget.
- 6.5 The offer of alternative HRA housing to decanted tenants may also have a negative impact on the homelessness budget as these tenants may take up units that may otherwise be available to homeless clients. This will however be mitigated by using decanted units as temporary accommodation until demolition dates approach and the re-provision of new units. This policy will also act to limit the security costs associated with an estate renewal project during development phases.
- 6.6 In cases where tenants refuse offers of alternative housing, a case by case review would have to take place but if they are found to be intentionally homeless it is possible that any re-housing obligations may have to be referred to Children's Services.
- 6.7 In the case of Leaseholder and Freehold units currently occupied by private tenants, it is possible that these tenants are eligible for re-housing by the council. This may also have a negative impact on homelessness budgets.
- 6.8 In exceptional cases it is also possible that the council may have to meet obligations to households described as 'hidden households' and found to be eligible for re-housing. This may also impact on the council's homelessness budget.



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7. COMMENTS OF THE ASSISTANT DIRECTOR OF CORPORATE GOVERNANCE AND LEGAL IMPLICATIONS

7.1 The Assistant Director of Corporate Governance has been consulted in the preparation of this report and makes the following comments.

7.2 Tenants, leaseholders and other occupiers who are being displaced as a result of the Council's estate renewal or regeneration proposals have various statutory rights. These include the rights of secure tenants to be re-housed. The provision of alternative Council accommodation will be an allocation and will, therefore, have to be in accordance with the Council's Allocations Policy, as required by Part 6 of the Housing Act 1996 and in accordance with the Council's proposed Estate Renewal and Re-housing Payment Policy and any agreed tenant offer. A statutory duty to re-house may also arise under Part 7 of the Housing Act 1996 (as amended) i.e. the homelessness legislation.

7.3 Displacement may give rise to a statutory entitlement to home loss and disturbance payments under the Land Compensation Act 1973. The amount of home loss payments are fixed by the legislation, but the amount of the disturbance payment is discretionary and acts to compensate the tenant or resident leaseholder/freeholder for the reasonable expenses of having to move. These payments are in addition to the full market value of the property that a leaseholder or freeholder is entitled to.

7.4 The Council may use its powers under Grounds 10 and 10A Housing Act 1985 to secure vacant possession of secure tenancies and may as a last resort use its compulsory purchase powers under s226 of the Town and Country Planning Act 1990 if it needs to compulsorily purchase tenanted, leasehold or freehold properties.

7.5 The Council's resident involvement agreement gives rise to a legitimate expectation that the Council will consult on the discretionary matters included within the Estate Renewal Re-housing and Payments Policy and in the case of *R (Moseley) v Haringey* the Supreme Court has recently endorsed the following general principles of consultation:

- That consultation must be at a time when proposals are still at a formative stage;
- That the proposer must give sufficient reasons for any proposal to permit intelligent consideration and response;
- That adequate time must be given for consideration and response; and
- That the product of consultation must be conscientiously taken into account in finalising any proposals.

7.5 In short, in order to achieve the necessary degree of fairness, the obligation is to let those who have a potential interest in the subject matter know in clear terms what the proposal is and exactly why it is under positive consideration, telling them enough to enable them to make an intelligent response



Haringey Council

7.6 In approving the final policy the Cabinet will have to comply with the Council's Public Sector Equality Duty under the Equality Act 2010.

8. EQUALITIES AND COMMUNITY COHESION COMMENTS

8.1 The Council has a public sector equality duty under the Equality Act (2010) to have due regard to:

- tackle discrimination and victimisation of persons that share the characteristics protected under section 4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- advance equality of opportunity between people who share those protected characteristics and people who do not;
- foster good relations between people who share those characteristics and people who do not.

8.2 The draft policy allows for considerations to be made for groups through the individual housing needs assessment process laid out in section 7. Section 9 confirms that special adaptations identified in the individual assessments would be covered by the Council's aids and adaptations budget for HRA properties or the Disability Facilities Grant, and prioritised for those with medical needs. Sections 9.7 and 9.8 also make a commitment that the Council will provide additional support and information over housing options and processes for vulnerable and elderly residents.

8.3 A full EqIA will be needed to consider the impact of the policy on all the protected groups and where necessary mitigate any adverse impacts on those groups.

8.4 In addition, as confirmed in paragraph 5.5 of the policy at Appendix 1, an EqIA specific to each estate renewal scheme will need to be completed on a scheme by scheme basis, before a decision is taken to proceed with an individual scheme.

9. HEAD OF PROCUREMENT COMMENTS

9.1 The recommendation to agree a borough-wide approach to the re-housing and payment commitments offered by the Council does not have any immediate Procurement activities within it. Any Procurement projects that need to be undertaken to meet the objectives set out within the report will be dealt with on an individual basis and will be subject to normal procurement practise.

10. POLICY IMPLICATION



Haringey Council

- 10.1 The proposed Estate Renewal Re-housing and Payments Policy will contribute to meeting the Council's Corporate Plan and draft Housing Strategy objectives and play an important role in delivering the Council's Housing Investment and Estate Renewal Strategy for the borough. It brings together a number of existing Council policies, for example, relevant aspects of the Allocations Scheme, and existing arrangements for Home Loss and Disturbance Payments, to help ensure their effective co-ordination in the delivery of the Council's estate renewal programme.

11. REASONS FOR DECISION

11.1 The main reasons for the decisions recommended at paragraph 3.1 are :

- (a) to give clear direction to Members and residents on the Council's commitments to households would need to move as part of an estate renewal scheme
- (b) to introduce a new delegation in respect of the 'effective date' of the policy at Appendix 1, in order to improve management control of re-housing, voids and payments in respect of individual estate renewal schemes
- (c) to help facilitate the effective co-ordination of relevant policies on re-housing, payments to residents and obtaining vacant possession in order to deliver the Council's estate renewal programme
- (d) to conduct an effective consultation on the proposed policy at Appendix 1
- (e) to be able to report back to the Cabinet with the consultation outcome, an Equalities Impact Assessment and any amendments to the policy, for final approval

12. USE OF APPENDICES

Appendix 1 – Draft Estate Renewal Re-housing and Payments Policy

13. LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

13.1 Background documents:

- (a) Draft Housing Strategy 2015 – 2020
- (b) Housing Investment and Estate Renewal Strategy 2013 – 2023
- (c) Allocations Policy
- (d) Cabinet report and minute in respect of High Road West Regeneration Scheme – 16 December 2014

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APPENDIX 1**DRAFT ESTATE RENEWAL RE-HOUSING AND PAYMENTS POLICY****Contents**

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1. Purpose

- 1.1 The Re-housing and Payments Policy is to be used when regenerating, improving or redeveloping the Council's housing stock. It aims to meet the needs of the Council and residents when it is necessary to move households in order to facilitate development works. In particular, the policy aims to ensure that residents receive good quality, timely and appropriate support, together with accurate information on the entitlements they may have to re-housing and financial compensation. The policy will apply to all regeneration and estate improvement schemes, where 10 or more units are being improved or redeveloped.
- 1.2 The Re-housing and Payments Policy aims to provide a consistent borough-wide approach to the re-housing and financial payment commitments made to households who need to move as a result of estate renewal schemes, with a clear approach to managing these arrangements efficiently and fairly. It also provides an outline process by which to deliver the vacant possession of properties needed for development works to take place.

Housing in Haringey

- 1.3 Haringey is facing a serious housing problem. Since 1996, property prices in the borough have increased by 303% (Haringey SHMA, 2014) and in the 12 month period 2013 to 2014, houses prices grew by 32% with the average house price standing at £513,435 (Nationwide Building Society). Combined with rising rents in the private sector, housing is increasingly being priced out of the reach of many local residents.
- 1.4 At the same time that house prices have been rising, the supply of new homes has failed to keep up with demand which serves only to continue the upward pressure on house prices as more and more people compete for an increasingly scarce resource. Since 2009 a total of 1486 new affordable homes have been built in the borough, which represents 79% of the target set for the borough by the Mayor of London for that period. The Mayor's affordable housing target for Haringey will increase to 751 per year for the 10 year period 2015 to 2025, a rise of 79% over the current target.
- 1.5 The Council is strongly committed to providing a mix of housing, and the provision of good quality, affordable housing is a high priority for the Council within the current Corporate Plan 2015 - 2018.

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

Priority 5 - Housing, Haringey Corporate Plan, 2015 - 2018

- 1.6 Good quality affordable housing is recognised as a significant contributor to achieving many of the other 2015-2018 corporate plan priorities, notably providing children and young people the best start in life (Priority 1) and delivering growth (Priority 4).
- 1.7 The Local Plan: Strategic Priorities, adopted in March 2013 promotes the creation of balanced neighbourhoods that are sustainable and offer local residents the chance to meet their housing aspirations.

New housing investment will be targeted at fostering the development of balanced neighbourhoods where people choose to live, which meet the housing aspirations of Haringey's residents and offer quality and affordability, and are sustainable for current and future generations.

Policy SP2 (Housing) - Haringey Local Plan: Strategic Priorities, 2013

- 1.8 The Council's draft Housing Strategy 2015 – 2020, which is approved for consultation, includes a vision for housing centred on people and communities and sets objectives which support the provision of more good quality affordable housing of all tenures, with housing regeneration as one approach to achieving this.

Housing is about people and communities, not just bricks and mortar. This means mixed and inclusive neighbourhoods where residents can lead happy and fulfilling lives

Vision – Haringey draft Housing Strategy, 2015 – 2020

Drive up the quality of housing for all residents

Draft Objective 3 - Haringey draft Housing Strategy, 2015-2020

Achieve a step change in the number of new homes being built

Draft Objective 2 - Haringey draft Housing Strategy, 2015-2020

2. Policy Statement

- 2.1 This Re-housing and Payments Policy focuses on the needs of residents. It brings together a range of existing statutory provisions and Council policies relevant to the re-housing and financial compensation for residents who need to move as a result of estate renewal schemes. (It should be noted that some existing provisions and policies refer to this process as 'decanting'. 'Decanting' is a technical term which has been used to describe the process where residents are required to move, because either their landlord or an authority with compulsory purchase powers has redevelopment plans for their home.)
- 2.2 The Re-housing and Payments Policy is to be used, where necessary, to enable housing regeneration and estate improvements to take place within the borough and to provide support to residents affected by such

proposals. The policy will apply to all regeneration and estate improvement schemes, where 10 or more units are being improved or redeveloped. It will not be used in cases of emergency repairs, where the relevant aspects of the Allocations Scheme (section 15.14) and existing procedures will be used.

- 2.3 It outlines a managed re-housing and payments process, which offers alternative accommodation (where appropriate and in line with the Allocations Scheme) as well as compensating for expenses incurred, disturbance and inconvenience, in line with legal requirements and existing best practice.
- 2.4 The policy will ensure no person will receive less favourable treatment on the grounds of race, gender, religion or belief, age, sexual orientation, physical disability, appearance, economic status or marital status.
- 2.5 This policy will be reviewed regularly, to reflect changes in the levels of payments and to ensure it is consistent with the Allocations Scheme.

3. Legal Framework

- 3.1 This policy covers all tenants, leaseholders, freeholders and other residents on sites where regeneration of occupied housing is proposed.
- 3.2 The list of relevant legislation below is to be considered when carrying out decanting and using this policy:
 - Homelessness Act 2002
 - Housing Act 1985
 - Housing Act 1996
 - Housing Act 2004
 - Housing and Regeneration Act 2008
 - Human Rights Act 1998
 - Land Compensation Act 1973
 - Planning and Compulsory Purchase Act 2004
 - Town and Country Planning Act 1990
- 3.3 The legislation covers both local housing authority options and powers, as well as resident rights and powers.

4. Policy Framework

- 4.1 This policy brings together existing Council policies relevant to the re-housing of households moved as a result of estate renewal schemes and financial payments to such households.

4.2 The list of relevant Council policies is set out below:

Allocations Scheme

- Paragraphs 3.3.1 and 3.3.2 define the households who can apply for accommodation
- Section 5.8 makes provision for leaseholders and freeholders to be placed on the Housing Register in limited circumstances and to have their application assessed
- Paragraph 6.5.7 makes provision for proxy bidding
- Paragraph 6.8.1 makes provision for direct offers of supported housing
- Section 15.15 makes provision for re-housing ('decanting') of secure tenants for the purposes of redevelopment/regeneration
- Section 15.22 makes provision for prioritising tenants with a home bigger than they need
- Paragraph 15.23.3 makes provision for tenants willing to transfer from a large adapted home
- Section 15.28 concerns the discretionary powers of the Exceptions Panel

5. Consultation and Communication

Consultation when using the Re-housing and Payments Policy

5.1 Consultation will take place early in the estate renewal scheme process, before a decision is taken to conduct estate renewal in an area.

5.2 A separate consultation must take place in regards to re-housing tenants, as detailed in Section 105 (consultation on matters of housing management) of the Housing Act 1985. It should take into account all secure tenants' views.

5.3 Consultation processes should take into account existing resident groups and associations, as well as direct consultation with each household.

5.4 The consultation period will be in accordance with current legislation, and will be for a minimum of 28 days.

Equal Opportunities

5.5 An Equalities Impact Assessment, specific to the area of estate renewal, will need to be completed before a decision is taken to proceed with an estate renewal scheme and in applying this Re-housing and Payments Policy to such a scheme.

Site Specific Re-housing and Payments Plans

5.6 The Re-housing and Payments Policy provides a borough-wide policy which will be applied across all estate renewal schemes. However, some site

specific plans may need to be developed, in consultation with residents, for example, in respect of:

- (a) Local Lettings Policies (if applicable);
- (b) Option for secure tenants to return to a new permanent home on their estate
- (c) Options for leaseholders

Communications Plan

5.7 With every estate renewal scheme, it is necessary to produce a clear communication plan to ensure active resident awareness and involvement, in addition to statutory consultation.

Independent Tenant and Leaseholder Adviser

5.8 An Independent Tenant and Leaseholder Adviser will normally be engaged by the Council for each estate renewal scheme at an appropriate stage, to provide support to tenants and leaseholders on the issues set out in this policy.

6. The Re-housing and Payments Programme

- 6.1 This Re-housing and Payments Policy should only be used once a Cabinet decision has been made to implement an estate renewal project. Consultation and discussion with residents will have happened before this decision is taken. The effective date for activation of this policy in respect of an individual estate renewal project (or phases of that project) will be decided by the Assistant Director for Regeneration, in consultation with the Cabinet Member for Housing and Regeneration, taking into account the circumstances of each project. The effective date will act as the trigger for 'decant status' under the Allocations Scheme and band A priority being awarded to households eligible for re-housing under this policy.
- 6.2 The Re-housing and Payments Policy will provide the means to manage the re-housing and payments process for residents affected by estate renewal proposals, ensuring sufficient priority and time is given to support residents, manage the process effectively and ensure all legal requirements are fulfilled.
- 6.3 The re-housing and payments programme related to this policy is split into the different tenures, with a section applicable to eligible tenants and a section for freeholders and leaseholders.

7. The Re-housing and Payments Programme - tenants

- 7.1 The Re-housing and Payments Policy will be applied to both temporary and permanent moves, where the Council is progressing development

works in regeneration and estate improvement schemes, where 10 or more units are being improved or redeveloped.

- 7.2 The Council will aim to offer secure tenants the option of returning to a new permanent home on their estate where possible, on a scheme by scheme basis. Therefore, tenants may need to move on a temporary basis whilst permanent accommodation on their estate is being provided. Alternatively, tenants may need to move directly to permanent accommodation elsewhere.
- 7.3 Some existing policies refer to these types of moves as permanent and temporary decants. A 'permanent decant' is when a resident is moved out of their property to another property where they will remain permanently. A 'temporary decant' is when a resident is moved to a property temporarily until a permanent property is available.

Individual Housing Needs Assessments

- 7.4 Individual Housing Needs Assessments of all occupiers at the affected estate renewal site should be completed to:
- (a) better understand the specific requirements of the proposed estate renewal scheme and
 - (b) ensure a suitable re-housing programme is followed, by establishing which occupiers are eligible for assistance under this policy and assessing their re-housing needs.

The Individual Housing Needs Assessments should be commenced after the Cabinet decision to implement an estate renewal scheme and should normally be completed prior to the effective date for activation of this policy in respect of an individual project (see paragraph 6.1 above).

- 7.5 The results of the Individual Housing Needs Assessments will need to be updated during the course of the estate renewal scheme until the re-housing occurs, and should be carried out as frequently as determined necessary for each estate renewal scheme. Residents eligible for assistance should be encouraged to provide updates on any significant changes in their circumstances.

Qualifications and exclusions

- 7.6 In line with the legislation and existing best practice, the following people will be eligible for assistance under this policy and possible re-housing:
- a) Secure tenants, their children and partners/spouses who are identified as eligible through a Housing Needs Assessment
- 7.7 The Council will not re-house unauthorised occupants, sub-tenants, lodgers, licensees and other non-secure occupants.

- 7.8 In assessing the eligibility of occupiers under this policy, account will be taken of their length of occupation (which should be recorded during the Individual Housing Needs Assessments).

Assessment Criteria

- 7.9 Assistance and re-housing will only apply to tenants and authorised household members identified as part of a Housing Needs Assessment
- 7.10 Secure tenants are entitled to Home Loss Payment and Disturbance Payments, as detailed in paragraphs 7.41 – 7.51 below.
- 7.11 Tenants will be offered a new home based on their assessed needs in accordance with the council's Allocations Scheme.
- 7.12 Tenants with a home bigger than they need who are willing to transfer from a large family home with 4 or more bedrooms may, at the Council's discretion, be allowed to under-occupy their new home by one bedroom, as set out in paragraph 15.22.7 of the Allocations Scheme.
- 7.13 Tenants who are willing to transfer from a family home that has 3 or more bedrooms and has been substantially adapted to meet the needs of a wheelchair user or someone with very limited mobility may, at the Council's discretion, be allowed to under-occupy their new home by one bedroom, as set out in paragraph 15.23.3 of the Allocations Scheme.
- 7.14 Medical need for a particular type/size of accommodation will be assessed in line with the Allocations Scheme for all residents who have a medical need identified in the Individual Housing Needs Assessments. Where a previous medical assessment has been carried out, the Council reserve the right to seek a new medical assessment.

Hidden Households, including non-dependent Adult Children

- 7.15 Under this policy, hidden households including non-dependent adult children of secure tenants, will be re-housed as part of the tenant's household if they fall within the eligibility criteria detailed in paragraph 7.6 above.
- 7.16 Consideration will be given to providing separate housing (in two smaller properties) for families that are under-occupying their home, however, such moves must always achieve a net reduction of at least 2 bedrooms, as set out in paragraph 15.22.5 of the Allocations Scheme.
- 7.17 In exceptional cases, for example to alleviate severe overcrowding and/or to achieve a re-housing move necessary for an estate renewal scheme to progress, the separate re-housing of hidden households (including adult children) will be considered by the Exceptions Panel at

the Council's discretion, as provided for in section 15.28 of the Allocations Scheme.

- 7.18 It is recommended that hidden households, including non-dependent adult children, must leave the property first to avoid the necessity of legal action to remove them later in the process. Where possible, an eligible hidden household being re-housed in separate accommodation should be accommodated first.
- 7.19 Hidden households (including non-dependent adult children) making their own arrangements to secure separate accommodation should be advised and encouraged where possible to achieve an early move.
- 7.20 If a hidden household remains in the affected property when other members of the household have been re-housed, an agreement must be made to ensure vacant possession of the property when needed otherwise possession action will be taken.
- 7.21 The size of any property allocated to an identified hidden household will be decided in accordance with the Allocations Scheme.

Service tenancies

- 7.22 Any residents with service tenancies, for example resident caretakers, will be offered re-housing in accordance with the Allocations Scheme and on the same terms as the current arrangements in place for service tenants, depending on the circumstances of each case.

Re-housing tenants

- 7.23 Offers of accommodation will be made taking into account the Individual Housing Needs Assessments and any subsequent medical assessment(s), to ensure accommodation meets the requirements of the households. Tenants will receive advice and support throughout the re-housing process, with a view to achieving positive outcomes for all tenants and avoiding the risk of possession action.
- 7.24 Extra assistance will be offered in line with the Disturbance Payments and any specific support packages arranged in accordance with this policy.
- 7.25 In accordance with section 15.15 of the Allocations Scheme, qualifying households will be given a 'bidding window' closing 12 months prior to the date when the Council requires vacant possession, in which they can bid for suitable alternative accommodation through the Council's Choice Based Lettings Scheme.
- 7.26 Once the bidding window has closed, suitable accommodation will be offered directly to the qualifying households.

- 7.27 Tenants will need to be clearly advised that only one direct offer will be made. If the offer is refused, a review of the suitability of the accommodation offered will be conducted. A further offer will only be considered if the first direct offer was unsuitable. In the absence of a further offer or exceptional circumstances, the Council will, as a last resort, commence possession proceedings to ensure vacant possession of the property within a timely fashion to permit the estate renewal scheme to proceed.

Type of Tenancy

- 7.28 Where the secure tenant moves to another council owned property they will be given a lifetime secure tenancy, unless it is a 'temporary decant', in which case the final move to a permanent property will be a lifetime secure tenancy.
- 7.29 Where the secure tenant chooses to move to a property owned by a registered provider (housing association) they may be given an Assured Tenancy depending on the policy of the particular registered provider. Alternatively, they may only be offered a fixed term tenancy. Registered provider properties will not normally be used for a 'temporary decant'.

Local Lettings Policies

- 7.30 The Allocations Scheme allows the Council to establish local lettings policies. A local lettings policy may be set up as part of an estate renewal scheme, when the Re-housing and Payments Policy is used, in order to ensure that households required to move have the opportunity to remain in their community and ensure that voids created by the estate renewal re-housing process are used effectively and do not represent a wasted asset. Where local lettings policies involve Council nominations to registered provider properties, lifetime tenancies will be negotiated where possible.

Gaining possession

- 7.31 Advice and support will be provided to tenants throughout, to help ensure appropriate re-housing is achieved. Once the Council has come to a decision on an estate renewal scheme, it will only offer accommodation in line with this policy and the Allocations Scheme from the effective date for implementation of this policy in respect of individual projects (see paragraph 6.1 above).
- 7.32 Once decant status is authorised, tenants will be placed into Band A, possibly on a phased basis, to bid for an alternative home. If the tenant has not bid for and been offered accommodation 12 months prior to the Council requiring vacant possession, the Council will reserve the right to make a direct offer of accommodation. If this offer is refused a further offer of accommodation will only be considered if the first offer is unsuitable or in exceptional circumstances and, if neither of these

conditions apply, the Council may decide to take legal action to gain possession.

- 7.33 Legal action to gain possession of tenanted properties will be a last resort, but will be taken where necessary to ensure that timely vacant possession is obtained. Depending on the circumstances, possession may be sought under Housing Act 1985 (as set out in paragraphs 7.34 and 7.35 below) or, alternatively, by using the Council's CPO powers under Town and Country Planning Act 1990 (as set out in paragraph 7.36 below).
- 7.34 The two grounds for possession relevant to estate renewal in Schedule 2 of Housing Act 1985 are Grounds 10 and 10A (following approval from the Secretary of State).

Ground 10:

"The Landlord intends, within a reasonable time of obtaining possession of the dwelling-house:

- a) to demolish or reconstruct the building or part of the building comprising the dwelling-house, or
 - b) to carry out work on that building or on land let together with, and thus treated as part of, the dwelling-house,
- and cannot reasonably do so without obtaining possession of the dwelling-house."

Ground 10A

"The dwelling-house is in an area which is the subject of a redevelopment scheme approved by the Secretary of State or the Housing Corporation in accordance with Part V of this schedule and the landlord intends within a reasonable time of obtaining possession to dispose of the dwelling-house in accordance with the scheme" or

"Part of the dwelling-house is in such an area and the landlord intends within a reasonable time of obtaining possession to dispose of that part in accordance with the scheme and for that purpose reasonably requires possession of that dwelling-house."

- 7.35 Possession proceedings may be commenced on one of these grounds to ensure vacant possession of the properties. The Court has discretion on whether to order possession, and needs to be satisfied that suitable alternative accommodation is available at the date of the hearing. Therefore, in practice, a tenant would normally have the opportunity to accept, and move into, suitable alternative accommodation around the time of the hearing, rather than face eviction and would need to be advised accordingly. If, in an exceptional case, the tenant opted to not accept alternative accommodation found to be suitable and a possession order was granted, the household would be entitled to make a homelessness application which would need to be assessed to

establish what re-housing or advice and assistance duties, if any, were owed to the household.

- 7.36 Alternatively, the Council can, as a last resort, use its CPO powers under s226 of Town and Country Planning Act 1990 (subject to Secretary of State approval) to acquire the interests in land owned by secure tenants, where attempts to acquire such land by agreement have failed.

Tenancies in breach

- 7.37 Proceedings against tenants in breach of the terms of their tenancy must be pursued separately to the estate renewal re-housing process.

Suspension of Right to Buy

- 7.38 The “Right to Buy” of any affected council housing stock will be suspended from the date an initial demolition notice is served on the tenants concerned as defined in the Housing Act 1985 Section 138 A-C and Schedule 5 paragraph 13 – 16.

Appeals against offers of alternative accommodation

- 7.39 Tenants can ask for a review of the property allocated to them under the Choice Based Lettings scheme or as a direct offer. This review will follow the procedure laid out in the Allocations Scheme. There will be no further right of appeal from the decision on review.
- 7.40 For estate renewal re-housing programmes the bidding window period specified will supersede any other bidding period specified in the Allocations Scheme.
- 7.41 Further guidance on appeals can be found in Compulsory Purchase Guidance Booklets 1 and 4.

Financial Implications

- 7.42 Secure tenants will be entitled to Home Loss payment and Disturbance Payments as set out below.

Home Loss Payments

- 7.43 Home Loss Payments are statutory payments, which are paid to freeholders, leaseholders and tenants following a compulsory purchase order or displacement by housing orders, and are not to pay for the cost of moving, as detailed in Sections 29-33 of Land Compensation Act 1973.

- 7.44 Home Loss payments are subject to maximum and minimum thresholds. Tenants receive a flat rate of £4,900 effective from October 2014 (subject to review), which is equal to the minimum payment to owner-occupiers. To qualify, the property must be the claimant's only or main residence for a year prior to the date of displacement.
- 7.45 Given the thresholds are subject to change annually by the Secretary of State, the levels of payment will be reviewed annually.
- 7.46 Where a tenant does not qualify for a statutory Home Loss payment, for example, because they have been a tenant for less than a year, the Council may, in exceptional circumstances, make a discretionary Home Loss payment not exceeding the statutory amount.

Home Loss Payment Procedure

- 7.47 A suitable payment procedure for regeneration schemes under this Re-housing and Payments Policy will include the following: -
- a) Payments will be made directly to the tenant
 - b) Claims can be made for up to 6 years after the offer of accommodation, and must be paid within 3 months of receiving the claim. Under the Land Compensation Act 1973, there is a right of appeal to the Lands Tribunal.
 - c) Payments will normally be made only after the return of keys to the property the tenant is vacating, however, an earlier advance payment of at least part of the total payment may be considered in exceptional cases of financial hardship.
 - d) All arrears will normally be offset against any Home Loss payment. This includes rent arrears for tenants.

Disturbance Payments

- 7.48 Disturbance Payments are made to financially compensate the displaced tenant, resident freeholder or resident leaseholder for expenses associated with the need to move.
- 7.49 Disturbance Payments will be made under the Land Compensation Act 1973.
- 7.50 In cases where it is necessary to move tenants and resident leaseholders twice, Disturbance Payments may need to be paid twice where a resident is required to make a temporary move before moving into permanent accommodation.
- 7.50 Disturbance Payments will be paid to tenants to cover reasonable costs associated with moving, and the list of items for which payment is considered reasonable under the Land Compensation Act 1973 is shown below:

- Removal costs from the current home to the new home, which will be paid directly to the Council's approved removal firm or to the tenant's removal firm where the tenant obtains two estimates which have been approved by the Council prior to the move. For vulnerable residents, this might include additional support, such as furniture packing and unpacking.
- Redirection of mail for each authorised surname living at the address.
- Telephone and internet disconnection and reconnection, including additional lines.
- Disconnection of any television aerials or satellite dishes connected either to an existing television or that allows the proper operation of television equipment. Reconnection will only apply with the express approval of the landlord at the new address. New homes may have television aerials and systems installed as part of the specification.
- Washing machine, cooker, dishwasher and plumbed fridge disconnection and reconnections to be carried out by the removal firm's operatives (who must be suitably qualified to the appropriate trade standards).
- Curtain and Carpets options: It is generally expected that relocating residents will refit existing carpets wherever possible, and the costs of this will be covered by the Disturbance Payment. However, where this is not possible, the cost of new carpets to an equivalent standard will be covered through the Disturbance Payment. The existing carpet will be assessed and a quote obtained based on this. Any additional rooms in the new home will be carpeted, but the cost will be deducted from the Home Loss Payment.
- Special locks and alarm refitting if these are currently fitted at the old property. They must be dismantled and refitted by a qualified locksmith or recognised Alarm Company and all locks and alarms must meet the relevant British standard for security. Front door and window grilles would not be covered.
- Home improvements that have been notified and approved by the Council, less the cost of depreciation.
- Dismantling and re-fitting of fitted resident owned furniture (such as kitchen units and wardrobes).
- Any extra costs of new school uniform if moved to a different area, which necessitates a change of school (supported by letters from the respective schools).
- Where the costs of adaptations in the old home were previously met by the tenant, the Council will reimburse the tenant subject to relevant receipts being available.
- Reimbursements for wage or salary loss on the day of the removal, provided loss of earnings is certified by the employer, for up to 2 members of the households.
- Other reasonable costs incurred by the tenant if approved in writing by the Council prior to the cost being incurred, for example travel to viewings, replacement of sheds and outside furniture which cannot be dismantled, etc.

Disturbance Payment Procedure

7.51 Disturbance Payments will be made directly to the tenant. Tenants will normally be offered two payment method options:

- a) A 'fixed payment' option, with pre-determined fixed payment levels based on the size of the property being vacated, updated periodically. The current fixed payment levels (as of September 2014) are set out below:

1 bedroom property - £1,650

2 bedroom property - £2,000

3 bedroom property - £2,400

For 3 bedroom plus properties, £380 will be added to the 3 bedroom figure above (i.e.£2,400) for each additional bedroom.

- b) A claim option, with the tenant submitting a Disturbance Payment claim form for any legitimate expenses they incur in relation to moving home, enclosing receipts or proof of expenses. However, the level of payment assessed by the Council under this option will be progressed, even if this is less than the 'fixed payment' quoted under (a) above.

Appeals

7.52 The Council has a three-stage complaints process, which can be used in relation to appeals against the application of this policy.

8. The Re-housing and Payments Programme - Leaseholders and Freeholders

- 8.1 This Re-housing and Payments Policy should only be used once a Cabinet decision has been made to implement an estate renewal project. Consultation and discussion with residents will have happened before this decision is taken. The effective date for activation of this policy in respect of individual estate renewal projects or phases of those projects will be decided by the Assistant Director for Regeneration, in consultation with the Cabinet Member for Housing and Regeneration, taking into account the circumstances of each project.

Assessment, qualifications and exclusions

- 8.2 All leaseholders and freeholders will be entitled to receive the full market value of their property. The Council will enter into negotiations with leaseholders and freeholders to seek a voluntary arrangement to buy

their home, which will normally include valuations by both the Council and the leaseholder or freeholder.

- 8.3 Leaseholders and freeholders will receive full market value plus any Home Loss Payment and Disturbance Payment to which they may be entitled (as detailed below), to allow them to buy a new property on the open market.

Additional Assistance for Resident Leaseholders and Freeholders

- 8.4 Leaseholders and freeholders who have been resident for 12 months prior to the date of eligibility and who do not own any other leasehold or freehold interests may qualify for additional assistance from the Council.
- 8.5 Additional options may be offered to resident leaseholders and freeholders affected by estate renewal to assist them purchase an alternative home. These options will be decided for each estate renewal scheme, but could include options such as purchasing a new outright sale property or shared ownership home in the new development, or purchasing elsewhere.
- 8.6 A duty to re-house leaseholders or freeholders only applies where “suitable alternative residential accommodation on reasonable terms” is not available to the residential occupier (as detailed in Section 39 of the Land Compensation Act 1973). In most circumstances it is anticipated this will be achieved on the open market, through the purchasing of a new property.
- 8.7 There is a possibility that existing leaseholders or freeholders will not be able to purchase a suitable home on the open market. Under section 5.8 of the Allocations Scheme, such leaseholders or freeholders may be placed on the Housing Register in limited circumstances (for example, where they are aged over 50 or disabled requiring adapted accommodation) and their application assessed, as set out in paragraphs 5.8.4 to 5.8.6 of the Allocations Scheme.

Non-Resident Leaseholders and Freeholders

- 8.8 Non-resident leaseholders and freeholders will not be offered options other than the full market value, plus Home Loss Payments, where applicable.

Gaining possession

- 8.9 A voluntary agreement will be sought to acquire the property, with vacant possession. However if this cannot be obtained, a Compulsory Purchase Order (CPO) can be applied for under Section 226 of the Town and Country Planning Act 1990, detailed below: -

Compulsory acquisition of land for development and other planning purposes

(1) A local authority to whom this section applies shall, on being authorised to do so by the Secretary of State, have power to acquire compulsorily any land in their area which—

(a) is suitable for and required in order to secure the carrying out of development, redevelopment or improvement; or

(b) is required for a purpose which it is necessary to achieve in the interests of the proper planning of an area in which the land is situated.

8.10 The Council will use informal negotiations with landowners in parallel with formal compulsory purchase order proceedings to increase the likelihood of acquiring the land. Given the length of time that CPO applications can take, for practical purposes the application for CPOs will take place at the same time as informal negotiations.

8.11 All estate renewal schemes which propose a CPO must be justified on a number of grounds (including financial viability and the public interest) and consideration should be given to the rights of residents given under the Human Rights Act 1998.

Financial implications

8.12 For residential properties, two forms of payment will be paid to tenants, leaseholders and freeholders under this policy:

Home Loss Payments

8.13 Home Loss Payments are statutory payments, which are paid to freeholders, leaseholders and tenants following a compulsory purchase order or displacement by housing orders, and are not to pay for the cost of moving, as detailed in Sections 29 -33 of Land Compensation Act 1973.

8.14 Home Loss payments are subject to maximum and minimum thresholds. Home Loss Payments equate to 10 per cent of the Market Value of the property (with a minimum payment of £4,900 and a maximum payment of £49,000 from October 2014 (subject to review)). To qualify, the property must be the claimant's only or main residence for a year prior to date of displacement.

8.15 Given the thresholds are subject to change annually by the Secretary of State, the levels of payment will be reviewed each time this policy is used.

8.16 Where a leaseholder or freeholder does not qualify for a statutory Home Loss payment, for example, because the property has not been their only or main residence for a year prior to displacement, the Council may, in exceptional circumstances, make a discretionary Home Loss payment not exceeding the statutory amount.

Home Loss Payment Procedure

- 8.17 A suitable payment procedure for estate renewal schemes under this Re-housing and Payments Policy will include the following:
- a) Payments will be made directly to the resident leaseholder or freeholder .
 - b) Claims can be made for up to 6 years after the purchase of accommodation, and must be paid within 3 months of receiving the claim. Under the Land Compensation Act 1973, there is a right of appeal to the Lands Tribunal.
 - c) Payments will normally only be made after sale completion/return of keys to the property the leaseholder/freeholder is vacating, however, an earlier advance payment of at least part of the total payment may be considered in exceptional cases of financial hardship.
 - d) All arrears will normally be offset against any Home Loss Payment. This includes service charge or major works arrears for leaseholders.

Disturbance Payments

- 8.18 Disturbance Payments are made to financially compensate the displaced resident freeholder or leaseholder for expenses associated with the need to move.
- 8.19 Disturbance Payments will be made under Land Compensation Act 1973.
- 8.20 In cases where it is necessary to move resident leaseholders twice, Disturbance Payments may need to be paid twice.
- 8.21 Emergency payments may be made available to those who will need this payment to secure a new home.
- 8.22 In addition to the agreed components of the Disturbance Payment for tenants, leaseholders and freeholders are also entitled to claim any additional costs associated with selling their current property and purchasing a new one. The payment of these additional costs is dependent on the option taken by each individual leaseholder and freeholder in regards to re-housing, and can include:
- Solicitor's costs
 - Conveyancing costs
 - Surveyor's fees
 - Stamp Duty Land Tax
 - Land registry fees
 - Local search fee

- Possible other associated costs with moving in addition to those offered as part of the Disturbance Payments for secure tenants.

Disturbance Payment Procedure

8.23 A suitable payment procedure will be agreed for each regeneration scheme using the Re-housing and Payments Policy. It will typically include the following:

- Payments will be made directly to the resident leaseholder or freeholder.
- The resident leaseholder or freeholder will have to complete a Claim for Disturbance Payment form for any legitimate expenses they incur in relation to moving home, enclosing receipts or proof of expenses.

Appeals

8.24 The Council has a three-stage complaints process, which can be used in relation to appeals against the application of this policy.

9. The Re-housing and Payments Programme – Additional Areas

Adaptations

9.1 Any necessary adaptations to properties identified through the Individual Housing Needs Assessments will be provided for tenants, leaseholders and freeholders re-housed under this policy, either through the Council's aids and adaptations budget for HRA properties or the Disability Facilities Grant procedure.

9.2 Existing adaptations will be taken into account and re-used where possible.

9.3 Priority will be given in line with our current Allocations Scheme for affected residents with medical need.

Private tenants of affected leaseholders and freeholders

9.4 Private tenants have a right to re-housing advice and may have a right to re-housing under homelessness legislation. In most circumstances it is anticipated that suitable alternative accommodation will be available on the open market. If a CPO is applied for, a notice will be served on the occupier and the owner.

Non-authorised residents

- 9.5 Non-authorised residents have no right to re-housing under this Re-housing and Payments Policy. This category includes sub-tenants, lodgers and licensees.

Squatters

- 9.6 The approach taken to squatters varies depending upon whether the Council has vacant possession of the property at the point when squatting is identified:
- a) Where the Council has control of a property or estate, it will use its powers as detailed in the relevant legislation to remove squatters. Where squatters are found in tenanted properties, the Council will take the necessary action to ensure vacant possession of the property.
 - b) Squatters in leasehold properties will be the responsibility of the leaseholder. The Council will alert the leaseholder to the problem and if necessary action will be taken against the leaseholder.

Practical help

- 9.7 Practical help may be offered to affected residents in the following ways:

Independent Tenant and Leaseholder Adviser

An Independent Tenant and Leaseholder Adviser will normally be engaged by the Council for each estate renewal scheme, to provide support to tenants and leaseholders on the issues set out in this policy.

General advice

General advice will be given, in conjunction with the Council's housing advice services, on:

- (a) Housing options;
- (b) Accessing a solicitor, and getting information on their legal rights;
- (c) Benefits entitlement;
- (d) Completing forms and legal paperwork;
- (e) Assistance and advice on how to move home, the bidding process and viewings; and
- (f) The processes involved in compulsory (or voluntary) purchase.

Assistance to view the property offered to them

Applicants may be offered the opportunity of assistance on an accompanied viewing of any property that they are offered.

Housing benefit claims

If a tenant is in receipt of housing benefit, the Council will consider whether it can pay housing benefit on two homes at once, if there is a period of overlap in the moving process.

Clearance of unwanted items

Assistance might be offered to help clear unwanted items from the properties, but the cost would be deducted from the Disturbance Payment.

Support for vulnerable residents

If an eligible resident is an older person, or identified as being particularly vulnerable, for example due to physical, sensory or mental health impairment, and likely to have difficulty with the move, then extra support will be offered. This may include support with bidding under Choice Based Lettings, including proxy bidding (as set out in paragraph 6.5.7 of the Allocations Scheme) and direct offers of supported housing in appropriate cases (as set out in paragraph 6.8.1 of the Allocations Scheme). Support for vulnerable households may also include packing and help on the day of the move and help with viewings. Effective joint work with Adult Services and other agencies will be important to achieving effective support for vulnerable households.

9.8 The above is a recommended list which will be considered when estate renewal is being progressed in an area, and in each estate renewal scheme there will be flexibility to decide what practical support is offered to affected residents.

Empty properties on an estate renewal site

9.9 Void properties and properties purchased by the Council through the buyback provisions will be made safe and secured using appropriate means. This may include using the property as temporary accommodation.

9.10 Following the re-housing of secure tenants needing to move, the Council will consider placing households into vacant units on the site on a temporary basis until the whole site has been vacated and works can begin.

9.11 It will be decided on a scheme by scheme basis at what stage the empty properties become the responsibility of the developer. This will include taking on the responsibility for the security of the site.

9.12 Before this agreed date, the Council will be responsible for its property. Action will be taken to ensure vacant possession and appropriate security measures will be applied to the empty properties and to the site as a whole.

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Report for:	Cabinet 16 June 2015	Item Number:	
Title:	Hornsey Town Hall: Delivery Strategy		
Report Authorised by:	Lyn Garner, Director Regeneration, Planning & Development		
Lead Officer:	Jon McGrath, Assistant Director Property & Capital Projects		
Ward(s) affected: Crouch End		Report for Key/Non Key Decisions: Key	

1. Describe the issue under consideration

- 1.1 A Cabinet decision in April 2011 declared the Hornsey Town Hall (HTH) site surplus to the council's requirements and selected Mountview Academy of Theatre Arts (Mountview) as the preferred occupier of the building to take on the building under a 125 year lease term.
- 1.2 For several years the Council has been working alongside Mountview Academy of Theatre Arts and the Hornsey Town Hall Creative Trust (HTHCT) to bring forward a restoration project for the Town Hall, securing its future as an important and much loved heritage asset in the borough.
- 1.3 An announcement was made in January 2015 that Mountview Academy of Theatre Arts would no longer be progressing their plans to refurbish and relocate into Hornsey Town Hall.
- 1.4 The council remains committed to both finding a long term sustainable future for Hornsey Town Hall and supporting Mountview in finding a new home to secure their future in the borough. The council is currently working with Mountview to explore a number of interim and permanent options for them to remain in Wood Green.
- 1.5 Following the Local Partnerships Gateway Review of the Hornsey Town Hall (HTH) project, which was held in December 2013 and reported to Cabinet in July 2014, the council has been addressing the Gateway Review high priority recommendation for an options appraisal for the project to be completed to consider alternative plans for the future of the site.

- 1.6 The report taken to Cabinet in July 2014 outlined the outcome of the Gateway Review and set out the scope of the options appraisal work being undertaken. The project was also discussed at CAB in September 2014 and it was agreed that a recommendation on how to secure a sustainable future for the Town Hall would be brought forward to Cabinet following the outcomes of the options appraisal, soft market testing and delivery plan pieces of work.
- 1.7 The council recognises that Hornsey Town Hall is a highly valued asset to the local community and is committed to keeping all stakeholders updated with project progress and plans for its future. The council has carried out two stakeholder workshops and a public exhibition and meeting to inform all interested parties of the recent progress and the next steps. HTHCT have also carried out their own engagement process and undertaken two additional stakeholder workshops, collected questionnaire results and held a public meeting to understand what the local community want to see from the community use elements of the project.
- 1.8 A decision is now required by members to approve a new approach to the project, including an alternative proposed procurement strategy, new capital project budget and authorise officers to take the Hornsey Town Hall site forward to the market. A report will then return to Cabinet once a preferred bidder is selected, prior to award of contract.

2. Cabinet Member introduction

- 2.1 Hornsey Town Hall is a real gem in Haringey. We are determined to see the town hall brought into use in a way that will see the building brought to life and will cover the costs of preserving this amazing building for future generations of Haringey residents.
- 2.2 After years of hard work by Mountview Academy of Theatre Arts, more detailed work showed that unfortunately the building wasn't going to work for the theatre school and earlier this year they announced their withdrawal from the project. Since then we have been working hard to look at other options for the building and this report provides an update on where we have got to.
- 2.3 The Council will now run an open public procurement process, which will allow organisations to bid to take on the running of the town hall. Working with the Hornsey Town Hall Creative Trust, we have worked up a scoring system for bids which creates a double-lock for community access. Firstly, bids will not be considered unless they show a clear commitment to an open door policy and access to the building. Secondly, we will be challenging organisations to put forward innovative ideas for community access and use, and this is one of the main areas that bidders will be scored against.
- 2.4 Fundamentally, it is important that we all acknowledge that preserving this Grade II* listed building for the future is a very expensive task. It is vital that we find a plan that brings in the income, on an ongoing basis, to maintain the

town hall. This means that the building needs to work commercially in the long-term, to pay for itself. The withdrawal of the Mountview plan was an important lesson in how challenging it is to convert a listed building for a new use and to make it work financially. So, while we are committed to ensuring community access, we must be realistic and be open minded about what the future use, or uses, may be.

- 2.5 Finally, I want to thank the hundreds of residents and local community organisations who have engaged with the Hornsey Town Hall project recently - through workshops, a public meeting and a public exhibition. The passion for the building is clear and palpable and I hope that this cabinet paper sets out a clear roadmap which sets out transparently what the next steps are and how the Council will make a decision on the future use of this iconic building.

3. Recommendations

3.1 Members are asked to:

- 3.1.1 Agree the refreshed HTH project objectives and delivery parameters (as set out in section 5.6 and 5.7 of this report) and be used to inform the procurement exercise.
- 3.1.2 Agree that the HTH site (as shown edged in red line plan at Appendix A) is offered for disposal on the open market, via a procurement exercise, on a long leasehold interest basis for a term of 125 years.
- 3.1.3 Agree that officers can take the HTH site (as shown in red line plan at Appendix A) to the open market via an OJEU Competitive Procedure With Negotiation (in accordance with Regulation 29 of the Public Contracts Regulations 2015) immediately to secure a Developer for the HTH site and operator for Hornsey Town Hall on the basis that a further report will be brought forward to Cabinet to select a preferred bidder once the procurement exercise has been completed.
- 3.1.4 Agree the tender evaluation criteria (set out in paragraph 5.20) to select a preferred bidder and delegate authority to the Director of Regeneration, Planning and Development after consultation with the Lead Member for Housing and Regeneration and the S151 Officer to determine the final tender evaluation criteria to be used.
- 3.1.5 Note that the existing approved capital programme includes a budget of £300k in 2015/16 to progress this project.
- 3.1.6 Approve an additional capital budget of £1.18m to bring the total approved budget to £1.48m to cover the forecast costs of essential works, marketing the site and the procurement process to secure a preferred bidder. Additionally approve a new revenue budget of £75k per annum to fund the additional borrowing costs associated with the increased capital expenditure.

4. Alternative options considered

4.1 The alternative options that have been considered for the Hornsey Town Hall project can be defined as follows:

- Option A - Do nothing: Without taking any action to secure a future use and developer/operator for the Town Hall the building condition will continue to deteriorate. The council remains responsible for the on-going liability for the building and any use of the building by the local community will be limited.
- Option B - Conditional land sale: The council could sell the HTH site via a conditional land sale agreement, however the council would have limited control in this option to enable and enforce community access and use.
- Option C - Freehold sale of the site: Sale of the site without retaining any interest would mean the council is unable to secure community access and use as there are no lease mechanisms to enable this.
- Option D - Dispose of land at the rear and use receipt to refurbish the building: In this scenario it is not expected that the land sale receipt would fully cover all the costs to refurbish and fit out the building for use, the council's on-going liability for running costs and maintenance is not removed and a sustainable operator and future use is not secured for the Town Hall.

5. Background information

- 5.1 There is an existing Planning, Listed Building and Conservation Area Consent for the Hornsey Town Hall that was granted to the Council in December 2010 and implemented in 2013, for the refurbishment of Hornsey Town Hall and for new residential development on the former car park to the rear of the Town Hall, Broadway Annex and Mews (123 units in total of which there are 4 affordable housing units). The consent also included conversion of part of the Listed building for residential use.
- 5.2 A condition placed on the Planning and Listed Building consent links the refurbishment of Hornsey Town Hall to the residential development to prevent occupation of the residential new blocks on the site until the listed building has been refurbished. This places restrictions on any land sale to a developer as they are tied to the programme for the main Hornsey Town Hall works.
- 5.3 The Council appointed professional advisors GVA to support officers in determining alternative options available for the future of the Hornsey Town Hall site. All of this work has been undertaken in conjunction with the Hornsey Town Hall Creative Trust who are fully sighted on the outputs and has been reviewed regularly with the Steering Group which includes representation by the Cabinet Member for Housing and Regeneration and Crouch End Ward

Councillors. A number of pieces of work have been progressed to inform Steering Group discussions. This work has included:

- Refreshing the project objectives
- Options Appraisal
- Market Demand Study
- Soft Market Testing with potential developers and operators
- Stakeholder engagement and public exhibition
- Defining community use and access requirements
- Procurement & delivery strategy

5.4 The work undertaken to date has identified that one developer / operator for the site is a preferred approach as it secures both the restoration works and a long term operator for the building and is likely to bring the building back into use at the earliest opportunity.

5.5 The output of these strands of work is summarised below:

Objectives and key parameters

5.6 The council has reviewed their previous project objectives and refreshed these to agree the following objectives:

- Restore Hornsey Town Hall in a way that respects its Grade II* listed building status and safeguards its future by providing financially sustainable spaces fit for purpose.
- Facilitate cultural, community and other activities in the Town Hall, provide public access to the building and make a positive contribution to the local economy.
- Remove the Council's ongoing liability for the building.
- The Town Hall square will be improved by integration into the final scheme, retaining public use.

5.7 These objectives, have been used to inform the parameters for delivery which can be described as follows:

- a) The Council is offering a long leasehold interest in the site for a term of 125 years.
- b) LBH would prefer not to have any future stake holding in, nor carry any liability for the town hall.
- c) LBH does not desire an on-going role in the development process or operation of the site (beyond its statutory role) after selection of the preferred developer.
- d) The Town Hall square will be included in the development, given appropriate provision for public use and access.

- e) The Council must achieve best consideration for its asset and is happy to consider both revenue and capital payment structures in order to facilitate a suitable solution in light of its broader objectives.

Options Appraisal

- 5.8 The options appraisal reviewed the Mountview options and challenged how and whether these could be made viable alongside reviewing other potential delivery options for the project. The appraisal concluded that the Mountview scheme was not viable, however alternative options included the following elements:

- Opportunities for the council to remove their on-going liability for the building
- Opportunities for private rented sector (PRS) led development rather than private sale
- Potential for revenue income in place of/alongside a capital receipt
- Ways in which a commercial operation can work alongside community use

Market Demand

- 5.9 This was a desk based exercise which considered the potential scale of market and future demand for various uses within the Town Hall, such as employment, retail, leisure and residential uses. The key findings can be summarised to be:

- The area provides a strong opportunity for both private sale and PRS.
- Potential small opportunity for office space for local businesses and professionals
- Retail use is likely to be ancillary to the main use of HTH
- Lack of direct connectivity to Central London may limit the location for hotel use, however data suggests there could be a demand for either a lower price range hotel or something more bespoke/boutique as there is little current offering in the local area.

Soft Market Testing

- 5.10 There have been two soft market testing exercises carried out to identify what the market interest is for the site and to explore alternative options. The key findings from this process are:

- Hotel operator/developers have expressed a keen interest in the building, wider site and general location

- Ancillary requirements of a hotel could play a major role in meeting community requirements
- PRS specialists thought this was an attractive location
- Ancillary requirements of PRS could play a major role in meeting community requirements
- HTH would be unlikely to be suitable for mainstream office space
- The town hall building is very big and therefore has a lot of space to maintain and find uses that can support on-going maintenance costs.

Stakeholder Engagement and Public Exhibition

- 5.11 In February and March 2015 the council held two stakeholder workshops to update representatives from key groups who have expressed a keen interest in the future of the town hall. The workshops were well attended by approximately 30 different stakeholders who were provided with an update on the recent progress and the next steps for the project and given an opportunity to ask questions regarding the project. Following these workshops the council invited the public to attend an exhibition and public meeting which shared the same information on the status of the project and next steps that had already been shared with key stakeholders. All of the engagement sessions were very well attended with over 300 visitors at the exhibition/public meeting.
- 5.12 The council has a dedicated Hornsey Town Hall area on the wider council website (www.haringey.gov.uk/hth) and this is being updated regularly with information on the project as well as project progress. This webpage holds key information that can be shared with all stakeholders and is the main method of communicating with the public.
- 5.13 The Council has a communications lead for the project who has formed a communications plan for the project. This plan is being regularly updated as the project progresses to ensure all opportunities to keep the local community informed are utilised.

Community use

- 5.14 GVA also undertook to consolidate the discussion on community use / access with HTHCT and Steering Group members.

The Approach

- 5.11.1 It was agreed that a two tier approach would be used to measure the community use / access aspect of the scheme that is brought forward on the site via the procurement exercise, as follows:
1. Minimum Requirements – hurdle requirement for PQQ (pre-qualification questionnaire) as part of the tender

2. Broader community offer and added value –scored at second stage of tender submission

Minimum Requirements

- 5.11.2 All parties bidding for the scheme will be required to meet a minimum level of community use / access based on criteria laid down in the procurement documentation. If these minimum criteria are not met then any bidder will not progress to have their bid scored at the second stage.
- 5.11.3 The discussion at the Steering Group was to define these criteria clearly and as broadly as possible in order not to limit the market appeal of the proposition but to clearly delineate these minimum requirements. The high importance of community use / access will then be scored at the next stage as the greatest single criteria in terms of weighting.
- 5.15 The following wording has been agreed by the Steering Group to define the minimum level of community access/use:
 - Improvements should be made to the Town Hall Square and open public access and use secured; and
 - An open front door policy should be adopted to ensure public interaction with the building.
- 5.16 In order to provide a view from the community and to understand more clearly what the community consider to be the most important requirements for the future community use and access to the building, HTHCT have undertaken additional consultation exercises, including two stakeholder workshops, provided a questionnaire to interested stakeholders and held a public workshop.
- 5.17 The output of HTHCT's consultation will feed into the briefing for bidders to provide some guidance on how the community want to use and access the building. The second stage of tender submissions will then assess bidder's proposals for community access/use in the context of this feedback. A summary report of the consultation produced by HTHCT is available at Appendix B.

Procurement Strategy

- 5.18 Using the information obtained from GVA's work, a procurement and delivery strategy has been defined to secure a sustainable future for the Town Hall. This strategy retains the requirement for community use as one of the council's most important objectives and this narrows the potential approaches to procurement to a preferred option of an OJEU Competitive Procedure With Negotiation (CN). A CN route will allow sufficient flexibility to ensure an appropriate partner is secured on the optimum terms as it allows the Private

Sector Partner (PSP) to develop their proposals for the overall solution which can then be negotiated before a Development Agreement is finalised.

- 5.19 The Development Agreement will be drafted with reference to the delivery parameters set out above and is likely to be an Agreement for Lease (or similar) which sets out a series of conditions which each partner (i.e. Council and PSP) has to meet in order for development to be progressed (e.g. the lease to be granted). The council has the option of enforcing community use obligations by way of a separate agreement, which can be enforced against future successors in title through various means.
- 5.20 It has been agreed that an OJEU Competitive Dialogue procedure would not be appropriate as it is likely to discourage bids from the market as the dialogue stage is likely to have longer timescales associated with it and is often at high costs to bidders. The Steering Group is satisfied that an appropriate developer and operator can be secured using the CN route.
- 5.21 The OJEU process itself may be two or more stages and bidders marked against set evaluation criteria clearly stated in briefing and marketing literature. The proposed tender evaluation criteria is set out in the exempt Part B of this report.
- 5.22 It is intended that an evaluation panel will be reviewing, marking and evaluating the tenders received. The panel will comprise senior Council Officers and the community use section will include HTHCT as one of the scoring parties. The exact representation is still to be agreed, particularly in relation to scoring the community use proposals.

Timescales

- 5.23 The key milestones for the project are based on the proposed OJEU process and include the main opportunities for communications and engagement during this procurement process. Following the procurement we intend to return to Cabinet by July 2016 with a recommendation for a preferred bidder.
- 5.24 The key milestones are as follows:

MILESTONE	TIMESCALE
Prepare tender documentation	June 15 – August 15
Cabinet approval for procurement strategy	16 June 2015
Website comms - cabinet decision and next steps	end June 2015
Issue OJEU notice/publish on Contracts Finder	September 15
PQQ response	October 15
Invite Initial Tenders to Negotiate	November 15
Possible Negotiation	November 15 – April 16
Invite Final Tenders	April 16
Website comms – date for invitation of	April 16

final tenders	
Select Preferred Bidder	June 16
SLT approval for preferred bidder	June 16
CAB approval for preferred bidder	July 16
Cabinet approval for preferred bidder	September 16
Exchange	October 16

- 5.25 Heads of terms can be agreed during procurement and reporting timeframes, however the final contract may be subject to conditions such as obtaining planning permission, therefore completion of the deal could be into the 2017/18 financial year.

Costs/ Budget

- 5.26 Remedial works to the assembly hall roof are currently underway therefore these costs have been included in the budget. There have been some essential remedial works identified for the Broadway Annex east wing which include making the building watertight and therefore an additional £220k has been forecast in the budget for these works.

- 5.27 The following budget forecast has been prepared to set out the likely costs for the project, although this is a projection only at this stage and subject to change. The budget allowance has been broken down across financial years and indicates a capital budget requirement of £1.48m (including the costs of the remedial works described above) to take the site to market and secure a preferred bidder:

Item	Budget Allowance	2015/2016 Expected Spend	2016/2017 Expected Spend	2017/2018 Expected Spend
Essential Works	301,830	281,830	20,000	0
Surveys	101,180	101,180	0	0
Professional Fees	174,842	132,342	42,500	0
Internal Costs inc Legal and PM	311,935	210,000	71,935	30,000
Disbursements inc Security and Storage	444,700	179,700	150,000	115,000
Contingency	133,449	60,000	50,000	23,449
Total	1,467,936	965,052	334,435	168,449

6. Comments of the Chief Finance Officer and financial implications

- 6.1 Hornsey Town Hall is a valuable surplus asset which is capable of generating a significant capital receipt for the Council, and/or a potential future rental stream, depending on the redevelopment option selected. However at present the holding, security and depreciation costs are a drain on Council resources and it is important to secure a sustainable long term solution which removes this liability and generates future benefits for the community.
- 6.2 The Council has expended considerable effort and cost in attempting to achieve a sustainable solution for this asset. These costs are not relevant as

a factor in determining the best future option, however the Council should seek to avoid incurring further costs by progressing the recommended procurement strategy without further delay.

- 6.3 The approved 15/16 capital programme includes a budget of £300k for initial work on progressing this project. The report sets out the estimated costs of undertaking the procurement through to completion, including the costs of works to repairs necessary to protect the asset from further deterioration. The total capital budget required is £1.48m. The total additional capital budget that is required is therefore £1.18m. It is likely that this additional capital requirement will need to be financed from additional borrowing, at an estimated revenue cost of £75k per annum.
- 6.4 The existing approved capital programme already includes an estimate of capital receipt expected to be achieved from the sale of this site. The receipt is factored into the financing assumed to be available for the total forecast capital programme in 17/18. Should this level of receipt not be achieved, then reductions to the future programme may need to be made. If the level of receipt is exceeded, then additional resources will be available to support future new capital investment.

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

- 7.1 The HTH Site has been appropriated for planning purposes and in order to dispose the Council must satisfy the requirements of section 233 of the Town and Country Planning Act 1990. If the site includes any open space the Council must advertise its intention to dispose for two consecutive weeks in a newspaper circulating in the area and consider any objections to the proposed disposal.
- 7.2 The Council must secure the best use of that land; or secure the construction of any building, which is necessary for the proper planning of the area; and obtain best consideration. Best consideration means obtaining the highest amount of money that can be obtained on the open market.
- 7.3 If the recommendations in 3.1.3 and 3.1.3 are approved it will be necessary to comply with the PCR 2015 and the Council's Contract Standing Orders. Legal Advice should be taken as appropriate.

8. Equalities and Community Cohesion Comments

- 8.1 Although current use of the town hall building is low, there are at present a number of creative groups that operate from the site on an interim basis. These groups do not contract directly with the Council and are aware that their use of the building is on an interim basis. Existing users of the building are being kept informed as part of the consultation process associated with this decision and where possible will be advised of options for alternative future accommodation.

- 8.2 Securing future community use of the building is a key objective within the tendering process and successful bidders will need to demonstrate how their proposed use of the building will meet this objective. As such the long-term strategy for this site should contribute to improved community cohesion and access for local communities.
- 8.3 Information to be made available during the tendering process will include a report from the Hornsey Town Hall Creative Trust reflecting input from the community on what they would like to see as part of the community use of the building. The Trust will also form part of the evaluation panel. The Trust has arranged stakeholder workshops to better understand what communities would want from the community use part of the scheme. To ensure that this process is as representative as possible of local communities, including those with the protected characteristics, the Trust may wish to engage with a range of community groups to promote the workshops.

9. Head of Procurement Comments

- 9.1 The Construction Procurement Group have been consulted regarding the need to obtain a consultant partner to lead and work with the Construction Procurement Group regarding the procurement process to secure a developer for the Hornsey Town Hall site and operator for Hornsey Town Hall as referenced in paragraph 5.17 to 5.23 above and the evaluation criteria as stated in part B of this report.
- 9.2 Further discussion will be required with the selected consultant partner regarding the content of the tendered documents in relation to sustainability including the employment of apprentices and supply chain.

10. Policy Implication

- 10.1 The regeneration of the Hornsey Town Hall complex site is set within the context of the Council's Corporate Plan 2015-2018: Building A Stronger Haringey Together. Any proposals that come forward for the redevelopment and future use of the Hornsey Town Hall site will be assessed in the context of the Corporate Plan to ensure such proposals address the council's priorities.
- 10.2 The Hornsey Town Hall project has the potential to play a key role in the council delivering its Corporate Plan priorities, particularly priority 4 (Drive growth and employment) and priority 5 (Create homes and communities).
- 10.3 In relation to priority 4, the project can drive growth and employment through any end use of the building with the potential to create jobs both through the redevelopment of the site but also via any long term commercial use for the building.
- 10.4 In relation to priority 5, the existing planning consent includes provision for new residential development on the site which will create new desirable homes and via preservation of the heritage and by providing a long-term sustainable operation of the building this will ensure the proposals support the local area and community.

- 10.5 The wider strategic context of Hornsey Town Hall being listed on English Heritage's Buildings at Risk register also highlights a broader strategic context and driver for the project.

11. Reasons for Decision

- 11.1 The Cabinet decision in April 2011 declared the site surplus to the council's requirements and agreed the principle for the Listed building to be disposed on a long leasehold basis of 125 years term.
- 11.2 The Listed building is on English Heritage's Buildings At Risk Register therefore a solution is required to undertake restoration work to the building and the council does not have funding available to undertake these works itself. Any capital receipt from the residential development of the site is not expected to cover the full refurbishment works, fit out and also secure a partner/operator to ensure the building remains open and in use.
- 11.3 To ensure the building remains open and in use in the long term a partner with a long term sustainable business plan needs to be secured.
- 11.4 The work undertaken to date has identified that one developer for the HTH site and operator for the Hornsey Town Hall is a preferred approach as it secures both the restoration works and a long term operator for the building and is likely to bring the building back into use at the earliest opportunity. Professional advisors and the council's Legal & Procurement team have advised that an OJEU Competitive Procedure With Negotiation is the best way to achieve this outcome.
- 11.5 A timely decision on the future approach to the Hornsey Town Hall project is required to avoid further deterioration to the listed building, maximise the potential of the buoyant market to attract potential developers, remove the ongoing liability of the building to the Council at the earliest opportunity and address the longstanding frustrations of the local community at the timeframe in securing a sustainable future for the Town Hall.

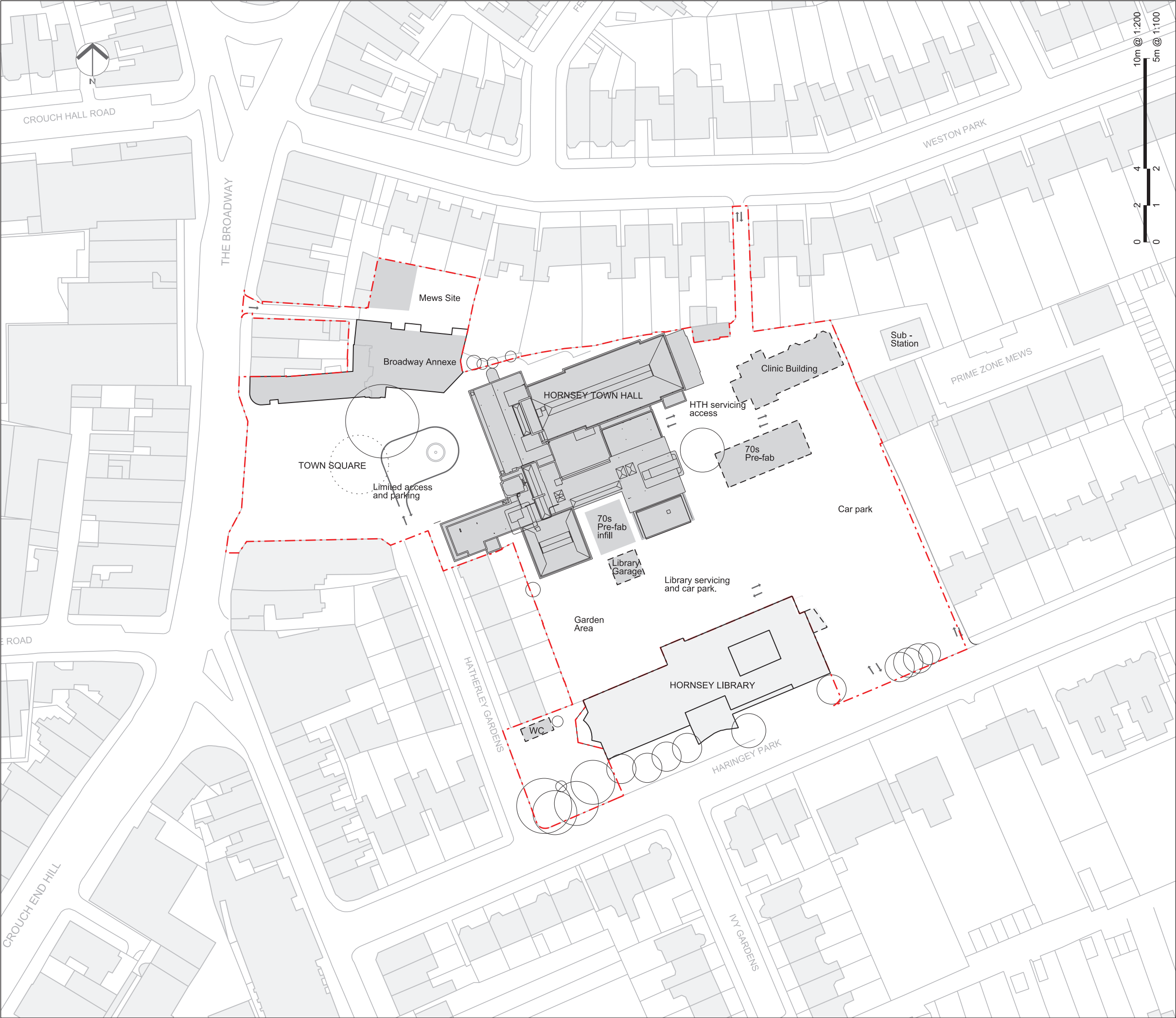
12. Use of Appendices

- Appendix A- Site plan indicating Cabinet April 2011 decision
Appendix B – HTHCT Report on Consultation

13. Local Government (Access to Information) Act 1985

- Appendix C - Part B: Exempt report

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Notes


Do not scale from this drawing.

All dimensions are to be checked on site and any discrepancies noted in writing to the Project Manager.

All dimensions are in millimetres unless noted otherwise.

If in doubt ask the Project Manager.

Rev.	Date	Description	Submission	Drawn	Checked
00	15.01.2010	Pre -Application		JMP	JMP
01	25.01.2010	Stage D Design Freeze		JMP	JMP
02	08.02.2010	Information		JMP	JMP
02	10.02.2010	Information		JMP	JMP



Haringey Council

JOHN MCASLAN + PARTNERS

7-9 William Road, London NW1 3ER

Tel + 44 (0)20 7313 6000

Fax + 44 (0)20 7313 6001

www.mcaslan.co.uk

Key Plan

Buildings outside red line boundary of application.

Buildings, within red line boundary of application.

Red line boundary

Hornsey Town Hall

Existing Site Location Plan and Red Line Boundary

Scale at A3:	1000	Job Number:	1298
Date:	08 01 2010	Drawing:	JMP
Status:		Checked:	JMP
Drawing No:	1298_G100_XP_SITE_000	Revision:	02

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HORNSEY TOWN HALL: SUMMARY OF COMMUNITY CONSULTATION ON COMMUNITY USE AND ACCESS

Introduction

This paper summarises the feedback received from residents during a consultation held by the Hornsey Town Hall Creative Trust during Spring 2015, to inform the new procurement process for the Town Hall.

It has been developed through a process of community consultation involving over 300 local people and builds on previous consultations undertaken by the Trust over recent years. The procurement process will set out the need for bidders to provide community use and access to the building as part of their plans for the Town Hall. There is a lot of community interest in the future of the building and the Trust ran a consultation process designed to explore with residents what types of community use and access they would like to see within the overall plan for the building. It is designed not as a list of demands but as a range of uses that we hope developers / operators will respond to positively in order to deliver a vibrant, accessible place in the heart of Crouch End.

Context

Hornsey Town Hall Creative Trust (HTHCT) is an independent buildings preservation trust, formed in 2007 to work with Haringey Council to ensure a sustainable future for Hornsey Town Hall that also reflects community aspirations for the use of the building.

The local community has long voiced its concerns for the long term future of the building. In 2004 there was a high-profile campaign organised by local people under the banner “Crouch End for People” concerned about the state of the building. As a result, Haringey Council asked a number of local residents to form an Advisory Panel to act as a conduit to the community. This developed into a more formal Community Partnership Board with ward councillors also represented, and then the charitable company limited by guarantee which is today’s Trust.

The appetite for community access to and use of Hornsey Town Hall has been consistent over the years and is very evident and is reflected in this report. There is an opportunity to deliver a world class regeneration scheme that has a significant impact not just in the borough of Haringey but in London and further afield. It should also harness the creative energy and talent in the local community whose ambitions match the Trust’s vision for HTH:

“To create a world class model of civic renaissance, an arena for all that harnesses the spirit of progress, community, creativity and enterprise for future generations in Haringey, London and beyond.”



HTHCT has been working with LBH to find a sustainable future for HTH. The Trust has played an active role for over ten years, in all previous consultations including the planning application in 2010, and as a member of, amongst others, the HTH Joint Working Party Groups, Steering Groups, Options Appraisal Groups and the Interim Uses Group.

Consultation process

This consultation took place in April and May 2015. The process was designed and delivered by Hornsey Town Hall Creative Trust. It consisted of:

- 2 stakeholder workshops, attended by 22 people representing 12 local organisations¹
- Online questionnaire asking people for their overall aspirations for the Town Hall, their 4 top choices of uses from a list of 16 options, reasons behind their choices, plus any further comments. 272 people completed the questionnaire
- Public workshop attended by 38 people where their ideas for potential uses were discussed (including what spaces these would require, benefits and challenges). In addition, uses and management of the Town Hall square, and appetite for community management of the Town Hall were also discussed.

The online questionnaire and agenda for the stakeholder and public workshops can be found in Appendix 1.

The level of participation in a very time-limited consultation was high, reflecting the iconic status that the Town Hall has for the community in Crouch End. People's hopes for the future of the building are great, tempered with a fear that the Town Hall will be commercialised to such an extent that the community will have little or no access to the building.

The community has a clearly-articulated expectation that prospective operators will work with the community to deliver a first class offer that reflects these aspirations.

Guiding Principles

From the workshops and responses to the questionnaire, a series of guiding principles have been drawn out that should inform decisions about the future use of Hornsey Town Hall.

- Any future plan should restore the Town Hall to its former glory and be financially sustainable, ensuring that this world class building is preserved for the use and enjoyment of future generations

¹ Organisations represented: Crouch End Neighbourhood Forum, Crouch End Festival, HTH Arts Centre, Crouch End Players, The Hub Crouch End, OpinioN8, Hornsey Vale Community Centre, Hornsey Historical Society, Transition Crouch End, GMTRA and CASCH Residents Associations, and Crouch End Open Studios.



- The community must be fully involved in the future of Hornsey Town Hall and the process must be open and transparent, within the constraints of a formal tender process
- Potential developers/operators must engage with and respond to the needs and aspirations of the local community
- We should be ambitious for Hornsey Town Hall – it is an iconic building of international architectural importance and its uses should reflect its status
- The renewal of the Town Hall is a regeneration project which should bring social, economic and cultural benefit to the local and wider area
- It should be sustainable in the long term, balancing the need for income to maintain the building and its operation with community benefit
- The project should deliver the widest possible range of access within a financially sustainable operation
- There should be an holistic approach to the development of the site, joining up the Town Hall and the Town Hall Square.

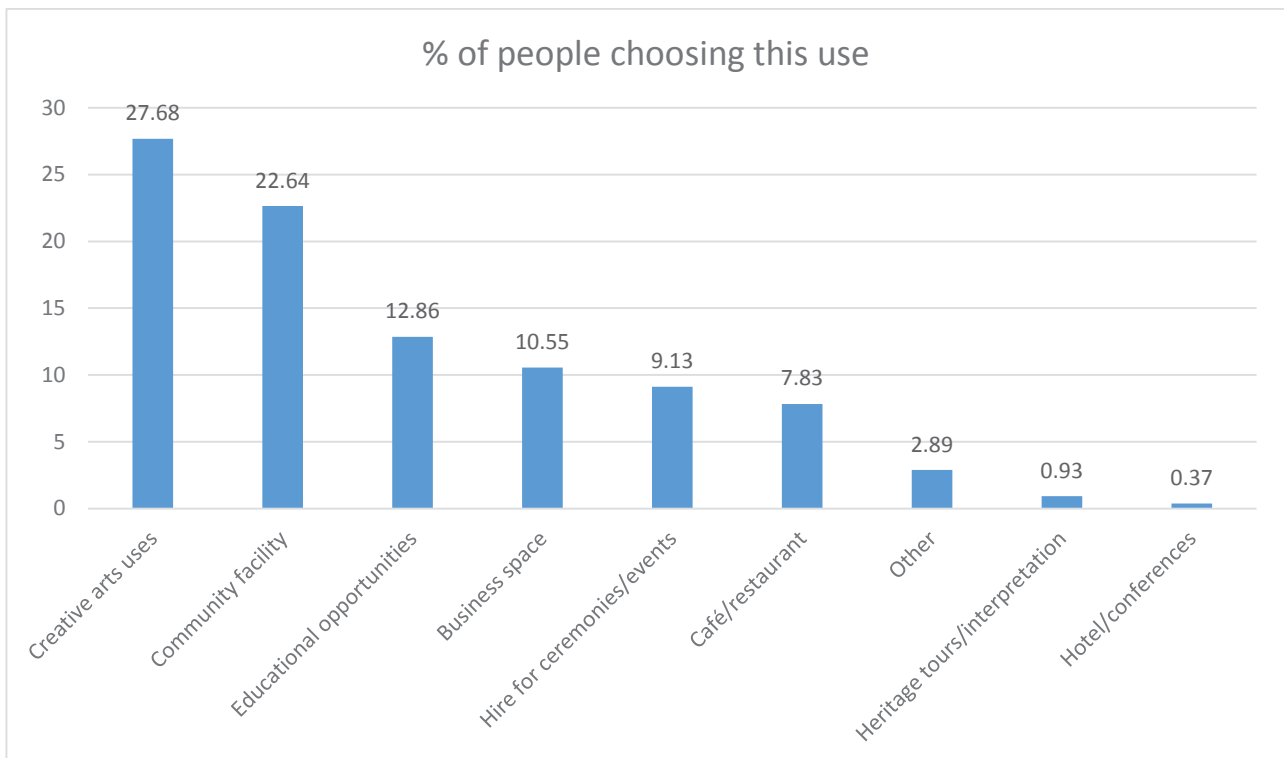
Consultees' priorities for the community use aspects of the Town Hall

The Trust has an open mind about what the mix of future uses for the Town Hall should be. However, we are clear that any future development should include a variety of opportunities for the community to engage with the Town Hall.

In the procurement process, bidders are asked to set out proposals for “community use and access”. We asked the community what their priorities would be for this community use aspect of a future development and the following pages summarise what we heard from the community.

We fully recognise that not all of these aspirations are likely to be met, but we hope that these responses provide a clear and helpful sense of local priorities for the community use and access aspects of the future operating model for the building.

The sections below summarise the types of community uses that people would like to see as part of the offer in the Town Hall. As set out above, these uses are not mutually exclusive. In fact, the diversity of uses would add to the vibrancy of the building and increase the potential audience size, as well as financial viability. One of the unique selling points of the Town Hall is the number and range of spaces within it – its size is what enables the building to encompass several different uses, both commercial and community-based.



The quantitative questionnaire data has been analysed to provide an overview of popularity of the different options. The chart above only includes the numerical questionnaire data, not the responses gathered through the workshop as we did not ask people at the workshops to rate their preferences.

1. Creative arts use

The most popular type of community use consultees would like to see was opportunities to use spaces in the Town Hall for the areas thriving creative arts scene.

Ideas contributed by participants during the consultation were wide-ranging, and included:

- Being able to use a variety of large and small spaces for performance: theatre, music, dance or as rehearsal and training spaces
- Exhibition spaces for visual arts
- Recording studios
- Arts workshops, classes, courses and training for the local and wider community
- Outreach programme to engage diverse audiences with the arts
- Residences for artists, performers and writers



Respondents felt there should be space for both local artists – of which there is a large and thriving community in Crouch End² – and for artists and performers of national and international stature to have the opportunity to perform in some of the fantastic spaces in the Hall. There could also be opportunities to use some of its heritage spaces for paintings, sculpture, video and installations.

The spaces which could enable this use are varied – from the Assembly Hall as a premier unique performance space to rival the best in London, to smaller rehearsal spaces (such as those currently fitted out and in use by Hornsey Dance). There was also interest in the potential use of the committee rooms as gallery space and smaller offices for training and workshops.

Participants at the workshops were clear about the need to balance commercial and community use to ensure that there is a viable and vibrant operation at HTH, so the suggestion was that there should be provision for subsidised bookings for local groups such as schools or creative organisations.

The current temporary licensee, Hornsey Town Hall Arts Centre (HTHAC), has demonstrated that there is a considerable appetite for creative uses within the Town Hall, through its temporary leasing of creative studio spaces, well-attended events, and activities since December 2014. The initiative has proved very popular with the local community and they have enabled Crouch End Open Studios to exhibit at the town hall for the first time in several years. In June, HTH will be home to many events of the increasingly high-profile Crouch End Festival.

Opportunities for some interesting creative activities could increase local quality of life, support and increase local arts provision, and draw people to the area, benefitting the local economy and giving Crouch End a cultural identity, alongside the Art House Cinema and a thriving local arts scene.

2. Community facility

Many people expressed a strong desire for the Town Hall to remain at the heart of the community. This means that local people should have the opportunity to use its spaces and facilities in the future at affordable rates.

Numerous community groups have expressed an interest in hiring spaces for meetings and activities. This will provide spaces for events, but also provide a regular income stream for the Town Hall.

² Local festivals and events, such as the Crouch End Festival or the Crouch End Open Studios, illustrate this thriving creativity in the area. Crouch End Open Studios presented the works of 30 local artists this year, the Crouch End Community Arts Festival, a community based project run by volunteers and funded by local businesses and people, is now the UK's biggest community arts festival with over 200 performers celebrating local cultural activity.



Strong feedback during the consultation was that the community access set out in the procurement process should reach all sections of the local community including children, young people, families, adults and older residents. It could also support national organisations bringing a wider range of activities to the area.

Some participants also suggested that the Town Hall could be used to house charities offering advice and signposting to other agencies, eg: to support vulnerable people in the borough.

In addition, community uses encompass provision of affordable space for local events, such as the Crouch End Festival and Crouch End Open Studios, as well as farmers' markets, and craft markets.

During the stakeholder and public workshop discussions, participants said that the benefits of ensuring community focused activities in the Town Hall are that it would allow people to stay locally for leisure activities, provide local community organisations with general support and affordable spaces for meetings and events and, more generally, enhance community cohesion. They also felt that this would help support the local economy in Crouch End's cafes, restaurants, bars and shops.

3. Educational opportunities

Across both workshop participants and survey respondents said there was a great interest in providing educational opportunities for adults, young people and children at the Town Hall. The variety of classes that could be offered is limitless (ideas mentioned included language classes, parenting classes, performing and visual arts classes). The need to provide this locally is backed up by the fact that several people commented on having to travel out of the borough or to central London to access these learning opportunities.

Suggestions made included informal programming by independent providers, eg: a lecture programme or public debates in the Council Chamber, or a more formal partnership arrangement with a university.

One educational concern raised was the lack of quiet study space in the area, with residents mentioning insufficient space at nearby Hornsey Library. This is a need that should be addressed by the Council.

4. Business space

While the use of spaces for start-up businesses, small and medium sized enterprises and studios for artists/designers/makers was the 4th most popular option in the online questionnaire, these uses were much more popular in the workshops.



HTH Arts Centre is currently renting out over 43 small studio and office spaces to 54 micro businesses in the non-historic parts of the Town Hall. Most of these are rented by local people, in need of affordable desk space near home. The spaces were rented within a matter of weeks and they report that they could have filled the space three times over, confirming the gap in the market for this type of space in Crouch End.

In discussions about these uses, participants described the benefits that this use would bring to the area as being the increase in local employment, networking and creative and entrepreneurial business collaboration, and day time buzz for the building.

In addition, providing business space could generate income to subsidise cheaper rates for local start-ups, and provision of small business facilitation advice would support the local community.

5. Event hire

While these uses emerged as a lower priority for residents, people were very clear in the workshop discussions that these uses were commercially lucrative and so should be pursued alongside community uses to subsidise the latter.

Participants felt that the Assembly Hall, in particular, could be hired out at high commercial rates for personal celebrations (eg: weddings) or corporate events, trade fairs, or rehearsal space for orchestras.

6. Café / restaurant

Although it was generally felt that Crouch End already has a lot of cafes and restaurants, many participants would like to see a café and/or restaurant in the Town Hall. It was felt that this would provide an added draw for the building and complement the many other uses that would be going on. This could be a commercial venture generating income for the building, or it could be operated with more of a community focus as a social enterprise offering training and employment for local unemployed people.

7. Heritage tours and interpretation

Respondents felt that architecture and heritage tours should be offered so that people can see and understand the building, its historic spaces and its role in civic development, which are of national and international significance. This could be enhanced by an interpretation area or a community museum which would tell the story of the Town Hall's 20th century genesis and its 21st century regeneration.

Participants did not consider the sole provision of managed access to see the historic spaces as being sufficient to deliver on the commitment to provide community use and access to the Town Hall.



8. Hotel/conference uses

Participants at the workshop discussion saw the value in the use of the town hall for conferences in order to generate income as part of the mix of uses. There was little appetite demonstrated for a hotel being the sole use in the building.

9. Other uses

Other uses that were mentioned in the workshops and in the 'other' category in the online survey were:

- Film location – this is a major source of income currently and could continue
- TV / radio station
- Sports facilities
- Spa / treatment rooms - sports offer could be complemented by physical treatment and therapy rooms, and/or a spa
- Bowling alley
- Nursery

Community ownership and management of Hornsey Town Hall

Participants expressed a desire at the workshops that the community should play a role in the governance of the town hall, and felt that a community-accountable body should be established that would oversee and monitor the mixed uses and heritage commitments within HTH, ensuring that the balance between commercial and community use that is agreed with the successful partner was upheld.

The community would expect that publicly accountable governance models will be considered by prospective developers.

Possible models were discussed during the workshops. These included:

1. The transfer of agreed elements of the Town Hall from the developer to a Community Interest Company set up for the purpose of managing the Town Hall for community benefit
2. Setting up a Community Board which has oversight and governance of the operation of the Town Hall to ensure that the Town Hall is operated in way which brings significant benefits to the community.



Use and management of Hornsey Town Hall Square

Throughout the consultation process it was generally agreed that the Town Hall Square should be the focal point and heart of Crouch End, welcoming and leading people into the Town Hall and being easily accessible from the street. Most participants did not want the square to change too much, and wanted to see the retention of the existing grass and trees, although some were more in favour of more radical redesign. However, it was generally felt that it should be up-graded to form an appropriate gateway to a regenerated Town Hall. Paramount for people was open public access to the Square at all times.

There was a great interest in keeping the square as open and as flexible as possible for it to be used for different kinds of events and activities. The sections below summarise the main uses that people would like to see in the Town Hall Square. These uses are not mutually exclusive and in their diversity would add to the vibrancy of the place and complement what happens inside the Town Hall. Furthermore, it was felt that the diverse uses of the square would not only attract different kinds of users, audiences and consumers, but would also diversify earned income streams.

1. Arts/ festival space

The most popular use amongst the workshop participants is to use the square for outdoor performances and events, such as music and theatre performances, open air cinema, public art installations and coffee/beer/food festivals with appropriate infrastructure. A semi-permanent canopy to cover the area for events in all weathers would allow a year-round use of the square.

2. Free seating space

There is a general consensus that the square should offer outside recreation space, free for anyone to use, with new seating available (in the form of benches or movable tables and chairs) for 'non purchase' dwelling and relaxation.

3. Markets/ fairs

Many people expressed the wish to use the square, or at least parts of it, for markets or small fairs, including a mixture of art, craft and food stalls. Renting out the space for markets and fairs could generate income.



4. Pop up catering

Although most participants did not want to see a permanent café or restaurant on the square as they felt that Crouch End already has enough of them, many suggested some form of pop-up catering on the square, such as a small kiosks, mobile café, ice-cream or food stalls or even portable al fresco dining. All these would have to be appropriate in design and scale.

5. Other uses that were mentioned included:

- Open air ice skating
- Community gardening

Management of the Square

While there was no consensus among the workshop participants as to whether the Square should be publically or privately owned and what the implications and challenges of either of these options would be, there was a strong consensus that the best and most efficient management option would be a combined management with the Town Hall building under a community-accountable governance model, to ensure that the Square is managed and used in the interest of the community.



APPENDIX 1

Online questionnaire

COMMUNITY USE AND ACCESS AT HORNSEY TOWN HALL

1. What is your aspiration for community use and access at Hornsey Town Hall?
Please tell us overall how you imagine being able to use and access the town hall in the future?
2. What sort of uses would you like to see in the Town Hall?
Please choose no more than 4 options. If you think we've missed any options that you'd like to see, please add them in the 'other' box.
 - ☐ Affordable meeting spaces for local groups
 - ☐ Start-up spaces for businesses
 - ☐ Performance spaces for drama, music, dance etc
 - ☐ Art gallery space(s)
 - ☐ Artist/designer/maker studios
 - ☐ Café / restaurant
 - ☐ Space / club for young people
 - ☐ Classes for adults
 - ☐ Classes for children and young people
 - ☐ Tours of historic spaces & interpretation area
 - ☐ Spaces to hire for ceremonies e.g. weddings, parties etc
 - ☐ Community run events, eg: festival
 - ☐ National / international events, eg: art shows
 - ☐ Markets and fairs, eg: vintage markets, trade fairs
 - ☐ Hotel and conference centre
 - ☐ Other:
3. Please help us understand why you selected this answer
4. Which of these uses can you imagine yourself / your family using?
5. Any other comments?
6. Tell us your name
7. What's your email address?
We'd like to stay in touch with you to keep you up to date with what's happening at the Town Hall. If you'd rather we didn't, don't leave your email address
8. Where do you live?
9. What's your phone number?



10. What's your twitter handle? You can follow us at @Hornsey_T_Hall

11. Do you live / work / shop in Crouch End?

Tick as many as appropriate:

- ☐ Live
- ☐ Work
- ☐ Shop
- ☐ Other:

Please note: the 16 options provided in the questionnaire were derived from the potential public uses that came out of the stakeholder workshops. People had the option to include additional suggestions in the 'other' choice.

Agenda for stakeholder and public workshops

On arrival, people to write their aspiration on a post-it and put it on wall:

What is your aspiration for community use and access at HTH?

Welcome and scene setting

Purpose of workshop and consultation

Discussion questions part 1:

- I. What uses would you like to see in HTH?
- II. What sort of space would this need?
- III. Benefits of this use?
- IV. Challenges of this use?

Discussion question part 2:

Town Hall Square – views on future use and management

Discussion question part 3:

Management options for community spaces in HTH

Round up of discussion and next steps



Haringey Council

Report for:	Cabinet 16th June 2015	Item Number:	
Title:	Delivering Children's Centres in Haringey		
Report Authorised by:	Zina Etheridge, Deputy Chief Executive Charlotte Pomery, Assistant Director, Commissioning		
Lead Officer:	Ngozi Anuforo, Early Years Commissioning Manager		
Ward(s) affected: All		Report for Key/Non Key Decisions: Key	

1. Describe the issue under consideration

- 1.1 The purpose of this report is to seek Cabinet's agreement to move to consultation on proposals for the future delivery of Children's Centre services. This is part of the implementation of an early help strategy focused on children and young people aged 0-19 years old within a context of shrinking public sector finances. There is a need to remodel the way children's centre services are delivered within the borough to contribute to the delivery of the reductions in the Council's early years budget by 2018. Changes to the current children's centre delivery model are subject to statutory consultation and therefore, permission is being sought from Cabinet to carry out a formal consultation with service users, stakeholders and residents on the basis of the detailed proposals contained within this report.
- 1.2 The proposals have been developed over recent months, including through engagement with stakeholders, including parents, carers, governors, head teachers and staff from across the children's centre system and professional partners.



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2. Cabinet Member introduction

- 2.1 We're committed to enabling every child and young person in Haringey to have the best start in life and Haringey children's centres are a key part of our approach to delivering that commitment. We're proposing to develop a new model for future children's centre services in Haringey – so that they offer a greater number of services to a wider range of people. In developing this new model we want to build on the good work that children's centres are already doing and - by working more closely with parents, carers and our partners health and the wider community - use our scarce resources to build on this work where possible. We believe that these proposals utilise available resources to the best effect so that more children and families in Haringey are healthier, happier and more resilient.
- 2.2 These proposals are built around focusing our resources on a reduced number of centres, most of which will be located in areas where need is greatest, so that support can be extended to all families with children and young people aged up to 19 years old - or 25 in the case of those with special educational needs and disabilities – rather than just to families with children aged between 0-5, as is the case now.
- 2.3 These proposals would see nine of Haringey's current sixteen children centres stay open and be enhanced to offer a wider range of services –to this wider group of people. The other seven sites would close as children's centres, but we would support them to become part of a network of Community Access Points, providing some services found at children's centres and signposting people to other forms of support where necessary.
- 2.4 These plans have developed following extensive consultation between the council, children's centre staff, parents, school governors and head teachers, carers and others. From this engagement work we know that many people have strong feelings about how children's centre services should be provided across the borough. The statutory consultation will provide us with a further opportunity to gather views more widely and will inform final proposals.
- 2.5 We know that further work is needed to determine how the Council address the challenges of ensuring that, across the borough parents and children are able to access affordable and sustainable childcare that is of the highest quality and makes a difference to the longer term outcomes for children.

3. Recommendations



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Cabinet is asked to:

- 3.1 Approve for consultation, the proposals for the reduction in numbers and closure of children's centres in the borough as set out in Paragraph 9.0 of this report.
- 3.2 Approve a 90 days period of consultation to commence in June and end in September 2015.
- 3.3 Agree that a report on the outcome of the consultation and final proposals for children's centres in the borough be submitted to Cabinet in November 2015 for a decision.
- 3.4 Agree that the outcome of the activity relating to childcare policy, outlined at 12.6, be submitted to Cabinet at a later date.

4 Alternative options considered

- 4.1 To retain the current model and number of Children's Centres in Haringey as full service centres. This, however, cannot be achieved within the available budget.
- 4.2 To resource only those centres that will be delivering in our most disadvantaged areas and offering the of the full core offer to the most vulnerable families. The Council, however, is fully committed to a universal offer which reduces stigma and effectively enables access to targeted services for those most vulnerable families
- 4.3 To make a higher level of savings to Children's Centres in order to create greater flexibility in the commissioning budget. This proposal was, however, rejected on the grounds that the model for Children's Centres is at the heart of the Council's early help approach and needs to enable access for all local families to high quality information and advice.

5 Background information

- 5.1 In February 2015, the Council agreed a budget which includes total savings of £1.44m to be delivered across the Early Years budget by 2018. These savings should be seen in the context of the Council's need to reduce its overall expenditure by £70m as set out in the Medium Term Financial Strategy for the period 2015-18.

The extract from the MTFS, set out at Table 1, shows the profile of the savings to be taken over the three years to April 2018.



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Table 1:

Proposal	2015-16 £000's	2016-17 £000's	2017-18 £000's	Total £000's
Early Years - remodel Childrens Centres - review borough wide provision of childcare	220	1,070	150	1,440

5.2 The early years expenditure to date has comprised of three main areas:

- Council early years teams;
- Commissioned services;
- Devolved budgets to Children's Centres.

Currently commissioned services include:

- Health services;
- Grants to the voluntary sector for specific programmes of outreach work; and
- Targeted childcare places.

Over the next three years, there will need to be reductions in the commissioning budget available for early years and the way in which we are able to meet our corporate priorities and statutory duties will need to be transformed.

5.3 Haringey Council's Corporate Plan (2015-2018) sets out the following key objectives:

Priority 1: Enable every child and young person to have the best start in life, with high quality education

Objectives:

- All children will have the best start in life
- Children and young people across Haringey excel at school, making the most of their potential
- All young people will have access to excellent employment or higher education opportunities
- Children and young people will be healthier, happier and more resilient and those who need extra help will get support at the right time



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- Children and families who need more support will be helped earlier before issues escalate
- All children and young people will be safeguarded from abuse

5.4 The Childcare Act 2006, places a duty on the Council to:

- Improve the well-being of children in their area, and reduce inequalities (Section1)
- Secure that early childhood services in its area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents (Section 3)
- Make arrangements that, 'so far as is reasonably practicable', include arrangements for sufficient provision of children's centre to meet local need (Section 5A)

5.5 Achieving the required reduction in the early years budget requires a change in the way we deliver early years in the borough so that, even with reduced levels of resources, parents and carers have access to good information about the services available in their community and are able to access high quality services that make a difference to them and improve outcomes for their children.

5.6 The transformation of early years is a fundamental element of our early help strategy and approach. We recognise that early years represents the best early intervention opportunity to improve outcomes for local residents and their families and to reduce the cost of fixing problems later. By building individual and family capacity at a local level, we can strengthen the resilience of families to respond to future needs and circumstances. We also recognise that the needs of parents and families continue as their children grow older and that the support and interventions available through Children's Centres can be beneficial to all families in the borough and complement support available through other settings such as schools and health providers.

5.7 Work is underway in Haringey to develop the partnership operating model for Early Help which will enable a more co-ordinated and integrated approach to the delivery of Early Help. The aim is to provide a continuum of help and support to respond to the different levels of need of children and families through universal, targeted and specialist services based on a model of locality-based multi-agency working. The



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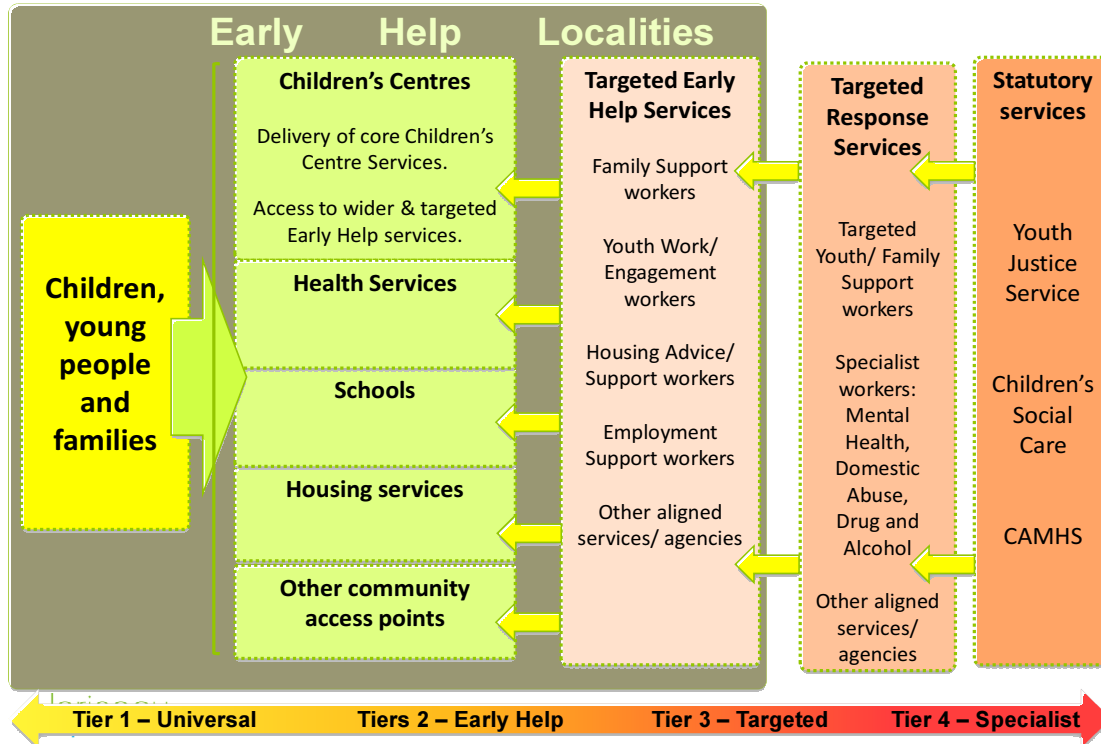
Early Help offer implements a whole family approach for families with children from 0 – 19, and up to 25 for children with special educational needs and disabilities.

- 5.8 We recognise that families often access early help through Children's Centres, schools, health services and the voluntary and community sector. As part of the wider system of early help, the Haringey Early Help and Prevention Services (including family support services and youth services) are reconfiguring into three teams. The teams will be much more closely integrated with schools and children's centres to enable clear pathways and swift access for families to targeted early help support. This will include access to specialist support to address issues relating to domestic abuse, adult/ child mental health, substance misuse, housing and employment support.
- 5.9 Services and agencies including community safety, police, housing and employment support are considering how they can align resource to deliver shared outcomes for families through the locality structure.
- 5.10 The overarching aim is to enable families to access the right help, at the right time and in the right place by delivering support to families within their communities as far as possible and minimising unnecessary referrals and assessment.



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+ Continuum of Core Early Help Services



- 5.11 Over the next three years, commissioning for early years services, including children's centre service delivery will be focused on impact, supporting community and parental capacity and improving outcomes for all children, but particularly those children that we consider to be the most vulnerable or disadvantaged.

6. Children's Centres in Haringey

- 6.1 There are currently 16 designated children's centres in Haringey. Of the sixteen, 5 are directly managed by the local authority and the remaining 11 are managed by schools.
- 6.2 Since 2011, the sixteen centres in Haringey have been organised into four 'clusters'. The cluster model was introduced to support joint planning and service coordination between children's centres. The governance for each cluster is through a Children's Centre Cluster Advisory Board that is expected to provide the support and challenge to each of the centres within each cluster; ensuring that centres are achieving value for money, making best use of the resources available, improving outcomes for children and driving up the quality of services available.



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- 6.3 The current portfolio of children's centres and link sites is funded through the council's general fund at £2.4m per year.
- 6.4 Children's centres are integral to the emerging early help model in Haringey and play a key role in the early identification of needs through a universal service offer, that provides pathways to additional support where required.
- 6.5 The establishment of an Early Help Strategy for the borough underlines an approach to the remodelling of children's centres that places emphasis on;
- the 'whole family';
 - children identified as disadvantaged, vulnerable or 'at risk' and/ or their parents/carers, who regularly access local services other than children's centres;
 - an early help approach that encourages resilience;
 - the early identification of need in a universal service context;
 - multi-agency assessment and clear referral pathways within a strong community-based network of services;
 - reducing the escalation of needs;
 - supporting children 'stepping down' from children's social care intervention;
 - supporting the capacity within the community for peer-support, self-support and self-sufficiency through a locality based model;
 - a commissioning approach where needs, flexibility and community assets influence the pattern of service delivery within localities
 - stronger, cross sector approaches that build effective local partnerships, common purpose and professional competence and confidence through increased co-location and joint working

7 Engagement

- 7.1 Between February and May 2015, officers undertook a programme of work with children's centre stakeholders including parents, carers, governors, head teachers and staff to develop proposals for the future operating model for children's centres.



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Activity included attendance at Parents Forums across the children's centres and workshops with parents, professional partners and children's centre representatives.

7.2 Engagement activity

Officers took a partnership approach to engaging stakeholders, particularly service users, in the redesign of our children's centres. This approach was taken with the intention of:

- Involving service users and stakeholders in a problem-solving, solution-focussed approach
- Harnessing the insight from services users and building it into the design of the future model
- Enabling stakeholder voices to be heard and reflected, as best as possible, in the proposals
- Testing how proposed delivery models can best meet needs

7.3 The engagement process explored a range of options which were evolved through discussion, the exchange of ideas and the use of feedback loops.

The following table shows the engagement undertaken:

Table 2:

	Feb-15				Mar-15					Apr-15				May-15
	02/02/2015	09/02/2015	16/02/2015	23/02/2015	02/03/2015	09/03/2015	16/03/2015	23/03/2015	30/03/2015	06/04/2015	13/04/2015	20/04/2015	27/04/2015	04/05/2015
Children's centre representative group	★				★		★		★		★ ★			★
Parent forums			★ ★		★ ★ ★ ★	★	★	★ ★ ★ ★						
Parent workshop								★	★		★			
Stay and play session							★ ★	★						
Meeting with partners														★



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★ One session

- 7.4 The children's centre group was made up of 21 individuals representing the views of parents, governors and staff and we engaged with over 200 parents.

Appendix I provides a summary of feedback gathered during the stakeholder engagement process.

8 Developing Proposals for the Redesign of Haringey's Children's Centres

- 8.1 During the Council's consultation on its Medium Term Financial Strategy (MTFS) between December and January 2015, early thinking on the future operating model for children's centres was shared with children's centre representatives. Over 100 people, including children's centre staff, governors, head teachers and representatives from the early years private, voluntary and independent sector attended consultation events to share their views on the proposals for early years.

This provided some initial feedback on the following proposals:

- A reduced number of children's centres, working with key outreach sites
- Children's centre transformed into hubs which provide access to support for children and young people from conception to 19 years old (25 years old for those with Special Educational Needs and Disabilities) and their families
- Children's centres operating as part of an early help offer that is delivered on a locality model aligned with the Haringey schools' Network Learning Communities (NLCs)
- A strong, universal offer for all parents, built on a strengthened information, advice and guidance offer, peer support and community development; enabling local community capacity to respond to need
- Embedding the universal Health Child Programme (HCP), a health visiting led programme, from October 2015
- Teams bringing together a range of professional roles, through stronger partnership working, shared early help practice, assessment and referral pathways and where appropriate, shared work spaces

- 8.2 Detailed proposals for a future operating model for Haringey's children's centres have now been developed, informed by the engagement process and the requirements set out in the statutory guidance¹.

¹ 'Sure Start Children's Centre April 2013', Department for Education



Through the engagement process, some key design principles were developed and agreed with stakeholders. These are detailed at **Appendix II**.

8.3 In addition to the design principles, development of the proposals also considered:

- The need to operate within a reduced budget, whilst ensuring access to a range of high quality services that are effective and support improved outcomes for children and young people
- Commissioning for better outcomes
- The differences in need that exist across the borough, with particular focus on the number of children under 5 years old in each area, and the levels of deprivation
- Opportunities to improve coordination and access to a range of services for families with children aged 0-19
- The accessibility of buildings and transport links
- How far people are willing to travel to access services
- Building size and facilities
- The need to ensure that remaining centres have sufficient capacity to work effectively across each area

8.4 The proposals outlined below aim to secure services that we believe are important to children, young people and their parents, whilst operating within a reduced budget. By focusing our resources carefully, working closely with health and other partners and delivering services that are most needed and where they are most needed, we can continue some of the most effective work that children's centres already do.

8.5 We know from the engagement process that children's centres are valued by users and also that local parents and stakeholders feel strongly about retaining centres within their local community. Despite their contribution to these proposals, many parents and some children's centres oppose any reductions in the budget and the number of children's centres.

8.6 The proposals set out within this paper are believed to be ones that will enable the Council to best meet its corporate aims and objectives for children and young people, within a reduced budget, working in partnership with others and the community.

9 Haringey's children's centres – key proposals

9.1 The proposals outlined below are intended to set out our intentions to develop a clear, consistent framework for children's centre in Haringey to operate within.



Summary of the key proposals

We are proposing to;

- Widen the focus of children's centre services from 0-5 years of age to 0-19 years of age, and up to 25 years for children and young people with special educational needs.
- Establish five children's centre planning areas, aligned with Haringey Schools' Network Learning Communities (NLCs)
- Reduce the number of designated children's centres from 16 to 9.
- Close seven designated children's centres
- Increase current service availability to include evenings, weekends and across 48 weeks of the year.
- Identify community access points across the borough where children and families can access a wider range of services as part of a 0-19 children's centre service offer.
- Establish new Children's Centre Advisory Boards (CCAB) for each children centre planning area
- Develop Parent Engagement Forums for each children's centre planning area.

Proposed designated children's centres

- 9.1.1 There are currently sixteen children's centres in the borough covering the majority of the wards. The profile of centres comprises of five centres that are directly managed by the Council and eleven centres that are commissioned through schools. **Appendix III** shows the profile of centres across the borough.

Currently centres are focused on access to services for 0-5 year olds and their families. We are proposing to extend the access to Children's Centres to all families with children from 0 – 19, and up to 25 for children with special educational needs and disabilities. This builds on a family focused approach already adopted by children's centres

- 9.1.2 The future model proposes the retention of nine designated children's centres across the borough. They would be organised across five planning areas which align to Haringey's Network Learning Communities² (NLCs) with greater provision in

² There are six Network Learning Communities (NLCs) in Haringey. They are communities of schools, secondary, primary, special and nursery schools and were developed to enhance transition, planning and joint working between schools in the borough. Non-school children's centres are members of their relevant NLC.



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areas of greatest need and provide direct access for children, young people and families.

9.1.3 In determining which centres would be retained as designated children's centres, a number of factors were taken into account. The core criteria were:

- Need and populations
- Accessibility and transport links
- Building size and facilities
- Overall, a spread of locations to ensure access across the Borough, taking into account levels of need.

9.1.4 The children's centres will retain a strong universal ethos and offer. The future model will focus on outreach, peer support and community development – enabling parents and local communities to help themselves and actively working to build their capacity to respond to need. Parents have been keen to see, reflected in the new model, opportunities for them to build their own capacity and skills, take up volunteering, and ultimately employment opportunities and this will be an important feature of how centres will be expected to operate in the future. There will be a core, consistent set of services that centres will be expected to deliver and clear and consistent outcomes that they will be expected to achieve.

They will operate as part of a wider early help offer delivered across a locality.

9.1.5 We would like to see all Children's Centres develop as vibrant centres in their local communities – offering a range of services and using the space as fully as possible and encouraging local community and peer support groups to operate from or bring services there. We want this to be led from the local community as much as possible.

9.1.5 The centres that are proposed to be retained as designated children's centres are:

Children's Centre	Ward coverage
Broadwaters	West Green
Park Lane	Northumberland Park
Pembury	Bruce Grove/Tottenham Hale
Rokesly*	Alexandra/Crouch End/Hornsey/Highgate/Fortis Green
Rowland Hill	White Hart Lane
Triangle	Seven Sisters
Welbourne	Tottenham Green



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Woodlands Park	Harringay/St. Ann's
Woodside	Noel Park/Woodside/Bounds Green

*Ofsted inspection pending

- 9.1.6 Feedback throughout the process has underlined the importance of ensuring that families are able to access children's centre services in ways that meet their needs and therefore it is proposed that service availability in the nine remaining centres will be across 48 weeks of the year, extended days and some weekends.

9.2 Proposed closures and Community Access Points

- 9.2.1 It is proposed that the following centres are **closed** as children's centres. This will mean they are de-designated and both the Department for Education (DfE) and Ofsted would be notified. They will no longer be recorded as children's centres by Ofsted and the Department for Education (DfE).

Children's Centre
Bounds Green
Campsbourne
Earlsmead
Noel Park
South Grove
Stonecroft
The Ladder

- 9.2.2 In all proposed children's centre planning areas, it is recognised that there are a wide range of agencies and organisations already providing services for children, young people and their families. It is expected that designated centres will, as they already do, build and maintain strong relationships with those other agencies to ensure that parents and carers accessing the centre have good information about what is available across the children's centre area and to facilitate signposting and referral processes between the centre and other partners in the community.

Within the proposed model, these 'community access points' are defined as any setting or venue where existing services for children and families take place and partnership working between them and the designated centre would increase access to services. E.g. Schools, Health Centres, GP surgeries and Community Centres.


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9.2.3 Centres that are no longer retained as designated children's centres could, along with other sites in each children's centre planning area, act as community access points, providing access into wider children's centres services. Services will be coordinated by a designated children's centre and may be delivered by a partner agency, community partner or parents themselves.

Children's Centres we are proposing to close	Current services to be maintained	Potential services accessed in the future (maximum opening hours per week: 15)
Bounds Green		Stay & Play sessions Health and other appointments Advice sessions
Campsbourne		Stay & Play sessions Health and other appointments Advice sessions
Earlsmead	2 year old free early education provision	Stay & Play sessions Health and other appointments Advice sessions
Noel Park		Stay & Play sessions Health and other appointments Advice sessions
South Grove	2 year old free early education provision	Stay & Play sessions Health and other appointments Advice sessions
Stonecroft	Childcare	Stay & Play sessions Health and other appointments Advice sessions
The Ladder		Stay & Play



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		sessions Health and other appointments Advice sessions
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9.2.4 The map at **Appendix IV** sets out the location of the proposed children's centres and community access sites within the future model.

9.3 The Service Offer

9.3.1 The statutory guidance for children's centres was updated in April 2013 and replaced a previously prescribed core service offer with a direction about the core purpose of children's centres. The guidance sets out the core purpose as;

'.....to improve outcomes for young children and their families and reduce inequalities between families in greatest need and their peers in;

- *Child development and school readiness;*
- *Parenting aspirations an parenting skills; and*
- *Child and family health and life chances'*

(Sure Start Children's Centres Statutory Guidance, DfE, 2013:7)

9.3.2 In the context of early help, we are proposing to introduce a service offer that will establish a clearer, more consistent children's centre service offer that will reflect variations based on differing levels of need across the borough and strengthen the links between services across the 0-19 age range.

Universal Offer

9.3.3 As well as a strong universal offer, we will support those children who need targeted interventions more readily in the places where they or their families go within the local community. This will be achieved by:

- The provision of targeted outreach to those least likely to engage in services;
- The provision of high quality, integrated early help and family support services that engage families and enable us to identify and intervene at an early stage;
- Strong partnerships and multi-agency working that reduces duplication, maximise resources and enhance professional practice; and



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- The use of evidence-based practice and interventions that have been proven to make the biggest difference to improved outcomes for children and families.

9.3.4 Each designated centre would continue to provide a core universal offer. The proposed offer includes new services alongside existing services that may be delivered differently and in ways that improve accessibility and engagement from potential service users.

9.3.5 The vision for each children's centre is for them to act as a hub for improving outcomes for local parents and families in their locality. We want them to be key points of local access for parents and families where they are able to benefit from peer support, good information and advice and both universal and targeted provision at the earliest opportunity. Working with our stakeholders, we have identified the range of interventions which parents most want to see delivered through Children's Centres including stay and play, health advice and interventions and more generalist information and advice. Throughout this process, we have been mindful that parents and families have a diverse range of needs and assets and that the offer accessible through Children's Centres needs to reflect this. We have, for example, focused on developing resources to enable peer support – for both mothers and fathers – and an enhanced parental role in delivering services on the ground in response to stakeholder views.

9.3.6 To facilitate our wide-ranging offer, we want the Centres to be spaces where practitioners from different organisations and disciplines can both offer sessions and be co-located to offer better integrated services and work together round families. Reflecting the multidisciplinary approach that underpins our early help strategy, the centre will host or provide access to, via signposting, a range of professionals and service

9.3.7 As well as investing through this model in fixed roles attached to Children's Centres, we are also seeking to enhance the range of targeted interventions which would be developed from our early help needs assessment and a commissioning based approach. The centres will be the base for a range of co-located services which will be both accessible through the centres and offered through enhanced outreach in settings where parents are likely to go, for example schools, libraries or GP premises. It is important that the Centres add value to existing services and that the services they offer are available in a number of ways and not solely through parents coming to the centres.

9.3.8 **Targeted Offer**



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A range of targeted commissioned services, across the conception to 25 age range, will be provided from children's centres and other community venues to complement a universal children's centre offer.

It is not intended that the targeted offer will be identical in each locality but tailored according to the predominant needs identified amongst children, families and communities. Consideration will be given to the most appropriate access point for services, which may not necessarily be the children's centre given the age of potential service users or their level or type of need.

Key also to this approach will be the enabling of the community to develop and maintain sustainable community-based support to which this targeted service offer can add value.

Appendix V and VI summarise a proposed minimum universal and targeted service offer and family information service offer.

- 9.3.9 A key consideration in the proposals is the availability and access to services for families given the proposed reduction in the designated children's centres.
- 9.3.10 It is proposed that the retained designated children's centres would provide access to services with a greater degree of flexibility than is available in the current model; ensuring access is extended across 48 weeks of the year and some evening and weekend access is available.

9.4 Staffing and resources

- 9.4.1 As part of the proposed children's centre model, it is likely that the current configuration of staffing is changed and a number of job roles created or revised. There will be a reduction in the number of management posts and increase in the number of roles undertaking outreach and delivering early help intervention.

9.5 Management and Accountability

- 9.5.1 The introduction, in 2013, of a new framework for Ofsted inspection of Children's Centres draws far more on the Council as the Accountable Body for children's centres than previous inspection arrangements. With reference to children's centres as delivery mechanisms for early help services, there is an expectation that



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the Council is clear about how the service offer, coordination and integration of services reflect an understanding of needs and contribute to improved outcomes for children and reduce inequalities, particularly for those families in greatest need of support.

- 9.5.2 Where a retained designated centre is school based, it will be managed by school governance arrangements and will be delivered through the school entering into a service level agreement with the Council. Responsibility for the children's centre performance will rest with the school's governing body and will be monitored by the Council.

9.6 Governance

- 9.6.1 There is a statutory requirement for the Council to ensure that all children's centres have in place a Children's Centre Advisory Board (CCAB). The purpose of the CCAB is to provide support and challenge to each children's centre; ensuring that representation reflects local stakeholders and engages parents in shaping local service delivery.

- 9.6.2 As part of the future children's centre operating model, it is proposed that there is one CCAB for each children's centre planning area, with the exception of the Muswell Hill/Highgate and Hornsey and Stroud Green planning areas, which it is proposed are covered by one CCAB.

9.7 Parental involvement

- 9.7.1 We are keen that the future delivery model builds on the levels of parental involvement already seen across our children's centres. The MTFs consultation process and our subsequent engagement activity highlighted the key role parents and carers play, and can continue to play, in determining what is needed to meet their needs, shaping how provision should or could be offered and taking a role themselves in supporting each other and their community.
- 9.7.2 It is proposed that our current approach to parent involvement is strengthened to ensure that parents continue to play a role in shaping services and doing more for themselves within their community.
- 9.7.3 The new role of learning and volunteer coordinator will support the capacity of parents to volunteers, get access to opportunities that will enable them to build skills and play a role in the governance around the children's centres. Alongside this, and supported by this role, will be the establishment of parent engagement forums. The aim of the forums will be to ensure that in each children's centre planning area,



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local parents are able to have a voice in how services in their area are delivered, contribute to their community through volunteering and parent to parent support and participating in the delivery of local services.

10 Benefits and risks of the proposed model

10.1 Benefits

- 10.1.1 The model proposes a strengthened universal offer based on enhanced information, advice and guidance for all families and centred on the universal healthy child programme.
- 10.1.2 The model creates a strong locality basis for future operation which functions for families of children of all ages to support improved outcomes, linked to clusters of schools, in Network Learning Communities.
- 10.1.3 The model strengthens individual, family and community capacity by a co-ordinated approach built on strong peer support and other community opportunities.
- 10.1.4 The model proposes greater integration of services and stronger partnership working between the Council's own services and our key partners. Embedding the new model within the emerging early help approach will mean an improved service offer, strengthened by more effective assessment and referral practice. This should lead to more seamless access to support for those who need it.
- 10.1.5 The retention of de-designated children's centres as delivery sites may support other developments across the borough, including access to 2 year old free early education places and parent-led support activity.

10.2 Risks

- 10.2.1 The most significant change will be the reduction the number of designated children's centres currently serving Haringey communities. In some areas this will mean some families may need to travel further to attend a service at a children's centre.
- 10.2.2 The proposals rely on a commitment to partnership working and multi-agency approaches. Reductions in funding to other public sector bodies as well as the limited availability of funding to support the voluntary and community sector agencies may impact on the future delivery of services by partners.



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10.2.3. It is possible that when the consultation is concluded and the detailed financial modelling is completed there will be insufficient funding to support a hub and spoke model – focusing resources on the hubs alone. However the initial aim will be to produce a network of full Children’s Centres and delivery sites.

11 Statutory Consultation

- 11.1 The Council, in fulfilling its duty to make arrangements for the provision of children’s centres, retains responsibility and accountability for the children’s centre offer available in the borough. The Apprenticeship, Skills, Children and Learning Act 2009³, places a requirement on the Council to consult ‘*everyone who could be affected*’ by the proposed changes to the current children’s centre model.
- 11.2 Cabinet members are being asked to give approval for the Council to commence a statutory consultation on the proposals set out in this report.
- 11.3 If approved, the consultation period will take place between June and September 2015 and will be seeking the views of residents and directly affected groups including;
- Parents, carers and other service users of children’s centres
 - School staff and Governors
 - Children’s Centre staff
 - Ward Councillors
 - Professional partners and commissioned organisations
 - Community and voluntary sector service providers
 - Staff in other Haringey Council services
- 11.4 The consultation process will include approaches to ensure our most vulnerable and disadvantaged families; including those for whom English is not their first language are able to participate in the consultation.
- 11.5 Cabinet are being asked to agree to a consultation exercise which will take place from June to September 2015. This is longer than the recommended 90 day period to account for Summer holidays. It is proposed that we will consult on the following:-
- 1) The service offer
 - 2) The proposals around which of the existing children’s centres will become children’s centre hubs, and which will become a key delivery site
 - 3) Creating parent engagement panels
 - 4) The opening hours of services

³ Section 5D



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5) Involving parents in the delivery of service delivery

- 11.6 A variety of methods will be used during the consultation to enable all stakeholders to actively participate. This will include:-
- Questionnaires, which can be completed online, with hard copies available on request and from children's centres
 - Public consultation events
 - Focus groups with parents with children under five attending existing children's centres, including young parents, fathers, and families with children who have special education needs
 - Outreach activity to capture view of families who have children under five that do not currently use children's centres
 - Meetings with:
 - Children's centre staff
 - Current cluster Advisory Boards and Governing Bodies
 - Ward Councillors
 - Staff and managers in Local Authority services and partners
- 11.7 It is expected that the outcome of the statutory consultation will be reported to Cabinet in November 2015 with recommendations on the future operating model for children's centres in Haringey.

12 Childcare

- 12.1 There are no immediate changes planned for the level of childcare provision currently available in children's centres. There are, however, aspects of the arrangements around the maintained childcare provision currently offered alongside our children centre service delivery that need further consideration as part of a wider review of the sustainability of affordable, high quality child care.
- 12.2 It is clear that childcare and early education remain a high priority for national government. The Conservative government's pledge to increase the free early education entitlement, for 3 and 4 year olds, from 15 hours per week to 30 hours per week for working parents will require significant planning and preparation in order to ensure that the Council is able to ensure fulfil its statutory responsibilities within a national context of reducing public sector expenditure.
- 12.3 Whilst we wait further information from central government on the requirements on the Council in relation to the extension of the free entitlement, it is clear that this is one of a number of key challenges for the Council in its role as commissioner and



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childcare market manager. In order to deliver better outcomes for children, young people and families in the borough, a clear childcare policy framework is required.

- 12.4 Competing demands on resources means that the choices the Council will have to make in the future in relation to the delivery of childcare and early education in the borough will need to be underpinned by coherent policy.
- 12.5 There are a number of policy approaches that the Council could consider but it is clear that for each and every one of the policy options available to the Council, there will be an impact across the whole of Haringey's early years sector. Some aspects of the policy options set out in this paper for consideration will have a more significant effect on particular early years providers. To this end, officers will be working with those likely to be most significantly affected to appraise specific options and possible solutions.
- 12.6 Further analysis of the options is underway through a number of actions by officers including;
- The completion of a Childcare Sufficiency Assessment (CSA)
 - An impact analysis of the proposed increase to 30 hours in the free entitlement for 3 and 4 year olds for working parents
 - A review of the current Early Years Single Funding Formula (EYSFF) with representatives from Haringey's schools and the private, voluntary and independent early years provider sector
 - Consultation on proposals to introduce new childcare fee arrangements across the maintained childcare provision linked to developing sustainable childcare in children's centres
 - A review of the Nursery School provision in Haringey
- 12.7 The outcome of the work undertaken by officers will inform proposals for Haringey Council's childcare policy and these will be submitted to Cabinet at a later date.

13 Comments of the Chief Finance Officer and financial implications

- 13.1 The Medium Term Financial Strategy approved by Council in February included £16.7m of savings to be found within the Priority One budget area. This included £1.44m savings to be found from changes to the Early Years Service, including changes to Children's Centres. The changes to the Children's Centre delivery model and the Childcare Policy Framework outlined in the report should contribute to the delivery of these savings; however the exact details are not clear at this stage and will need to be fully considered by Cabinet in due course.



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14 Comments of the Assistant Director of Corporate Governance and legal implications

- 14.1 The Assistant Director of Corporate Governance has been consulted on this Report.
- 14.2 Under the Childcare Act 2006, the Council has a general duty to improve the well-being of children in their area, and reduce inequalities. Wellbeing means a) physical and mental health and emotional well-being; b) protection from harm and neglect; c) education, training and recreation; d) the contribution made by them to society; and e) social and economic well-being (Section 1).
- 14.2 The Council must make arrangements to secure that early childhood services in its area are provided in an integrated manner in order to facilitate access and maximise the benefits of those services to young children and their parents (Section 3). The definition of early childhood services include a) early years provision; b) the functions of the Council, so far as relating to young children, parents or prospective parents; c) health services relating to young children, parents or prospective parents; d) information and advice services for parents and prospective parents. The arrangements made by the Council, must, so far as is reasonably practicable, include arrangements for sufficient provision of children's centres to meet local need (Section 5A). "Local need" is the need of parents, prospective parents and young children in the authority's area.
- 14.3 The Council must ensure that appropriate consultation is carried out before a) any significant change is made in the services provided through children's centre; or b) anything is done that would result in a children's centre ceasing to be a children's centre (Section 5D). A change in the manner in which, or the location at which, services are provided is to be treated as a change in the services. The Council must have regard any guidance given from time to time by the Secretary of State.
- 14.4 The Sure Start Children's Centre April 2013 statutory guidance provides that authorities should have sufficient children's centre to meet local needs and should *"not close an existing children's centre site in any reorganisation of provision unless they can demonstrate that, where they decide to close a children's centre site, the outcomes for children, particularly the most disadvantaged, would not be adversely affected and will not compromise the duty to have sufficient children's centres to meet local need. The starting point should therefore be a presumption against the closure of children's centres"* (pg 9).
- 14.5 The statutory guidance further provides that *"Local authorities should consult everyone who could be affected by the proposed changes, for example, local*



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families, those who use the centres, children's centres staff, advisory board members and service providers. Particular attention should be given to ensuring disadvantaged families and minority groups participate in consultations. The consultation should explain how the local authority will continue to meet the needs of families with children under five as part of any reorganisation of services. It should also be clear how respondents views can be made known and adequate time should be allowed for those wishing to respond. Decisions following consultation should be announced publically. This should explain why decisions were taken." (pg 10). The Council must meet the requirements in the Act and the statutory guidance in taking forward the proposals relating to children centres in its area.

- 14.6 The Local Authority is subject to the Equality Act 2010 and under a duty to ensure its public sector equality duty and should ensure an Equality Impact Assessment is undertaken as part of the consultation process, An initial Equalities Impact assessment is included at **Appendix VII** and needs to be updated as the consultation progresses.

15 Equalities and Community Cohesion Comments

- 15.1 Our proposals will successfully align with all other service model options to form a holistic, whole system redesign. The impact of which will be positive by enabling only those families needing high level service receiving them, whilst families with lower level needs being supporting within the community via the early help offer.
- 15.2 We do know that often the most socially excluded residents predominantly have the protected characteristics defined in the Equality Act 2010 and our future operating model has been designed to ensure that services are made clear and accessible to all groups in the borough, including those that are socially excluded and require either support or protection.
- 15.3 An initial Equalities Impact assessment is included at **Appendix VII**

16 Head of Procurement Comments

- 16.1 The proposal to go out to formal consultation does not have any immediate procurement impact. If the consultation identifies any needs for the commissioning



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of future services, this would need to go through a competitive procurement process and the timescales need to be built in to the implementation of the model.

- 16.2 New Procurement regulations come into effect on the 26th Feb and this specifies that social care opportunities now need to be advertised for open competition if they are valued at over 700,000 Euros (£approx £625,000) over a four year period. Waivers will no longer be allowed under these regulation for spend over 750,000 Euros.

17 Policy Implication

- 17.1 There are clear policy implications for the proposals set out in this report. The report outlines an option for how the Council, through redesigning its children's centres, can continue to meet its statutory duties for the delivery of children's centres under the Apprenticeship, Skills, Children and Learning Act (2009)
- 17.2 The challenges for the provision of high quality, accessible, affordable and sustainable childcare across the borough are clearly evident and the work to establish a clear policy direction for the Council is essential to determine how these challenges can be met.

18 Reasons for Decision

- 18.1 The Council are required to undertake a statutory consultation where it proposes to make changes to its children's centre delivery model. The proposals in this report seek to address how the Council may continue to meet its statutory obligations for the provision of children's centres in light of significant budget reductions.

19 Use of Appendices

- | | | |
|------|-----------------------|---|
| 19.1 | Appendix I - | Summary of feedback gathered during the stakeholder engagement process. |
| 19.2 | Appendix II - | Key design principles |
| 19.3 | Appendix III - | Profile of centres across the borough |
| 19.4 | Appendix IV - | Location of the proposed children's centres and delivery sites within the future model. |
| 19.5 | Appendix V - | Proposed minimum universal and targeted service offer |
| 19.6 | Appendix VI - | Proposed Family Information Service Offer |
| 19.7 | Appendix VII - | Equality Impact Assessment |

20 Local Government (Access to Information) Act 1985

N/A



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Appendixes: Children's Centres Release Consultation

Cabinet date: 16th June 2015

Appendix I: Feedback

Children's centre rep group: General feedback



Point raised	Response
It's important that the focus on 0 -5 years is not lost in a model which caters for 0 – 19 years	We are ensuring that this is reflected in the offer, and our work with partners continues to ensure that we address early years.
Language (e.g. hub, locality, early help) needs to be accessible to parents, and understood by the entire system	This is under constant review. We are planning to test the consultation material with parents.
Integrated working will not be achieved by new structures – a new model needs to build on the strengths of the existing model, the connectivity that already exists and the early help work that children's centres already do.	Noted.
Concerns have been raised that the Local Authority is looking to outsource centres	This is not our direction of travel.
Any financial modelling should consider that in the existing model, cross-subsidising of children's centres by schools occurs	We acknowledge that this may be the case and we will continue to work with schools to understand their costs and ensure sustainable business plans are in place.
Need to consider the financial implications for schools if they are no longer a designated children's centre, and whether they will be able to afford to keep the buildings open	One of our key workstands over the next period is to work with de-designated centres to understand what they can offer as a key community access point and ensure that sustainable business plans are in place.
The model needs to mitigate against the risks raised in recent case reviews	Noted.
The models needs to be informed by the sustainable business models of Highgate and North Bank	We intend to meet with both sites as part of our next phase of work.
Need to be mindful of the proposed policy changes coming from central government post election	All proposed changes from political parties have been noted and we are working through the implications. Clearly the future model, in particular the childcare arrangements, will be informed by the policy changes that emerge post election.
Need to understand what services are delivered from the hub and by whom	Reflected in the proposed service model.
Need to hold on to the non-stigmatising services	We recognise the importance of universal services and in the new model will maintain capacity for delivery of universal services. We have tested our universal offer with parents and will work with them, and other stakeholders, to develop commissioning specifications.

Children's centre rep group: General feedback



Point raised	Response
Hubs need spokes – need to understand where the key link sites are going to be, and what will happen there	More detail has been provided on location.
Need to consider the dynamic between two centres that are in the same locality	Addressed in latest model.
Need to look at the impact of commissioned services and whether they offer value for money (specifically money spent on speech and language therapy)	All early years commissioned services will be reviewed as part of a wider review of early help commissioned services. This will enable us to set out a clear 3 year commissioning plan from April 16.
Difficult to isolate nursery schools from the impact of the proposed changes	We recognise that Nursery Schools are particularly effected by some of the proposed changes and this is being addressed through some focused work with Nursery Schools.
Need to understand what the impact of the proposed changes to childcare will be to visualise the new children's centre model	Information on proposed changes to childcare have been provided and work will continue.
Need to understand how children's centre teams fit with the three proposed Early Help teams, and how the Early Years team might be re-organised to support the locality model	Addressed in latest model – structures are shown under three teams.
Need to understand whether the funding from family support offers value for money	The impact of the Family Support offer will be evaluated as part of a wider Early Help outcomes performance framework.
A paper on childcare policy was scheduled to go to Cabinet in March 2015. There was concern over the limited window of opportunity to influence the se proposals around childcare, particularly given the council's internal clearance process on cabinet papers.	Timescales were amended – Cabinet paper scheduled for June 2015.

Children's centre rep group: Feedback on team structures and roles



Point raised	Response
Need to have a clear understanding of the children's centre team, the supporting early help team and the core council early years team to understand whether the number of hubs, and proposed staffing is sufficient	Information has been provided outlining how the children's centre team links to the wider early help team. More detail will be provided in due course.
A one size fits all solution will not work. Children's centre teams need to be resourced based on the needs and populations of their locality	Addressed in latest model – teams have increased in size.
Early Help co-ordinators and family support workers need to be part of the core children's centre team	This is being progressed with the Early Help lead.
Need clarity on who will manage the children's centre teams, what this looks like for each locality and who will be the accountable body	Addressed in latest model.
Need to understand the role of the Early Help Locality Manager	More detail will be provided in due course.
In the new model, teams need to be better resourced – cannot ask centres to do more with less – resource is already stretched	Addressed in latest model.
Ofsted requirements need to be considered when ensuring that centres are adequately resourced	Noted – we are fully aware of the requirements placed on both the Local Authority and children's centres via the Ofsted regime.
With increased reach areas, 1 reception worker per centre is not enough and concerns were raised at this post being Sc 4	Within the budget constraints, we will need to consider the capacity of the reception for each centre – particularly where we would like to consider flexible hours. Further work is being done to model capacity that will be needed for de-designated centres and where services may take place at a key community access point. All job descriptions will need to be evaluated to determine the grades.
Need clarity on what children's centres will offer for 0 -19s, and where the support will come from in the system to deliver this	Provided in the offer.
Job descriptions required for each role, with clarity on how this links to the Early Help model.	Job descriptions will be provided in due course.

Children's centre rep group: Feedback on team structures and roles



Point raised	Response
Concerns raised over removing the evaluation and monitoring officer from the core children's centre team, and centralising the resource	Noted.
PO5 grade for a children's centre manager role appears high	Addressed in latest model – PO4 for LA Centre Manager.
Family support workers need to be part of the core team, to add capacity to outreach workers at Sc6	This is being reviewed with the Early Help lead.
Concerns over having Centre Manager posts allocated on a locality basis, rather than per centre	Having a centre manager at each centre is unaffordable. We have included PO1 Assistant Managers to add management capacity as required.
Concerns over having Early Learning posts allocated on a locality basis, rather than per centre	Addressed in latest model – allocated per centre.
Concerns over separating the outreach and early learning play worker - it was felt that a more generic workforce provides flexibility in the system	The proposal to separate roles is based on concerns raised by staff in those roles and the need to have a clear focus on early learning which may not fit with the outreach role.
Need to consider whether new roles will be attractive to current staff	Noted.
Criticism that the model was too hierarchical	More capacity has been added to the front line in the latest model.
With less centres, outreach workers are vital	Addressed in latest model – increased number of outreach workers, and included early intervention role
The Local Authority needs to consider how the additional funding from Public Health for health visitors can be used to alleviate pressures on the core children's centre team	The purpose of any additional funding from other areas will not necessarily be to alleviate pressure, but will be to support the development of more integrated working. This may mean jointly funding roles.

Children's centre rep group: feedback on proposed sites and delivery model



Point raised	Response
South East Tottenham: Welbourne was favoured as the third hub over the Earlsmead based on the physical space. Request for three rather than two hubs (as per initial proposal).	Addressed in latest model.
Wood Green: In the south of the locality, services should be delivered from both Woodlands Park and the Ladder. Based on need, if South Grove is to be de-designated it will be important that services are still delivered from the site.	Addressed in latest model.
West: It was felt that Rokesly fit the criteria for being a hub, and that Stonecroft and Campsbourne could act as key link sites.	Addressed in latest model.
Suggestion to add DownHills, Ferry Lane School, Park View and Lordship Co-op as link sites .	Addressed in latest model.
Suggestion to change the Irish Centre from a proposed link site, to a key community access point.	In NE Tottenham, the proposed number of children's centres is the same as there are at the moment, and so we don't feel with limited funds that we can resource a key community access point.
Health centres, libraries and schools should all be link sites.	We propose that within children's centre SLA's, we will set out requirements on the children's centre to engage and form strong relationships with named link sites (those that we have mapped). Health centres, libraries and schools are all key partners in the wider model.
Need to understand the links to the 2 year old provision.	Map included as part of the latest slide deck. We will be exploring how those sites de-designated as centres could provide additional capacity to the 2YO Programme.
Need to consider how fundraising is addressed / resourced on a borough wide basis.	Noted.
More detail required on opening hours, and the affect this will have on staff / costs.	Further work is being done to model the implications.

Children's centre rep group: feedback on proposed sites and delivery model



Point raised	Response
Need to have more detail on the services that will be delivered at the key community access points and how they will be resourced. Wasn't felt that a blanket allocation of £7,820 was sensible.	More detailed modelling is underway.
Need to ensure that by creating a model around the NLC's, there is still opportunity to share best practice and information across the borough	Addressed in the new model – Termly Network Practice meeting proposed
Need more clarity on the role of the Advisory Board, how delivery and link sites will be represented, and how parents will feed in.	Work is underway to design the governance arrangements which will be tested with stakeholders in due course.
Need clarity on safeguarding pathways, supervision and support – and the interface with the Early Help Team.	Further detail will be provided in due course.
Workforce development strategy needed	This is being addressed as part of a wider activity focusing on early help workforce development.

Parent feedback: parents raised the following concerns which we have been noted



- A model with fewer children's centres will provide fewer access points, with more children slipping through the net
- There are already waiting lists, sessions are full and populations are increasing – where will people go to get help?
- It's taken a lot of time to build trust with families, and get them into the centres – how will we get them to go somewhere else?
- Parents don't like to ask for help, but they feel safe talking to children's centre staff – less official than health visitors and social workers. Concern that reduced staffing structures will affect this.
- A 0 – 19 model will take the focus off the early years
- Reducing the budget for Early Years will only lead to escalation of needs, which will be more expensive long term
- Concern that there be less access to speech and language services

Parent feedback: Parents valued, and highlighted the importance of the following services and characteristics of the current model, which we must build on in the new model



- Universal stay and plays and breastfeeding groups
- Antenatal classes (which are key to getting people through the door)
- ESOL classes where crèche is provided alongside
- Universal, non-stigmatising, face to face services
- Integrated services
- Having places where people can come together (which are key to reducing isolation)
- The high quality and consistency of Haringey's children's centre staff, who are always welcoming
- Outreach workers who engage with the most disadvantaged families - they reduce the hurdles to access of services
- Childminders valued centres as a place to share best practice, and to raise awareness of the childminding offer to parents

Parent feedback: Parents felt that there are things that could be improved, and done differently and this feedback has been used to shape the new offer (1)



- The LA needs to provide space for community groups to come together to run their own groups. The process needs to be less onerous and rigid, and more creative
- The new offer needs to have a consistent, quality offer for Dads and young parents. For Dads, particular attention needs to be given to the offer pre-birth
- New offer must support single mums and mums with disabled and SEND children
- The consistency and quality of breastfeeding groups should be improved
- Lack of services for 5 – 10 year olds
- Lack of information and advice on applying for school places
- Need to have more volunteering options which are supported by childcare
- More support to get parents back into work, and provide training with childcare running alongside
- We need to link volunteering and peer mentoring to pathways into employment, and create solid solutions to bridge skill gaps, and stronger communities
- Need to consider the appropriateness of delivering services in homes, as apposed to in in community settings, given the isolation in the borough

Parent feedback: Parents felt that there are things that could be improved, and done differently, and this feedback has been used to shape the new offer (2)



- Link 'preparation for parenting courses' with Stay and Play, allowing expectant parents to come along to get support from parents.
- Learn lessons the NCT model, with the Local Authority playing a role to facilitate networks
- Explore whether some services could be charged for
- Centres should generate revenue by renting space out, including at weekends
- Encourage more donations, rather than centres spending money on toys
- Make it easier to get a Health Visitor qualification

Parent feedback: When considering how we promote and increase access to services, parents felt that:-



- Sites should not be closed in the most deprived areas – but equally there are needs across the borough that are not defined deprivation (isolation, breastfeeding)
- Language can be a barrier to accessing services
- Opening hours should be extended
- Easy access is key – travel can be difficult and expensive
- Good, co-ordinated, up-to-date information is key
- Importance of word of mouth in promoting services
- People will travel where they want – need to be mindful of this when using Network Learning Community boundaries
- Need to consider policies on catchment areas in the new model
- Health Visitors and GPs could do more signposting

Appendix II: Design principles

Children's centre representative group:

- Making a difference to the lives of children and families
- Integrated teams
- Flexibility and responsiveness
- Range of job descriptions available
- Support for staff
- Realistic targets
- Robust governance with parents at the heart
- Access to high quality childcare
- Early Identification
- Safeguarding and safe access points
- Consistency
- Partnership working
- Sufficient resources
- Balance of targeted and universal services
- Maintaining expertise and knowledge
- Local ownership
- Learning from experience and best practice

Added by parents:

- Use parents as a resource
- Where possible, centres are kept open
- Parents to become active volunteers, to maintain access points

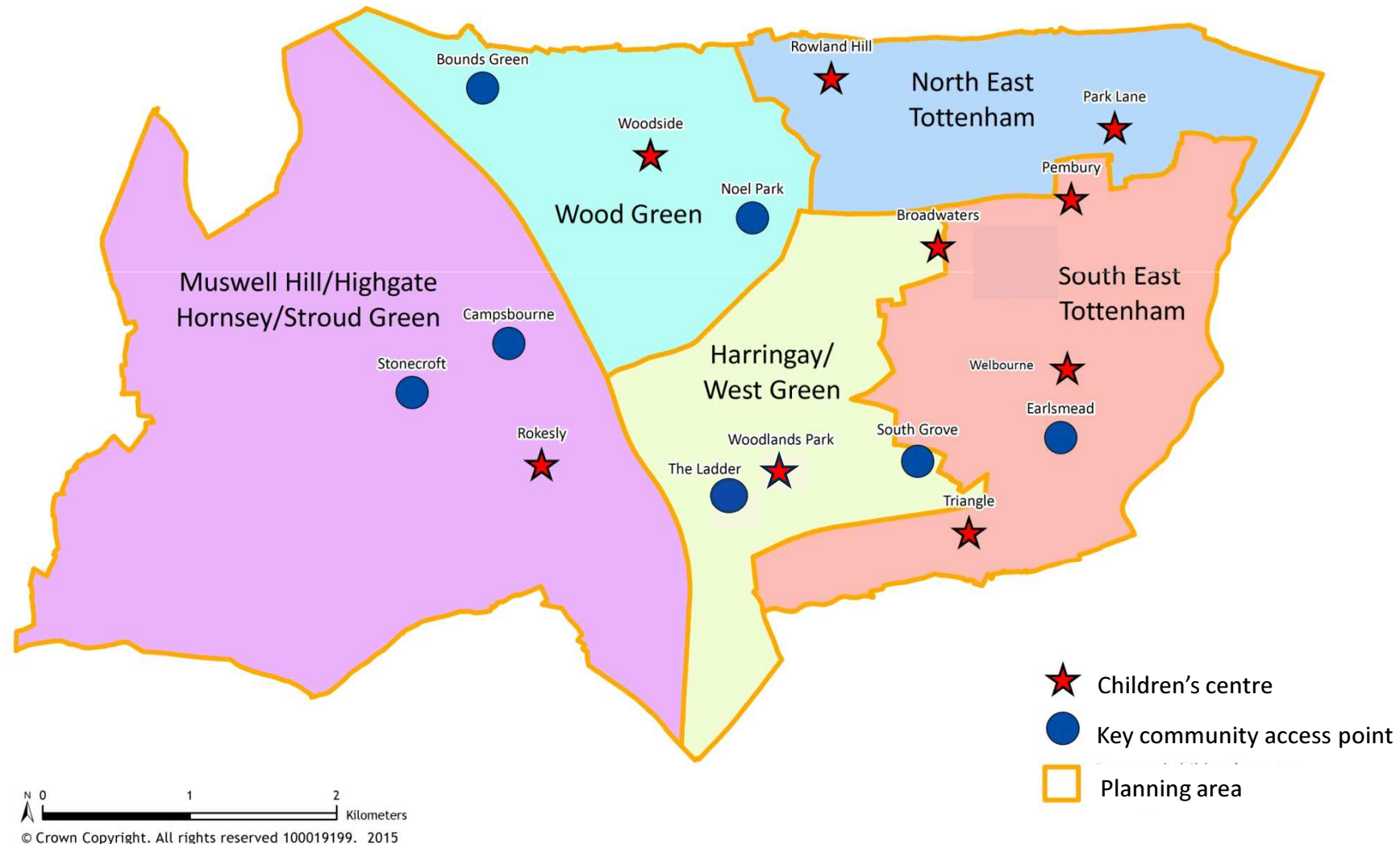
Added by Local Authority:

- Financially sustainable
- Being innovative and creative
- Commissioning for outcomes – ensuring flexibility and delivery that best meets needs

Appendix III: Profile of centres

Children's Centre	Management arrangement	Children Centre community services?	Children's Centre Childcare?
Bounds Green	School	Yes	No
Broadwaters	School	Yes	Yes
Campsbourne	School	Yes	No
Earlsmead	School	Yes	No
Noel Park	LA	Yes	No
Park Lane	LA	Yes	Yes
Pembury	School	Yes	Yes
Rokesly	School	Yes	No
Rowland Hill	School	Yes	Yes
South Grove	School	Yes	No
Stonecroft	LA	Yes	Yes
The Ladder	School	Yes	No
Triangle	LA	Yes	Yes
Welbourne	School	Yes	No
Woodlands Park	School	Yes	Yes
Woodside	LA	Yes	Yes

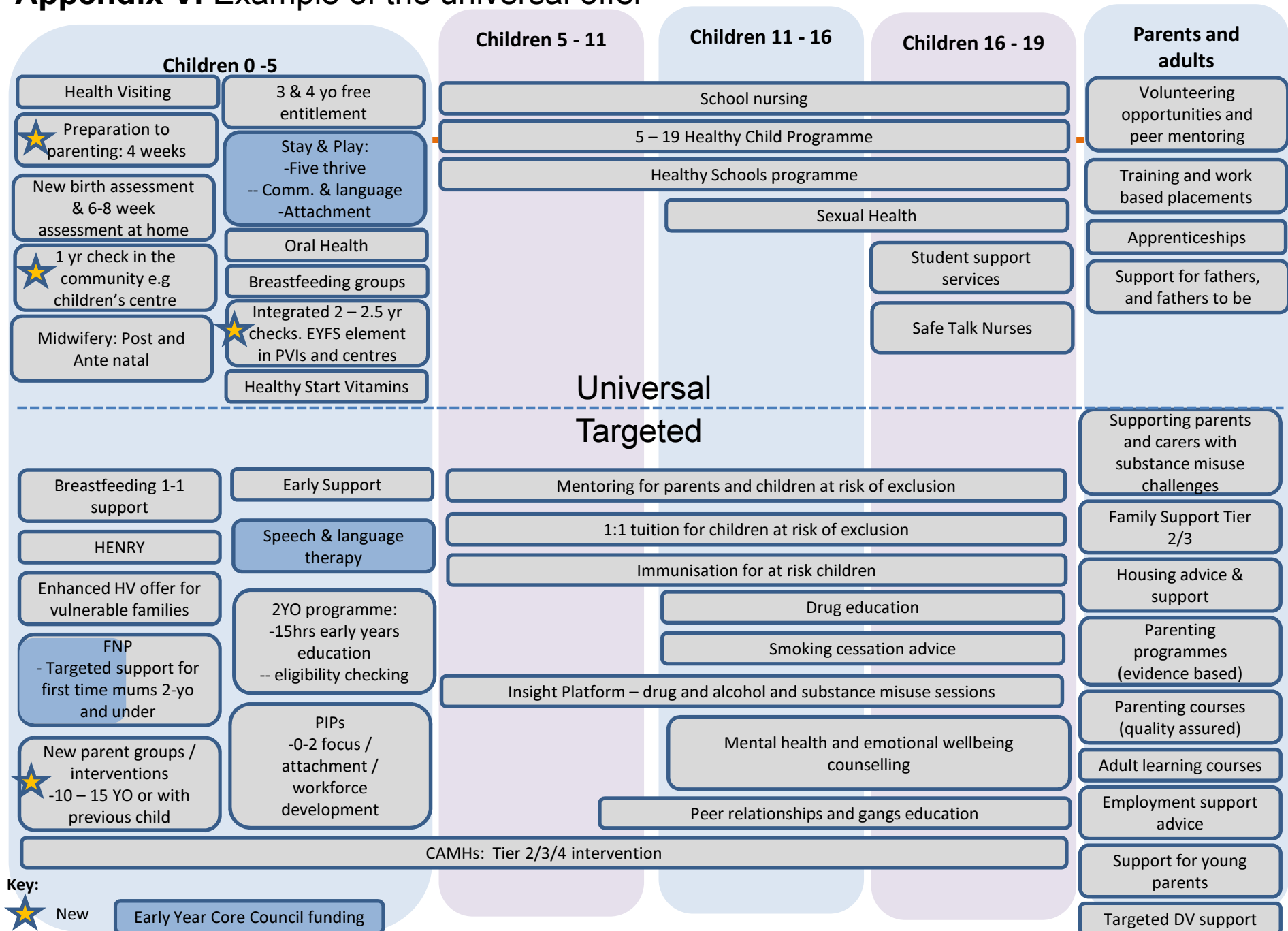
Appendix IV: The location of the proposed children's centres and key community access points within the future model



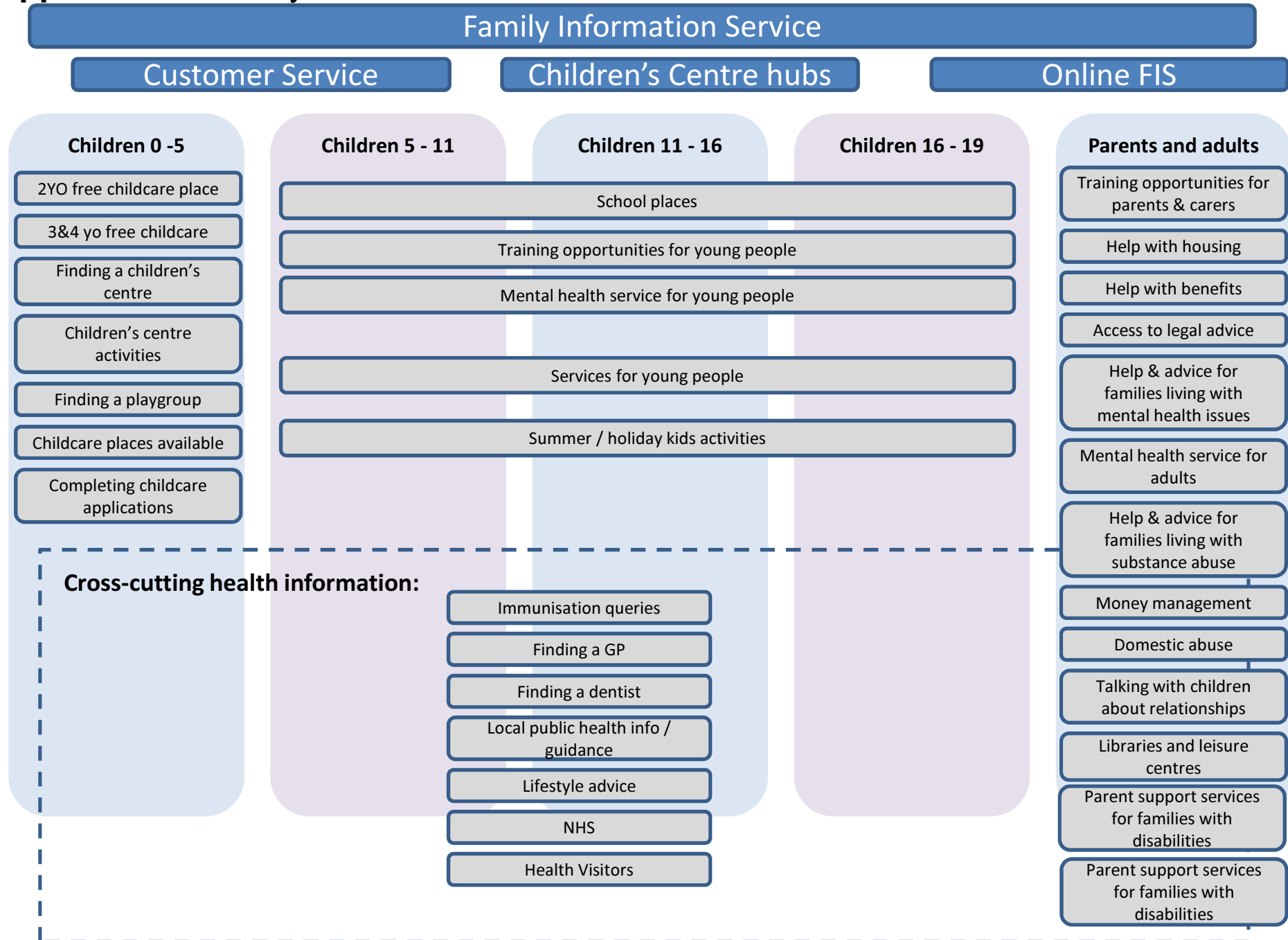
Annex IV: (continued)

Children's centre planning area	Ward	Sum of 0 – 4s	Sum of 0 – 19s	Children's centres	Key community access points
Muswell Hill / Highgate and Hornsey / Stroud Green	Alexandra	5342	17968	Rokesly	Campsbourne Stonecroft
	Fortis Green				
	Highgate				
	Muswell Hill				
	Crouch End				
	Hornsey				
	Stroud Green				
Wood Green	Bounds Green	2814	9901	Woodside	Bounds Green Noel Park
	Noel Park				
	Woodside				
Harringay / West Green	Harringay	2711	8857	Broadwaters Woodlands Park	South Grove The Ladder
	St Ann's				
	West Green				
North East Tottenham	Northumberland Park	2342	9258	Park Lane Rowland Hill	
	White Hart Lane				
South East Tottenham	Bruce Grove	4903	17372	Pembury Triangle Welbourne	Bruce Grove Earlsmead
	Seven Sisters				
	Tottenham Green				
	Tottenham Hale				
Totals	19 wards	18,112	63,356	9 children's centres	8 key community access points

Appendix V: Example of the universal offer



Appendix VI: Family and information offer





Haringey Council

APPENDIX VII

Equality Impact Assessment (EqIA)

Name of Project

Children's Centres Transformation

**Cabinet meeting date
If applicable**

16th June 2015

Service area responsible

Commissioning

Name of completing officer

Ngozi Anuforo

Date EqIA created

May 2015

**Approved by Director / Assistant
Director**

Charlotte Pomery

Date of approval

June 2015

The Equality Act 2010 places a '**General Duty**' on all public bodies to have '**due regard**' to:

- **Eliminating discrimination, harassment and victimisation**
- **Advancing equality of opportunity**
- **Fostering good relations**

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a '**Specific Duty**' to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council's commitment to equality and the responsibilities outlined above,

Contributors

for more information about the Council's commitment to equality; please visit the Council's website. **Stage 1 – Names of those involved in preparing the EqIA**

1. Project Lead –	
2. Equalities / HR –	
3. Legal Advisor -	
4. Trade union –	

Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups

This initial EQIA helps to inform proposals for the future delivery of Haringey's children's centre services. Subject to the agreement of Cabinet in June 2015, proposals will be put out to public consultation.

We do not underestimate the anxiety and concern that may be felt by residents about these proposals. Our engagement and consultation with those affected will help us better understand any negative impact that the proposals might have on individuals and how we might reduce this. In our final report to Cabinet, anticipated in November 2015, we will give consideration to how individual needs can be accounted for and how we can mitigate any unavoidable negative impacts. Our enhanced understanding of any impacts will result in further refinement of this EQIA during this period.

The proposal

In light of our early help strategy, there is a need to make changes to our current children's centre delivery model that encompasses a more robust 'whole family approach', and leads us to extend the current conception to 5 focus to conception to 25; taking into account young people with special educational needs and disabilities. We need to strengthen the infrastructure both in and around children's centres, and improve the connectivity and pathways between services.

There are currently 16 children's centres in Haringey. The future model proposes the retention of nine designated centres across the borough. They would be organised across 5 planning areas which align to Haringey's Network Learning Communities¹, with greater provision in areas of greatest need.

The children's centres will retain a strong universal ethos and offer. The future model will focus on outreach, peer support and community development – enabling parents and local communities to help themselves and actively working to build their capacity to respond to need.

¹ There are six Network Learning Communities in Haringey. They are communities of schools, secondary and primary, special and nursery schools and were developed to enhance transition, planning and joint working between schools in the borough,

Across each locality there will be a universal offer of services which will consist of services that are absolutely needed by all across the borough to achieve positive outcomes for families. There will also be a targeted offer - the range of services and how they will be delivered will be driven by the needs and voices of the children, young people and families.

Services will be delivered at Children Centre building and through a co-ordinated programme of outreach. Recognising that we need to maintain access points, we have proposed that those 8 children's centres that will close become a key 'community access space'. We want to retain around 15 hours of provision per week from these buildings. Services will be co-ordinated by a near-by children's centre, and may be delivered by children's centre staff, partners, or parents themselves. They are likely to be used to deliver stay & play sessions, health and other appointments and advice sessions.

The following table summarises our proposals:

Planning area and wards covered	Children's Centre	Proposal
Muswell Hill / Highgate and Hornsey / Stroud Green: <ul style="list-style-type: none"> Alexandra Fortis Green Highgate Muswell Hill Crouch End Hornsey Stroud Green 	Campsbourne	<ul style="list-style-type: none"> Close as a children's centre Retain as a key community access point
	Rokesly	<ul style="list-style-type: none"> Remain open children's centre
	Stonecroft	<ul style="list-style-type: none"> Close as a children's centre Retain as a key community access point Continue to deliver childcare
Wood Green: <ul style="list-style-type: none"> Bounds Green Noel Park Woodside 	Bounds Green	<ul style="list-style-type: none"> Close as a children's centre Retain as a key community access point
	Noel Park	<ul style="list-style-type: none"> Close as a children's centre Retain as a key community access point
	Woodside	<ul style="list-style-type: none"> Remain open children's centre
Harringay / West Green	Broadwaters	<ul style="list-style-type: none"> Remain open children's centre

<ul style="list-style-type: none"> • Haringey • St Ann's • West Green 	South Grove	<ul style="list-style-type: none"> • Close as a children's centre • Retain as a key community access point • Continue to deliver 2 year old free early education provision
	The Ladder	<ul style="list-style-type: none"> • Close as a children's centre • Retain as a key community access point
	Woodlands Park	<ul style="list-style-type: none"> • Remain open children's centre
North East Tottenham: <ul style="list-style-type: none"> • Northumberland Park • White Hart Lane 	Park Lane	<ul style="list-style-type: none"> • Remain open children's centre
	Rowland Hill	<ul style="list-style-type: none"> • Remain open children's centre
South East Tottenham <ul style="list-style-type: none"> • Bruce Grove • Seven Sisters • Tottenham Green • Tottenham Hale 	Earlsmead	<ul style="list-style-type: none"> • Close as a children's centre • Retain as a key community access point • Continue to deliver 2 year old free early education provision
	Pembury	<ul style="list-style-type: none"> • Remain open children's centre
	Triangle	<ul style="list-style-type: none"> • Remain open children's centre
	Welbourne	<ul style="list-style-type: none"> • Remain open children's centre

How does the proposal support our equality duties and protected groups

In terms of impact on the community, the overarching objective of the transformation is to ensure equity of access to sufficient, quality services which improve outcomes for all children, young people and families. The aims of the new model are to:

- improve transition for children, young people and families across the 0-25 age range
- develop a stronger, cross sector approach that builds effective local partnerships, common purpose and professional competence and confidence through increased co-location and joint working
- address inequalities in the borough (access to services and the quality of services) across the conception to 25 age range
- incorporate the delivery of a universal 0-19 healthy child programme
- incorporate an early help approach that enables models of early identification, assessment and response to needs, across the conception to 25 age range, to be implemented through a community-based, integrated network of services
- establish mechanisms that build and support the capacity within the community for peer-support, self-support and self-sufficiency

The model proposes greater integration of services and stronger partnership working between the Council's own services and our key partners. Embedding the new model within the emerging early help approach will mean an improved service offer, strengthened by more effective assessment and referral practice. This should lead to more seamless access to support for those who need it.

The locality model will encourage diversity of provision, support the development of local solutions and will draw on a range of data sources, effective practice, expert knowledge and experience to identify and meet the needs of the locality.

As part of the local authority's performance management of the children's centres, there are a range of targets which must be met and which include the specific focusing upon the inclusion of priority and excluded groups. Children's centres report qualitative and quantitative data of engaging with the following groups of people:

- Lone parents, teenage mothers and pregnant teenagers
- Children from low income backgrounds
- Children living with domestic abuse, adult mental health issues and substance abuse
- Children's 'in need' or with a child protection plan
- Children in offenders and / or those in custody
- Fathers, particularly those with any other identified need, for example, teenage fathers and those in custody
- Those with protected characteristics as defined by the Equalities Act 2010 – these may include those for whom English is an additional language, those from minority ethnic groups, those from Gypsy, Roma and Traveller families, and those from lesbian, gay and transgender families
- Adopted children and adopter families
- Looked after children
- Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling
- Families identified by the Local Authority as 'troubled family' who have children under the age of 5
- Families who move in and out of the area relatively quickly (transient families) such as asylum seekers, armed forces personnel and those who move in to the areas seeking employment or taking up seasonal work
- Any other vulnerable group or individual families including

The following table sets out, by ward, where families will have reduced access to children's centres – each of the existing children's centres affected by a proposal for closure would be retained as a community access point offering some children's centre services:

Ward	Centres in current model		Centres in new Model		Change
	No.	Centres	No.	Centres	

West Green	1	Broadwaters	1	Broadwaters	No change
Harringay	1	The Ladder	0		Reduction of 1 centre, to no centres
St Ann's	2	Woodlands Park & South Grove	1	Woodlands Park	Reduction of 1 centre. Still have 1 centre in ward.
Alexandra	0		0		No change
Crouch End	0		0		No change
Fortis Green	0		0		No change
Highgate	0		0		No change
Hornsey	2	Campsbourne & Rokesly	1	Rokesly	Reduction of 1 centre. Still have 1 centre in ward.
Muswell Hill	1	Stonecroft	0		Reduction of 1 centre, to no centres
Stroud Green	0		0		No change
Northumberland Park	1	Park Lane	1	Park Lane	No change
White Hart Lane	1	Rowland Hill	1	Rowland Hill	No change
Bruce Grove	0		0		No change
Tottenham Hale	1	Pembury	1	Pembury	No change
Seven Sisters	1	Triangle	1	Triangle	No change
Tottenham Green	2	Earlsmead & Welbourne	1	Welbourne	Reduction of 1 centre. Still have 1 centre in ward.
Bounds Green	1	Bounds Green	0		Reduction of 1 centre, to no centres
Noel Park	1	Noel Park	0		Reduction of 1 centre, to no centres
Woodside	1	Woodside	1	Woodside	No change

In terms of having access to a designated children's centre building in their ward, Noel Park, Bounds Green, Harringay and Muswell Hill residents are likely to be most affected by the change. As set out, residents of those wards would continue to have access to a community access point in their ward as well as children's centres in neighbouring wards.

Noel Park

- There are 875 children aged 0-4 years; this is 6.3% of the ward population
- There are in total 544 households with dependent children (all ages) with no adult in employment; this is 9.8% of the ward population
- 46.4% of the population are stated to be Christian, 21.3% have no religion and 19.1% declare to be Muslim
- 79.8% of the ward population reported themselves to be in very good health or good health.
- 33.8% of the ward population have qualifications of Level 4 or above
- The ethnicity profile of the ward is as follows – 54.8% declared to be of white ethnic background, 6.7% mixed ethnic background, 13.4% asian ethnic background, 19.8% black ethnic background, 5.3% other
- There are 739 lone parent households with dependant children of all ages; this is 13.3% of the ward population.

- 94.6% of these lone parents are female, of which 27.2% are in part-time employment, 18.7% are in full-time employment and 54.1% are unemployed.
- 5.4% of these lone parents are male, of which 15% are in part-time employment, 25% are in full-time employment and 6% are unemployed.

Bounds Green

- There are 992 children aged 0-4 years; this is 6.7% of the ward population
- There are in total 410 households with dependent children (all ages) with no adult in employment; this is 7.1% of the ward population
- 49% of the population are stated to be Christian, 21.9% have no religion and 14.6% declare to be Muslim
- 84.3% of the ward population reported themselves to be in very good health or good health.
- 37.3% of the ward population have qualifications of Level 4 or above
- The ethnicity profile of the ward is as follows - 60.2% declared to be of white ethnic background, 6.7% mixed ethnic background, 11.3% asian ethnic background, 17.1% black ethnic background, 4.7% other
- There are 616 lone parent households with dependant children of all ages; this is 10.6% of the ward population.
- 92.5% of these lone parents are female, of which 28.1% are in part-time employment, 24.5% are in full-time employment and 47.4% are unemployed.
- 7.5% of these lone parents are male, of which 17% are in part-time employment, 33% are in full-time employment and 50% are unemployed.

Harringay

- There are 853 children aged 0-4 years; this is 6.4% of the ward population
- There are in total 270 households with dependent children (all ages) with no adult in employment; this is 4.9% of the ward population
- 39% of the population are stated to be Christian, 32.7% have no religion and 14.1% declare to be Muslim
- 84.2% of the ward population reported themselves to be in very good health or good health.
- 46.6% of the ward population have qualifications of Level 4 or above
- The ethnicity profile of the ward is as follows – 65.6% declared to be of white ethnic background, 6.3% mixed ethnic background, 11.4% asian ethnic background, 11.8% black ethnic background, 4.7% other
- There are 390 lone parent households with dependant children of all ages; this is 7.2% of the ward population.
- 91.3% of these lone parents are female, of which 32.9% are in part-time employment, 20.5% are in full-time employment and 46.6% are unemployed.
- 8.7% of these lone parents are male, of which 14.8% are in part-time employment, 41.2% are in full-time employment and 44.1% are unemployed.

Muswell Hill

- There are 633 children aged 0-4 years; this is 5.9% of the ward population

- There are in total 99 households with dependent children (all ages) with no adult in employment; this is 2.2% of the ward population
- 39.5% of the population are stated to be Christian, 40% have no religion, 5.3% declare to be Jewish and 3% declare to be Muslim
- 88% of the ward population reported themselves to be in very good health or good health.
- 62.8% of the ward population have qualifications of Level 4 or above
- The ethnicity profile of the ward is as follows – 83.7% declared to be of white ethnic background, 5.3% mixed ethnic background, 4.3% Asian ethnic background, 4.6% Black ethnic background, 2.1% other
- There are 219 lone parent households with dependant children of all ages; this is 7.2% of the ward population.
- 92.7% of these lone parents are female, of which 27.6% are in part-time employment, 40.9% are in full-time employment and 31.5% are unemployed.
- 7.3% of these lone parents are male, of which 18.8% are in part-time employment, 50% are in full-time employment and 31.2% are unemployed.

Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment

Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.

Data Source (include link where published)	What does this data include?

Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment

This section to be completed where there is a change to the service provided

Data Source (include link where published)	What does this data include?
Joint strategic needs assessment http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	Age, gender, ethnicity, disability in the context of the health and well-being needs of Haringey residents
E-Start data	Details on current profile of residents that use Haringey's children's centres

Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery:

Positive and negative impacts identified will need to form part of your action plan.

The following assessment is based on our current user profile. The data is based on Haringey carers and children seen at children's centre between 1st April 2014 – 31st March 2015.

	Positive	Negative	Details	None – why?														
Sex	X	X	<p>12,814 carers were seen by children’s centres in 2014/15. 79.9% of these are females. Consequently, the impact of the new children’s centre model will be felt more by women because mothers/female carers are more likely to use the centres.</p> <p>11,477 children aged 0 – 4 were seen in 2014/15. 49.3% of these were female.</p> <p>In the new model, there will be an increased focus on encouraging more fathers to access children’s centres services.</p>															
Gender Reassignment			Those registering at a children’s centre are not asked about gender reassignment and so the profile of service users is unknown.															
Age		X	<p>The age profile of carers is as follows:</p> <table><tr><th>Age</th><th>% of users</th></tr><tr><td>16 - 24</td><td>7%</td></tr><tr><td>25 - 34</td><td>42%</td></tr><tr><td>35 - 44</td><td>33%</td></tr><tr><td>45 - 54</td><td>4%</td></tr><tr><td>55 +</td><td>2%</td></tr><tr><td>Unknown</td><td>11%</td></tr></table> <p>The changes will have most impact on residents aged 25 – 44 years.</p>	Age	% of users	16 - 24	7%	25 - 34	42%	35 - 44	33%	45 - 54	4%	55 +	2%	Unknown	11%	There is no restriction by age across children’s centre services
Age	% of users																	
16 - 24	7%																	
25 - 34	42%																	
35 - 44	33%																	
45 - 54	4%																	
55 +	2%																	
Unknown	11%																	
Disability			<p>67 carers with disabilities were seen.</p> <p>162 children with a disability were seen.</p>	We will ensure that all children’s centres														

				and community access sites comply with the Disability Discrimination Act (DDA) to ensure that access to children's centre services by this group is not affected.																						
Race & Ethnicity			<table><tr><th>Ethnicity</th><th>% of carers</th></tr><tr><td>Black</td><td>22%</td></tr><tr><td>Asian</td><td>11%</td></tr><tr><td>Mixed</td><td>4%</td></tr><tr><td>Other</td><td>6%</td></tr><tr><td>Unknown</td><td>1%</td></tr><tr><td>White</td><td>21%</td></tr><tr><td>White minorites</td><td>34%</td></tr></table>	Ethnicity	% of carers	Black	22%	Asian	11%	Mixed	4%	Other	6%	Unknown	1%	White	21%	White minorites	34%	Services, and access to services are not restricted to or by race and ethnicity.						
Ethnicity	% of carers																									
Black	22%																									
Asian	11%																									
Mixed	4%																									
Other	6%																									
Unknown	1%																									
White	21%																									
White minorites	34%																									
Sexual Orientation			Those registering at a children's centre are not asked about their sexual orientation and so the profile of service users is unknown.																							
Religion or Belief (or No Belief)			<table><tr><th>Religion</th><th>% of carers</th></tr><tr><td>Atheist</td><td>0.34%</td></tr><tr><td>Buddhist</td><td>0.48%</td></tr><tr><td>Christian</td><td>23.71%</td></tr><tr><td>Hindu</td><td>0.87%</td></tr><tr><td>Jewish</td><td>0.36%</td></tr><tr><td>Muslim</td><td>11.93%</td></tr><tr><td>None</td><td>9.33%</td></tr><tr><td>Not Stated</td><td>50.52%</td></tr><tr><td>Other</td><td>2.23%</td></tr><tr><td>Pagan</td><td>0.03%</td></tr></table>	Religion	% of carers	Atheist	0.34%	Buddhist	0.48%	Christian	23.71%	Hindu	0.87%	Jewish	0.36%	Muslim	11.93%	None	9.33%	Not Stated	50.52%	Other	2.23%	Pagan	0.03%	Services, and access to services are not restricted to or by religion and belief.
Religion	% of carers																									
Atheist	0.34%																									
Buddhist	0.48%																									
Christian	23.71%																									
Hindu	0.87%																									
Jewish	0.36%																									
Muslim	11.93%																									
None	9.33%																									
Not Stated	50.52%																									
Other	2.23%																									
Pagan	0.03%																									

			Sikh	0.21%		
Pregnancy & Maternity			1,996 pregnant carers were seen at centres. This represents 15.6% of carers seen at centres.			Services, and access to services are not restricted.
Marriage and Civil Partnership			This is not reported on by children's centres.			

Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups: Positive and negative impacts identified will need to form part of your action plan.

	Positive	Negative	Details	None – why?
Sex			Subject to separate HR EQIA	
Gender Reassignment			Subject to separate HR EQIA	
Age			Subject to separate HR EQIA	
Disability			Subject to separate HR EQIA	
Race & Ethnicity			Subject to separate HR EQIA	
Sexual Orientation			Subject to separate HR EQIA	
Religion or Belief (or No Belief)			Subject to separate HR EQIA	
Pregnancy & Maternity			Subject to separate HR EQIA	
Marriage and Civil Partnership			Subject to separate HR EQIA	

Stage 6 - Initial Impact analysis	Actions to mitigate, advance equality or fill gaps in information
<p>Haringey is a diverse borough, and the services required, and the way that they need to be delivered, varies across the borough. A locality model recognises these differences between local areas and the needs of those within it.</p> <p>Basing the locality model on the 6 existing Network Learning Communities which are well established across education will facilitate partnership working between children's centres and schools, supporting school readiness and transition.</p> <p>The proposals will allow us to operate within a reduced budget, and are</p>	<ul style="list-style-type: none"> The new model aims to maximise the resource that we have for service delivery and target the available resources based on needs Service users and staff will be engaged as part of the consultation. Their views will be fed into the full Equalities Impact Assessment, which will return to Cabinet following the consultation period. This will include more detailed analysis of the impact of de-designating the selected centres on service users.

underpinned by the need to provide equity of access to quality services. As a whole, the community will be affected by the transformation. The proposals will result in some potentially negative aspects of service to users, particularly those who traditionally have used the centres which are proposed for closure as they may have to travel further to a children centre.

- Given the profile of current carers, there will be a greater impact on women. To mitigate the effects, and maximise access, we will:
 - Strengthen the various access routes into children's centre services
 - Strengthen outreach (as reflected in the model)
 - Build stronger partnership working between universal services, with clear referral pathways
 - Develop strong peer to peer support models
 - Through the statutory consultation, we will seek to understand where people go to access services, and use this information to inform our demand planning
- In the new model, there will be an increased focus on encouraging more fathers to access children's centres services. Centres will provide a welcoming place for all, and through greater outreach, there will be more places for families to get involved as a whole. This will have a positive effect on equity.
- In areas where centres will be de-designated, we will work with Governing Bodies to ensure that services based on need are still accessible there
- Residents living in Noel Park, Bounds Green, Harringay and Muswell Hill wards are most likely to feel the impact in terms of access to children's centres as they will no longer have a designated centre in their ward. It will be particularly important throughout the consultation to understand from these families how best we can support them to access children's centre services.
- The age profile of current carers fits with the 0-5year age focus of existing provision. It is likely that many parents within the 35 – 44 age bracket will be in employment and therefore we will review the opening hours of children's centres, to advance equity. Children's centre will also be required to ensure delivery of services and/or an information point which is available to service

	<p>users when sites are not open.</p> <ul style="list-style-type: none"> • In proposing which children's centres should remain open, we considered, amongst other factors, whether the building is located in an area of high deprivation, and whether it is accessible by public transport. We will continue to test our assumptions and analysis throughout the consultation period. • To raise awareness of the children's centre services and promote equity of access the branding around the renewed offer will be carefully considered. • Discussions with neighbouring boroughs are ongoing to ascertain their plans for services that may affect families living in Haringey, particularly near the borders.

Stage 7 - Consultation and follow up data from actions set above

Data Source (include link where published)	What does this data include?

Stage 8 - Final impact analysis

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Stage 9 - Equality Impact Assessment Review Log

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Review approved by Director / Assistant Director

Date of review

Review approved by Director / Assistant Director

Date of review

Stage 10 – Publication

Ensure the completed EqIA is published in accordance with the Council's policy.



Haringey Council

Report for:	Cabinet	Item Number:	
Title:	Tiverton Primary School, Roof Replacement Works		
Report Authorised by:	Jon McGrath, Assistant Director, Corporate Property & Major Projects		
Lead Officer:	Beatrice Sarpong, Project Manager, Corporate Property & Major Projects		
Ward(s) affected: Seven Sisters	Report for Key Decision		

1. Describe the issue under consideration

- 1.1. This Cabinet item is to request approval to award a contract for construction of a roof replacement at Tiverton Primary.
- 1.2. This contract is to be awarded on the basis of the most economically advantageous tender.
- 1.3. This paper seeks approval to award the contract to Breyer Group Plc for Construction works in the amount of £539,414.03 for a contract period of 16 weeks.
- 1.4. In addition, if Cabinet sees fit to approve the award of the contract, this authority requests approval to instruct Haringey Council's Legal Services to issue a Letter of Intent permitting orders to be raised by Breyer Group Plc with their supply chain; up to and not exceeding 10% of the contract sum as allowed under CSO 9.07.3 whilst formal works contracts are being prepared.



2. Cabinet Member introduction (Cllr Ann Waters)

- 2.1 Tiverton Primary School sits in the Seven Sisters ward of the London Borough of Haringey. It is within a modern suburban housing estate on two sides, to the north-east and north-west, a terrace of industrial/warehouse units to the south-west and the A503-Seven Sisters Road to the south-east. The roof is in a state of disrepair and suffers from a number of leaks that cannot be remedied effectively through interim patch repairs.
- 2.2 Following a feasibility study completed in October 2014 which undertook an appraisal of three options;
- A) Minimal repairs,
 - B) Intermediate patch repairs
 - C) A full roof replacement
- 2.3 Option C was recommended and accepted by the Project Gateway Review Panel as being the most beneficial and cost efficient option to address the leaks. The award of the contract under consideration will deliver an appropriate water tight roofing solution to support the school's curriculum delivery.

3. Recommendations

- 3.1. The recommendation is to appoint Breyer Group Plc in the amount of £539,414.03 for a contract period of 16 weeks. This will allow for completion of the project by 23rd November 2015.
- 3.2. To issue a letter of intent not exceeding 10% of the contract sum as allowed under CSO 9.07.3 whilst formal works contracts are being prepared.

4. Alternative options considered

- 4.1 The contractor was procured via the LHC (a not-for-profit consortium set up to provide effective procurement solutions for local authorities, housing associations, schools and other public sector bodies.) **Flat Roofing (FR1)** Framework Arrangement. We also considered use of Construction line, (a fully owned and managed by Capita, UK register of pre-qualified construction services database). However, upon consideration the LHC framework was considered to be more suitable for this size of project and it offered specialist flat roofing contractors, better suited to this type of project.



5. Background information

- 5.1 The school is located in the Seven Sisters ward of the Borough and has approximately 450 pupils between the ages of 3-11 years. The school is comprised largely of single storey accommodation, with only a small amount of teaching area at first floor level. The construction is thought to date from circa 1960. External walls to most areas are of brick construction and the roof structure is comprised of wood wool slabs on timber and metal supporting sub-structure. Later additions are partly timber clad with profiled sheet pitch roofs.
- 5.2 Notwithstanding various attempts at patch repair, the school continues to experience ongoing water penetration to a number of the original flat roof areas, including the girls toilet facilities and first floor classrooms, which impacts on daily operations and consumes valuable staff resource in containing the leaks to maintain a safe environment for continued use. At the planning stage review group meeting, the procurement of the
- 5.3 The roof replacement work at Tiverton Primary School will use products in the build that will be of low maintenance in nature.
- 5.4 The companies invited to tender were generated from the LHC Framework. The companies were invited to tender for the construction works as identified in the tender documents drafted by Ridge and Partners. Following discussion with the Construction Procurement Group, the tender was assessed on the basis of 60% quality and 40% price. Breyer Group Plc scored a total of 84.52%, scoring top for both price and quality.
- 5.5 Competitive tenders were invited from four contractors from the LHC Framework. All four contractors submitted a compliant tender by the tender submission deadline.
- 5.6 The tender returns were as follows:

Table 3 – QDP, Price and total scores.

No.	Contractor	QDP 60%)	(Max	Price 40%)	(Max	Total
1	Breyer	47.50%		37.02%		84.52%
2	Tender A	49.00%		32.25%		81.25%
3	Tender B	40.00%		40.00%		80.00%
4	Tender C	47.50%		25.03%		72.53%



6. Comments of the Chief Finance Officer and financial implications

6.1 The Chief Finance Officer has been consulted in the preparation of this report, and makes the following comments.

6.2 The total estimated cost of this project is £950,000. The approved capital programme for 15/16 includes budgetary provision sufficient to cover the costs of these roof works.

6.3 The project budget is funded by DfE capital grant for condition works.

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

7.1. The Assistant Director of Corporate Governance has been consulted in the preparation of this report, and comments as follows:

7.2 This report is seeking approval to award a call-off contract for the roof replacement work at Tiverton Primary School to the contractor named in paragraph 3.1 of this report.

7.3 The LHC Framework Agreement was established by LHC in accordance with EU Procurement legislation and is available to London Boroughs for use.

7.4. This business unit invited tenders from all four organisations on Regional Lot 1, Southern Region, from the LHC Framework to tender for the work. This is in compliance with the Council's Contract Standing Orders and the Public Contract Regulations 2006 (as amended).

7.5. As the value of the proposed contract exceeds £500,000 the award requires the approval of the Cabinet in accordance with CSO 3.01 (b).

7.6. The award of the contract is a Key Decision and, as such, needs to be included in the Forward Plan. The business unit has confirmed that this has been put on the Forward Plan.

7.7. The Assistant Director of Corporate Governance confirms that, subject to the comments in Part B of the report, there are no legal reasons preventing Cabinet from approving the recommendations in this report.



Haringey Council

8. Equalities and Community Cohesion Comments

8.1 The Policy & Strategy Team have been consulted in the preparation of this report and have commented as follows:

8.2 This award of contract has been subject to a competitive tender process and is in line with the Council's procurement strategy and procedures which are informed by the Council's Equal Opportunities Policy and have equal opportunities considerations at all their key stages.

9. Head of Procurement Comments

9.1 The contractors have been selected from the LHC (a not-for-profit consortium set up to provide effective procurement solutions for local authorities, housing associations, schools and other public sector bodies.) **Flat Roofing (FR1)** Framework Arrangement

9.2 The tender has been prepared and tendered on a quality/price basis of 60% quality and 40% price and evaluated as the most economically advantageous tender for this award.

9.3 The selected contractor as referenced in paragraph 3.1 represents best value for money for the Council.

10. Policy Implication

10.1. The project supports Haringey's key priorities principally;

- To make the borough outstanding for all - enabling all Haringey children to thrive.
- Work with schools, early years and post 16 providers, to deliver high quality education for all Haringey children and young people
- Enable every child and young person to thrive and achieve their potential.

11. Reasons for Decision

11.1. The award the contract to Breyer Group Plc will facilitate the council to undertake the roof replacement work at Tiverton Primary School.

11.2. Award will enable the project to move forward to the construction stage within timescales that facilitate the need to address an urgent condition issue to mitigate any future disruption to school service delivery. It will also facilitate the start of the construction works during the school holidays to minimise disruption to the school during term time service delivery.



Haringey Council

12. Use of Appendices

12.1. Exempt Appendix B

13. Local Government (Access to Information) Act 1985

13.1. This report contains exempt and non-exempt information. Exempt information is under the following category (identified in amended Schedule 12A of the Local Government Act 1972). S (3) Information relating to financial or business affairs of any particular person (including the authority holding that information).



Haringey Council

Report for:	Cabinet 16th June 2015	Item Number:	
Title:	Delivering Priority 2 : Empower all adults to live healthy, long and fulfilling lives		
Report Authorised by:	Zina Etheridge, Deputy Chief Executive		
Lead Officer:	Beverley Tarka, Interim Director of Adult Social Services		
Ward(s) affected: All		Report for: Non Key Decision	

1. Describe the issue under consideration

- 1.1. This set of papers sets out the business case and design for whole system change in line with the objectives set out in Priority 2 of the Corporate Plan, **Empower all adults to live healthy long and fulfilling lives**, agreed by cabinet in February 2015. These papers each require discrete decisions but they are presented collectively to illustrate the coherence between them.
- 1.2. The proposals set out in the Cabinet papers will support the implementation of the five objectives to achieve better outcomes for adults identified within the Corporate Plan 2015 – 2018 and the Medium Term Financial Strategy. Members are asked to approve the overall approach for delivery of Priority 2, and the design of the operating model which will deliver the change. Members are also asked to approve the Market Position Statement and agree that consultation commences on service change.
- 1.3. Approval of the operating model for Adult Social Care will lead to implementation throughout 2015/16, with further reports to Cabinet in November 2015 following consultation on service change.

2. Cabinet Member introduction

- 2.1 The case for change is clear.
- 2.2 Healthy life expectancy is significantly lower than the England average and the evidence shows us that for people in Haringey to live healthy, long and fulfilling lives there needs to be lifestyle change at a population level.



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- 2.3 We have seen an increase in demand for Adult Social Care, with the over 65 population expected to increase by 19.7% by 2021. Our current system is not managing demand, which, since 2011, has increased by more than five times the population growth. Reablement/enablement pathways which delay or reduce the need for care and promote independence are inconsistent. Our longer term support packages do not necessarily help people to regain skills.
- 2.4 More recently, significant legislative change has been brought about by the Care Act 2014. We need to ensure that our whole system promotes the values of the Care Act and is compliant with the requirements.
- 2.5 The key driver for change, however, is to improve outcomes for adults in Haringey. In order to do this effectively, and in a way that is financially sustainable, the whole system needs to change to reduce demand, respond to need earlier with a whole family focus and embed good practice including clear financial control.
- 2.6 The ambition set out here is to create a service that will provide different and better support, preventing and delaying the need for care, working with families and communities.

3. Recommendations

- 3.1 The detail in relation to the delivery of Priority 2 is set out in the Cabinet papers as follows:
 - 1. **New Operating model for Adult Social Care** sets out the operating model for delivering Priority 2 in Haringey, including the organisational design, the principles that will underpin our ways of working and the case for change for transformation. Members are asked to approve the outline model for implementation.
 - 2. **Corporate plan Priority 2 Consultation** outlines the consultation that is required to inform service change. Members are asked to agree the commencement of consultation.
 - 3. **Market Position Statement** sets out the direction of travel to promote diversity and quality in the care and support market. Members are asked to approve the Market Position Statement.
- 4. **Alternative options considered**
 - 4.1 See individual Cabinet papers.
- 5. **Background information**
 - 5.1 See individual Cabinet papers.
- 6. **Comments of the Chief Finance Officer and financial implications**
 - 6.1 See individual Cabinet papers.
- 7. **Assistant Director of Corporate Governance Comments and legal implications**
 - 7.1 See individual Cabinet papers.



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8. Equalities and Community Cohesion Comments

8.1 See individual Cabinet papers.

9. Head of Procurement Comments

9.1 See individual Cabinet papers.

10. Policy Implication

10.1 See individual Cabinet papers.

11. Reasons for Decision

11.1 See individual Cabinet papers.

12. Use of Appendices

12.1 None.


13. Local Government (Access to Information) Act 1985

13.1 N/A.

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Report for:	Cabinet – 16 June 2015	Item Number:	
Title:	New Operating Model for Adult Social Services		
Report Authorised by:	Zina Etheridge Deputy Chief Executive 		
Lead Officer:	Beverley Tarka Interim Director Adult Social Care		
Ward(s) affected: All		Report for Key/Non Key Decisions: Key	

1. Describe the issue under consideration

- 1.1 This paper sets out the strategic context for the delivery of Priority 2 of the Corporate Plan and specifically how key components of a new operating model are being developed within that context. It requests Cabinet approval for the implementation of the new operating model.
- 1.2 The Association of Directors of Adult Social Services (ADASS) proposes a model of care and support based on four key elements (*'Distinctive, Valued, Personal'* March 2015):
 - Good information and advice to enable us to look after ourselves and each other, and get the right help at the right time as our needs change;
 - The recognition that we are all interdependent and we need to build supportive relationships and resilient communities.
 - Services that help us get back on track after illness or support people with disabilities to be independent;
 - When we do need care and support, we need services that are personalised, of good quality, that address our mental, physical, and other forms of wellbeing and are joined up around our individual needs and those of our carers.



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- 1.3 We want to work with the people of Haringey to reduce dependency and to be clear with them about what they can expect from the Council. We want people to have access to high quality information, advice and support to empower them to live healthy, long, fulfilling lives; with access to high quality formal health and social care services when people are assessed as needing them.
- 1.4 We need to ensure that we deliver the optimum level of support rather than providing support based on a static assessment of need. Providing the optimum level of support will increase the chances of people connecting with local people in their communities. It is not about over supporting people which undermines confidence and abilities. It is about being flexible and responsive when needs fluctuate.
- 1.5 We need to recognise that, regardless of age or disability, when people enter the Adult Social Care system they do not necessarily have to remain within that system but rather through review, to ensure that any care and/or support continues be at the appropriate level. We need to have a system that prevents people becoming stuck in services and moves them onto successful independence.

2. Cabinet Member introduction

- 2.1 The need for change is clear, with significant changes resulting from the legislative changes of the Care Act; pressure on resources; and, from proposals in the Corporate Plan 2015-18 and the Medium Term Financial Strategy, agreed in February by Full Council.
- 2.2 Service Users and their families/ carers attribute enormous value to the support offered by Adult Social Services. Having engaged directly with Service Users and their families, the excellent services that individuals are receiving and the differences that have been made to family life is obvious.
- 2.3 However, it is also clear that demand for Adult Social Services is increasing. For example, the Haringey population has increased by 3.1% between 2011-2013, with an increase of 5.3% in residents aged over 65 years. In addition to this, the ageing population is living longer and we must address the needs of each individual as they arise.
- 2.4 The Care Act has increased the responsibilities of local authorities, not least in relation to carers and self funders: it is not clear yet what the total financial impact of this will be on services. Furthermore, significant reductions in budgets are affecting all local authorities. In Haringey, the funding available for adult social services over the next three years will see a significant reduction of £24.5 million. In order to meet the growing demand and deliver the high quality services that our residents expect and deserve, Adult Social Services must therefore be transformed. This means changing the way that we work, to continue to deliver services which ensure equity for those assessed as needing care and support.

3. Recommendations

That Cabinet is asked to:

- 3.1 Approve the principles underpinning the new operating model for adult social care set out in Paragraph 7.
- 3.2 Approve the operating model for adult social care set out in Paragraph 9.



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4. Alternative options considered

- 4.1 To do nothing is not an option. Legislative changes, demographic pressures and budget challenges mean that to continue to provide care and support in the current manner is unsustainable. The current operating model will not deliver revised national policy or achieve the outcomes expected.
- 4.2 The proposed model in this report is the outcome of workshops held with managers in Adult Services where the focus was very much about the service user journey, the purpose being to maintain people's independence as far as possible, streamline processes and provide flexible support. Consideration was given to incremental change but the view was that to meet the challenge of delivering sustainable, responsive services over the next three years, we require system change and a whole council response, from the population level onwards.
- 4.3 The target operating model proposed in this report is closely aligned to the ADASS model, referred to in paragraph 1.2, providing the basis for delivering sustainable services in the future.

5. Background information

Case for Change

- 5.1 The changing national context means delivery of adult social care must also change. This has involved several factors, including an emphasis on values which promote independence, dignity and choice. In addition care has shifted away from institutional care towards community and home based solutions.
- 5.2 The Care Act 2014 is an important step forward, bringing adult care and support law into a single clear statute. It gives important new statutory duties on local authorities which are designed to support people to maintain their wellbeing and independence. The Act enshrines the principle of individual wellbeing, placing this at the heart of the care and support system. The Act has at its core the goal of supporting people to maintain independence for longer.
- 5.3 Sections 1 to 7 of the Act place a number of general and targeted duties on local authorities. These are:
- Promoting individual well-being
 - Preventing needs for care and support
 - Promoting integration of care and support with health services etc.
 - Providing information and advice
 - Promoting diversity and quality in provision of services
 - Co-operating generally
 - Co-operating in specific cases



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- 5.4 Additional factors are the reductions on funding for social care with £3.5 billion less in council social care budgets since 2010. Demographic changes means we are living longer, older people often with multiple health conditions and younger people with disabilities and health conditions.
- 5.5 All these factors raise fundamental questions about how social care is organised, delivered and funded in a sustainable way. Against this backdrop, in order to achieve our vision of everyone being enabled to live healthy, long and fulfilling lives with control over what is important to them (Priority 2 Corporate Plan 2015-18) we need to look not only at funding, but also people's expectations and values, how care is delivered and joined up with other services, the quality of care and the workforce which delivers it.
- 5.6 We need to ensure that the reducing resources available to us are targeted at those in most need, and to transform the delivery of care and support. The vital role of vibrant and diverse community and voluntary services is recognised and we need to further develop our partnerships. We also need to work with residents to support lifestyle changes to tackle issues such as obesity and smoking.
- 5.7 Our current operating model has not supported us to reduce demand in Adult Social Care, with over reliance on institutional care in particular for younger adults. In particular:
- Preventative services such as reablement/enablement, information and advice which could keep people in the community for longer are not offered consistently nor jointly with partners.
 - There has been a significant increase in the number of recorded adult social care contacts and referrals since April 2011 and the overall cost of care packages has increased by over 50% above population growth since April 2011.
 - Haringey is close to average on most user experience measures and performs particularly well on social contact and safety and security but poorly on overall satisfaction with care and support.
 - Our management of the market requires a shift to an outcomes focussed approach.

6. Vision Corporate Priority 2

- 6.1 Our vision for all adults in Haringey is summarised in Priority 2 of the Corporate Plan: **Empower all adults to live healthy long and fulfilling lives**, underpinned by the following objectives:
1. A borough where the healthier choice is the easier choice
 2. Strong communities where all residents are healthier and live independent fulfilling lives
 3. Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
 4. Residents assessed as needing formal care and /or health support will receive responsive high quality services
 5. All vulnerable adults will be safeguarded from abuse



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These objectives are corporate priorities, have a strong whole population Public Health focus but also inform the future operating model for adult social care.

7. Principles underpinning the new operating model for adult social care

7.1 Based on the vision and objectives set out, and the context and resident needs, the principles that underpin the proposed model are:

- Putting individuals at the centre of all we do and keeping vulnerable adults safe
- Supporting the public health whole population approach to healthy lifestyle
- Increased focus on universal offer, work, education, training, recreation, settled accommodation and social and economic wellbeing
- Making every contact count –to signpost, provide high quality information and advice, with the outcome of promoting good health and wellbeing
- Focus on early intervention/prevention, reablement/enablement, to promote independence and reduce reliance on long term care
- Integrate with health, service users should be assessed only once; telling their story once
- Flexible and responsive services when needs fluctuate – not over supporting which undermines confidence and abilities
- Wherever possible not to make longer-term decisions and/or commitments about someone's care while the person is unwell or in crisis
- An 'outcome focus' approach, building on people's assets and strengths, rather than a 'deficit' model which focuses on what people cannot do
- As far as possible, no more residential care for working age adults
- A continued shift to more commissioning of services and support and less in house provision to enable development of diverse markets which supports requirements of the Care Act

8. Creating System Change

8.1 The role of the Council is not necessarily to 'do for' but to do everything in its power to facilitate and enable residents to achieve healthy, fulfilling and long lives.

8.2 Best practice guidance on the role of Director of Adult Social Services (DASS) was published in 2006 with the DASS key leadership role including:

- Improving preventative services and delivering earlier intervention
- Managing the necessary cultural change to give people greater choice and control over services
- Tackling inequalities and improving access to services
- Increasing support for people with the highest levels of need

8.3 The Care Act 2014 brings responsibilities in:

- Promoting wellbeing
- Preventing reducing or delaying needs
- Information and Advice



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- Market shaping and commissioning of adult care and support
- Managing provider failure and other service interruptions

In addition there are prevention and integration duties which have system wide consequences

- 8.4 This system leadership role is of particular relevance given the current challenges facing Local Authorities (see case for change).
- 8.5 The thrust of the new operating model is to develop a model of care and support that breaks with traditional approaches and empowers individuals to take control of their lives.
- 8.6 With the advent of the Better Care Fund, the Children and Families Act and the Care Act, there is an increasing emphasis locally, and nationally, on integration and joining up a wider range of services around residents to help them have fulfilling lives.

Many Councils have already begun the transformation journey and evidence to support the proposed operating model can be found in the final report of the LGA Adult Social Care Efficiency Programme July 2014.

9. Future Operating Model



The new operating model for Adults is a representation of how we need to do business in the future. It embraces the following:

- Whole **population approach**
- **Prevention and early intervention** to delay and reduce the need for care
- **The role of the council** is not necessarily to “do for” but to do everything in its power to facilitate and enable
- A proportionate effort according to need in order to **reduce inequalities**



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- A **whole community approach** with targeted interventions taking place as needs arise and reducing according to the decline in needs
- A **comprehensive Information Advice and Guidance** service to include first point of contact
- **Multi disciplinary locality teams** aligned with GP clusters
- **Integration** with health to improve the service to residents
- A core **health and social care function focussed** on assessment, care planning and safeguarding
- **Promotion of diversity and quality in the care and support market** to meet the general duty of the Care Act
- **Quality assurance** embedded across the whole system for commissioned and council services as part of our approach to continuous service improvement

9.1 The service user journey

- 9.1.1 The service user journey starts from a wider population focus recognising that individuals are part of the wider community, that healthy lifestyles are integral to living healthy long and fulfilling lives. Notable features of the model in this context are:
- 9.1.2 The first point of contact will be community based and offer information, advice, community solutions and simple aids and assistive technology. People will have early access to information and advice and will be supported to self manage.
- 9.1.3 Multi disciplinary triage will offer a range of reablement/ enablement services, promoting independence and delaying and reducing the need for ongoing care.
- 9.1.4 Adult Social Care's core functions will be assessment, support planning and safeguarding. Wherever possible this will be delivered within integrated teams.

Appendix 1 provides more detail.

9.2 Wellbeing

- 9.2.1 As noted previously, the Care Act introduces a new statutory principle to promote health and wellbeing, i.e. a general duty that applies to all residents, and requires the Council to promote the individual's wellbeing in all decisions taken, or activities performed, in relation to the individual's wellbeing.

- 9.2.2 Wellbeing is defined as:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;



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- the individual's contribution to society

9.3 Prevention and Early Intervention

- 9.3.1 Embedding the principles of prevention and early intervention, tackling inequalities and building community resilience is required through the Care Act and recognised within the Corporate Plan as a key cross cutting principles for everything the Council does.
- 9.3.2 The proposed model supports self-management of wellbeing, health conditions and support needs. It provides people with information and advice to improve their health and wellbeing, supports safer neighbourhoods, promotes healthy active lifestyles and reduces loneliness and social isolation. It builds community resilience and helps to maintain people in their homes. It delays the need for formal health and/or social care support.
- 9.3.3 The Care Act gives a new *general duty* (i.e. a duty that applies to all residents) requiring local authorities to ensure the provision of preventative services. That is, services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carers' support needs).
- 9.3.4 It also gives a new *general duty* to provide information and advice on social care, including independent generic and regulated financial advice, to all residents regardless of whether, or not, they have eligible care needs.
- 9.3.5 Information and advice will enable us to look after ourselves and others better, equipping us and signposting to information and support which will help prevent or reduce the need for services and supporting us to get the right help, at the right time, in the right place.
- 9.3.6 In addition we need to build on technological innovations which make information and advice more readily available such as interactive websites, health and social care navigators who help people connect to information, and strength based approaches to assessment which help people to understand what advice is already available to the amongst friends, families and their community.

9.4 Supportive Families and Communities

- 9.4.1 A stronger role for our communities in supporting social care and health is required. We need to make sure that our communities are as supportive as possible to people with disabilities and long term conditions. Informal carers already provide at least £55 billion of unpaid care and support nationwide. The voluntary sector also makes a significant contribution in helping to meet people's needs and to enhance their quality of life. We propose to build on a number of existing initiatives such as our local Dementia Friends campaign, Neighbourhood Connects in order to build capacity and to build the potential of community led and user led services.

9.5 Market shaping and commissioning of adult care and support

- 9.5.1 Council services (and all statutory services, such as the NHS) must increasingly ensure that services are 'outcome based' supporting people to identify and achieve their own goals and independence, rather than fitting into existing services. This means moving from assessing people from a deficit position, to considering the assets and strengths of individuals and the outcomes they want to achieve. It is a positive approach which highlights what people can do and might be able to do with appropriate support.



9.5.2 The Care Act provides a new general duty to promote diversity and quality in care and support provider market. Local authorities must act to ensure that there is a range of different providers of services available. These must offer a range of services shaped by the demands of individuals, families and carers, and be of a high quality, in order to meet the needs and preferences of people wanting to access services.

9.5.3 Local authorities are required to meet 'National Standards' for outcome focussed commissioning, which include:

- Good commissioning is person centred and focuses on the outcomes people say matter most to them. It promotes the health and wellbeing of all and delivers social value
- Good commissioning is co-produced with people, their carers and communities, promotes positive engagement with providers and promotes equality
- Good commissioning is well led by local authorities, demonstrates a whole system approach and uses evidence about what works
- Good commissioning ensures diversity, sustainability and quality of the market. It provides value for money and develops the commissioning and provider workforce

9.6 Alternative Delivery models

9.6.1 It is recognised that most Council services are of good quality and are valued by service users and carers. However, Council services can be costly to run and in a period of diminishing resources consideration needs to be given to alternative delivery models.

9.6.2 The MTFS and the new operating model propose that alternative service delivery models will be explored.

9.6.3 This could include, for example, commissioning services from health providers, from independent providers or from social enterprise type models.

9.6.4 A model used in many other areas is "spin-outs" which is the process by which part of a local authority splits off and becomes a separate, 'stand-alone' organisation. This new spin-out company generally takes along the staff required to deliver the service, the intellectual property and sometimes assets. Generally, the local authority, for an agreed time, provides support by becoming a customer, initially, the only customer, and provides 'incubation' support, such as office or IT infrastructure. After the initial incubation period, the new organisation is expected to compete for the original and new local authority contracts and possibly to compete to win contracts with other local authorities, or with the private sector regionally, or nationally. In this model, any profit is re-invested in the company or in the community where it sits.

9.6.5 Care and Support Statutory Guidance (4.86) refers to market interventions which could include supporting social enterprises, micro enterprises, Community Interest companies and user led organisations.

9.7 Joint Commissioning and Integration



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9.7.1 The Care Act provides the local authority with a new *duty* to carry out their care and support functions with the aim of integrating services with those provided by the NHS or

other health-related services. The duty's emphasis on "*other health related services*", whose definition encompasses housing, leisure services, education etc, means that the Council's services have to work more closely together.

9.7.2 This provides opportunities for the joint commissioning of services and ensuring a whole system approach. It is about having clear pathways in place which meets people's needs while maintaining their independence. It is also about recognising that crises do occur but that should not necessarily result in individuals remaining in the health and care system when their needs have changed.

9.7.3 Recent research (Transforming Adult Social Care Capita/County Councils Network, February 2015) suggests that there is strong evidence to show that the integration of health and social care and investment in demand management are now the most critical factors in meeting the financial challenge. Redesigning care pathways, promoting independence and investing in community services is now "rightly regarded as the future of a sustainable care and support system".

9.7.4 The new operating model has a strong focus on early intervention and prevention. The new pathway incorporates an integrated workforce and importantly recognises that people's needs fluctuate and that support needs to be flexible to meet those fluctuating needs.

9.8 Safeguarding

9.8.1 Safeguarding is a core function of Adult Social Care and the Care Act now puts that on a statutory footing.

9.8.2 The Care Act sets out the local authority's responsibility for adult safeguarding for the first time in primary legislation. Local authorities *must* make enquiries if they believe an adult is, or is at risk of, being abused or neglected. They *must* also host and lead multi-agency *Safeguarding Adults Boards* (SABs) to maintain strategic oversight of safeguarding and carry out *Safeguarding Adults Reviews* when people die as a result of neglect or abuse and there's a concern that the local authority, or its partners, could have done more.

9.8.3 The new operating model places safeguarding as a core activity. The new service user pathway recognises that safeguarding is integral at every stage.

9.9 Workforce and Quality

9.9.1 The social care workforce has a crucial role in working with people to safeguard them from unacceptable risk and harm as well as helping people to live as independently as possible.

9.9.2 Critical to the delivery of our target operating model is the need for well led, trained workforce that provides effective, high quality person centred support. Fundamental to meeting the individual needs of people is the successful integration of health and social care workforce.

9.9.3 Culture change is central to success and this will be embedded through 121's, forums and discussion groups.



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10. Comments of the Chief Finance Officer and financial implications

- 10.1 Adults Social Care services are a very significant part of the Council's overall budget. The total direct Social Care budget is £63.2m of which approximately £14.5m funds the services covered by this report. The other £48.7m is the purchasing budget for care placements.
- 10.2 In recent years this Council and many other similar councils has been experiencing strong pressures on the social care budgets linked to demographic growth, the ageing population and levels of ill health and long term disability among our residents. It will be very important for future financial sustainability to have effective measures in place to respond to and manage these pressures.
- 10.3 In addition, under the MTFS the service will be making £18.6m of savings from Adults services; of which £500k saving in year three will come from changes to the care management service itself and the rest coming from changes to the range and type of services offered to people needing care as a result of the adoption of the principles outlined above.
- 10.4 The successful adoption and implementation of the new operating model is therefore of great importance to the Council's Medium Term Financial Strategy. This will be a complex and fundamental change and must be carefully managed. The results will require close monitoring to ensure that the desired changes have come about.

11. Assistant Director of Corporate Governance Comments and legal implications

The Assistant Director of Corporate Governance has been consulted on this Report.

- 11.1 Under the Care Act 2014, the Council in the exercise of its adult social care and support function is required to: a) promote individual wellbeing; b) prevent needs for care and support; c) promote integration of care and support with health services d) provide a comprehensive information and advice service; e) promote diversity and quality in the provision of services; and f) safeguard adult at risk of abuse and neglect. The proposed future operating model and underpinning principles are closely aligned to, and enable the discharge at a strategic operational and individual level, the Council's statutory duty under the Act.

12. Equalities and Community Cohesion Comments

- 12.1 Many of the underpinning principles of the new operating model, including an outcome focussed approach, promoting greater market diversity and providing advice and information for all residents, are supportive of our general equality duty.
- 12.2 The operating model proposes some major changes to the way in which adult social care services are delivered. This will impact particularly on those currently in receipt of services, which includes a high proportion of groups with the protected characteristics. Changes to the delivery of services is also likely to have an impact for staff, including those from protected groups. A high level EQIA has been completed and has identified the need for a structured programme of consultation with staff, and engagement and communication with service users as the detail of the service changes are developed.



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- 12.3 The new operating model is a high level statement of principles for the service going forward. Specific EQIA's will need to be developed for each of the detailed proposals which sit underneath the framework.

13. Head of Procurement Comments

- 13.1 The recommendations do not have any identified Procurement activities within it. Any Procurement that needs to be undertaken to meet the objectives set out within the reports will be dealt with on an individual basis under normal procurement practise.

14. Policy Implication

- 14.1 The outcome of the consultation on the development and implementation of a new operating model will lead to further decisions by Cabinet, which may have policy implications. These will be included in any future reports to Cabinet.

15. Reasons for Decision

- 15.1 To implement a new operating model for Adult Social Services which enables all Haringey resident to live healthy, long and fulfilling lives with control over what is important to them. National policy drivers are very much about empowering people to take control. For example, one major driver is The Care Act, the main elements of which have been implemented in April 2015, with further elements to be implemented from April 2016. As well as legislative changes and changes in people's expectations, there is growth in need and demand for support. To meet these challenges we need to transform the delivery of care and support, shifting from providing high cost services, such as residential care, to supporting people to live in their own homes and communities as far as possible.

16. Use of Appendices

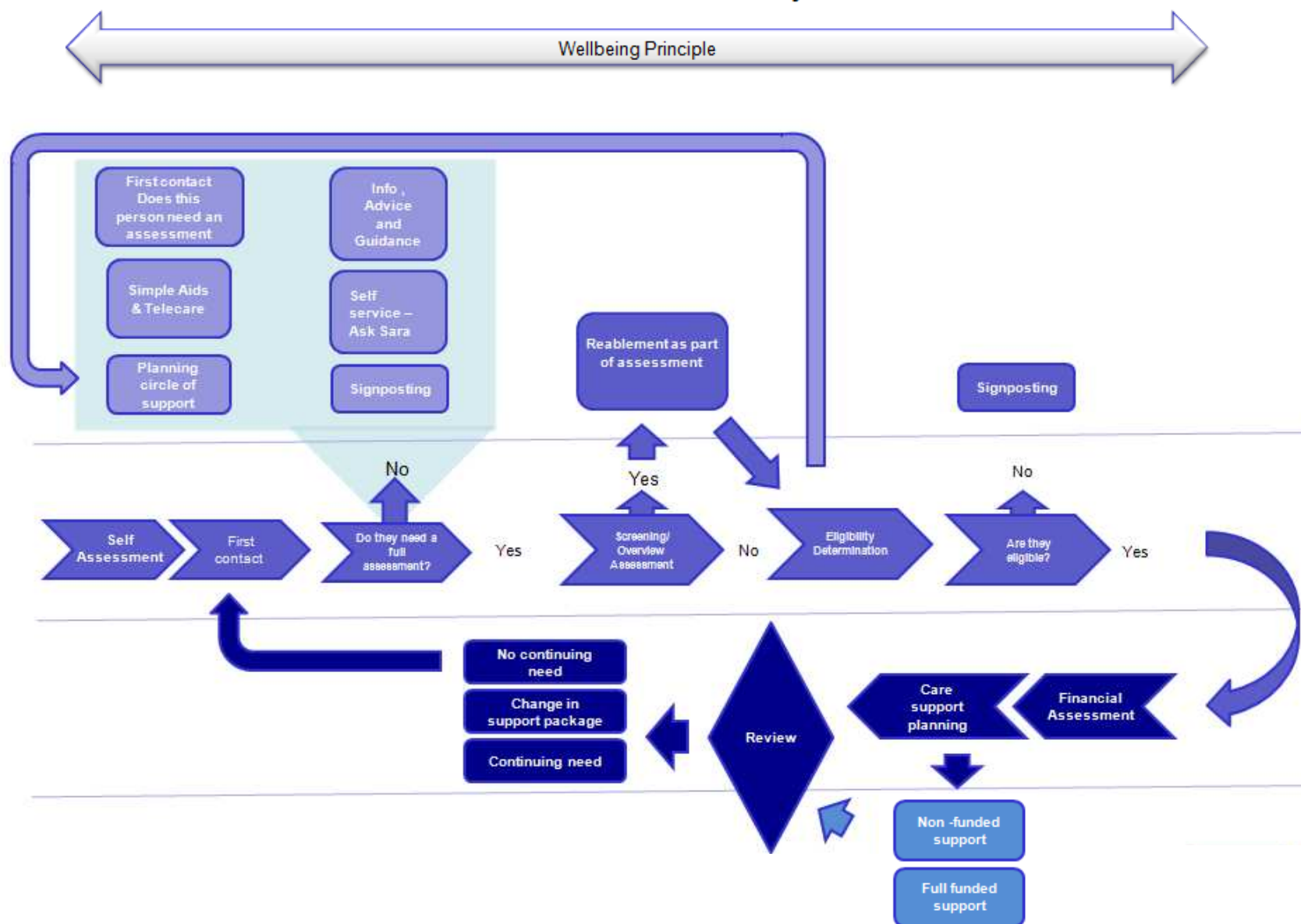
- 16.1 Service user journey

17 Local Government (Access to Information) Act 1985

- 17.1 N/A

Adult Service User Journey


Service User Journey



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Report for:	Cabinet – 16 June 2015	Item Number:	
Title:	Corporate Plan Priority 2 Consultation		
Report Authorised by:	Zina Etheridge, Deputy Chief Executive 		
Lead Officer:	Beverley Tarka, Interim Director Adult Social Services		
Ward(s) affected: ALL		Report for Key Decisions	

1. The issue under consideration

- 1.1 In Haringey we want people to live healthy, long and fulfilling lives with control over what is important to them (Priority 2 Corporate Plan 2015-18).
- 1.2 Whilst Adult Social Services have already engaged and sought feedback from service users, carers and partners on the Medium Term Financial Plan (MTFP), this paper seeks Cabinet agreement to specific consultation and further engagement, with residents and partners on specific issues, as detailed in section 6.

2. Cabinet Member Introduction

- 2.1 The need for change is clear, with significant changes resulting from the legislative changes of the Care Act 2014; pressure on resources; and, from priorities identified in the Corporate Plan 2015-18 and the Medium Term Financial Strategy, agreed in February 2015 by Full Council.
- 2.2 The Medium Term Financial Strategy included high level proposals on service change. Throughout the consultation on the Medium Term Financial Strategy, we listened to service



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users and carers and informed them that, if the MTFS was agreed, we would consult on specific service changes.

- 2.3 We need to change the way that we work, to continue to deliver services which ensure equity for those assessed as needing care and support; shifting from providing high cost services, such as residential care, to supporting people to live in their own homes and communities as far as possible. We need to work with our staff, partners and communities to develop community support for people when they need it. We need to work with our health partners to deliver better coordinated, integrated services.
- 2.4 This consultation process now offers service users and carers the opportunity to express their views and feelings. We will provide independent advocacy to support individuals and we will provide independent facilitation so that users and carers can be involved and contribute to the development of new service models.

3. Recommendations

- 3.1 Approve the following proposals for public consultation:
 - a. To increase the Council's capacity to deliver re-ablement and intermediate care services by:
 - i. The closure of Osborne Grove Nursing Home and change of use to intermediate care service or to continue with the current provision at Osborne Grove, but through an external provider and to include a re-ablement care service
 - ii. The closure of The Haven day centre and change of use to a community re-ablement service delivered by an external provider; and
 - iii. Changing the delivery of the Council's in-house Re-ablement Service to an external provider
 - b. To increase the Council's capacity to provide Supported Living Accommodation and Shared Lives schemes by:
 - i. The closure of Linden Road Residential Care Home; and
 - ii. Changing the delivery of the Council's in-house Share Lives Service to an external social enterprise provider
 - c. To increase flexibility and availability of services within the borough by:
 - i. The closure of Roundways, Birbeck Road and Always day centres for adults with a learning disability;
 - ii. Delivering a new model of day opportunities for adults with a learning disability from Ermine Road Day Centre, through social enterprise
 - iii. The closure of The Grange Day Centre and delivery of dementia day services from the Haynes through a social enterprise model



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- 3.2 Approve the consultation period to commence on 29th June 2015 and to end on 27th September.
- 3.3 Agree that a report on the findings of the consultation and the proposed recommendation be brought back to Cabinet for a decision in November 2015.
- 3.4 Note the engagement undertaken by Adult Social Services during the MTFS and Corporate Plan consultation. See item 819 for Cabinet February 2015
<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=6977&Ver=4>

4. Alternative options considered

- 4.1 Alternative options have been considered, including the retention of additional services and differential options for delivery. However, the options available to the service are limited, due to the scale of the reduction required. Therefore all areas of the service will be redesigned to ensure compliance with our statutory responsibilities and the continued delivery of high quality service provision within the reduced budget.
- 4.2 An additional option is not to make the budget savings agreed in the Medium Term Financial Plan. This would result in serious financial difficulty for the council as a whole and call into question the sustainability of services in the future.
- 4.3 Consideration was given to the reduction in Care Package costs, forecast to reduce Council expenditure by approximately £5.7 million. This was reviewed and removed from the proposals for transformation following the engagement undertaken by Adult Social Services during the consultation on the MTFS and Corporate Plan.

5. Background information

- 5.1 National policy drivers are very much about empowering people to take control of their lives. One major driver is The Care Act 2014, the main element of which was implemented in April 2015, with further elements to be implemented from April 2016. The Act enshrines the principle of individual wellbeing and is very much about supporting people to maintain their wellbeing and independence for longer.
- 5.2 As well as legislative changes and changes in people's expectations, there is growth in the need and demand for support.
- 5.3 The Council's Corporate Plan for 2015-18 sets out the Council's overall priorities and programme of work for the period for 2015-18, it identifies supporting all adults to live healthy, long and fulfilling lives as one of its five priorities.
- 5.4 The Corporate Plan goes on to define specific objectives under each of its five priorities. These objectives extend our pledge; to build strong communities, empower residents to make healthier choices, intervene early, safeguard vulnerable adults and provide responsive and high quality services.
- 5.5 Adult Social Services is required to meet the assessed needs of vulnerable adults, this includes Older People (people over 65), adults with mental health issues, physical disabilities and learning disabilities. Our services also support carers who provide essential care to this vulnerable group of adults.



- 5.6 Much is already done by individuals, families and communities themselves. Adult social care, however, also plays an important part in local delivery and represents approximately one third of the total council budget.
- 5.7 The challenge to all councils' budgets is very serious as settlements from central Government continue to reduce available funding. The reduction in budget does not change Adult Social Services' remit; accordingly we must radically transform the methods used to ensure the assessed needs of vulnerable adults in the immediate and ongoing future are met equitably.
- 5.8 Consultation on the MTFS and Corporate Plan took place between 17/12/2014 and 18/01/2015. While the MTFS contained high level proposals, this consultation process was not focused on any detailed specific proposals which could impact on services.
- 5.9 During the 'Medium Term Financial Strategy and Corporate Plan' consultation period, Adult Social Services engaged extensively with Service Users, carers and care providers; providing both written and verbal information; commissioning independent advocates to assist service users in understanding the proposals and gathering feedback to inform the consultation. Five engagement sessions were held within the community to hear firsthand the concerns of potentially affected residents and to respond to any queries. This resulted in the removal of £5.7 million of proposed savings, set against care packages.
- 5.10 The role of this forthcoming consultation would be to (1) explain in detail specific proposals and the likely impact on the service offer and (2) seek views and understand the concerns on how to shape and implement the services for the future.

6. The proposed areas for further consultation

- 6.1 Any proposals to close a care home or day centre would be subject to the completion of assessment of needs for the users affected and that would identify satisfactory alternative means of addressing the assess needs. The process of change would be handled safely and sensitively.
- 6.2 **Proposal 1:** Increasing our capacity to provide re-ablement services and support intermediate care.
- 6.3 The Care Act provides that a local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will prevent, reduce or delay the need for care and support.
- 6.4 Re-ablement services are 'services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living. The Re-ablement Service works closely with an individual for up to six weeks to build up skills, confidence and increase the opportunity for them to care for themselves, consequently reducing the need for care and support.
- 6.5 Similarly Intermediate care is short-term care for people who no longer need to be in hospital however require extra support to help them recover and increase the opportunity for them to care for themselves. This specialist care also reduces the immediate need for care and support.



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6.6 The type and the duration of the support offered will vary according to the assessed needs of the individual and may include working with the individual in their own home as well as in a community setting. The re-ablement approach is particularly successful in supporting service users to access appropriate step down services after an acute admission to hospital, providing maximum opportunity for the promotion of independence, regaining skills and confidence and when necessary, having support to make decisions about any longer term self-care requirements.

6.7 It is our proposal to increase capacity to deliver re-ablement and intermediate care services through:

- a. Consultation on the future use of Osborne Grove Nursing Home. With consideration given to:

Closure of Osborne Grove Nursing Home and change of use to intermediate care service or continue with current provision at Osborne Grove but by an external provider and to include a re-ablement care service.

Cabinet is asked to note the additional consultation option for Osborne Grove Nursing Home. Since the approval of the MTFS by Cabinet and Full Council in February 2015 there has been a reduction in the availability of care homes with nursing used by Haringey Council. Additionally the recent Peer Review on outcome focussed commissioning carried out by the Local Government Association highlighted that there was not a strong nursing home market here and greater capacity was likely to be required in the future.

There are currently 32 residents at Osborne Grove. The proposal for closure would not require any existing residents to move from the home unless they wished to do so; the intention is to gradually wind down the current provision and incrementally build the intermediate care capacity.

- b. Close the Haven day centre and change of use to a community re-ablement service delivered by an alternative provider.

The Haven Day Centre, which provides day services for Older People, is limited to a total capacity of 24 people per day; the centre currently provides day opportunities to 48 Haringey Residents. Residents are provided with anything from one day per week to five days per week according to their assessed need.

This proposal would require reassessment of needs of all the current service users with a view to a transition plan which could involve alternative support through the use of personal budgets.

- c. Transferring the Re-ablement Service currently provided by Adult Social Services to an external provider.

Re-ablement is a time limited provision for a period of up to 6 weeks per service user and, while there would be a transition plan, there would be no interruption in provision for service users.

6.8 It is considered that the benefits for Haringey residents in developing the re-ablement and intermediate care services will include:



Haringey Council

- a. A reduction in delayed hospital discharges
- b. An increase in the number of people with no on-going homecare or a reduced homecare package

6.9 **Proposal 2:** Increasing our capacity to provide suitable accommodation that promotes individual well being through expanding Supported Living Accommodation and Shared Lives schemes.

- a. The local authority must promote individual well being; relating to 'domestic, family and personal relationships' and the 'suitability of living accommodation'
- b. Supported Living Accommodation enables adults, who are assessed as being able to live independently instead of in residential care or with family, to do so. Individuals can have their own accommodation or choose to share with other eligible adults. Support is tailored to the needs of the individual and accommodates those needs including supporting the individual with:
 - i. Personal care
 - ii. Taking medication
 - iii. Money management
- c. Diversion from residential homes to Support Living Accommodation has already been successfully undertaken here in Haringey, with the relocation of 11 residents of Whitehall Street residential home in 2012; including four residents who had lived together for several years on the same floor who expressed a wish to continue living together. They are currently living together in Support Living accommodation on Campsbourne Road.
- d. Shared Lives is similarly a well established scheme within Haringey Council and nationally. The scheme is rooted in the growth of the local community, where a family or an individual share their family and community life with someone who needs some support to live independently. Shared Lives carers go through a rigorous process to ascertain whether they would be suitable and then to match them to the right individual. Once a person or family has been accepted, they are provided with any necessary training including safeguarding and Health and Safety.
- e. It is our proposal to increase our capacity to provide suitable accommodation to promote individual well being - Supported Living Accommodation and Shared Lives through:

- i. Closing Linden Road Residential Home.

There are currently 5 residents at Linden Road and this proposal would require reassessment of need for the current service users, with a transition plan to determine alternative support, for example through personal budgets.

- ii. Expanding the existing Shared Lives service by transferring the service from Adult Social Care to a social enterprise model.



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The existing Shared Lives service supports approximately 50 carers and the proposal to transfer would have minimal impact on existing carers and service users.

- f. The benefits for Haringey residents in further developing the Supported Living Accommodation and Shared Lives schemes would include:

- i. Fewer residents living in social isolation by involving residents and local communities to be more involved in supporting each other
- ii. An increase in the availability of living choices that are good quality, represent value for money and support people effectively to be as independent as possible

6.10 Proposal 3: Increasing the availability and flexibility of day opportunities within the borough meeting the individual needs of residents.

- a. The Care Act provides that the Council must promote diversity and quality in provision of services. The London Borough of Haringey is exceptionally diverse and current resources must be aligned to ensure equity for all members of the community. "The local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market" has a "variety of providers" and "variety of high quality services" to choose from.
- b. The Council is continuing to develop new models of day opportunities to move away from buildings based provision to accessing support and opportunities in the community. The development of more community options and social enterprise models will give people more choice and flexibility locally.
- c. Engaging the community and commissioning other providers to provide services to facilitate and respond to the needs of individuals will ensure more choice, more availability and more opportunity to provide better outcomes for residents.
- d. It is our proposal to increase the flexibility and availability of day opportunities within the borough meeting the individual needs of residents through:

- i. Closure of three day centres providing day services for adults with learning disability namely, Roundways, Birbeck Road and Always.

This proposal would require reassessment of needs of all the current service users with a view to a transition plan which could involve alternative support through the use of personal budgets.

- ii. Delivering the new model of day opportunities for adults with Learning Disabilities from Ermine Road Day Centre, through a social enterprise.

This would be a new expanded provision that would mitigate impact arising from closures of day centres.

- iii. Close the Grange Day Centre and deliver dementia day services from the Haynes through a social enterprise model.



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This proposal would require reassessment of needs of all the current service users with a view to a transition plan which could involve alternative support through the use of personal budgets.

- e. This transformation of day services will result in:
 - i. A wider range of services for a greater volume of people will be available within the community;
 - ii. Increased numbers of working aged adults receiving employment, education and training within the community;
 - iii. Development & stimulation of the provider market

6.11 Transforming Adult Social Care requires the development and implementation of a more equitable service delivery model. Working with our community, partners, carers and service users will empower individuals to maintain their independence for as long as possible and provide equity for all of our service users.

7. Consultation

7.1 Through the consultation we aim to obtain the views of our key stakeholders on the proposals to transform services as detailed above.

7.2 Through the consultation we will stress 3 core commitments:

- a. Our commitment to meet our statutory responsibilities to continue to provide services that meet the assessed needs of adults.
- b. Our commitment to safeguard adults at risk.
- c. Our commitment to work with service users and their families and carers in the design of services.

7.3 Independent advocacy will be supplied to people who use the affected services, to ensure that they are able to fully take part in the consultation process. It is anticipated at this stage, that the advocates will spend at least 30 hours directly liaising with people who currently use services during the early to mid stages of the consultation and beyond the consultation to identify the services that will deliver the best outcomes to the individuals who use these services.

7.4 Workshops and feedback sessions will be available for users of the affected services, as well as their carers. These sessions will be made available within the affected day centres and residential homes across the borough to ensure accessibility to all key stakeholders.

7.5 Demographic details of the workshop attendees and respondents of the consultation will be sort and examined to confirm accessibility and target further workshops as necessary.

8. Comments of the Chief Finance Officer and financial implications



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- 8.1 The proposals outlined under section six above form the core of the Adults Social Services Medium Term Financial Strategy savings and together are expected to contribute £13.7m of savings over three years. Following the consultation and the work to develop these proposals further work must be carried out, including the preparation of business cases to re-evaluate the expected financial impact.

9. Assistant Director of Corporate Governance comments and legal implications

- 9.1 There is a common law duty on the Council to consult with service users, carers, providers, employees and other stakeholders that are likely to be affected by the proposals. The consultation must take place at a time when the proposals, as with the recommendations, are still at their formative stages. The Council must provide the consultees with sufficient information to enable them properly to understand the proposals being consulted upon and to express a view in relation to it. The information must be clear, concise, accurate and must not be misleading. The consultees must be given adequate time to consider the proposals and to respond. The Council must give genuine and conscientious consideration to the responses received from the consultees before making its final decision on the proposals.
- 9.2 As part of its decision making process, the Council must have “due regard” to its equalities duties. Under Section 149 Equality Act 2010, the Council in exercise of its adult care and support functions, must have “due regard” to the need to eliminate discrimination, advance equality of opportunity between persons who share a protected characteristic and those who do not, foster good relations between persons who share a relevant protected characteristic and persons who do not share it in order to tackle prejudice and promote understanding. The protected characteristics are age, gender reassignment, disability, pregnancy and maternity, race, religion or belief, sex and sexual orientation. In line with its equalities duties, the Council must undertake an Equality Impact Assessments (EIA) of the proposals on the protected groups. The Council is required to give serious, substantive and advance consideration of the what (if any) the proposals would have on the protected group and what mitigating factors can be put in place. This exercise must be carried out with rigour and an open mind and should not be a mere form of box ticking. These are mandatory consideration. The outcome of the consultation on the proposals together with the analysis of the EIA must be considered before reaching a final decision on the proposals.

10. Equalities and Community Cohesion Comments

- 10.1 The proposals to transform the way services are delivered are as a direct result of the need to deliver services equitably. We are acutely aware that Adult Social Services serves a vulnerable community; a significant proportion of whom have a protected characteristic as defined in the Equality Act 2010. Equality Impact Assessments were undertaken as part of the proposals for the MTFS, see <http://www.haringey.gov.uk/council-and-democracy/about-council/equalities/equality-impact-assessments/equality-impact-assessments-december-2014>, these continue to be reviewed, updated and monitored to ensure no policy, projects or plans discriminates against any disadvantaged or vulnerable people.

11. Head of Procurement Comments

N/A

12. Policy Implication



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- 12.1 The outcome of the consultation on the development and implementation of a new operating model will lead to further decisions by Cabinet, which may have policy implications. These will be included in any future reports to Cabinet in the November 2015.

13. Reasons for Decision

- 13.1 To implement a new operating model for Adult Social Services which enables all Haringey residents to live healthy, long and fulfilling lives with control over what is important to them. National policy drivers are very much about empowering people to take control. As well as legislative changes and changes in people's expectations, there is growth in need and demand for support. To meet these challenges we need to transform the delivery of care and support, shifting from providing high cost services, such as residential care, to supporting people to live in their own homes and communities as far as possible.

14. Use of Appendices

N/A

15. Local Government (Access to Information) Act 1985


N/A



Haringey Council

Report for:	Cabinet - 16 June 2015	Item Number:	
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Title:	Adult Services Market Position Statement
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Report Authorised by:	Zina Etheridge Deputy Chief Executive 
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Lead Officer:	Charlotte Pomery, Assistant Director of Commissioning
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Ward(s) affected: All	Report for Key/Non Key Decisions: Non Key
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1. Describe the issue under consideration

- 1.1. This report introduces the Market Position Statement for Adult Social Care, which is attached as Appendix 1.
- 1.2. The Market Position Statement, a national requirement reinforced in the implementation of the Care Act 2014 which puts market development on a statutory footing, supports the delivery of the objectives set out in Priority 2 of the Corporate Plan, Empower all adults to live healthy long and fulfilling lives, agreed by Cabinet in February 2015. It describes how we will work with providers to develop diverse, high quality care locally which meets local need and the Council's strategic priorities whilst delivering value for money.

2. Cabinet Member introduction



- 2.1 Our ambitions for local residents are high and yet we know that our current system is not meeting the increasing demand we are seeing for adult social care. In order to make the changes in provision we need, focusing on prevention and early intervention, offering greater choice, control and independence and improving quality, we need to ensure that our providers – across sectors – deliver our objectives and improve outcomes for local residents.
- 2.2 This, Haringey's first Market Position Statement, which will be reviewed and refreshed as we continue to deliver the objectives set out in the Corporate Plan, sends key messages to existing and future providers about our plans, our values and the outcomes we want to see delivered for adults in Haringey.
- 3. Recommendations**
 - 3.1 Members are asked to approve the Council's Market Position Statement for Adult Social Care attached as Appendix 1 to this report.
- 4. Alternative options considered**
 - 4.1 The option of not producing a Market Position Statement was considered but discarded on the grounds that it usefully sets out for the market our commissioning intentions and is a core requirement of the Care Act 2014.
- 5. Background information**
 - 5.1 Section 5 of the Care Act 2014 sets out new duties for Councils with regard to shaping and managing their local care markets. There are new duties placed on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways. The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.
 - 5.2 Section 48 of the Care Act also places new duties on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity because of business failure.
 - 5.3 The purpose, therefore, of Haringey's Market Position Statement is to describe how the Council will work with providers to ensure the development of a diverse, effective and high quality local adult care market which is geared more towards



supporting people to manage their own care through personalisation, early intervention and prevention of needs escalating. The aim of this document is to support the local adult care market to plan which services it will need to develop, and how, in order meet the needs of the local population, including those most vulnerable. It sets out the direction of travel for adult social care enabling voluntary and community organisations and other providers to learn about future opportunities and to develop new activities and services. In addition, social care providers and organisations not currently operating in Haringey can use this position statement to find opportunities that use their expertise and skills to benefit local people.

- 5.4 The Market Position Statement highlights the roles of the Council, providers and other stakeholders in developing and sustaining high quality provision across the market. In light of the increasing role of the market in providing services, the Council will strengthen its quality assurance and contract monitoring role across provisions. In doing so, the Council will review the role of the Providers' Forum and ensure a principal focus on service improvement and quality standards as well as wider information sharing and market development issues. At the same time the proposed move to framework agreements for much of Haringey's adult social care provision will facilitate more targeted contract monitoring and quality assurance in the borough. Effective quality assurance is informed by good user and carer feedback and engagement and the Council is committed to collecting and responding to user and carer feedback in a more consistent way. The Council is reviewing its internal facing Quality Assurance Board, which, in light of the Care Act and the subsequent changes for the Safeguarding Adults Board, will develop a focus on quality assurance across partners. The Council will be working with other stakeholders, including Healthwatch, to ensure that their function responds to adult social care as well as health care issues.
- 5.5 In line with the Care and Support Statutory Guidance advice that the local authority should engage with providers and stakeholders in developing its Market Position Statement, the draft has been discussed with the Providers' Forum on a number of occasions and circulated for comment.
- 5.6 If approved, the Market Position Statement will be reformatted and widely circulated to providers and other stakeholders.

6. Comments of the Chief Finance Officer and financial implications

- 6.1 This report for Cabinet outlines the national requirements for the implementation of the Care Act 2014 which puts market development on a statutory footing, supports the delivery of the objectives set out in Priority 2 of the Corporate Plan and empowers all adults to live healthy, long and fulfilled lives as agreed by Cabinet in February 2015. As such there are no financial implications arising directly from this



report. However, it is important to note the financial context in which the Market Position Statement will operate.

- 6.2 The 2015-16 net revenue budget for the Council is £276 million which includes budgets allocated to Adults Social Care of £83 million for Corporate Plan Priority Two - Empower all adults to live healthy, long and fulfilling lives. The Council's Medium Term Financial Strategy (MTFS) sets out actions to achieve overall Priority Two savings of at least £30 million by the end of the period to 2018.
- 6.3 In this challenging financial context the successful implementation of the Market Position Statement is a key component to supporting the financial position of the Borough in addition to the undoubted benefits that will accrue from the development of a diverse, effective and high quality local adult care market which is geared more towards supporting people to manage their own care through personalisation, early intervention and prevention of needs escalating.

7. Assistant Director of Corporate Governance Comments and legal implications

- 7.1 Section 5 of the Care Act 2014 places a duty on the Council to facilitate and promote a diverse and high quality market of care and support services (including prevention services) for all people in its area regardless of who arranges and pays for those services. In particular, the Council must act with a view to ensuring that there is a range of different services and providers to choose from.
- 7.2 There are certain factors the Council must consider when exercising this duty. These include the importance of ensuring the sustainability of the market and supporting continuous improvement in the quality of services; making available information about the services available to people in its area; facilitating the local market by maintaining awareness of the current and future demand for services in its area, and how this demand can be met by providers; the importance of carers and service users being able to undertake work, education and training; and the importance of fostering an effective workforce capable of delivering high quality services.
- 7.3 Section 48 of the Act places a temporary duty on the Council to ensure that adults' needs for care and support (or needs for support in the case of an adult who is a carer) continue to be met when there is a business failure of a provider of care and support in its area registered with the Care Quality Commission and the provider becomes unable to carry on the regulated care activity in question as a result.
- 7.4 The Care and Support Statutory Guidance 2014 advise that local authorities may discharge their market shaping and commissioning and provider failure duties by developing with providers and stakeholders a published Market Position Statement. The Guidance provides that:

4.82. A Market Position Statement should contain information on: the local authority's direction of travel and policy intent, key information and statistics on needs, demand



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and trends, (including for specialised services, personalisation, integration, housing, community services, information services and advocacy, and carers' services), information from consumer research and other sources about people's needs and wants, information to put the authority's needs in a national context, an indication of current and future authority resourcing and financial forecasts, a summary of supply and demand, the authority's ambitions for quality improvements and new types of services and innovations, and details or cross-references to the local authority's own commissioning intentions, strategies and practices.

There is a strong emphasis on engaging with providers and other stakeholders in developing a Market Position Statement.

8. Equalities and Community Cohesion Comments

- 8.1 This report sets out the Council's approach to ensuring that appropriate services are delivered to those people in the borough with care and support needs in ways which promote their independence, choice and control. This is in line with legislation to support greater personalisation and independence for disabled people in society and in line with the Care Act 2014.

9 Head of Procurement Comments

- 9.1 The Market Position Statement will bring about a better understanding of the needs of the community and the resources that exist to respond to these, as well as identifying where future demand may be met by introducing new resources and managing the market.
- 9.2 As the Market Position Statement is developed opportunities for providers will be raised through market engagement and publication on the council's web site where a procurement competition is possible. Alternatively, where a procurement competition is not needed, opportunities will be published on the the voluntary, community and social enterprise (VCSE) sector's website where a grant funding opportunity is possible.
- 9.3 The Market Position Statement will provide much needed focus on identifying where and applying for VCSE funding that will ease financial pressure on the Council to provide for Adult Social Care.
- 9.4 The aspect of stepping in when a provider as a business fails will require a more informed understanding of the way that businesses perform while delivering services and this will require an active risk management approach by Adult Social Services so that when a business fails the service continues to be provided with the minimum of disruption.
- 9.5 The contracts entered into between provider and Council will need to include terms and conditions that support step in and address the ambitions of the MPS, in



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particular how each party is to communicate and the responsibilities of each party on business failure of a provider.

- 9.6 The vision of alternative residential and nursing care provisions may mean re-negotiation of existing agreements with providers and will require a wider capacity from such providers to meet the Market Position Statement, (pp 33-34 refer).
- 9.7 The Market Position Statement will require a coordinated approach between procurement and Adult Social Care commissioners, with timelines of activities set out for meeting the Market Position Statement.

9 Policy Implication

- 10.1 There are no policy implications arising directly from this report.

11 Reasons for Decision

- 11.1 The Market Position Statement is a key statement of the direction of travel for adult social care within the local authority. It has been given added emphasis in the Care Act 2014 and is presented for the approval of Cabinet.

12. Use of Appendices

- 12.1 Market Position Statement attached as Appendix 1

13 Local Government (Access to Information) Act 1985

- 13.1



Market Position Statement

Adult Services

London Borough of Haringey

June 2015

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1. Executive summary and key messages

Welcome to the London Borough of Haringey's first Adult Social Care Market Position Statement (MPS). The purpose of this document is to describe how the Council will work with providers to ensure the development of a diverse, effective and high quality local adult care market which is geared more towards supporting people to manage their own care through personalisation, early intervention and prevention of needs escalating. The aim of this document is to support the local adult care market to plan which services it will need to develop, and how, in order meet the needs of the local population, including those most vulnerable. It sets out the direction of travel for adult social care enabling voluntary and community organisations and other providers to learn about future opportunities and to develop new activities and services. In addition, social care providers and organisations not currently operating in Haringey can use this position statement to find opportunities that use their expertise and skills to benefit local people.

This document is based on information gained from a number of sources including the Joint Strategic Needs Assessment; the Corporate Plan Building a Stronger Haringey Together; the Medium Term Financial Strategy; the Workforce Strategy; market/customer surveys; consultation with a number of key stakeholders.

Importantly, feedback from users, carers and local residents has consistently focused on some key elements of service delivery, and we would wish to see these values reflected in the provision which we develop and commission:

- Respect and dignity
- Empowerment
- Inclusion
- Developing community resilience
- Reducing inequalities
- Ability to live healthy lives for longer
- Fulfilling lives with opportunity for growth

The pressure on local government finances since the Comprehensive Spending Review in 2010 has required Haringey, along with other Councils in the country, to reduce



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significantly its controllable budget – by £70 million between 2015/16, 2016/17 and 2017/18, on top of the £117 million reduction already made since 2010, representing approximately a quarter of the remaining budget. The challenge is to transform our offer, making better use of resources, targeting them more effectively and rethinking the way we meet needs, focusing much more on the outcomes we are trying to achieve, whilst delivering high quality and safe services. We are implementing a Commissioning Framework, aligned to a more commercial approach, which seeks to ensure that this transformation is based on evidence and best practice. We are also adopting a more strategic approach to the market, of which this position statement is an element, recognising that we need to work with providers at a number of levels in order to spend resources efficiently, derive the most impact and value from the services delivered for Haringey residents and maintain a focus on high quality.

This market position statement is produced at time when the council has published its Corporate Plan 'Building a Stronger Haringey Together', a three year budget (our 'Medium Term Financial Strategy') and a Workforce Strategy and is implementing the far-reaching Care Act 2014 which sets out particular requirements for market shaping and management. The market position statement is underpinned by the Council's five major priorities which set out the change we are looking for across service areas.

The Council sets out five strategic priorities in the Plan:

Priority 1: Enable every child and young person to have the best start in life, with high quality education

Priority 2: Empower all adults to live healthy, long and fulfilling lives

Priority 3: A clean, well maintained and safe borough where people are proud to live and work

Priority 4: Drive growth and employment from which everyone can benefit

Priority 5: Create homes and communities where people choose to live and are able to thrive

These strategic priorities will be delivered in line with six cross-cutting themes:



1. Prevention and early intervention: *Providing support earlier to prevent problems from occurring or escalating*
2. A fair and equal borough: *Tackling the barriers facing the most disadvantaged and enabling them to reach their potential*
3. Working with our communities: *Building resilient communities where people are able to help themselves and support each other*
4. Value for money: *Achieving the best outcome from the investment made*
5. Customer focus: *Placing our customers at the heart of what we do*
6. Working in partnership: *Delivering with and through others*

The Corporate Plan signals a new approach for the Council where the focus is on achieving outcomes through our five strategic priorities and cross-cutting themes, rather than on delivering services through business units as previously. Whilst there is a focus on improving outcomes for adults with emerging or assessed needs across the Council and in other agencies, many services to adults will be delivered through the programme for Priority 2 and therefore through the following 5 objectives:

1. A borough where the healthier choice is the easier choice
2. Strong communities, where all residents are healthier and live independent, fulfilling lives.
3. Support will be provided at an earlier stage to residents who have difficulty in maintaining their health and wellbeing
4. Residents assessed as needing formal care and / or health support will receive responsive, high quality services
5. All vulnerable adults will be safeguarded from abuse

The focus on early intervention and prevention, building community capacity and enabling long term health and wellbeing links the Corporate Plan objectives with the requirements of the Care Act and the shift we are making in assessment, support planning and connecting to services. Increasing levels of integration – delivered through



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the Better Care Fund and the wider Health and Social Care Integration Programme – are fundamental to this agenda.

Specifically for adult social care services, our Commissioning Strategy identifies the following areas of activity:

1. Focus on prevention and early intervention through community based provision and support
2. Emphasis on reablement, enablement and recovery wherever possible so that where appropriate more people can retain and maintain their independence
3. Strong shift towards supported living and support in people's own homes
 - a. Growth in the Shared Lives scheme to enable more people to live in family settings
 - b. Expansion of extra care sheltered provision for all care groups
 - c. Increase in supported living placements
 - d. Less use of residential care
4. New model of day opportunities to move away from building based provision to accessing support and opportunities in the community
5. Changes to the way services are procured to establish a framework agreement for the provision of domiciliary, supported living and reablement in the borough
6. Greater integration with health services for all care groups leading to changes in screening, triage and assessment
7. Focus on high quality provision which safeguards service users and carers and enables outcomes to be achieved for all individuals

We are keen to deliver outcomes based commissioning in all areas of our activity. We want to work with service users to identify the outcomes which are important to them and then to co-produce solutions with them. We want to explore alternative models of delivery and to work with our residents, communities and other stakeholders to design and commission innovative services which deliver outcomes. We want to find ways of



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improving outcomes which move away from buildings based forms of care and towards maximising opportunities for all residents to participate in local life and to make the healthier choice the easier choice.

Haringey is committed to delivering social value through its commissioning activity and is implementing the Public Services (Social Value) Act 2012.. Sustainability indicators are built into our commissioning approach which measure to what extent social value is being delivered through specific contracts. Haringey defines social value, for the purposes of procurement, as a contractual benefit ancillary to end-user requirements that reduces carbon and/or waste, creates educational and employment opportunities for people in need, contributes to local regeneration/economic stability or saves money for the Council and the local tax payer.

We want to continue to engage with providers from all sectors to ensure that their expertise and perspective is incorporated into our commissioning processes and informs service design and implementation. By focusing on the achievement of outcomes, rather than on tightly defined inputs, we hope that we will foster innovation and genuinely improve the quality of life for all residents, focusing on those with emerging or established needs for care and support.

Future funding will be delivered through a commissioning and funding framework using a commissioning approach with clearly specified outcomes, and with the council seeking best and added value for money and high quality services for residents. This includes developing and enabling charities, social enterprises, mutuals, private and public sector companies and employee-owned co-operatives to compete to offer high quality services; and enablement of people from all walks of life to play a more active part in society. As part of the delivery of the Corporate Plan 2015-18, social enterprise models will be explored in the provision of services currently in-house delivered such as day opportunities, Shared Lives and Reablement.

We are mindful too that the market is vulnerable to wider economic forces and business breakdown, and in this position statement we set out both our preventative and our reactive approach to market failure within the context of Care Act requirements. We see this approach as building effective lines of communication with providers to enable early alerts to difficulties and to offer support and expertise to maintain quality and safe services for local residents.



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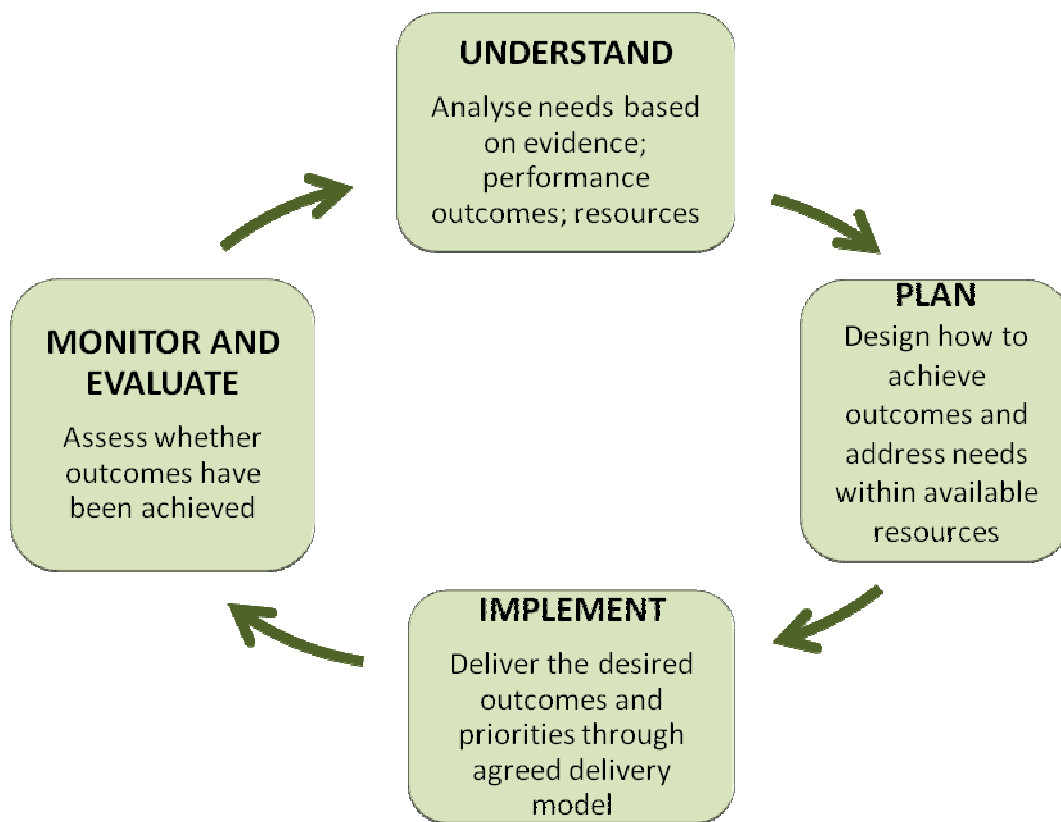
We are increasingly working in partnership with the Clinical Commissioning Group (CCG) and aligning our approaches through the Health and Care Integration Programme. This will result in a number of areas where we will jointly commission provision – seeking shared outcomes for local residents. There are other key partners too for adult social care, notably housing commissioners and providers, both within the Council and in partner agencies such as Registered Providers and care and support agencies. As we develop our focus on prevention and early intervention, we will continue to develop our partnerships with agencies such as JobCentre Plus, Further Education Colleges and Adult Learning.

We believe there are opportunities for us to work too at a regional and sub-regional level with both local government and health partners and we will seek to explore these opportunities as they arise, and within our commissioning strategies.



2. Commissioning approach

We are embedding our commissioning framework (please see appendix for more detail) into all our work across adult social care and in line with the Care Act. This includes adopting a more strategic approach to the market, building a focus on commerciality and value for money, to guide how decisions are taken on delivering outcomes for local residents.



Our approach as a local authority is to focus on our role as a commissioner and enabler, delivering value for money, accountability and empowerment. We want to take approaches which are:

1. Needs and evidence based
2. Outcomes focused – not targeted on detailed inputs
3. Customer and community centred
4. Ambitious for the outcomes our local residents can achieve
5. Value for money and attuned to the market



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We fully recognise the diversity and vibrancy of our local communities and seek to address inequalities in access, quality, outcomes and opportunity. We will work at service, community, infrastructure and population levels to enable individual, family and community resilience so that people, families and communities are empowered to meet their own needs. We know we need to facilitate prevention and early intervention and move resources to invest in these approaches. There are times when we will need to de-commission high cost, poor performing or low impact provision as well as building on the assets and strengths of local communities.

We want to engage meaningfully with individuals, families and communities to co-design and co-produce the solutions they need, listening to feedback on current provision. We know we need to continue to refine the need and evidence base before procuring services

We are particularly keen to bring innovation and investment into the borough whilst assessing and managing the market for services, embracing innovation. We want to work with the full range of providers in the borough in designing and commissioning services, to gain their insights and expertise as we deliver the Corporate Plan and our key objectives.

Our role under the Care Act to shape and stimulate the market for care so that it meets the needs of local residents, now and into the future, means that we will:

1. Continuously map and analyse our local markets, in the context of the wider provider landscape
2. Work closely with existing providers, help new ones to move into the market and work in partnership with people who use services and people who provide services to create as wide a range of support choices as possible
3. Develop a thriving, strong and diverse care market that is flexible and responsive to everyone in Haringey, not just those eligible for direct council support
4. Offer services that are fair, of good quality, offer value for money, change according to people's needs/wishes and promote well being, independence and dignity
5. Maintain a focus on personalised services whilst developing a presence in the market through procurement and contracting at a macro level



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6. Commission services which place an emphasis on prevention and early intervention to help people remain independent, to reduce the demand on acute services and have greater control of the services they receive

Information about all the Council's current contracts and end dates is available for all on the Contract Register on Haringey's website. The Register allows organisations to plan for future tender opportunities.

Improving the quality of care and safeguarding in the borough

Haringey Council takes quality assurance and safeguarding seriously and recognises that quality and safeguarding is everyone's business. We recognise the impact of poor quality care on safeguarding, and also recognise that we need a differentiated approach to quality and safeguarding concerns. In managing the market, we will ensure a continued focus on quality of provision to ensure that people's quality of life is maintained and the wider outcomes they seek are achieved.

Despite the financial pressures on the Council, we will seek to ensure high quality services are delivered to Haringey residents and to continue to improve quality in line with national and local requirements. We recognise that service users and their families and carers are often best placed to assess the quality of the care they receive and we will continue to listen to and act on feedback from users and other stakeholders in holding providers to account. In this feedback to date, users and their carers have consistently told us that the following are important to them and these values guide our approach to quality:

- Respect and dignity
- Empowerment
- Inclusion
- Developing community resilience
- Reducing inequalities
- Ability to live healthy lives for longer
- Fulfilling lives with opportunity for growth

Our Quality Assurance (QA) and Safeguarding function covers all care services in the borough including residential care, supported living, services in the community, day services



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and personal budgets. We will continue to support providers to strengthen their safeguarding and quality practice in Haringey and strengthen our quality assurance and contract monitoring role across provisions. Our proposed move to framework agreements for much of Haringey's adult social care provision will facilitate more effective contract monitoring and quality assurance in the borough.

We believe everyone has a contribution to make to ensure a good and safe service including:

1. Service users
2. Family and carers
3. Care managers and social workers
4. Nurses and health workers
5. Commissioners and contract officers
6. Providers
7. Care workers
8. Advocates
9. CQC inspectors and
10. The public

Effective quality assurance is informed by good feedback and engagement, notably from users and carers, but also from wider stakeholders including the Care Quality Commission, providers and staff, Healthwatch and other agencies. We are committed to collecting and responding to this feedback in a consistent way which enables early identification of issues and an effective response. Our internal facing Quality Assurance Board, which, in light of the Care Act and the subsequent changes for the Safeguarding Adults Board, will develop a focus on quality assurance across all partners, will be reviewed.

A key aspect of our service is safeguarding. We take a risk management approach to safeguarding. We regularly review the information available regarding providers and update this from a range of sources, such as Care Quality Commission (CQC) reports, care management reviews, commissioning monitoring, review of incidents and safeguarding alerts. Where there are systemic concerns we have developed an 'Establishment Concern Procedure' to manage improvement plans and to ensure the safety of individuals affected.



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We also offer a range of support for providers to improve the quality of their service and we will continue to make available support and advice to providers operating for Haringey residents. We will review the role of the Providers' Forum and ensure a principal focus on service improvement and quality standards as well as wider information sharing and market development issues. We will offer providers a review of their Quality Assurance and Safeguarding Policy and Practice as well as support for embedding safeguarding practice and workforce development. We will continue to offer information, advice and guidance through the regular Providers' Forum and through training and development offered by the Council.

The Council will continue to maintain a good understanding of all regulated care provision operating in the borough and work with providers and have processes in place to ensure that there are good lines of communication between all providers and the Council. The Council will work with other local authorities to inform its work on risk assessment, risk management and the offer of support to providers and to build intelligence about the providers operating within the borough.

In addition, the Council will encourage active identification and early notification of any risks to business continuity by providers in order to carry out its duties under the Care Act and as part of annual Business Continuity Planning, the Council will identify and assess potential risks in Haringey with each of the local regulated care and other providers. The Council will keep a risk log of all providers in Haringey and regularly update the log. This would include financial risk management and organisational capacity as well as other service and care related risks. The Council will focus its activity on those providers where there is assessed to be greater risk of business failure to ensure a targeted approach and efficient use of resources.

Section 48 of the Care Act 2014 place a new temporary duty on local authorities to meet an adult's care and support needs and a carer's support needs when a registered care provider becomes unable to carry on a regulated activity because of business failure. Our Managing Provider Failure policy document explains what this duty means and Haringey Council's approach to ensuring that adults and carers are not left without the care or support they need if their care provider becomes unable to carry on providing because of business failure.



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Whilst the policy largely focuses on the Council's approach when there is business failure, Haringey's priority is to work with all registered care providers in the borough, to avoid the risk of business failure and to minimise the disruption and impact for service users of any such failure. We will proactively support providers and build relationships to ensure that the risk of business failure is identified and well understood and that steps are being taken in a planned way to mitigate this risk.

Delivering Social Value

Our approach to sustainable procurement is embedded in our commissioning framework and will be refreshed as part of a revised set of commissioning and procurement procedures. Haringey defines social value, for the purposes of procurement, as a contractual benefit ancillary to end-user requirements that reduces carbon and/or waste, creates educational and employment opportunities for people in need, contributes to local regeneration/economic stability or saves money for the Council (and hence the local tax payer).

Whilst the Public Services (Social Value) Act 2012 came into force earlier this year, Haringey Council has been operating a sustainable procurement programme since 2005 and we currently use a version of the prioritisation methodology that we have customised to suit Haringey. In essence, we have rationalised the 18 sustainability indicators which we could address through the procurement process and which could largely be defined as the components of Social Value.

We work with providers proactively to identify the impact of service delivery – and are particularly keen to ensure that some of our wider objectives, for example reduction in local unemployment, are met through our social care providers. The Corporate Plan identifies building stronger communities as well as individual and community capacity as core elements of the future service delivery and we recognise that building community and social capital is a central plank in the model of care and we actively promote:

- Mutual support and self-help
- Connections between individuals and resources
- Inclusion in community activities
- Community ownership and involvement in planning and reshaping services



Prevention, Early Help and Intervention

Haringey's Prevention and Early Intervention approach is an important part of how we will achieve the vision and outcomes set out in the Council's Corporate Plan 2015-2018. By intervening earlier, before needs escalate, we believe we can have a more positive impact on outcomes across the activities of the Council.

Much of the focus for this Market Position Statement focuses on actions which will support the following two strategic priorities:

Enable every child and young person to have the best start in life, with high quality education

Empower all adults to live healthy, long and fulfilling lives

Early Help in Haringey is an emerging approach to practice, information giving, advice and intervention that is intended to enable children, families and adults to remain safely in their communities, improve their outcomes, reduce the need for more specialist support and sustain family and community cohesion by:

1. preventing needs arising;
2. intervening early to tackle emerging problems or;
3. targeting support on children, families and adults most at risk of becoming vulnerable.

This approach covers the age range from conception through to adulthood.

The Early Help Strategy already in place for children, young people and families will seek to deliver the following three outcomes:

1. Improve family and community resilience by increasing self-reliance, confidence and independence
2. Thriving children, young people, families and children - young people and families in the borough are healthy, learning and reaching their potential



3. Strong partnerships making effective use of all resources - service delivery optimises community and partner resources and builds on the positive qualities and assets of organisations and people.

A parallel strategy will be developed to effect the transformation and focus needed across all services in the borough. Prevention and early help and intervention represent the sort of services that support people before they become ill or in the early stages of illness. They include provision such as the Haringey Neighbourhood Connects service delivered through local voluntary and community sector organisations that promotes increased participation of people in their neighbourhood communities, and NHS health checks and cancer screening programme and support people to manage their long term conditions (LTCs) themselves.

Prevention and early help and intervention objectives are concentrated on encouraging the development of a range of services that maximise community and voluntary sector involvement in preventing and/or delaying the need for social care support and sign-posting people appropriately in order to promote independence and resilience.

Future of Commissioning and Integrated work

As noted above, we are working in partnership with Haringey Clinical Commissioning Group, the CCG, led by GPs, which is made up of all 52 GP Practices in Haringey and is the responsible body for making sure the people of Haringey can access safe, well co-ordinated, high quality health services. Our Health and Care Integration Programme is becoming well established, with governance through the Health and Care Integration Steering Board reporting into the Health and Wellbeing Board. The scope of the programme is as follows:

1. The implementation of the shared vision of integrated care:

“We want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible.”



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2. The identification of those services which are currently commissioned that will fall under the auspices of the integration projects associated with the Integration Programme.
3. The assurance of engagement and consultation with all key stakeholders in the local health and social care economy (e.g. NHS bodies, the local authorities, clinicians, social care professionals, service users / patients, and their informal carers) to access their opinions and ideas about the future shape of integrated health and social care in Haringey.
4. The development of a shared model of integration i.e. a description of what Haringey's integrated service offer will look like and why.
5. The development of a commercial framework that will drive the desired behaviours as well as the right outcomes.
6. The development and agreement of an approach for ongoing monitoring and reporting throughout the Integration Programme.
7. The development of protocols processes and procedures supporting integration, the replication of excellence, and the sharing of any lessons and experiences.
8. The construction of commissioning and implementation plans to support the delivery of Haringey's Integration Programme.

This means that where possible we will commission in a joined up way across the whole Council and the CCG and will develop alignment of budgets and approaches as the Programme develops.

The voluntary and not for profit sector

Haringey is fortunate in having a robust local not for profit and voluntary sector in the borough that provides services across a wide range of client groups. In 2013/14 Haringey Council spent £11.9 million across 117 individual organisations and 3 consortiums buying services from and supporting the work of the voluntary and not for profit sector.

Through our community investment and the development of infrastructure in the third sector, we aim to facilitate more individual choice, enterprise and less dependency on traditional services. We are taking forward an approach that is based on:



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1. Encouraging greater well being, self reliance, autonomy and personal responsibility
2. Co-production: building on existing community assets and unlocking social capital
3. Seeking innovation and supporting community led models that are alternatives to traditional social care options
4. Plurality in the market: exploring new models including partnership, micro-businesses, user led organisations, mutuals, charities and social enterprises
5. Considering overall value, including economic, environmental and social value
6. Localism and devolution – handing more power and responsibility back to communities
7. To enable people to run their affairs locally

As with all providers, Haringey Council welcomes dialogue with voluntary and not for profit sector providers who are developing and implementing innovative ways to ensure diversity and collaborative work with a view to supporting the Council in meeting its objectives. We are aware that the Corporate Plan signals a number of initiatives which will deliver opportunities for the voluntary and not for profit sectors.

We would foresee a role, for example, for the voluntary sector in the identification and development of social enterprises and social investors. We will, wherever possible, and within the contracting and tendering regulation framework, support smaller organisations and those operating in the voluntary and not for profit sectors to develop their capacity, skills and infrastructure in a way that will allow them to compete in the market. The Council also supports the development of consortia of providers – across sectors to build best practice and expertise – wherever possible.



3. Haringey – a borough profile

Haringey is an exceptionally diverse and fast-changing borough. We have a population of 263,386 according to the 2013 Office for National Statistics Mid Year Estimates. Almost two-thirds of our population, and over 70% of our young people, are from ethnic minority backgrounds, and over 100 languages are spoken in the borough. The population is the fifth most ethnically diverse in the country. Overall, life expectancy for both, males and females is improving and a gap in life expectancy appears to be decreasing.

The fastest growing population in Haringey is in age groups 30-34 and 45-49. Those aged 20 – 64 make up 66.3% of the total population whilst the number of people aged 65-69 and over 85 has decreased in the last 10 years. In relation to the population of London the proportion of people aged 25-39 in Haringey is significantly higher (31.1% vs. 28.1%) and the proportion of residents aged 65 and over is much lower, 8.8% to 11.1%.

Our population is growing and is projected to reach 286,700 by 2021. Population growth locally is mostly due to the increased birth rates, net gain from international migration and regeneration leading to increased number of housing units in the borough.

Below are some key facts in relation to services:

1. People with learning disabilities have lower levels of education and employment and supported housing
2. 1 in 13 residents are unpaid carers, 58% females; over 4000 provide up to 50 hours of unpaid care work a week. We know that our carers are on average younger than those across London.
3. Depression is under-detected in primary care but over-represented in acute settings
4. Haringey data identifies three times higher than expected levels of severe mental illness, disproportionately based in east of the borough
5. Low number of people with mental illness in employment
6. Number of people with dementia and long-term conditions is increasing (due to people living longer)
7. Men who live in the most deprived areas die, on average, 7.7 years younger than those living in the more affluent areas of the borough



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The Council is operating in an environment of unprecedented change as the levels of funding from central government reduces the Care Act is implemented and there is increasing demand for services.

Haringey Council is committed to supporting people to live away from residential care and remain in the community with support for as long as possible or to delay the needs for dependence on adult social care services. The overall direction for the future is less reliance on residential care and more emphasis on supporting residents to continue to live in their own home.

More detailed demographic data can be found on Haringey Council's web site: <http://www.haringey.gov.uk/jsna>

Personalisation

From 1st April 2015, everyone must have a personal budget – and the Care Act expectation is that direct payments will be the default way of delivering this. Already, people who have community care needs are encouraged to use direct payments to buy their own services with help from support staff. As more people take up this arrangement, providers of services will increasingly be selling directly to individuals rather than to the council and this is a major change in the way providers and commissioners do business. As a result of the above, the council is using a number of measures, including this document, to communicate and facilitate a dialogue with current and future providers to help the current market remain stable and to encourage the development of new, innovative ways of delivering support, stimulating new businesses and organisations.

There are now a total of 2, 053 people receiving either a Personal Budget or Direct Payment as at 31st March 2015.

There are now a total of 755 people with caring responsibilities in receipt of either a Personal Budget or Direct Payment between 1st April 2014 and 31st March 2015.

The number of people receiving long term support within the community stands at 2,355 as at 31st March 2015. This means that 87.10% of people receiving long term support also received either a Personal Budget or Direct Payment.



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The number of carers receiving a service stands at 719 between 1st April and 31st December 2014. This means that 83.73% of carers who receive a service also receive a direct payment or personal budget.

The Personal Budget Support and Service Finding Team help individuals to purchase services using their personal budget. Service users may choose to take this as a direct payment and purchase their own services themselves (with or without advice from the team). Alternatively, they may ask for advice about the choice of services available to them and request for these to be purchased on their behalf.

Self-funders

Self-funding operates at a wide variety of levels, from people who use family, friends, neighbours and local contacts to deliver low level domestic support such as assistance with household tasks such as shopping and gardening through to those who purchase residential care with nursing or buy live-in staff.

With the advent of the Care Act, the relationship between self-funders and the Council is changing and the Council's specific responsibilities to all those in potential needs of care and support, regardless of their means, are clearly set out in the detailed statutory guidance.

There is a steady increase in the numbers of people who are funding their own care and support due to:

- An increase in the local population
- Increased value of assets
- Increased charging
- Less state funding of community organisations
- Less emphasis on having families close by
- More people receiving direct payments
- People who are eligible topping up their provision from their own means

Haringey's own figures indicate 124 older people are self funders in a residential home and 100 older people are self-funders in a nursing home, a total of **224** older people. Applying the ELSA rates indicate that there are **440** older people paying for care in their own home.



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The average maximum weekly rate in 2014/15 paid by London councils (combining residential and nursing care) is £626.51.

Our data indicates that on average it will take 3.36 years for a self-funder to reach the £72,000 cap on care costs in Haringey. Given that the average length of stay for older people who self-fund in a care home is estimated to be between 1.66 and 1.73 years, there are unlikely to be a substantial number of self-funders who will reach the cap.

4. Information by care group

Older People

We will continue to focus on investing in early intervention and prevention to reduce people's need for longer term care. We recognise the economic and social value of supporting the growth of local and community initiatives that focus on care and support to increase independence and reduce isolation. Older People are defined as people who are 65+ years. Haringey's 65+ population is expected to increase to 26,923 by 2021¹. The table below shows the population of older people living in Haringey with projections to 2025.

	2015	2020	% increase	2025	% increase
65-69	8,200	8,500	4%	10,100	23%
70-74	5,900	7,300	24%	7,700	31%
75-79	5,000	5,100	2%	6,400	28%
80-84	3,300	3,900	18%	4,000	21%
85-89	1,800	2,200	22%	2,700	50%
90-94	700	900	29%	1,300	86%
Total Population 65 and over	24,900	28,000	12%	32,100	29%

GLA data (Pop age 65 and over)

¹ Figure 1: 2011 ONS projections for Haringey, 65 and over



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The 2001 Census showed that 58% of people aged over 50 in Haringey were owner-occupiers. This number is predicted to be reducing and more 85 year olds live in private rented or LA accommodation.

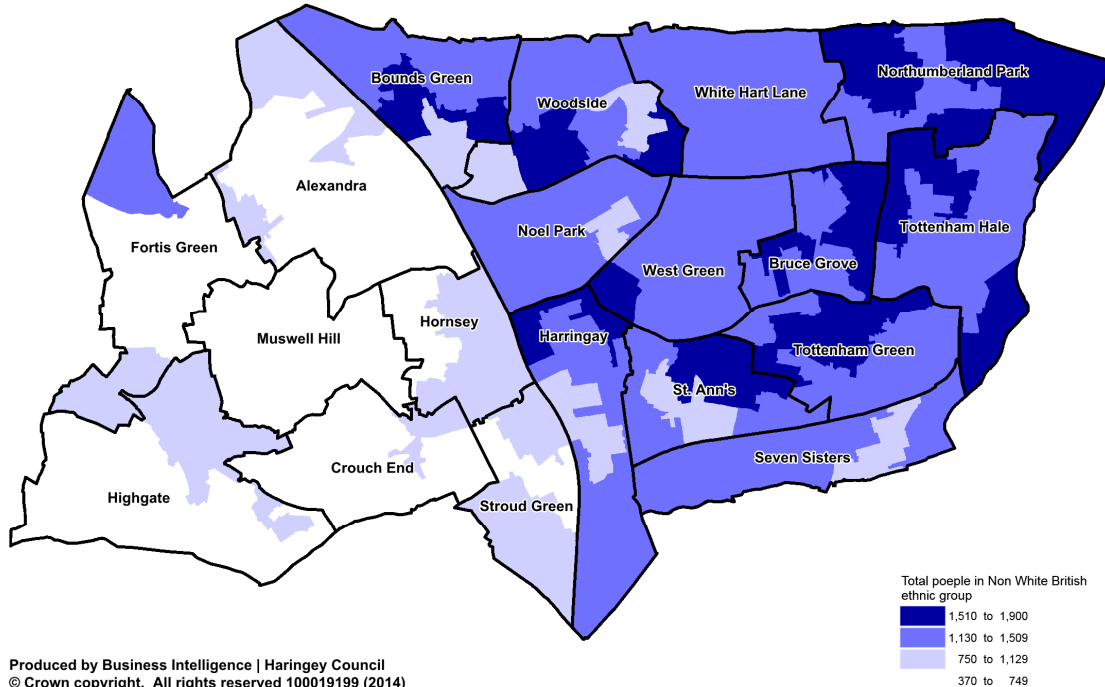
- In Haringey 39% of adults aged over 55 reported a limiting long-term illness but is predicted to increase to 5,521 over the same period.²
- In 2013, it was estimated that there were about 1570 people living with dementia in Haringey.

More detailed demographic can be found [here](#).

Black and Minority Ethnic Communities (BAME) in Haringey

Percentage of residents who are 65+ and non-White British in Haringey Wards

Total people in Non White British ethnic group
Haringey LSOAs
2011 Census



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² Older People Needs Analysis 2010



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The majority of people over 65 from BAME communities live in the east of the borough (see Fig 2). 'Information is required to give an indication to providers of how services provided may need to be ethnically specific'³

Registered care homes by provider and client group

Client type	Res./ with nursing	Number of homes	Number of places	Number of homes LA run	Number of LA places
Old age registered for dementia care	Residential	7	194	0	0
	With nursing	2	144	1	32
Old age only	Residential	12	133	0	0
	With nursing	2	144	1	32
Total					

Haringey ASC Commissioning Quality Team

Domiciliary Care – Older People and Adults with Physical Disabilities

The council provided the following amount of home care hours during 2013/14 – **15,400**

The private sector provided the following amount of home care hours during 2013/14 – **711,854**

Source: PSS EX1

Adults with Learning Disabilities

In Valuing People (2001) 'learning disability' is defined as a:

³ Figure 2: Breakdown of residents who are 65+ and non-White British (includes categories beyond normal BME classification, for example, Polish, Turkish, Greek, Hispanic, Irish, etc) *from OP needs Ax 2010*



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- significantly reduced ability to understand new or complex information, to learn new skills
- reduced ability to cope independently which starts before adulthood with lasting effects on development.

(Department of Health. Valuing People: A New Strategy for Learning Disability for the 21st Century. 2001).

Predicted population of people aged 18-64 with a Learning Disability

	2015 current figure	2020 population % increase	2025 population % increase	2030 population % increase
People with a moderate LD	763	819	858	887
People with a severe LD	282	300	313	323

Source: POPPI estimates

Approximately 1,045 people with a moderate and severe Learning Disability live in Haringey, that figure is projected to rise by 74, to 1,119 by the year 2020.

However, the future demand for adult services is mixed for two reasons:

Firstly the numbers of younger people (18 -24) with a Learning Disability needing support from adult services are going to decrease slightly between 2015 and 2020

Secondly, the numbers of adults with a Learning Disability who are living beyond 45 years of age is increasing.

What is certain is that as people with Learning Disabilities life expectancy rises, their physical and mental health support needs also increases. This change in the profile of needs impacts directly on the type of support that the Council needs to commission in the future.

Since the Winterbourne View Review, there has been a significant reduction in the number of people with challenging behaviour in hospitals or in large scale residential care -



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particularly those away from their home area. This remains work in progress locally.

The move to more personalised and independent services is influencing commissioning intentions. In Haringey there is an oversupply of residential care for the current resident population. Many residential services are operating with long term voids.

Registered Care Homes by type of Residential/Nursing care – Learning Disability

Client type	Residential /With nursing	No of homes	Spaces	No of LA homes run	No of LA spaces
Learning Disability	Residential	30	165	1	6
	With nursing	0	0	0	0

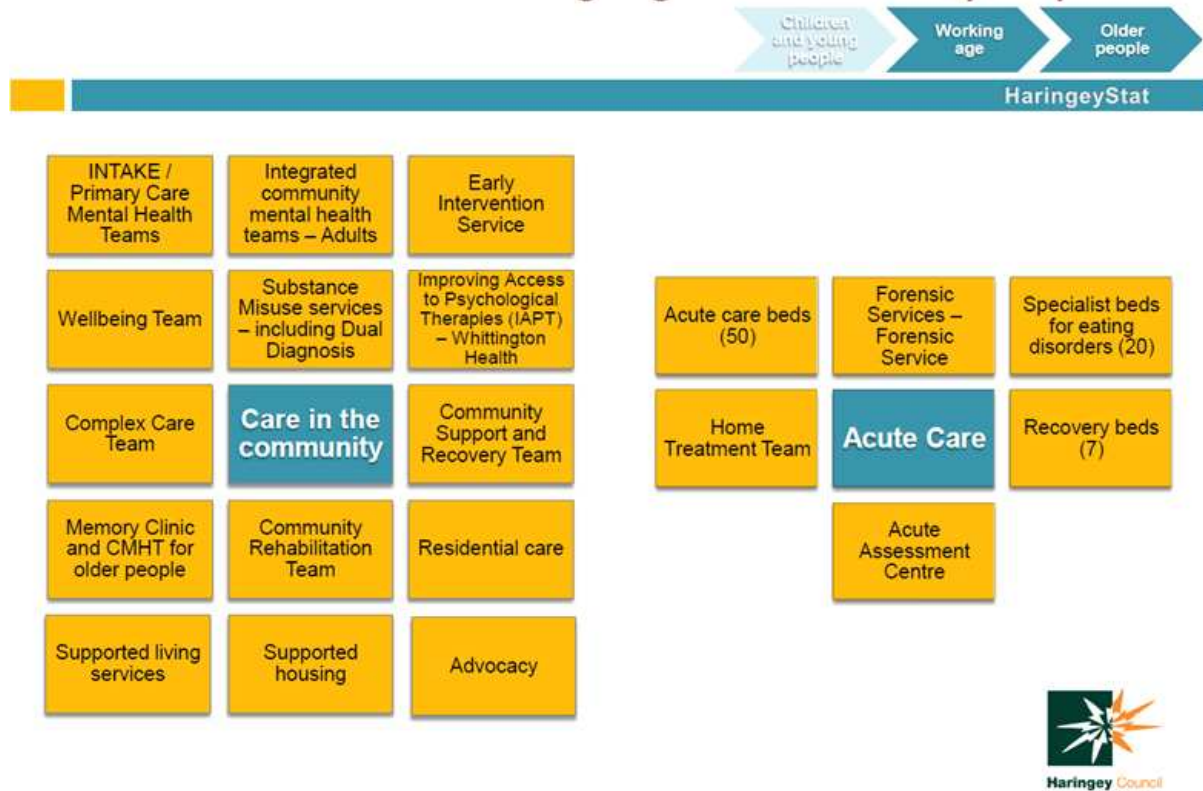
Adults with Mental Health

We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

Significant change is underway in health and social care services. As mentioned earlier, the current financial climate is creating a challenge to all those involved in commissioning, providing and using services. Haringey has an aging population and younger people are surviving into adulthood with complex conditions. Haringey Council and Clinical Commissioning Group are placing significant emphasis and investment in prevention and early intervention as a way of helping people to live as independently as possible where they can manage as much of their care and support as they are able to

The chart below shows the range of services for people with mental health needs in Haringey.

Services for working age and older people



Access to services available across the Council and NHS

The pattern of demand in terms of admissions for psychosis and diagnosis of psychosis shows a considerable bias in terms of prevalence to the East of the Borough and higher rates of admission compared to London and National norms.

These diagnoses account for 80% of the admissions to BEHMHT in Haringey (Sept 2014 cluster report BEHMHT).

From the Barnet, Enfield and Haringey Mental Health Services FINANCIAL REVIEW – Final report from March 2014, BEHMHT has bed numbers per adjusted population just below the Median level nationally.



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People 18-65 with mental health needs. Rate per 10,000 pop

	Nursing and residential care	Supported and other accommodation	Supporting people
Haringey	195	105	105

People 18-65 with mental health needs. Rate per 10,000 pop

Comparative activity for Haringey - Adults under 65 with Mental Health Needs (From PSSEX1 return 2013/14) (Camden included for illustrative purposes)

Council	Cost	Per 10,000 Pop.
Barnet	2733	95
Enfield	1376	55
Camden	2613	140
Haringey	4030	195
London	N/A	110

Table 1. Res and Nursing home care Accommodation

Council	Cost	Per 10,000 Pop.
Barnet	0	0
Enfield	725	30
Camden	1790	95
Haringey	2159	105
London	34116	50

Table 2 Supported and other

The spend on Supporting people services reported in the PSSEX1 in 2013/14 shows 17 Authorities reporting a 0 return for Supporting People spend and activity. This is thought to be a reflection on the relevant sections of the return not being compulsory and Councils opting not to include them.



Haringey Council

Of the smaller group of comparators, Haringey spends more per head of population on Residential Care and on supported living services than others. To achieve London normative levels would mean an overall reduction in spend on the pathway of some 50%. To achieve comparable spend with Camden, often cited as an exemplar, a reduction in spend on residential and nursing care of 25% as well as a reduction in spend on supported living services of 10% would need to be made.

Given that the direction of travel as set out in commissioning priorities for the Council is to reduce reliance on Residential and Nursing care, the supply in Haringey is adequate if people are able to move into appropriate other support. There are 40 independent residential care homes in Haringey, the majority of which are in the east of the borough, for people with mental health issues (including forensic). In 2011, there were 225 beds across Haringey of which 100 placements are used by Haringey Council (Source: Haringey Adult Social Care).

What does Haringey need in the way of mental health support services?

The following services are currently in the process of being retendered.

<i>Accommodation Type</i>	<i>Commissioner</i>	<i>Current Provision</i>	<i>Required Provision</i>	<i>Gap</i>	<i>Comments</i>
Crisis Recovery House	BEHMHT	7	7	0	Needs to be moved to deliver the original intention if CCG agree to the model
Supported Living floating support	LBH HRS	92	117	25*	Should this be commissioned separately from ASC?

*includes services imminently on stream.

Supported living is an important step in the recovery pathway, providing a bridge between inpatient or temporary residential care and independent living. Supported living typically provides the service user with their own flat or shared housing within a warden controlled scheme with some schemes operate a 24 hour service, others a service that is 9-5 during the day, and others offer floating support to the scheme (or flat in the private sector rental market).



Haringey Council

Adults with Substance Misuse Concerns

Haringey intends to maintain a high standard of substance misuse prevention and treatment services available, ensuring they adapt to changes in our populations drug and alcohol use.

Predicted population of people with a substance misuse problem

	2015 current figure	2020 population % increase	2025 population % increase	2030 population % increase
People with a Substance misuse				

We recognise that residential services are critical for very complex substance misuse problems but we anticipate that demand will fall as more residents opt for community based services. The focus will be on supporting people into and through treatment into sustained recovery.

The majority of people who seek drug treatment in Haringey are using drugs such as crack cocaine or heroin. The prevalence data and estimate could be found [here](#).

The overall demand for drug treatment remains fairly static. There has been a decrease in the number of heroin/crack users seeking treatment following a decrease in both local and national prevalence estimates. However, there has been an increase in the number of people coming to treatment with problems with legal highs/club drugs.

The current drug treatment system in Haringey has recently been improved by integrating services following a re-tender of provision. Three new contracts commenced in January 2014 for a period of 3-5 years for a recovery service, alcohol service and drug service.

Carers



Haringey Council

According to the 2011 census there are 18,887 people in Haringey who identify themselves as unpaid carers. This represents 7.4 % (1 in 13) of the usual resident population of the borough. 4,171 Haringey carers (22% of carers) provide care for 50 or more hours a week. 11,812 Haringey carers (63% of carers) provide care for 1-19 hours a week.

The Care Act definition of carers is

The changed status of carers within the Care Act, where there is a focus on their outcomes which is equivalent to that for the users for whom they provide care, is being reflected in the approach both to assessment and care management and to provision of services which achieve the outcomes they themselves identify as important.

Currently services for carers are primarily commissioned from voluntary sector providers and offer a range of support, information, advice advocacy services alongside some respite and peer support activities with some targeted at specific ethnic communities and illness specific conditions.

As we move to more preventative approaches, carers and the work they do becomes ever more crucial. Based on the principle where the overall wellbeing of the individual is at the forefront of their care and support, it will increase the rights of carers to access support and care.

Early in 2015, Haringey will be working with carers to commission a service to deliver improved outcomes for carers in the borough and will work with carers to improve their capacity for independent living through the provision of a range of person centred, co-ordinated and outcome focused services. This will include carers being able to say:

- I can care effectively and safely;
- I can look after my own health and wellbeing;
- I have realised and fulfilled my own potential and aspirations (including employment and training opportunities); and
- I can enjoy a life of my own alongside my caring responsibilities, including access to respite.

The service provider will be expected to have their own delivery model to achieve these outcomes. Innovative approaches are welcome.



5. Commissioning Intentions

In line with the Care Act and with the Corporate Plan, the Council will be seeking to commission outcome-focused services for the local population which will improve people's quality of life and enable them to be as independent as possible, with appropriate levels of support and enablement.

Specifically for adult social care services, our Commissioning Strategy identifies the following areas of activity:

- Focus on prevention and early intervention through community based provision and support
- Emphasis on reablement, enablement and recovery wherever possible so that where appropriate more people can retain and maintain their independence
- Strong shift to supported living and support in people's own homes
 - Growth in the Shared Lives scheme to enable more people to live in family settings
 - Expansion of extra care sheltered provision for all care groups
 - Increase in supported living placements
 - Less use of residential care
- New model of day opportunities to move away from building based provision to accessing support and opportunities in the community
- Changes to the way services are procured to establish a framework agreement for the provision of domiciliary and reablement services in the borough
- Greater integration with health services for all care groups

For our commissioning intentions therefore



Haringey Council

1. Focus on prevention and early intervention through community based provision and support

The local authority will be tendering for:

- a. providers of information, advice and guidance services which will build capacity and offer direct information, advice and guidance across a range of issues for all residents
 - b. provision of better financial advice and support for self-funders in order that they may capitalise on their investments and assets and ensure they are not over-charged or invest in high cost care packages unnecessarily
 - c. a service to improve outcomes for carers including provision of respite, to ensure that carers are able to enjoy a life beyond their caring responsibilities
 - d. preventative services for people with substance misuse needs
2. Emphasis on reablement, enablement and recovery wherever possible so that where appropriate more people can retain and maintain their independence

The local authority will be tendering for:

- a. alternatives to residential and nursing care which promote reablement, enablement and independence for those able to benefit from such provision, will support all those with emerging or established needs in the borough
 - b. a reablement service through the independent sector and is exploring social enterprise models currently
 - c. a community reablement hub
 - d. a service for substance misuse which supports people into and through treatment into sustained recovery
 - e. recovery approach through all our services
3. Strong shift towards supported living and support in people's own homes



- a. Growth in the Shared Lives scheme to enable more people to live in family settings
- b. Expansion of extra care sheltered provision for all care groups
- c. Increase in supported living placements
- d. Less use of residential care

The local authority will be developing a Supported Living Strategy for all adult care groups with opportunities for tendering for care and support as well as accommodation elements of such provision.

The local authority will also be seeking to expand extra care provision and would welcome dialogue with parties interested in developing such provision in Haringey.

We intend to continue exploring opportunities and choices for individuals who no longer choose to remain at home. We will be expanding extra care housing options for Haringey in the future.

We are developing new accommodation pathways across care groups, with work on mental health being the priority – commissioning for a pathway within the Housing Related Support programme is taking place in 2015.

The local authority signals its clear intention to commission fewer residential and nursing care placements in the future, as alternative provision comes on stream.

- 4. New model of day opportunities to move away from building based provision to accessing support and opportunities in the community

The local authority will be developing a new model of day opportunities provision for all care groups moving away from buildings based provision delivered through in-house services through an opportunities based approach delivered through the independent sector. There will be opportunities for service development and for social enterprise models which offer strong incentives for all care groups to access mainstream provision, develop their independence and skills and build social networks.

- 5. Changes to the way services are procured to establish a framework agreement for the provision of domiciliary and reablement services in the borough



Haringey Council

The local authority will be re-commissioning its domiciliary care services, which are currently all based on spot contracts, to a framework to enable greater consistency of approach and a stronger focus on quality and reablement. We will be working with providers as we move to the new approach in order to optimise their experience and expertise.

6. Greater integration with health services for all care groups

We will be working with the CCG as we implement our commissioning intentions and will seek to commission jointly wherever possible. The Better Care Fund covers services for older people with frailty, including dementia in the first year of operation, focusing in the second year on mental health services, through the adoption of the Mental Health and Wellbeing Framework across partners.

London Borough of Haringey's Budget/ Spend

It is predicted that demographic pressures will result in a steady rise in demand for Council funded services in the medium to long term. This will not be matched by an equivalent growth in public funding. Due to the government's austerity measures, LBH is planning to achieve a budget cut of £70 million over the next 3 years on top of the £117 million that has been saved since 2010. That is approximately a quarter of the remaining budget.

The Medium Term Financial Strategy sets out for the Council how it will achieve these budget reductions over the next three years, and should be read alongside this document.



Appendix 1

Market Position Statement Survey

Tell us what you think

Please use these last pages of the Market, Position Statement to tell us what you think of this document and what would be useful to you in the future:

1. Have you found this Market Position Statement useful?

YES / NO

If no, please tell us how it could be improved

2. Did you find the information in the Market Position Statement useful?

YES / NO

If no, please tell us what would improve the level and type of information we could provide.

3. Did you find the structure of the Market Position Statement easy to follow?

YES / NO



If no, please tell us how we could improve the structure to make it easier to follow.

4. Do you have any suggestions or ideas about how we could better support you to develop services in the borough?

Please send you completed survey forms to

Contact Name

Title

Address

Telephone

Email

Thank you for completing this survey. All feedback will be used to help us improve our services and future market position statements.



Appendix 2 – Supplementary information

Personal Budgets

There are now a total of 3,577 service users receiving Personal Budget as at 31st December 2014. The community base stands at 4,910 as at 28th February 2014. This means that 73% of people receiving a community service have a Personal Budget.

The table below shows service areas by take up of Personal Payment

SERVICE	DIRECT PAYMENTS ONLY (*as at 31 Dec 2014)	PERSONAL BUDGETS (*as at 31 Dec 2014)			TOTAL SELF DIRECT SUPPORT FIGURE (Personal Budgets and Direct Payments as at *31 Dec 2014)
		TOTAL PERSONAL BUDGETS	Personal Budgets paid by Direct Payment	Personal Budgets with an arranged service (no DP)	
Older People	£9	£1316	£271	£1045	£1325
Physical disability	£12	£443	£235	£208	£455
Mental health	£3	£175	£15	£160	£178
Learning disability	£14	£419	£98	£321	£433
Sensory Support	£4	£50	£25	£25	£54
Social Support	£1	£10	£2	£8	£11
Carers (** Between April and Nov)	£5	£597	£597	£0	£602
Adult Service Total	£43	£2413	£646	£1767	£2456



Haringey Council

Carers Total	£5	£597	£597	£0	£602
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Source: LBH ASC Client Information System

Table 5: Numbers of older people paying for home care based on ELSA Wave 5 and POPPI data

	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85-89	Age 90+	Sum of self-funders
Male	5	11	18	24	36	37	131
Female	16	45	45	64	65	76	309
Total	20	56	63	88	101	113	440

NB: Subject to rounding

Source: Haringey Partnership Draft Report February 2015

Attendance Allowance

Attendance Allowance is a needs-based benefit for people who need help in looking after themselves due to disability or illness (Table 6).

Table 6: Attendance Allowance claimants in Haringey (Feb 2014)

	People aged 65-69	People aged 70-74	People aged 75-79	People aged 80-84	People aged 85-89	People aged 90 +	Total
Attendance Allowance claimants	120	420	760	920	720	580	3,520

Source: DWP



Using AA numbers to estimate the numbers of people who pay for care indicates there are **824** older people who pay for care in their own home in Haringey.

Levels of home ownership in 65+ households

	People aged 65-74	People aged 75-84	People aged 85 and over
Proportion of households aged 65 and over – owner occupiers	56.87%	57.92%	52.68%

Source: Census 2011

These data indicate that more than a half of all people aged 85 and over (2,500) in Haringey own a property worth a minimum £487,000.

Likely impact of Dilnot and Care Act 2014

Annual cost of care home place in 2016/17	£33,431
Hotel costs	£12,000 per annum
Annual costs minus hotel costs	£21,431
Weekly rate of care home place minus hotel costs (21,431/52)	£412.14
Number of weeks of care before self-funder will reach £72,000 cap (72,000/412.14)	175
Number of years and weeks before	3.36 years



Haringey Council

cap is reached (175/52)

Source: Haringey Social Care Partnership Draft Report February 2015

In the table above the community based is defined as a snapshot date as at 31st December 2014, and consists of service users receiving “long term support” services only. Service users and carers will now be measured separately. However, carers will be measured by services received between April and December 2014, and not as a snapshot.

Both service users and carers will be measured by those receiving self directed support (personal budgets and direct payments), and those receiving direct payments only.

Distribution of older people by top [x number] wards compared with those in receipt of council support

Ranking	Ward by total population 2013-14	Ward by population aged over 65	Ward by number of council funded packages of Community based service in own home	Ward by number of council funded Nursing care	Ward by number of council funded Residential care
Seven Sisters	16263	1215	224	1	7
Tottenham Hale	15987	1200	244	4	11
Woodside	14998	1260	237	2	13
St Ann's	14871	1244	206	4	27
Bruce Grove	14864	1244	282	2	11
Northumberland Park	14729	1171	265	4	11
Tottenham	14671	1248	280	21	36



Haringey Council

Green					
Noel Park	14263	1193	236	3	21
Bounds Green	14060	1289	277	2	11
Harringay	13598	1018	167		16
White Hart Lane	13554	1160	241	1	3
West Green	13398	1311	234	2	9
Hornsey	12819	1073	185		3
Fortis Green	12484	1388	118	1	24
Crouch End	12483	1194	109		10
Stroud Green	11805	861	124	17	2
Alexandra	11767	1285	92	3	15
Highgate	11588	1441	104	3	6
Muswell Hill	10710	1339	132	1	10

POPPI



Haringey Council

Report for:	Cabinet	Item Number:	
Title:	Better Care Fund 2015/16 - Agreement to enter into a partnership agreement with Haringey CCG.		
Report Authorised by:	Zina Etheridge, Deputy Chief Executive		
Lead Officer:	Beverley Tarka, Director of Adults Services		
Ward(s) affected: All	Report for Key/Non Key Decisions:		

1. Describe the issue under consideration

This report asks Cabinet approval for the Council to enter into a Section 75 Partnership Agreement with the local Haringey Clinical Commissioning Group. This is a requirement of the Better Care Fund – which is a national programme to support the transformation and integration of health and social care at a local level.

2. Cabinet Member introduction

- 2.1 I am very pleased to present this report which builds on the partnership work to develop our local Better Care Fund Plan and enables the creation of a pooled fund. I believe that closer integration of health and social care will both produce better results for local people and significantly improve their experiences of services and increase value for money.
- 2.2 Changing services and spending patterns will take time and the BCF is only one stage in the journey towards closer integration that lies at the heart of our ambitious strategy to enable all adults to live healthy, long and fulfilling lives. It is clear at both a national and a local level that closer working through partnership is the best way to achieve sustainable long term improvements in the health and wellbeing of our local population. I am excited about the opportunities ahead.



Haringey Council

3. Recommendations

3.1 Cabinet is asked to:

- a) Approve that the Council enter into a section 75 partnership agreement with the CCG that include the commissioning of health and social care services from pooled funds;.
- b) Delegate to the Deputy Chief Executive the ability to approve the final draft of the partnership agreement after consultation with the Cabinet Member for Health and Wellbeing;
- c) Note the strategic implications of the wider Health and Social Care Integration agenda and that officers will work with CCG colleagues to explore further opportunities for integration, including further opportunities for pooled budgets, in line with the Health and Care Integration programme.

4. Alternative options considered

- 4.1 The establishment of a section 75 agreement is one of the requirements of the Better Care Fund. If the Council and the CCG do not form such a partnership NHS England has powers to withhold Better Care Fund monies or to issue directions as to how they should be spent. It would not be in the interests of the Council not to form a section 75 partnership.

5. Background information

- 5.1 The Better Care Fund was announced by the Chancellor in the June 2013 Spending Round as a two year programme. The first year funding was £1.1bn nationally to be spent by Social Services working in alignment with their health partners; the second year, 2015-16 builds on this by creating pooled Health and Care budgets of £3.8bn nationally. The intention of the fund is to encourage Local Authorities and Clinical Commissioning Groups to work together to achieve improved health and wellbeing outcomes for their local population.
- 5.2 The Haringey share of the BCF funding is £16.475m revenue and £1.88m capital. It should be noted that this is not new funding – rather the total has been mainly made up by reallocating existing funding streams including local CCG budgets, the £5.2m health funding transferred to social care in phase one of the BCF and two Local Authority capital grants: the Community Capacity Grant and the Disabled Facilities Grant.
- 5.3 The CCG and the Local Authority have together agreed the Better Care Fund plan which has been approved by the Health and Wellbeing Board. A joint board has been established to oversee an ambitious Health And Care Integration (HACI) programme, as previously reported to Cabinet.



Haringey Council

- 5.4 The establishment of a section 75 Partnership Agreement provides a governance framework for the Better Care Fund budget and plan. The key features of the agreement are as follows:
- The CCG will host the £16.475 revenue pooled budget while the Local Authority will remain the host for the capital budget.
 - The allocation of expenditure will be in line with our Better Care Fund plan.
 - The Local Authority will be the lead commissioner or the provider on a number of schemes as set out in the appendix.
 - The CCG Finance and Performance Group will be expanded with the addition of Local Authority Officers to form a Partnership Finance Group that will oversee the budget.
 - Any financial decisions that are not within the delegated authority of these officers will be referred to Cabinet.
 - At this stage there will be no secondment of staff but some staff teams will start to work in a more aligned way.
- 5.5 The Partnership Agreement will be a short term agreement to the end of this financial year in line with the timescales of the national programme.
- 5.6 There is an expectation nationally that in future years there will be successor programmes which build on the Better Care Fund. Our local experience of working together has shown that there are many advantages of a closer strategic partnership including the ability to commission jointly using a values or outcome based commissioning approach and the capacity to drive a whole systems approach to transforming local services.
- 5.7 It is therefore our intention to use this year as an opportunity to explore further possibilities for joint working with the CCG, which could include a focus on integrated working for children and young people as well as other areas of activity for adults, to effect the wider vision that all children, young people and adults live healthy, fulfilling and long lives. This will require careful consideration of governance, approaches to pooling funds and a focus on delivery which continues to make a difference on the ground. The local authority would need to consider the benefits of such an approach for its local population as well as any associated risks – we know already that the interdependencies of the health and social care economies are strong and that changes in one area often have an impact on the other. We believe that exploring a more joined up approach will help us to have a shared understanding of any risks and to be clear about the benefits for local residents.
- 6. Comments of the Chief Finance Officer and financial implications**
- 6.1 As set out above, the Better Care Fund is fully funded in 2015-16 and has been reflected in the Medium Term Financial Strategy. Under this agreement the authority retains any risk of overspending on these schemes; however by their nature the schemes funded within the BCF are generally low risks and within the



Haringey Council

local authority control (mostly staffing costs or fixed contracts.). It should be noted that in practice there is no real new funding this year and the local authority allocation (£5.2m) is similar to that received in 2014-15.

- 6.2 The funding is guaranteed for one year only – however we have been in receipt of additional funding from the NHS for some years now and there is an expectation that this will continue in some form or other. If it does not this will be an additional pressure on the MTFS but this is thought to be a low risk at present.
- 6.3 In the longer term, closer partnership with local health offers both risks and opportunities. Depending on the terms of any partnership the council may be directly exposed to a new and different set of health related risks; however the ability to take a wider view and influence decision making across the health and social care economy as a whole should offer an increased range of options for managing those risks.

7. Assistant Director of Corporate Governance Comments and legal implications

- 7.1 The Better Care Fund has been established by the Government to provide funds to local areas to support the integration of health and social care and to seek to achieve the National Conditions and Local Objectives. It is a requirement of the Better Care Fund that the CCG and the Council establish a pooled fund for this purpose under Section 75 NHS Act 2006.
- 7.2 Section 75 of the NHS Act 2006 permit the Council and the CCG to pool their resources, delegate functions, integrate service provision and transfer resources from one party to another. The section permits: a) Pooled fund arrangements: A pooled fund arrangement provides an opportunity for the partners to bring money together, in a discrete fund, to pay for the services that are an agreed part of the pooled fund arrangement for the client group who are to benefit from one or all of the services; b) Delegation of functions – lead commissioning: where health and local authorities delegate functions to one another and there is a lead commissioner locally. Lead Commissioning provides an opportunity to commission, at a strategic level, a range of services for a client group from a single point and therefore provide a level of co-ordination which improves services for users, and provides an effective and efficient means of commissioning. In effect, one partner takes on the function of commissioning of services which are delegated to them; c) Delegation of functions – integrated provisions: this consist of the provision of health and social care services from a single managed provider. The arrangement can be used in conjunction with lead commissioning and pooled fund arrangements.
- 7.3 The recommendation in this report for pooled funds and joint commissioning under Section 75 would meet the funding condition of the Better Care Fund.

8. Equalities and Community Cohesion Comments



Haringey Council

- 8.1 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
 - advance equality of opportunity between people who share those protected characteristics and people who do not;
 - foster good relations between people who share those characteristics and people who do not.
- 8.2 An equalities impact assessment was completed for the whole BCF Programme in December 2014 with support from the North and East London (NEL) NHS Commissioning Support Unit (CSU) Equalities lead. The EqIA summarised the consultation and engagement activities that have taken place throughout the development of the BCF programme. The overall conclusion of the EqIA was to proceed with the programme as there were a number of perceived benefits to people with protected characteristics. The assessment highlighted a particularly positive impact on older people (over 65), disability (including mental health), gender, religion/belief, marriage, human rights, socio-economic group, social inclusion and community cohesion. These positive impacts were mainly due to the cohort of patients and services users that will be the main beneficiaries, the delivery of services in people's homes, working in a service user centred way to define health and social care goals and the intention to improve health and well-being. No negative impacts were highlighted. For each protected characteristic recommendations for further improving the equalities impact were identified.
- 8.4 The EqIA states that individual EqIAs will be completed for specific BCF schemes as these are developed. It explains that in the future delivery of BCF schemes, data from the JSNA and GP practice profiles will target vulnerable groups with protected characteristics including: Frail Older People; People with Dementia; and Adults with mental health needs. Commissioners will explore channels to reach different communities at the design stage. Workforce training will include managing issues facing protected characteristics. Equalities monitoring will be incorporated into service development – it will be signalled to providers that they need to develop rigorous collection and recording of patient and client data.
- 8.5 The EqIA carried out for the BCF programme is deemed to be sufficient and it is therefore not recommended that an additional EqIA is carried out regarding the decision to introduce a section 75 agreement. The section 75 agreement will provide the financial and governance infrastructure to facilitate the BCF programme but not have any additional equalities impacts per se.

9. Head of Procurement Comments



Haringey Council

- 9.1 Any Procurement covered by this funding will be dealt with on an individual basis under normal procurement practise.

10. Policy Implication

- 10.1 Closer partnership working in our local area is a key theme in the Council's corporate plan and the local CCG is a key partner within priority two.

11. Reasons for Decision

- 11.1 It is a condition of the Better Care Fund that the council and the local CCG enter into a section 75 partnership agreement.

12. Use of Appendices

- 12.1 none

13. Local Government (Access to Information) Act 1985

- 13.1 Further information about [Haringey's Better Care Fund Plan](#) can be found [here](#).



Report for:	Cabinet	Item Number:	
Title:	Transfer of 0-5 year old public health commissioning to Local Authorities		
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health		
Lead Officer:	Sheena Carr, Senior Public Health Commissioner		
Ward(s) affected: All	Report for Key Decision		

1. Describe the issue under consideration

This report provides information relating to 0 – 5 year old public health commissioning. The transfer of funding and commissioning responsibilities from NHS England to local authorities will take place on 1st October 2015.

The transfer of 0 – 5 year old public health commissioning is the final part of the transfer of public health commissioning to Local Authorities, which saw wider responsibilities successfully transferred in 2013. Local Authorities will receive funding, as part of their ring-fenced public health grant, to commission public health services for 0-5 year olds.

2. Cabinet Member introduction

- 2.1 The transfer presents a crucial opportunity for the council and health partners to join up public health services across health, social care, education and other relevant services for all children and young people. The focus on pregnancy to the age of five is key to delivering Priority 1 of the Corporate Plan, to give every child the best start in life.



Haringey Council

- 2.2 The transfer of this commissioning responsibility provides the opportunity to fully embed health services into the council's Early Help offer and into the new children's centres service model.

3. Recommendations

That Cabinet notes the transfer to the council from the NHS of funding and commissioning responsibilities for 0-5 year olds, including the mandatory elements of the Healthy Child Programme.

That Cabinet accepts the incoming budget from the NHS as set out in sections 10.4 and 10.5

4. Alternative options considered

No alternative options have been considered as this is a statutory transfer in line with regulations implemented under the Health and Social Care Act 2012.

5. Background information

- 5.1 As part of the Government's ambition to achieve the best possible health outcomes for children and young people, responsibility for commissioning 0-5 year old public health services is transferring from NHS England to Local Government on 1 October 2015. This will join up the commissioning for children under 5 years of age with the commissioning for 5-19 year olds and wider public health functions which successfully transferred to local authorities in April 2013 under the Health and Social Care Act 2012.
- 5.2 The transfer of commissioning responsibility for 0-5 year old services provides an exciting opportunity to contribute towards Priority 1 of the Corporate Plan to 'Enable every child and young person to have the best start in life, with high quality education'. There are also links with the cross-cutting themes: 'Prevention and early intervention', 'A fair & equal borough', and 'Working with communities'.
- 5.3 The benefits of prevention and early intervention in the earliest years are well documented. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional– are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing– from obesity, heart disease and mental health, to educational achievement and economic status.¹
- 5.4 The following commissioning responsibilities will transfer to local authorities:

¹ Fair Society, Healthy Lives. The Marmot Review. February 2010.



Haringey Council

- The 0-5 year old Healthy Child Programme (HCP) – this includes the health visiting service and the Family Nurse Partnership (a targeted service for teenage parents where a family nurse will work with the family until the child is two years old).

The following commissioning responsibilities will be retained by NHS England:

- Child Health Information Systems (to be reviewed in 2020)
- The 6-8 week GP check

5.5 Health visitors have a crucial role in the early years of a child's development providing ongoing support for all children and families; they lead the multi-agency provision of the HCP during pregnancy and the early years of a child's life. They also have key roles in supporting communities, in providing early help to families and contributing to more complex care for those children who may need it.

5.6 See Appendix 1 for the current delivery model of the Healthy Child Programme in Haringey.

6. Mandation

6.1 The Department of Health has confirmed that some elements of the HCP will be mandatory as part of the transfer. This is referred to as the "mandate". This means that local authorities will be obliged to commission the following universal elements of the national evidence-based Healthy Child Programme:

- antenatal health promotion reviews
- new baby reviews, which is the first check by a health visitor after the birth
- 6-8 week assessment
- 1 year assessment
- 2 to 2 ½ year review

6.3 In Haringey we will embed delivery of the HCP in the developing model for children's centres and in the context of early help and early intervention. Haringey will utilise the expertise of the specialist service, the Parent Infant Psychology service (PIPS), to provide training to the early years workforce, including social care, around the importance of attachment (between parent and newborn) and its implications for all our work on prevention and early intervention. This regular training will focus on practice implications, and the importance of interagency working.

6.4 Implementation of the HCP will be phased over two years. Phase 1 (June – October 2015) will focus on the antenatal review for first time parents across the borough. These parents will also have a new birth assessment and 6-8 week review. Phase 2 will begin with the one year review for a new cohort of parents from October 2015. The whole HCP will be rolled out to all parents by October 2017.



Haringey Council

- 6.5 Building on the work with local parents as part of the children's centre remodelling, we will engage with local families to advise on the local branding of the HCP and to offer insight on how the programme is rolled out across the borough. We will also have ongoing engagement with parents to explore potential pathways into employment in the range of early year's services such as health visiting.

7. Contract

- 7.1 From 1st April to 30th September NHS England will issue a standard NHS contract to Whittington Health to smooth the transition to 1st October 2015 when a new local authority contract with Whittington Health will be in place. The specification for the new contract will contain no surprises as agreed through the transfer process and the Council has already been discussing requirements with Whittington Health. In line with the national regulations, there will be no intention to tender for a new service provider until 2017. The contract with Whittington Health will remain in place from 1st October 2015 until at least 31st March 2017 for the provision of a Health Visiting Service and the Family Nurse Partnership Programme.
- 7.2 Subject to Parliamentary approval, regulations are due to be in place by May 2015. The regulations will include a 'sunset clause'.² The sunset clause would remain active until 31st March 2017 – in effect, there will be no change before that point. Public Health England will undertake a review at 12 months to inform future arrangements. Nationally it has been agreed that unless there are pressing reasons, local authorities will not seek to re-commission services during the transition in order to provide as much stability as possible for the health visiting workforce.
- 7.3 Local Authorities will be expected to ensure the provision of the same level of service as the NHS at the point of transfer and act with a view to securing continuous improvement in the uptake of the mandatory elements. The regulations make it clear that there is no expectation of an uplift in performance against the mandated elements at the point of transfer, and that councils will only be expected to take a reasonably practicable approach to delivering the 5 elements and to continuous improvement over time.
- 7.4 Delivery of the mandated elements will be particularly challenging for Haringey in the first eighteen months as we are starting from a 'low base'. Currently Whittington Health is commissioned to deliver the new birth assessment to all families and thereafter the full Healthy Child Programme (including the other elements of the mandate) is only delivered to those families identified as vulnerable. This model of delivery was established following the death of Peter Connelly and was part of the Joint Area Review Action Plan. However there will be an opportunity for service redesign through a tender process in 2017 with the intention for the health visiting

² The planned use of a sunset clause in the mandation regulations will provide that the law shall cease to have effect after a specific date, in this case after 18 months, unless further legislative action is taken to extend the law. The clause will be effective from 1 October 2015 and remain active until 31 March 2017.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/402447/Mandation_factsheet_1.pdf



Haringey Council

service to lead the implementation of the 0 – 5 year old Healthy Child Programme and thereby comply with the mandate.

- 7.5 In preparation for this service redesign, supported by the Haringey 54,000 Programme, a local Healthy Child Programme Steering Group has been established to oversee the phased roll out of the mandatory elements.

8. Mid year transfer

- 8.1 For 2015-16 the transfer is based on the principle of 'lift and shift' to support contracts which are already in place and to facilitate a safe mid-year transfer. The funding transferring should therefore be enough to support existing arrangements, performance levels and contracts at the point of transfer.

9. Workforce

- 9.1 In 2011 the coalition Government pledged to increase the health visiting workforce across the country. This workforce plan was set out in A Call to Action. The Department of Health set each service provider growth trajectories. Whittington Health was set a challenging trajectory in 2011/12. The timescale for growth was four years. The first two years were performance managed by Haringey Primary Care Trust and the last two years by NHS England London region. Whittington Health's baseline in 2011/12 was 35.2WTE health visitors plus 4.9 WTE management posts. The trajectory was to have an additional 34.5 WTE health visitors by 2014/15, ie a total of 69.7 WTE health visitors. Currently there are 28.3 WTE health visitors working in Haringey.
- 9.2 We have been assured by NHS England that should the trajectory not be reached, we will be able to use the funding to commission a skill mix to enable implementation of the mandate (e.g. instructing the provider to recruit paediatric nurses and nursery nurses). It is important that public health works with the provider, once we have responsibility, to ensure there is a rolling recruitment programme to attract new health visitors to the borough.
- 9.3 A skilled workforce will be key to delivering the mandate effectively and safely and will be an integral part of the Council's early help model. We will ensure that the future operating model for children's centres will have roles that will support delivery of an integrated HCP. A workforce plan will be developed that will inform and draw together priorities across early help and health visiting commissioning. Work is underway with early years to implement a model for the joint 2-2 ½ year assessment that will deliver on our ambitions to improve outcomes for children across the borough.

10. Comments of the Section 151 Officer and financial implications



Haringey Council

- 10.1 Due diligence work carried out with London Councils has shown that there is a high level of variation in funding levels compared with population size across London – the reasons for which are likely to be historical rather than linked to current need. As suggested above, Haringey appears to have a low level of funding (although it is by no means the worst in London.)
- 10.2 This has been partly recognised by the NHS who have agreed a small uplift to meet the overhead costs of running the service; however in practice we believe that the service remains somewhat underfunded in comparison with our neighbours, which will make it more challenging to deliver the full aspirations of the Healthy Child Programme. Moreover, it should be noted that the additional £75,675 has been top sliced from Haringey CCG budget so there is no funding increase for the local health economy.
- 10.3 In the short term, in practice there will however be no adverse financial implications for Haringey since the funding we will receive will be equal to the cost of the service as it is expected to be at the point of transfer. However in the longer term this underfunding will bring an increased level of risk and make it more difficult to deliver both the NHS mandation and the council's own aspirations under priority one. We should continue to lobby for a fairer distribution of resources for Public Health across London that is more reflective of the underlying need in an area.
- 10.4 The funding will be provided in the form of a specific grant, although Cabinet need to be aware that the new Government have signalled there will be reductions of £200m nationally that are to be made by the Department of Health and will be targeted at Public Health budgets that are devolved to local authorities.
- For 2015/16 (6 months), if no changes are made, the local authority will receive £2,422,000 plus an additional £75,675, following an agreement to increase overhead costs.
- In addition, we will receive an extra £30,000 half-year's cost of commissioning 0-5 year old children's public health services.
- 10.5 From April 2016, the full-year public health grant will include money for all public health responsibilities transferred to Local Authorities from 1 April 2013 including 0-5 year old public health services. The full year value will be part of the recurrent allocation to the local authority for future years. A full review of the grant calculation methodology for 2016-17 onwards has recently been announced by the Department of Health to address the disparities in funding between authorities. However the starting point will be a baseline allocation set in reference to the current funding. Current indications are that for 2016/17 (full year) the baseline allocation will be:

£4,844,000 plus £151, 350 (increased overhead costs).

11. Assistant Director for Governance and legal implications



Haringey Council

The Assistant Director of Corporate Governance notes the contents of the report.

Under the Health and Social Care Act 2012 the majority of public health functions transferred from the National Health Service to local authorities in April 2013. The final stage of the transition involves transfer of commissioning responsibilities for 0-5 year olds to local authorities on 1 October 2015.

The health visiting and family nurse partnership services are currently commissioned by the NHS as part of a master NHS England Standard and NHS guidance confirms that this will continue until 30 September 2015.

From 1 October 2015, the Council will enter into a contract with the provider, Whittington Health, based on the standard NHS contract. The DH guidance advises that authorities should not seek to recommission services during the transition period.

In the current circumstances whereby services transfer under a statutory process, it is unlikely that this would be deemed to fall within the remit of the Public Contracts Regulations 2015 (the Regulations) so a procurement exercise would not be applicable. However, on recommissioning of the services, legal advice should be sought on the application of the Regulations..

12. Equalities and Community Cohesion Comments

A local equalities impact assessment, based on the national health visiting equalities assessment was undertaken. The Regulations are expected to have a neutral or positive impact on service users with relevant protected characteristics, such as pregnant women, mothers and disabled children. The phased introduction of the service will allow for more accurate assessment and evaluation of the equalities impact on a smaller scale, so any concerns can be addressed prior to the roll out of the entire HCP.

13. Head of Procurement Comments

There is no intention to tender for a new service before 2017 to ensure stability during the period of transfer, and in keeping with the sunset clause set by the Department of Health. A tender process for a new service provider can be implemented with a new start date of 1st April 2017.

14. Policy Implications

This final transfer of public health commissioning responsibility will enable joined up commissioning from 0 to 19 years old, improving continuity for children and their families. Discussions have already taken place in the Haringey 54000 Board on how the introduction of the evidence based Healthy Child Programme (pregnancy to 5 years and 5 – 19 year olds) will enable delivery of prevention, early intervention and the early help offer.



Haringey Council

There will be an opportunity to fully integrate the health visiting service and the Family Nurse Partnership programme into the future children's centre offer.

There will be further opportunity to ensure all processes relating to safeguarding are seamless between different professionals.

15. Reasons for Decision

This is a statutory transfer in line with regulations implemented under the Health and Social Care Act 2012.

16. Use of Appendices

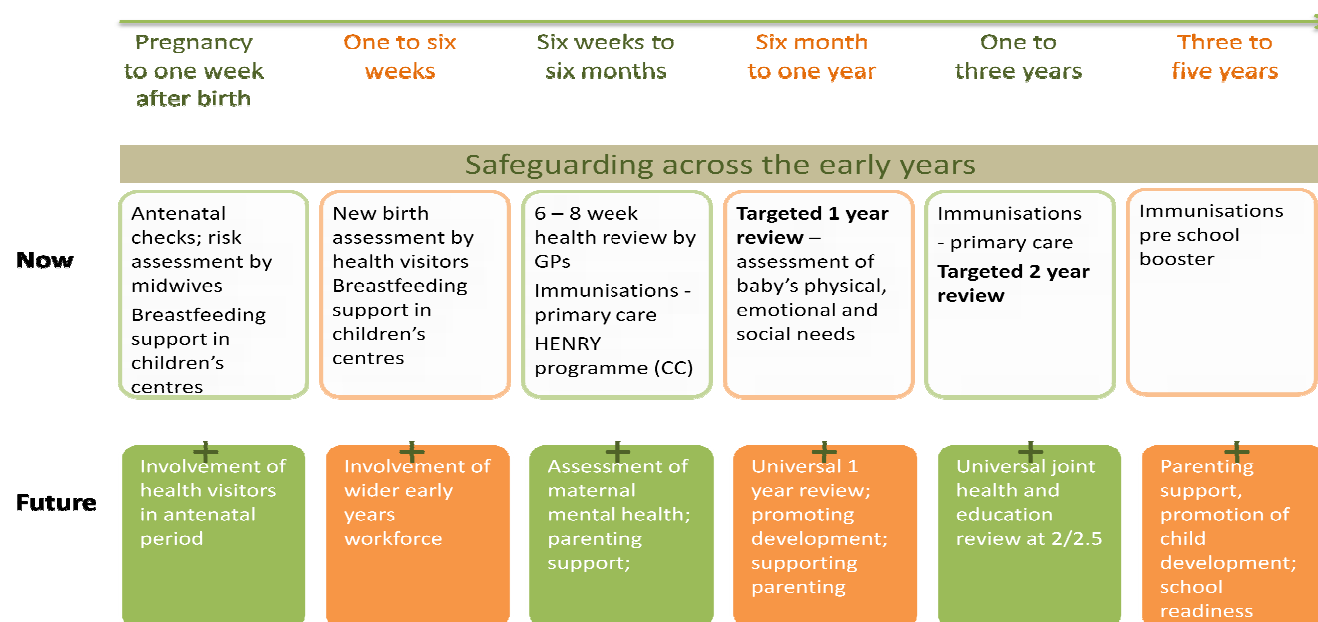
Appendix 1 Healthy Child Programme delivery

17. Local Government (Access to Information) Act 1985



Appendix 1 Healthy Child Programme delivery

HCP schedule in Haringey



+Wider early years workforce crucial to successful delivery e.g. early help teams; children's centres; foster carers; childminders; family support workers etc

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Report for:	Cabinet – 16th June, 2015
Title:	Endorsement of Health and Wellbeing Strategy
Report Authorised by:	Zina Etheridge, Deputy Chief Executive, LBH
Lead Officer:	Jeanelle De Gruchy, Director of Public Health, LBH

1. Describe the issue under consideration

1.1 Following the expiry of the Health and Wellbeing Strategy (2012-15) a new Health and Wellbeing Strategy has been developed for the next three years (2015-18). This strategy will enable:

- all Health and Wellbeing Board (HWB) partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- key agencies to develop joined-up commissioning and delivery plans to address these priorities
- the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy
- members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities and the approaches for working agreed within this strategy; this includes engaging residents in co-producing solutions.

1.2 This paper summarises the revisions that have been made to the draft Health and Wellbeing Strategy following the public consultation that concluded at the end of March. The purpose is to enable the Health and Wellbeing Board to agree the final version of the Health and Wellbeing Strategy (attached as Appendix 1).

2. Cabinet Member introduction

2.1 Haringey faces considerable challenges with areas of high health need and rising demand for services, particularly in social care; this at a time of shrinking budgets. At the same time, regeneration in the borough provides considerable potential to improve health and wellbeing and reduce inequalities.



2.2 The Health and Wellbeing Strategy presents an opportunity to transform the way in which we seek to improve the health and wellbeing of our residents. Working with our partners and residents, we must ensure that we are ambitious and bold in our approach to delivering our vision.

3. Recommendations

- 3.1 Consider the responses to the consultation on the draft Joint Health and Wellbeing Strategy;
- 3.2 Endorse the draft Health and Wellbeing Strategy (attached as Appendix 1);
- 3.3 Recommend the draft Strategy to the Health and Wellbeing Board for approval and publication.

4. Alternative options considered

- 4.1 Haringey Health and Wellbeing Board has a duty to develop a Health and Wellbeing Strategy to prioritise effort to address needs identified by the JSNA. The previous Health and Wellbeing Strategy covered 2012-15 and has now expired. Therefore no alternative options were considered.

5. Background information

5.1 The legislation and local policies that have informed the development of the Health and Wellbeing Strategy were summarised in a report to the 24th March 2015 Health and Wellbeing Board. They include the Care Act, Children and Families Act, LBH Corporate Plan, NHS Five Year Forward View, Haringey CCG Five Year Plan, and Better Health for London report (London Health Commission).

5.2 The Board's draft Health and Wellbeing Strategy (2015-2018) was developed following a review of the current Health and wellbeing strategy (2012-2015) and significant pre-consultation work with partners and residents/service users. The draft strategy was put out for consultation in February and March 2015.

5.3 The responses from the consultation have been summarised in a report (see Appendix 2). The main themes from the consultation were:

- Many residents recognise that Health and Wellbeing can be improved through better education and awareness and therefore see an important role for parents and schools.
- Residents are most likely to see their role in supporting Health and Wellbeing as being to educate themselves and spread messages to those around them.
- Many respondents believe that cost is an issue, and that a healthy lifestyle needs to be more affordable. Consequently respondents tend to believe the quality and safety of the public environment is important because of the opportunities it provides for free exercise.



Haringey Council

- There is quite a sophisticated understanding of the links between mental and physical health and the importance of healthy relationships and sociability in improving Health and Wellbeing. Loneliness amongst older people was a commonly raised issue.
- There was widespread recognition that different communities have different health needs, and that Health and Wellbeing professionals should work closely with communities to develop targeted solutions.

5.4 The Health and Wellbeing Strategy has been updated to reflect the consultation responses. Common resident responses and example quotations have been added. Particular policies have been illustrated with examples raised by respondents i.e. the example of peer support schemes was added to illustrate the proposal for community-based services for people with mental ill-health issues. Throughout the document it has been made clearer that the specific health needs of different communities will be addressed by working closely with those communities.

5.5 Following the consultation, a number of key objectives were drawn out of the Health and Wellbeing Strategy, to offer a simple structure that would facilitate the Board's oversight of the delivery of the Strategy and enable a clear focus on the most important outcomes. The approach of the London Health Commission should be taken as the model – whose Better Health for London report features 10 'ambitions' for the Health and Wellbeing of the city.

5.6 Following the London Health Commission model, 9 'ambitions' for the Health and Wellbeing of Haringey were identified. For each, a single headline indicator has been chosen.

5.7 Supporting these ambitions, the Health and Wellbeing Strategy proposes a focus on three areas where we need to make the most significant and sustainable improvements:

Priority 1: Reducing obesity

Priority 2: Increasing healthy life expectancy

Priority 3: Improving mental health and wellbeing

5.8 The Strategy has been updated to feature a series of charts that show the structure of the delivery plan through which the priorities will be implemented. The structure charts are mapped against the 9 ambitions and indicate the dependencies with other programmes and partnerships. Fundamentally, the structure shows that priority 1 will be delivered under the auspices of the Obesity Alliance, priority 2 through the (Corporate Plan) Priority 2 Portfolio, and priority 3 through the Mental Health Framework.

5.9 There are three versions of the Health and Wellbeing Strategy:

Full Strategy

Summary version of the Strategy



Haringey Council

Easy read version of the Strategy (to be commissioned)

All versions of the strategy and the report summarising the results of the consultation will be uploaded to the Council's dedicated web page for the Health and Wellbeing Strategy 2015-18:

<http://www.haringey.gov.uk/social-care-and-health/health/health-and-wellbeing-strategy>

6. Comments of the Chief Finance Officer and financial implications

6.1 This report for Cabinet summarises the revisions that have been made to the draft Health and Wellbeing Strategy (2015-18) to enable the Health and Wellbeing Board to agree the final version of the Strategy. As such there are no financial implications arising directly from this report. However it is important to note the financial context in which the Health and Wellbeing Strategy will operate.

6.2 The Council's Medium Term Financial Strategy (MTFS) sets out actions to achieve savings of at least £70 million by the end of the period to 2018. This is in addition to a £117 million reduction that has already been made since 2010. The Medium Term Financial Strategy and the Corporate Plan have been developed together to meet this challenge and in order to ensure that the Council remains clearly focused on its objectives. The MTFS has been drawn up in terms of investment in each of five key priorities. Priorities one and two are most closely linked to the Health and Wellbeing Strategy although, given the general duty of promoting wellbeing, all priorities must be seen as contributing to it.

6.3 The 2015-16 net revenue budget for the Council is £276 million which includes budgets allocated to Adults Social Care and Children and Young People's Services; and Public Health. These budgets support the delivery of two priorities in the Corporate Plan:

- £53 million for Corporate Plan Priority One - Enable every child and young person to have the best start in life, with high quality education
- £96 million for Corporate Plan Priority Two - Empower all adults to live healthy, long and fulfilling lives

6.4 In this challenging financial context the successful implementation of the Health and Wellbeing Strategy is a key component to supporting the financial position of the Borough and Haringey CCG in addition to the undoubted benefits that will accrue from achieving health improvements for our residents.

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



Haringey Council

7.1 Section 196 of the Health and Social Care Act 2012 requires the function of the CCG (Clinical Commissioning Group) and the local authority of preparing joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS) to be discharged by the Health and Wellbeing Board.

7.2 Section 193 of the Act imposes a duty on the local authority and the CCG to produce JHWS for meeting the needs identified in the JSNA. The local authority, CCG and the NHS Commissioning Board (in relation to its local commissioning responsibilities) must have regard to the JSNA and JHWS when carrying out their functions. The Act does not specify the form the JHWS should take. It requires the local authority and the CCG to have regard to the Secretary of State's mandate to the NHS Commissioning Board which sets out the Government priorities for the NHS and any guidance issued by the Secretary of State when preparing the strategy. The Act also requires the local authority and CCG to involve the Local Healthwatch organisation and the people who live or work in the local authority's area when preparing the JHWS.

7.3 The local authority and the CCG must consider how the needs in the JSNA could more effectively be met through the use of flexibilities available under section 75 of the NHS Act, such as pooled budgets, when preparing the JHWS. The Act enables the local authority and CCG to include in the strategy their views on how arrangements for the provision of health-related services could be more closely integrated with arrangements for the provision of health services and social care services in the area.

7.4 The Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2013 provides that "Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole" (Paragraph 3.1).

7.5 The Statutory Guidance also requires the Health and Wellbeing Board to give consideration to the Public Sector Equality Duty under the Equality Act 2010 throughout the JHWS process. "This is not just about how the community is involved, but includes consideration of the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing" (Paragraph 7).

7.6 Once approved, Health and Wellbeing Board must publish the JHWS.



Haringey Council

8. Equalities and Community Cohesion Comments

8.1 The development of the Health and Wellbeing Strategy has been subject to an Equalities Impact Assessment.

8.2 The EQiA provides substantial detail on the evidence base around Health Inequalities that informed the Strategy. It also details the consultation work that has been carried out and how the demographic profile of respondents was monitored.

8.3 The EQiA concludes that proposals to increase healthy life expectancy and prevent people from developing long term health conditions will have a positive effect on older people, and (because children from BME groups are more likely to be obese) proposals to tackle obesity in the HWB Strategy should have a positive impact on BME groups.

9. Head of Procurement Comments

9.1 The Health and Wellbeing Strategy does not have any identified Procurement activities within it. Any Procurement that needs to be undertaken to meet the objectives set out within the Strategy will be dealt with on an individual basis under normal procurement practise.

10. Policy Implication

10.1 The Health and Wellbeing Board (HWB) has a duty to develop, upgrade and publish the Health and Wellbeing Strategy. The Health and wellbeing strategy aims to improve the health and wellbeing of children and adults in our borough and reduce health inequalities by pursuing the three priorities of reducing obesity, increasing healthy life expectancy and improving mental health and wellbeing.

10.2 The Health and Wellbeing Strategy has clear synergy with Priorities 1 and 2 of the Corporate Plan. It is clear that the intention is to integrate the delivery plan for the Strategy into existing/emerging Corporate Plan delivery plans – primarily the Priority 2 Portfolio.

10.3 The Community Strategy currently being developed will be relevant to the delivery of the Health and Wellbeing Strategy – given that working with communities is identified as one of the key methods for implementing the Health and Wellbeing Strategy. The Policy team are involved in both Strategies are so are well placed to ensure that they complement one another.

11. Reasons for Decision

It is recommended that the Health and Wellbeing Strategy 2015-18 is approved as the Health and Wellbeing Board has a duty to develop a Health and Wellbeing Strategy and the previous Strategy has now expired.



Haringey Council

This strategy will enable all partners to be clear about our agreed priorities for the next three years; all members of the HWB to embed these priorities within their own organisations; key agencies to develop joined-up commissioning and delivery plans to address these priorities; and the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy.

12. Use of Appendices

Appendix 1: Health and Wellbeing Strategy (final v1.9)

Appendix 2: Summary of Consultation responses

13. Local Government (Access to Information) Act 1985

See the paper 'Transforming health and wellbeing in Haringey' - Health and Wellbeing Board (24th March 2015)

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Haringey Health and Wellbeing Board

Haringey's Health and wellbeing strategy 2015-2018

**All children, young people and adults live healthy, fulfilling and long
lives**

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Lead Officer	<i>Jeanelle de Gruchy, Director of Public Health, Haringey Council 020 8489 5119</i>
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V1.6	<i>Updated to reflect consultation comments</i>	<i>24 April 2015</i>
V1.7	<i>Updated after comments from senior LBH officers, ready for informal meeting of HWB partners 5th May</i>	<i>1 May 2015</i>
V1.8	<i>Updated after comments from HWB partners. 9 ambitions and delivery plan structure added</i>	<i>11 May 2015</i>
V1.9	<i>Updated following SLT 26th May</i>	<i>4 June 2015</i>

Approval history

Version	Approving body	Date
V0.1	<i>Health and Wellbeing Board</i>	<i>13 January 2015</i>
V1.9	<i>Health and Wellbeing Board</i>	

Introduction

Haringey is a borough of great assets and enormous opportunity. We have fantastic parks and open spaces, some of the best schools in the country and our transport links provide good access to employment opportunities within London. Many of our residents are thriving and happy with their lives and health.

However, a big issue for us is that many people experience a range of challenges that mean their health and wellbeing are not as good as they could be. This affects how healthy they are as they age and how early they die - on average, men in the poorer wards of our borough die 8 years younger than men in the wealthier wards; this difference is 3 years for women. There would be a similar difference in how healthy people are as they age. Inequalities in health due to people's different social circumstances are, quite simply, unfair.

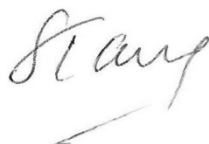
Mental ill health is also a big issue for Haringey, and again shows inequalities. We need to make sure that the mental health of our residents gets as much attention as their physical health.

The rise in obesity, in children in particular, is very worrying. Becoming overweight as a child means they may already experience problems of poor health or self-esteem. But it also means that they are storing up real problems for the future.

No organisation can tackle these issues on their own. We all need to work together – residents and community groups working with the Health and Wellbeing Board and its partners. This strategy is about how we focus our efforts to do that.












Councillor Claire Kober
Leader of Haringey Council
Chair of the Health and Wellbeing Board



Dr Sherry Tang
Chair of Haringey Clinical Commissioning Group
Deputy Chair of the Health and Wellbeing Board

Summary: Haringey Health and Wellbeing Strategy 2015-2018

Our vision:	All children, young people and adults live healthy, fulfilling and long lives					
Our ambitions:		Fewer children and young people will be overweight or obese		People can access the right care at the right time		More adults will have good mental health and well-being
		More adults will be physically active		More people will do more to look after themselves		People experiencing Mental Health crisis will receive the care they need when they need it
		Every resident enjoys long lasting good health				
		Haringey is a healthy place to live				
Our principles:	Tackling inequalities Prevention and early help and support Working with communities					
Our priorities:	Reducing obesity		Increasing healthy life expectancy		Improving mental health and wellbeing	
Why have we chosen these?	<ul style="list-style-type: none">Obesity in the UK is rapidly rising; related long-term conditions reduce life expectancy by an average of nine yearsOverweight children are more likely: to be ill and absent from school; to be bullied; to become overweight adultsHaringey has significant numbers of overweight children – an estimated 13,675, with 1 in 4 Reception children and 1 in 3 Year 6 children overweight or obeseObesity is closely linked to deprivation - Year 6 children living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas.Many people with learning disabilities have a problem with obesity		<ul style="list-style-type: none">On average, women in Haringey live the last 23 years of life in poor health (‘unhealthy life expectancy’) and men live the last 20 years of life in poor health.There are also large inequalities in life expectancy between the east and west of the borough (on average 8 years for men; 3 years for women)Long-term conditions – health problems such as heart disease and diabetes that cannot be cured but can be controlled – are the major causes of early death and poor healthThe number of people with long-term conditions is increasing; this is related to increases in physical inactivity, poor diet, alcohol misuse		<ul style="list-style-type: none">Mental health and wellbeing have a great impact on our ability to live happy and fulfilling livesPoor mental health increases the risk of long term conditions.In Haringey an estimated 3000 children and young people have some form of mental health problems at any time; over 34,500 adults will have a common mental disorder (anxiety or depression)About 4000 adults with severe mental illness live in Haringey; a low percentage of these adults are in employment or settled accommodationSuicide rates are 33% higher than the London averageDespite high levels of mental illness in Haringey, a large proportion of our residents	

			do not seek help
What would a healthier Haringey look like?	<ul style="list-style-type: none"> • Healthy lifestyle change is a part of all strategies and policies • More mothers breastfeed • More children, families and adults eating healthier options and are more active • More schools achieve their Healthy School awards • We stop the rise in childhood obesity. 	<ul style="list-style-type: none"> • A borough that enables people to make the healthy choice the easy choice • More people aging well and fewer people with long-term conditions • More people able to self-manage their long-term conditions with support from quality primary care services. • Fewer caring relationships will break down • Fewer people feel alone • Fewer emergency admissions to hospital for people with long-term conditions. • An improvement in healthy life expectancy for men and women in all parts of the borough. 	<ul style="list-style-type: none"> • More people with mental health problems will recover and be able to participate in their communities; • More people with mental health problems will have good physical health • More people with mental health problems will have employment and live in settled accommodation • More people will have a positive experience of care and support, including carers • More people who use services will feel more in control of their life • Fewer people will experience stigma and discrimination
Related strategies	This strategy complements the council's corporate plan, local NHS (CCG) 5-year strategy, NHS North Central London 5-year plan and Community safety plan		

What influences our health and wellbeing?

It's not just a case of genetics – where we are born, study, work and retire affects our health and wellbeing. Poor quality housing, low educational attainment, unemployment, lack of leisure facilities, air pollution and a range of behavioural factors – such as smoking, physical inactivity, excessive alcohol, overweight and poor diet and social isolation – influence our ability to stay mentally and physically healthy and flourish.

Some of these behaviours are established at a young age – we know that obese toddlers are more likely to grow into obese children and obese children are more likely to grow into obese adults. So to give children their best chance of a healthy future, we need to start encouraging healthy eating and physical activity early.

A good start in life is also a key part of ensuring good mental health and wellbeing through life. For babies and young children, care and development are strongly linked, and the bond between baby and parent or carer is crucial.

Unhealthy behaviours have led to the rise in 'long-term conditions' (health problems such as diabetes that cannot be cured but can be controlled by medication or other therapies) and the increase in years spent in poor health. People with long-term conditions are more likely to experience mental health issues like depression and anxiety.

Obesity, long-term conditions and poor mental health are more common in people who live in more deprived areas – contributing to the significant health inequalities in our borough.



While some change can be brought about by the NHS, other actions need to be taken by the local authority and other statutory partners, businesses and employers, and local residents and communities. Indeed the NHS has acknowledged¹ that while the health service has improved dramatically over the past 15 years, the quality of care can be variable, preventable illness is widespread and health inequalities deep-rooted. It argues that the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain depend on a radical upgrade in prevention and public health – this is a core principle of this strategy.

Role of the Health and Wellbeing Board

By law, every local authority is required to have a [Health and Wellbeing Board](#) (HWB), which is a committee of the local authority.

In Haringey the HWB is a small, decision-making partnership board. Members include councillors, the local authority's public health team, adult and children's services, the NHS (including local GPs), Healthwatch and the Community and Voluntary (VCS) sector. However, improving health and wellbeing in the borough is not the sole responsibility of one or two organisations; the responsibility is shared among us all.

The Health and Wellbeing Board (HWB) takes the lead in promoting a healthier Haringey. It has a general duty to promote the individual wellbeing of all local residents (Care Act 2014).

It has a duty to develop a [joint strategic needs assessment](#) (JSNA) and a Health and Wellbeing Strategy to prioritise effort to address needs identified by the JSNA.

Purpose of this strategy

This strategy will enable:

- all partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- key agencies to develop joined-up commissioning and delivery plans to address these priorities

- the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy
- members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities and the approaches for working agreed within this strategy; this includes engaging residents in co-producing solutions.

The strategy will focus on a small number of priority areas to ensure these receive the required level of attention from the Board. The delivery plans that support each of these will set out the detail of how we will measure progress and achievement.

How we will measure success

- The inclusion of the priorities and approaches in the commissioning and delivery plans of board members and wider partners
- Monitoring the impact of our commissioned work
- Monitoring of the key Outcomes Frameworks
- Engagement with and learning from stakeholders and the community

Background

In recent years, there has been significant change across the health and wellbeing policy landscape. There are a number of policies and programmes, (national, regional and local) that the Health and Wellbeing Strategy must take account of, complement and implement. They include:

- Implementation of the Care Act
- Implementation of the Children and Families Act
- London Borough of Haringey Corporate Plan
- Haringey CCG Five Year Plan
- The London Health Commission's *Better Health for London* strategy

All of these policies and programmes share common outcomes;

- Better health, for longer, for everyone
- Improved wellbeing
- Reducing health inequalities
- Enabling people to be in control of their lives
- Resilient communities
- Safety (protection from abuse and neglect)

and lay out common principles:

- An approach that considers the health of all residents
- Tackling stigma and discrimination

- Prevention and early help – including supporting children to get the best start in life
- Strong, collaborative partnerships
- Working with communities
- High quality services that are joined up around individuals, and community needs, not those of the institutions providing services
- Promoting self-care and independence, underpinned by the right support
- Considering the impact on health and wellbeing of the environment, housing, and education

These outcomes and principles are strongly reflected in the Health and Wellbeing Strategy 2015-18 – having shaped the underlying vision, key priorities and approach to delivery. This ensures that the implementation of the Strategy can be pursued in an integrated way with all partners responsible for health and wellbeing in Haringey.

Process

In May 2014, the Health and Wellbeing Board began a programme to refresh the [2012-2015 Health and Wellbeing Strategy](#). The programme (see www.haringey.gov.uk/refreshing-hwb-strategy.htm) included:

- A review of the current strategy through a series of meetings with key stakeholder groups, and a workshop, survey and focus groups with the voluntary sector and residents organised by Healthwatch and HAVCO (see:

<http://www.haringey.gov.uk/index/council/haveyoursay/ourtomorrow.htm>).

- Reviewing the joint strategic needs assessment (JSNA) www.haringey.gov.uk/JSNA
- Identifying areas where the HWB needs to take a strong strategic lead.

The review showed that there have been improvements in health and wellbeing in the borough, including a reduction in infant mortality and teenage pregnancy and an increase in life expectancy.

However, some things are not going well at the moment – many people are becoming overweight and obese from an early age, developing long-term conditions at a relatively young age, and there are significant numbers of people with mental health issues. Unfortunately this is more likely in poorer areas of the borough where people face multiple challenges – this leads to inequalities in health, particularly in life expectancy.

There was a strong acknowledgement of the importance of factors such as the environment, housing, environment and education and their impact on health and wellbeing.

The review also stressed the importance of individuals and communities looking after their own health and wellbeing – and being actively involved in policy or service changes - needed to support this.

However the complexity of these issues, and the need for a longer-term consistent approach to address them was also recognised. Finally, there was support to continue the work that

was started by the previous strategy (2012-2015) – and this strategy can be seen as a continuation of that, but with more focused effort and clearer principles for action.

Our vision, ambitions and priorities

Our vision is to work with communities and residents to reduce health inequalities and improve the opportunities for **all children, young people and adults to live healthy, fulfilling and long lives**

To achieve this vision, we have identified 9 ambitions for the future health and wellbeing of Haringey residents:

1. Fewer children and young people will be overweight or obese
2. More adults will be physically active
3. Every resident enjoys long lasting good health
4. Haringey is a healthy place to live
5. People can access the right care at the right time
6. More people will do more to look after themselves
7. More adults will have good mental health and well-being
8. More children and young people will have good mental health and well-being
9. People experiencing mental health crisis will receive the care they need when they need it

Principles underpinning the strategy

In addition to the ambitions, the strategy is underpinned by three principles.

1. Tackling inequalities

Inequalities due to residents’ different characteristics and social circumstances are, quite simply, unfair. Living in a fairer society with reduced health inequalities has both social and economic benefits. Our actions to tackle underlying factors of poverty and discrimination must be universal, but with a scale and intensity that is proportionate to the level of need in a certain area or community.

2. Prevention and early intervention

Prevention means shifting our focus from treating symptoms to reducing underlying causes. We have to prevent problems starting in the first place by creating environments where the healthy choice is the easier choice. Where problems arise, we need to act in partnership and intervene earlier to work with residents and communities to build on their own skills and capacity and improve outcomes for all.

3. Working with communities

Existing approaches to the delivery of public services traditionally focus on the deficits and vulnerabilities in a population. However, increasingly there is a desire to shift the focus of these services so that they build on residents’ and communities’ strengths, especially in areas and communities facing many challenges including higher levels of health need. This requires a radical transformation in how the public sector works, and how its relationship with communities is considered. Services will need to be designed with residents to ensure that every contact promotes independence, self-sufficiency, and a greater sense of self-worth and self-efficacy.

Approach to delivery

To achieve the 9 ambitions, the strategy will focus on three areas where we need to make the most significant and sustainable improvements:

- Priority 1: Reducing obesity
- Priority 2: Increasing healthy life expectancy
- Priority 3: Improving mental health and wellbeing

This is a three year strategy and progress will be monitored every year against delivery plans for each of the priorities. See appendix 1 for the high level delivery plan structure.

For each priority, the key interventions for delivering the strategy are detailed below. There are three types of intervention: borough level interventions, working with communities and support through services.

Priority 1: Reducing obesity

Why this is a priority

Obesity in the UK is rapidly rising. By 2050 it is predicted that 60% of men and 50% of women will be obese.

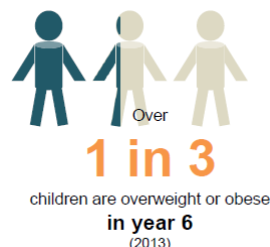
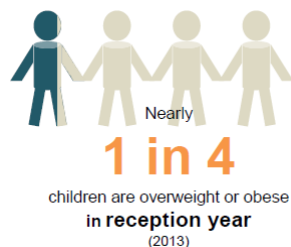
Obesity-related disorders and complications such as diabetes (a long-term condition), increase the time people live in poor health (unhealthy life expectancy) and reduce their life expectancy by an average of nine years. They also place a huge economic burden on health services and the wider economy. For instance, diabetes accounts for 10 percent of the total NHS spend.

Child obesity is particularly worrying because of its short and long-term effects. Obese children:

- are more likely to be ill and therefore absent from school and require more medical care than normal weight children
- are more likely to have tooth decay - the top cause for child non-emergency hospital admissions in most London boroughs
- are more likely to experience bullying and mental health issues including low self-esteem
- are at a higher risk of becoming an obese adult.

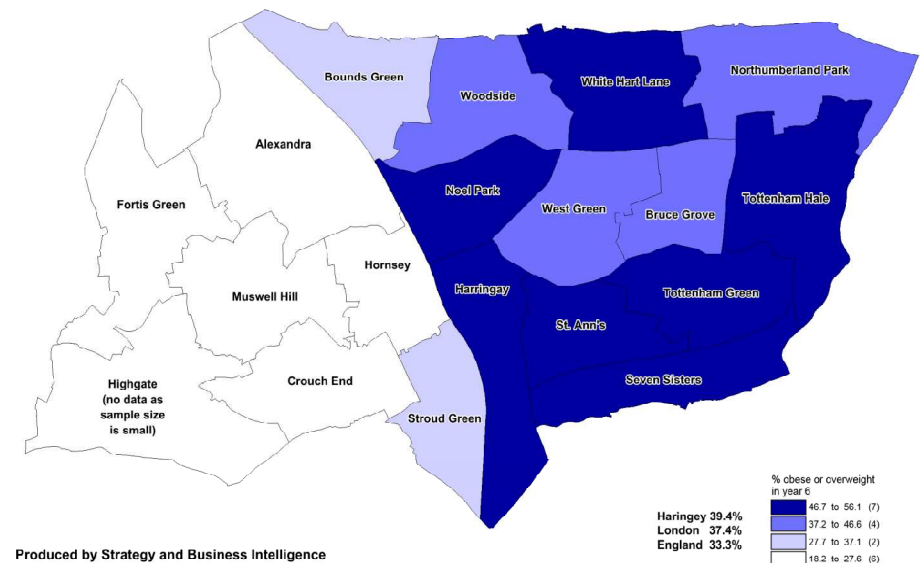
We know that in Haringey:²

1. A higher proportion of children are obese in both Reception (ages 4 to 5) and Year 6 (ages 10 to 11) than London and England as a whole (2012/13).



2. Obesity levels are closely linked to deprivation - Year 6 children living in deprived areas are 2.5 times more likely to be overweight or obese than those in more affluent areas.

% of Year 6 children who are obese or overweight 2013
Haringey wards



3. Children from black and minority ethnic (BME) groups are more likely to be obese than white British children.
4. Many people with a learning disability have a problem with obesity.
5. Our local research with students shows that intake of fast food and sugary soft drinks tends to go up when it is easily available and cheap.

Where do we want to be by 2018?

- Prevention is key - we want the whole community and all of our partners to be committed to and involved in preventing obesity in the first place. We want a culture and environment that supports eating well and being physically active, where the healthier choice is the easier choice.
- We want the rise in childhood obesity to be halted.

What people have told us

Residents have told us that tackling obesity should be the responsibility of individuals, and that communities and the public and private sectors have a significant role to play in creating a healthier environment. More specifically, they told us:

- Inviting, welcoming facilities can help people be more active (e.g. the popular outdoor gyms). There needs to be effective promotion and marketing of these opportunities.
- Increasing the availability of safe places for people to walk, exercise and children of all ages to play
- Responses to the Council's *Investing in our Tomorrow* consultation included:
 - 1 in 3 think individuals could exercise more. One respondent said: *'We should promote the benefits of walking and cycling, for instance by ensuring cycling lanes are part of plans for improving roads.'*
 - 42% of respondents think individuals could change their eating habits to eat healthier. *'Eat healthier and take exercise. Limit fast and processed food. Learn to cook and have support in learning how to cook from scratch...'*

- Less unhealthy food. 26.32% of respondents think there are too many fast food shops in Haringey. *'Restrictions on fast food establishments would help.'*
- Affordable and easily available exercise and healthy food options.

- Responses to the Council's public consultation on the Health and Wellbeing Strategy included:

- 11% of respondents raised the importance of education about healthy living in schools
- 11% of respondents think cooking classes would help people to eat healthier: *'Developing more family cooking projects will help children and families eat more healthily.'*
- A number of respondents recognised the link between mental health and obesity: *'Help and support on a psychological level can also have an important role to play in initiatives to reduce obesity.'*

- In a focus group for the consultation, the Learning Disabilities Partnership noted that many people with learning disabilities have a problem with obesity. They felt this priority should include children and adults, especially if they are vulnerable and rely on others to meet their needs.

What are we going to do about it?

Education and personal responsibility are critical elements of any approach to reduce obesity; but they are not enough on their own. Additional interventions are needed that rely less on conscious choices by individuals and more on changes to the

environment and societal norms. Such interventions help make healthy behaviours easier. They include reducing default portion sizes, changing the way food and drink is marketed, changing the urban and school environment to encourage physical activity.

No one part of society – the NHS, council, community groups, traders, restaurants, employers or individuals – can address obesity on their own. All need to be involved.

Evidence strongly suggests that any single type of intervention is unlikely to be effective on its own, but many will contribute to a change. A recent report noted 74 cost-effective interventions in 18 areas (see figure).³

1) *Create a healthy environment – borough-level interventions:*

Our aim is to create an environment where the healthy choice is the easier choice. One way to do this is for the Council to work with residents, developers and businesses to create healthy-weight environments through strong healthy public policy.

- The way we use the planning system to design our built environment influences the health outcomes of residents. We will work in partnership with planning, regeneration, environmental health, residents and businesses to co-ordinate a long term approach which will create a supportive health-enhancing environment where the healthy choice is the easy choice; for example, where it's easy, safe and enjoyable to play, walk or cycle.



- We will design a policy for the Local Development Management Plan to restrict the over-concentration of fast food outlets within 400 metres of schools. At the same time, we will work with and support schools and academies on their school food policies including their policies on 'open gates' at lunchtimes and possible alternatives.
- Develop a Food Charter with local stakeholders (including businesses and enterprise) to improve our food system.
- Shape the built environment through regeneration in Tottenham, in partnership with residents, businesses and communities as part of the Healthier Catering Commitment Scheme to improve the availability of healthy food.

2) *Work with communities*

Our aim is to work with residents and communities to build their ability to help themselves and others alongside offering 'early help' to those who need it.

- Develop an ambitious programme for resident-led community food growing
- Breastfeeding decreases the risk of obesity so we will continue to support women to breastfeed. Haringey has achieved Level 1 Baby Friendly Accreditation that has created supportive environments for women to breastfeed. Alongside this, the Council is piloting a healthy start vitamin offer, providing vitamins to all pregnant and breastfeeding women and children under four.
- Work with parents of young children to share their experience and learning from the HENRY programme with other parents (parents supporting other parents).
- Continue to work closely with schools to support them in promoting healthy eating, physical activity and emotional health and wellbeing throughout the whole school community. This includes the Healthy Schools Programme linked with the Smarter Travel and Sport, Leisure and Park initiatives.
- We will train community leaders and interested residents to promote healthy lifestyle messages and information to residents. The public consultation confirmed that many residents are willing to spread healthy lifestyle messages to their peers and associations.

- We will promote opportunities for residents to take part in healthy cooking classes.
- Work with local residents and community leaders to expand the number of Haringey 'Playstreets' – a scheme that allows local children and families to reclaim their neighbourhoods by closing selected streets to through traffic, and turning them into temporary play streets.
- Supporting local businesses to develop healthy workplace policies and programmes to encourage healthy eating choices and increase physical activity levels. The Council and local NHS organisations can take a leadership role in this as they employ a significant number of Haringey residents; as commissioners, they could encourage such practice in providers through contracts.
- Build on links with sports activities (schools, leisure and key partners – e.g. Tottenham Hotspur Football Club) to improve access to and engagement for young people and for adults.

3) *Support through services*

Ensure that tackling obesity is an integral consideration within the Council's transformation programmes such as the Best Start in Life work stream (Priority1), Early Help and the Tottenham regeneration programme, and within NHS plans.

- Transform the health visiting service to enable universal delivery of the Healthy Child Programme (pregnancy to age five) to support prevention and early intervention.
- Ensure that all schools and all professionals who work with children and young people continue to have access to funded child obesity training to enable them to work sensitively and effectively with families.
- Develop and promote obesity pathways to help professionals support children, young people, families and vulnerable groups (such as adults with learning disabilities) who have concerns regarding their weight.
- Ensure all services 'make every contact count'. We will train health and social care professionals and other front-line staff to promote healthy lifestyle messages and information to residents. This will include mental health promotion given the role that mental wellbeing plays in tackling obesity.
- The recently developed Haringey Sports and Physical Activity Framework with its vision of an 'Active Haringey' will help more people to become active through raising awareness of how to integrate physical activity into the daily lives of residents. The framework, developed with partners, includes a particular focus on children and young people.

We will know it's working when

- Healthy lifestyle change is embedded as an objective in council, CCG and partners' strategies and policies
- More mothers breastfeed

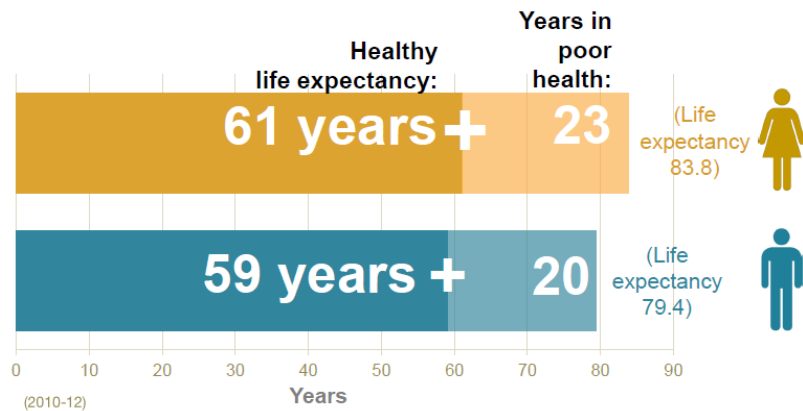
- More people are eating healthier options. This includes vulnerable groups such as children and young people, and adults - especially those with impairments.
- More children, families and adults, especially those with impairments, are more active and are visiting local sports centres and use the outdoor gyms
- More schools achieve their Healthy School awards. We will strive for 50% of schools to achieve their Healthy School Bronze and 25% to achieve their Silver awards.
- We halt the rise in childhood obesity.

Priority 2: Increasing healthy life expectancy

Why this is a priority

On average, women in Haringey live the last 23 years of life in poor health, compared to 19 years for women in England as a

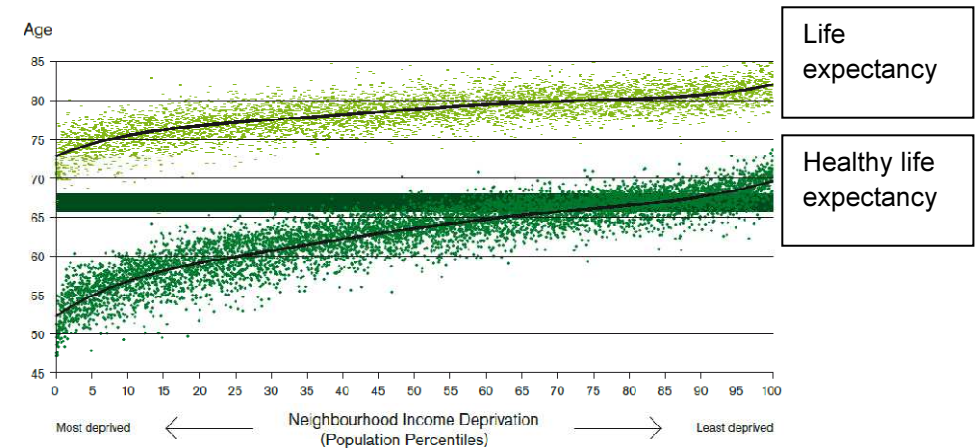
whole. Men in Haringey live the last 20 years of life in poor health, compared with 16 years for men in England.



The major cause of reduced life expectancy and early deaths are 'long-term conditions' – health problems such as cardiovascular disease, diabetes, cancer and respiratory disease that cannot be cured but can be controlled by medication or other therapies. They can have a strong impact on the quality of life of individuals and their families. They increase the risk of mental health problems and affect wellbeing.

Long-term conditions are more common among people from lower socio-economic groups and certain black and minority ethnic (BME) groups (related to a combination of deprivation, discrimination and genetics). They are a major contributor to the difference in poor health or unhealthy life expectancy within the borough - on average, 8 years poorer health for men and 3 years for women in the east compared to the west. They are also the main reason for the gap in life expectancy between the east and

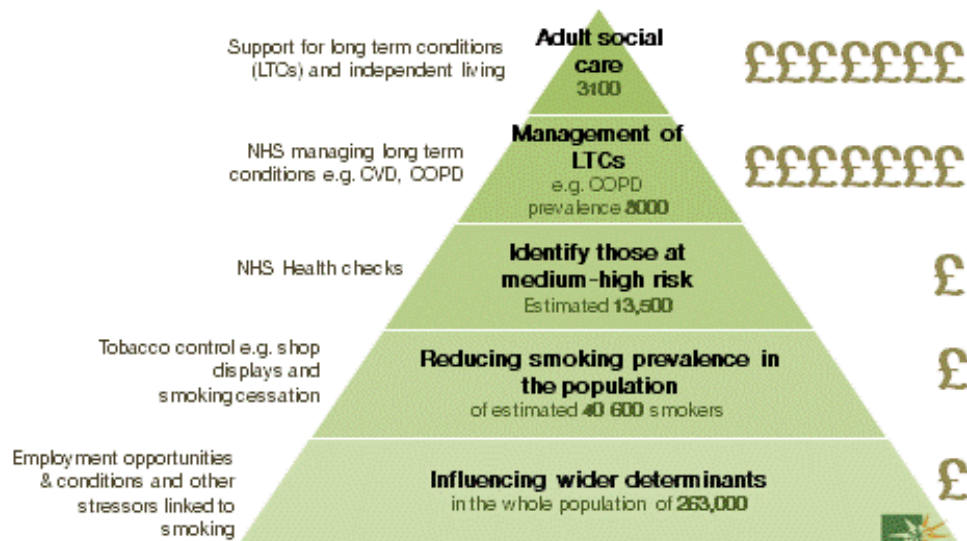
west of the borough. Both are markers of inequality. The figure below shows this strong link across the country.



The number of people with long-term conditions is increasing. This is partly due to the fact that our population is aging, but is also related to increases in physical inactivity, poor diet, smoking and alcohol misuse. The causes of long-term conditions are largely preventable.

Haringey has an estimated 23,895 residents aged 65 or over. An estimated 3 in 4 people over the age of 65 who are registered with Haringey GPs, have at least one long-term condition.

The figure below shows our approach to managing the impact of one behavioural factor – smoking – on health.



What people have told us

At engagement events led by Haringey CCG, local residents said the following would improve care in the borough:

- Better access to GPs and primary care services, particularly in the east of the borough.
- Integration of services across health and social care
- Ensuring that integrated services are accessible to all
- Promoting a holistic approach to health and wellbeing
- Ongoing community engagement to help build strong local networks and promote peer support schemes.
- Better working with the community and voluntary sector. More co-production with community groups to tackle the specific health needs of different communities.

20% of respondents to the Council's *Investing in our Tomorrow* consultation gave specific suggestions about supporting people to age better; one respondent said: *'Support individuals and organisations that care for older people, with funding and with appreciation. Ensure the streets are clean. Introduce better and more police. Better street lights. Better medical services.'*

In focus groups for this consultation residents told us that one of the main barriers to being healthy was a lack of information about having a healthier lifestyle, as well as the cost and accessibility of exercise and healthy food options.

11% of respondents to the public consultation on the Health and Wellbeing Strategy raised the need to tackle social isolation as a contributing factor to long term health conditions, particularly amongst the elderly: *'Reducing the feeling of loneliness can take a lot of pressure off people who live alone, reducing blood pressure, risk of stroke etc'*

Where do we want to be by 2018?

- We want to prevent people from developing long-term conditions, wherever possible. This means we want a borough that enables people to make the healthy choice the easy choice – being more active, eating well, not smoking and not drinking to excess. We want people to be more informed about healthy lifestyles. We want residents to take a more proactive role in their own health and wellbeing (physical and mental).
- We want people who have long-term conditions to feel confident to manage their condition and continue to live a normal life.

- We want residents and communities to play a greater role in supporting people with long-term conditions to live longer and healthier lives.
- We want all people with long-term conditions and their carers to have access to high-quality primary care.
- When people need more complex support, we want them to experience joined up health and social care services.

What are we going to do about it?

1) Create a healthy environment - borough-level interventions:

- We aim to create an environment that prevents people from getting long-term conditions in the first place; if they do develop an illness, this will also support them to manage their conditions better. We will do this by working in partnership with planning, regeneration, environmental health, residents and businesses to create an environment where the healthy choice is the easy choice, so people are more likely to walk and cycle, eat well, stop smoking and not drink to excess
- This will include strengthening tobacco control, and having a consistent approach to local alcohol licensing applications.

2) Work with communities

- We will work with residents, communities and the Community and Voluntary sector (VCS), to equip residents with the skills and knowledge to live healthy lifestyles, for example:
 - Through the Well London Programme with an initial focus on Northumberland Park.

- Through Health Champions to promote healthy lifestyles within their own communities.

- We will support voluntary organisations to improve opportunities for people to actively participate in volunteering.
- We will support people to have improved access to learning and to employment.
- We will promote expert patient/peer support schemes programmes that assist people with LTCs (and their families) to understand their conditions and how to manage them.
- We will work with specific community groups to tackle long term conditions and their risk factors i.e. BME, LGBT groups.

3) Support through services

- We aim to improve services so that people are supported to live healthy lifestyles to prevent them from getting long-term conditions in the first place.
- We will improve services so that people who already have long-term conditions receive early help to have a better quality of life and improved health. This includes reviewing and strengthening self-management programmes to support them and their carers in managing their condition.
- We recognise that unpaid carers play an invaluable role in supporting those they care for in the community, and we will support them to carry on caring and to have a life of their own beyond this responsibility. We will do this through the provision of bespoke carer's assessments and such support as may be required.

Service support to promote healthy lifestyles

- We will implement the Making Every Contact Count programme across primary care, front-line council services and the voluntary sector. This will equip front-line staff to offer advice to people on a range of lifestyle issues including smoking, alcohol, diet, physical activity and mental health.
- We will support social prescribing; enabling GPs to refer people to community initiatives that provide support.
- We will integrate our existing behaviour change programmes including Stop Smoking, NHS Health Checks, Health Trainers and Health Champions and the GP Exercise Referral Scheme, making it easier for residents to get help earlier and in an integrated, holistic way.

Service support for people with long-term conditions

- We will further develop and implement care pathways for diabetes, chronic obstructive pulmonary disease (COPD), cancer and heart failure. We will do this in partnership with people with these conditions and their carers.
- We will develop integrated health and social care locality teams that will use holistic health and social care plans developed with patients and their carers to prevent their long-term condition getting worse.
- When people need support, there will be a single point of access to integrated health and social care services.
- We will further develop the Reablement Service to provide access for a greater number of people. The service will focus

on learning or relearning daily living skills to sustain independence and to prevent readmission to hospital.

- We will strengthen primary care so that it can provide high quality, proactive and holistic services with improved access by:
 - Continuing to support education and training for clinicians and other staff to improve treatment and care.
 - Supporting GP practices to work together so that they can offer improved access to borough residents.
 - Ensuring that there are sufficient GPs for our residents, especially in areas of population growth.

We will know it's working when

- There are more visible, sustainable community-led health initiatives, such as Well London.
- Fewer residents smoke, are overweight, physically inactive or drink to excess
- People report improved access to quality primary care
- More people say they received the support they needed to manage their long-term health condition
- Fewer people with long-term conditions feel lonely
- Fewer caring relationships break down
- Fewer people with long-term conditions have an emergency admission to hospital
- There is an improvement in healthy life expectancy for men and women in all parts of the borough.

Priority 3: Improving mental health and wellbeing

Why this is a priority

Our mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives, achieve our goals, have good social relationships and contribute positively to society. However, 1 in 4 people will experience some form of mental health problem during their lives, ranging from mild anxiety and depression to severe mental illness. Those who experience poverty, unemployment, social isolation, poor quality housing and lower levels of education, or are exposed to violence or substance misuse, are more at risk of developing mental illness.

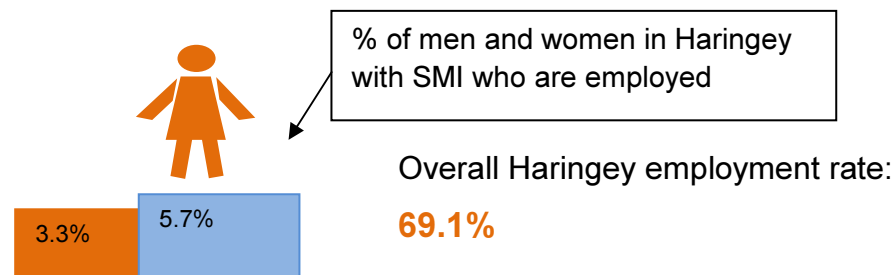
In Haringey:

- it is estimated that over 3,000 children and young people will have some form of mental health problem at any point in time and over 34,500 adults will have a common mental disorder (anxiety or depression)
- there are approximately 4,000 adults locally living with Severe Mental Illness (SMI) - three times more than expected, given the borough's levels of deprivation, unemployment and other factors which impact on mental wellbeing
- Suicide rates are 33% higher than the London average, especially for young men and some black and minority ethnic (BME) groups.

Despite high levels of mental illness in Haringey, a large proportion of our residents do not seek professional help. This is possibly due to the stigma and discrimination surrounding

mental illness, along with a lack of trust and understanding of how statutory health services work.

People with mental ill-health in Haringey are less likely to find employment or live in settled accommodation.



Source: ASCOF 2013

Source: Census 2011

People with Serious Mental Illness (SMI) are more likely to be affected by lifestyle risk factors than the general population. They are more likely to have poor physical health and long-term conditions and are at risk of dying significantly younger.



Source: GP registers, Haringey 2011/12

What people have told us

Local people have told us that they would like:

- A focus on prevention of mental illness and improvement of mental health and wellbeing
- More emphasis on the impact of drugs and alcohol on mental health
- More interventions at an earlier stage of ill health to tackle social isolation
- More focus on information, advocacy and support for children's and adults' mental health services
- Better outreach for people living with mental illness
- Seamless services supporting people to live independent, fulfilling lives in the community, with opportunities to volunteer.
- Communities to be used more to provide access to advocacy and employment opportunities e.g. peer mentoring and support
- Support for self-help
- Better training of professionals, and better awareness and understanding of mental health throughout society.
- More focus on transitions (into adulthood, parenthood) through improved cross-organisational communication.
- Services that use a person-centred response to respond to individual needs and preferences.

Where do we want to be by 2018?

- We want to promote opportunities that would positively impact on mental health and wellbeing e.g. employment, affordable housing, use of green spaces, a safer community
- We want our children and young people to be emotionally and mentally resilient and have a positive outlook on life
- We want our residents and communities to build on existing strengths and capacity to be solution-oriented
- We want mental health services to be integrated, flexible and person-centred (wrapped around an individual, their family and their carers' needs);
- We want to mobilise a whole system approach in enabling people with mental ill-health to be supported in the community to live independently and have satisfying, hopeful and meaningful lives.
- We want to end the stigma around mental ill health in Haringey, and improve understanding.

What are we going to do about it?

Haringey CCG and the Council published a joint Mental Health and Wellbeing Framework that sets out our ambition for transforming mental health services locally and improving the mental health and wellbeing of our residents. There needs to be a greater focus on moving care from inpatient settings to the provision of integrated services in the community and a focus on support for independent living. We recognise that successful examples of mental health service modernisation did not happen overnight and we will reflect this in a phased approach over the

next three years in the Mental Health and Wellbeing Framework Delivery Plan.

The Framework has four local priorities:

1. Promoting mental health and wellbeing and preventing mental ill-health across all ages
2. Improving the mental health outcomes of children and young people through commissioning and delivering effective and integrated interventions and treatment and focusing on transition into adulthood
3. Improving the mental health outcomes of adults and older people by focusing on three main areas:
 - meeting the needs of those most at risk
 - improving care for people in mental health crisis
 - improving the physical health of those with mental-ill health and vice versa
4. Commissioning and delivering an integrated enablement model which uses individuals' and communities' assets (or strengths) as an approach to support those living with mental illness to lead fulfilling lives.

This Health and Wellbeing Strategy will have high level oversight of the delivery of the whole Framework and focus further specifically on mobilising system leadership and cross-partnership working to ensure that the design, commissioning and delivery of an innovative enablement model is based on community assets. This approach will improve outcomes for people with mental ill health summarised in three simple terms: LIVE - for example, having good housing or access to welfare

benefits advice), LOVE - having fulfilling social relationships and DO – having either employment or volunteering opportunities

We will deliver this by focusing on the following areas:

1) Create a healthy environment- borough level interventions:

- We will strive to create a safer environment in Haringey that will positively impact on maintaining wellbeing
- We will create more opportunities for people to get appropriate employment, volunteering opportunities, affordable housing and create social networks
- We will work across Haringey to reduce stigma and discrimination associated with mental ill health. This includes a change of attitude within workplaces/ employment with an improvement in how people with learning disabilities or mental ill health have access to and are treated at work.

2) Work with communities

- We will support the Community and Voluntary sector (VCS) and other interested providers (e.g. housing associations) to create an innovative and integrated enablement model that is seamless and effective and builds on the existing assets in the community
- We will work together with residents and the VCS to develop an asset-based community approach that promotes independence, self-reliance and resilience and reduces social isolation

- We will develop effective pathways into employment and housing for people with mental ill-health and develop support for people in employment to better manage episodes of mental ill-health and to sustain employment through the experience
- We will create community-based services and interventions for people with mental ill-health, their families and carers so they feel supported and know where to turn for help (e.g. by promoting befriending and peer support schemes)
- Safeguarding partners, with the local authority as lead agency, will take a community approach to establishing safeguarding arrangements. It is vital that all organisations recognise that safeguarding arrangements are there to protect individuals (children and adults).

3) *Support through services*

We will create a whole system approach to integration and enablement by:

- Integrated commissioning which supports joined up delivery of services, including through commissioning services based on the outcomes people value
- Integrating our services, including through multi-disciplinary hubs, to ensure a person experiences a more seamless service
- Designing and implementing effective primary care mental health services.

We will know it's working when

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people with mental health problems will have employment and live in settled accommodation
- More people will have a positive experience of care and support, including carers
- More people who use services will feel more in control of their life
- Fewer people will experience stigma and discrimination
- Fewer people will leave employment as a result of episodes of mental illness

Appendix 1 – Delivery Plan

We have developed a delivery plan to implement the Health and Wellbeing Strategy. The Delivery Plan details the programmes and projects that will deliver the interventions identified in the Health and Wellbeing Strategy.

Delivery plan format

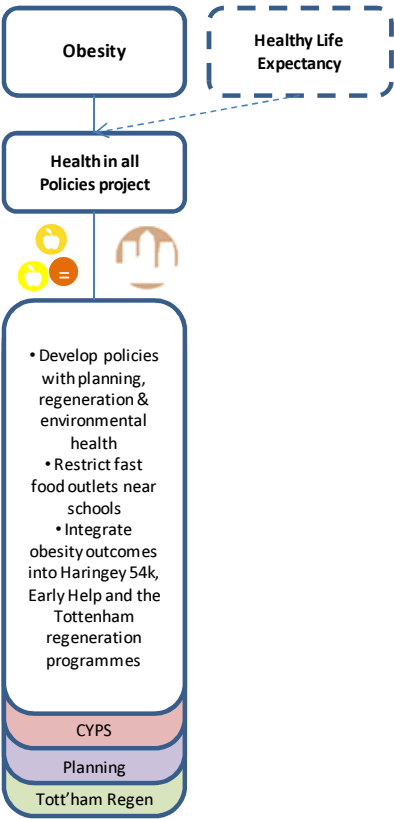
Full box – portfolio name
Dashed box – indicates where a programme is within two portfolios

Programme/project name

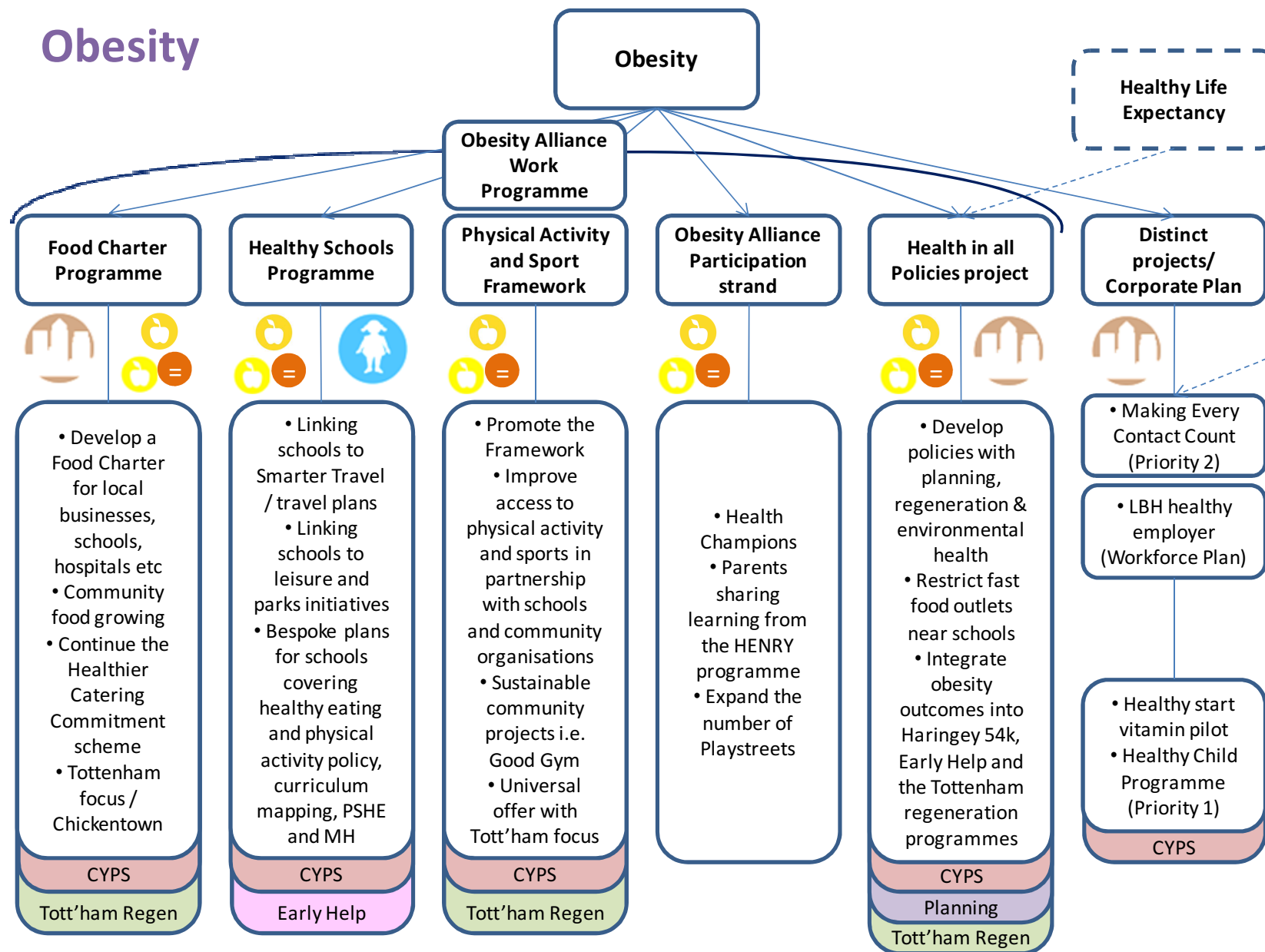
Ambitions that the programme/project delivers

Projects and interventions *identified in the Health and Wellbeing Strategy* that will be delivered by the programme/project.
(This is not an exhaustive list of everything delivered by existing programmes)

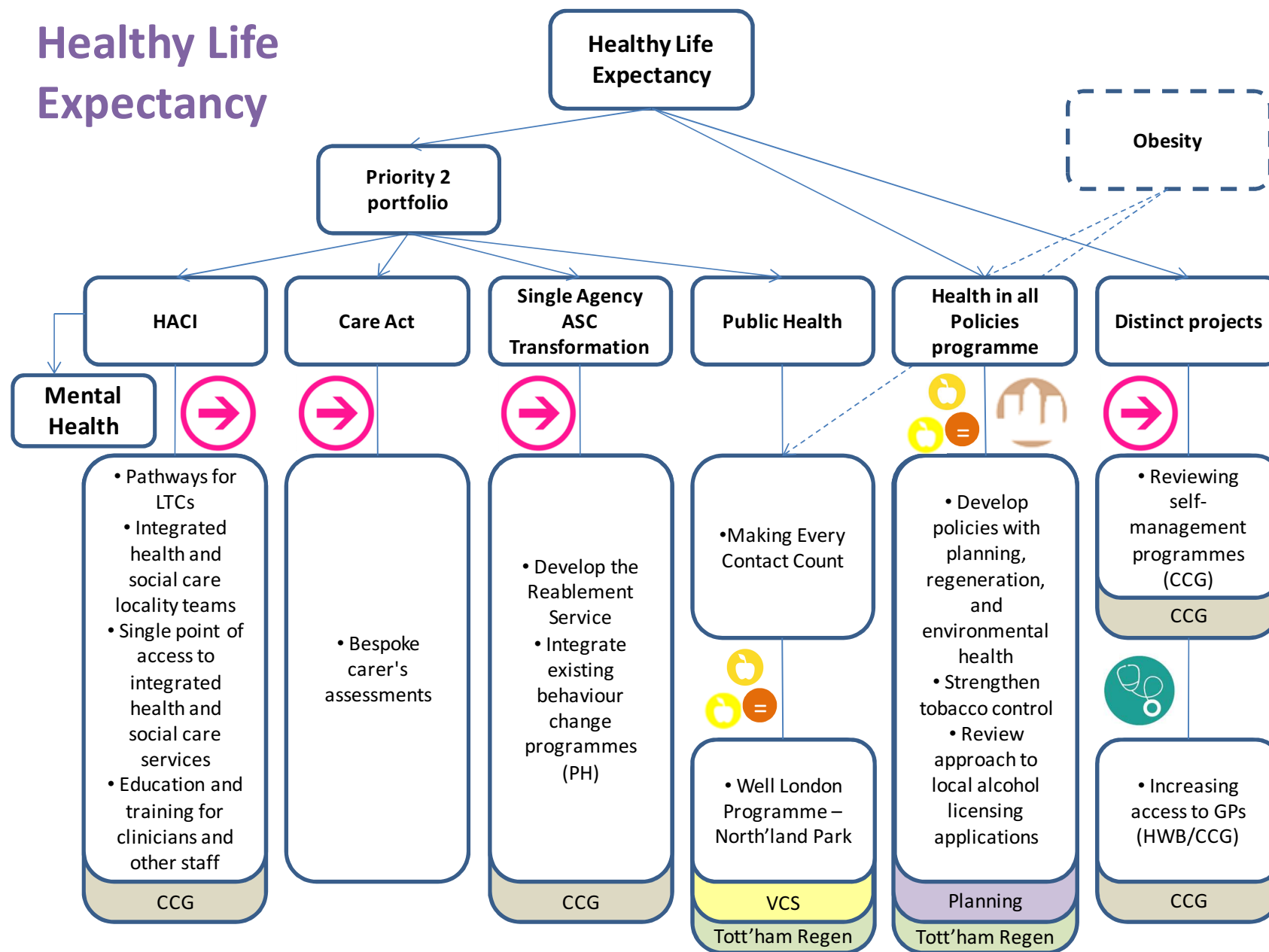
Dependencies with other departments, programmes and partners



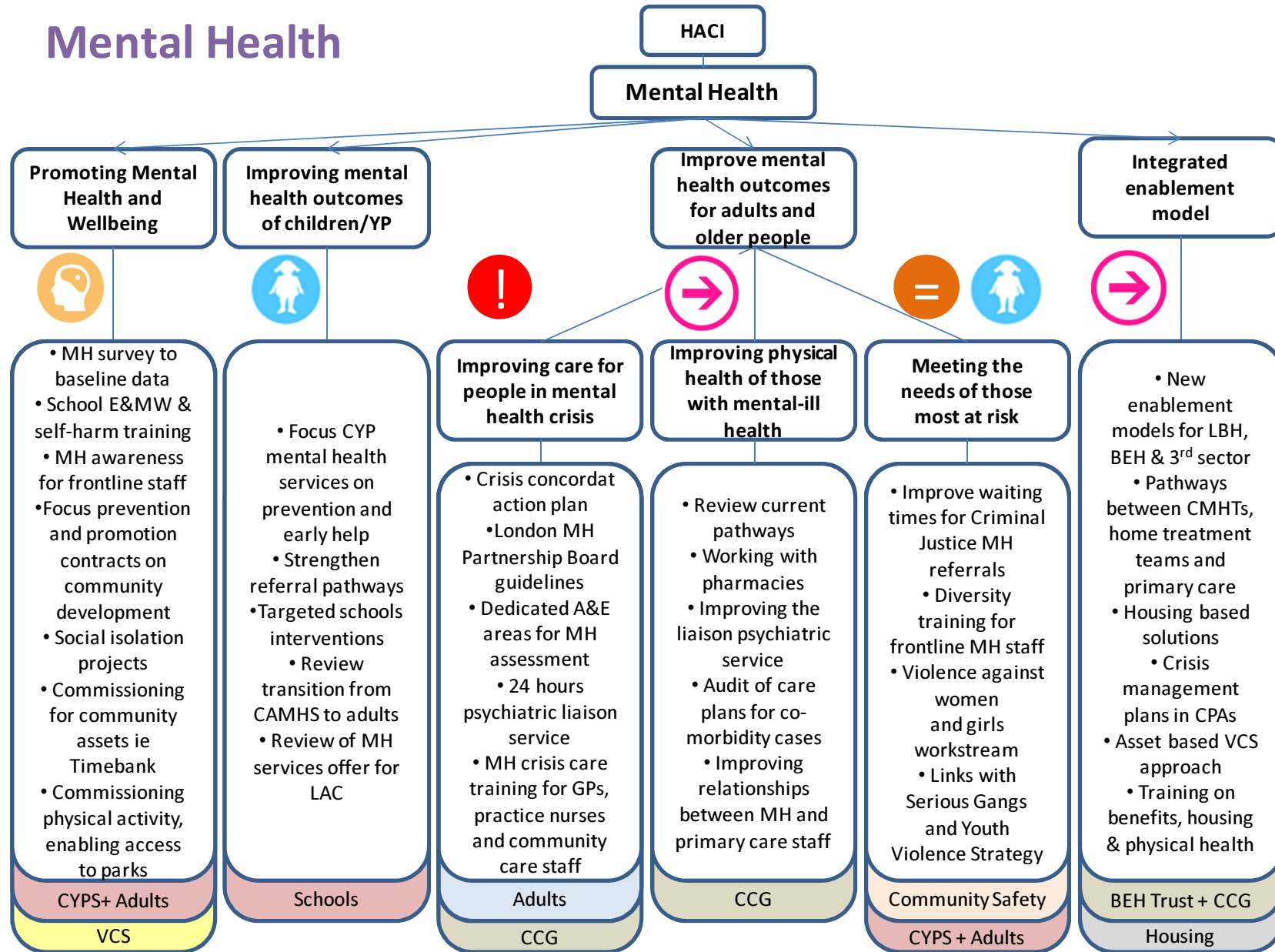
Obesity



Healthy Life Expectancy



Mental Health



Appendix 2 – Related strategies and plans

Haringey Council Corporate Plan 2015-2018

The new council plan has a clear connection with improving general health and wellbeing with its priorities of:

- Supporting children and families to thrive
- Enabling adults to live longer and healthier lives
- Cleaner, greener safer streets and public places
- Better housing and stronger communities
- Promoting economic growth.

Haringey Clinical Commissioning Group Five-Year Plan

The four core objectives of the [plan](#) are to:

- Explore and commission alternative models of care
- More partnership working and integration as well as a greater range of providers
- Engaging communities in new and more innovative ways to build capacity for populations to enhance their own health and wellbeing
- Redefine the model for primary care providing proactive and holistic services for local communities, supporting “healthier Haringey as a whole”.

NHS North Central London Five-Year Plan

The NHS North Central London (NCL) is completing its [five-year strategic plan](#) which aligns the plans across Barnet, Camden, Enfield, Haringey and Islington Clinical Commissioning Groups. Success is dependent on the development of stronger

partnerships and collaboration across NCL CCGs and with local authorities.

The vision is to develop an integrated care network between organisations (supported by current technology to share clinical records) focused on outcomes for and shaped by patients. There is a need to support patients in having a more independent role in looking after their own health needs which will be achieved through greater patient participation in shaping local healthcare.

This vision will be achieved when the NCL health system demonstrates characteristics in line with health and wellbeing board strategies:

- A systematic approach to prevention including earlier diagnosis of disease
- Reducing inequalities in health outcomes by targeting vulnerable groups
- Individuals encouraged and supported to take greater responsibility for their health
- Integrated, compassionate, high quality, effective and efficient care pathways that are shaped by patients
- Easy access to services delivered in ways and places convenient to patients
- Financial sustainability through a clinically driven focus on quality of services.

Community Safety Partnership

The vision of the [Community Safety Partnership \(CSP\) Strategy 2013-17](#) is to make Haringey one of the safest boroughs in London. The CSP works closely with health and safeguarding partners to address alcohol, drugs and mental disabilities as critical drivers of offending, disorder and ill health across all crime types. An effective community safety programme makes a significant contribution to good health and wellbeing, evident in the activities supporting the six outcomes.

Outcome 1: Rebuild and improve public confidence in policing and maintaining community safety

Outcome 2: Prevent and minimise gang-related activity and victimisation

Outcome 3: End violence against women and girls by working in partnership and promote healthy and safe relationships

Outcome 4: Reduce re-offending with a focus on 16-24 year olds

Outcome 5: Prevent and reduce acquisitive crime and anti-social behaviour

Outcome 6: Deliver the PREVENT strategy (which aims to stop people becoming terrorists or supporting terrorism)

Haringey Council Priority 1 Board – Best Start in Life

The Priority Board provides strategic oversight of Priority 1 – Best Start in Life. It is responsible for setting strategic direction for the delivery of outcomes for children and families and the savings outlined in the Medium term Financial Strategy. The Board provides operational assurance of change projects and business as usual in pursuit of the outcomes and savings.

The Board takes an intelligence led approach, building on customer insight and other relevant data, and ensures that the design, commissioning and development of services will secure ambitious outcomes in a context of reducing resources.

There are eleven work streams including:

- *Early help*: ensuring there is evidence-based provision to meet the needs of families
- *Looked after children*: ensuring sufficient quality placements and developing the fostering service
- *Children with additional needs*: preparing for special educational needs and disability (SEND) reforms and implementing a joint commissioning approach with partners.

Tottenham transformation programme

Tottenham is the most deprived area in the borough – and this where, on average, our health outcomes are poorest. We want Tottenham to be a thriving place where people choose to live, work and stay throughout their lives, and this is the focus of many excellent projects, some of them conducted with partner agencies and organisations.

Our [Strategic Regeneration Framework](#) – a landmark 20-year vision for the future of Tottenham – sets out how local people's priorities could be achieved through long-term regeneration. It includes not just new buildings and a changing landscape but also a strong social element. The 2014 [Tottenham Delivery Plan](#) places 'people' priorities alongside 'place' priorities:

- *World-class education and training* – including new schools, better access to apprenticeships and more young people at university

- *Improved access to jobs and business opportunities*
- *A different kind of housing market* – improving existing homes and building new, high-quality homes to meet demand
- *A fully connected community with even better transport links* – improving rail, Tube and bus links and more walking and cycling routes
- *A strong and healthy community* – improved healthcare facilities, reduced crime and strong social networks for young people
- *Great places* – putting Tottenham's character and heritage centre-stage, creating better public spaces to meet, shop and have fun
- *The right investment and quality development.*

Appendix 3 – Funding

Both Haringey Council and the local NHS continue to manage a highly challenging financial position in the short and medium term. Budgetary pressures are significant with services operating in an environment of rising customer expectations and demand for higher quality services. Demand for health and social care services is expected to continue to rise due to demographic change and the increase in illness linked to lifestyle risk factors. These factors are placing additional pressures on finite resources.

Other partners contributing to health and social care, including the Voluntary and Community Sector are similarly experiencing constraints on funding. We need to work with partners to ensure efficient use of our funding; and to attract further investment into the borough.

The programmes and initiatives outlined in this strategy will reshape and integrate services, producing some savings and efficiencies. With less funding for services, those services that are provided must work effectively and produce the results that are needed.

There have also been changes to welfare which have impacted on the benefits some individuals and families receive. Ongoing welfare reform poses a challenge for Haringey in:

- minimising the impact on household incomes and children
- increasing the number of residents in sustained employment while ensuring those entitled to claim welfare benefits can do so.

Haringey Council budget

www.haringey.gov.uk/hwbstrategy

The overall level of funding for local authorities has been significantly reduced from 2011 to 2015 (in the region of 29%) and further reductions are scheduled or expected for the period of this strategy (2015-18).

As a result, Haringey Council is expecting to have to make savings of at least £70 million by the end of this period (in addition to the £117 million reduction that has already been made since 2010.) This will be managed through the Medium Term Financial Planning Process (which is part of the Corporate Planning process). For the current proposals see: <http://www.minutes.haringey.gov.uk/mgAi.aspx?ID=40179#mgDocuments>

The 2014-15 net revenue budget is £281 million which includes budgets allocated to adults social care and children and young people's services; and the Public Health Grant of £18 million. These budgets support the delivery of two priorities in the new Corporate Plan:

- £55 million for Corporate Plan Priority One - Enable every child and young person to have the best start in life, with high quality education
- £88 million for Corporate Plan Priority Two - Empower all adults to live healthy, long and fulfilling lives

Haringey NHS Clinical Commissioning Group (CCG) budget

- The overall budget available to the CCG for 2014/15 is £326 million. The CCG is currently forecasting expenditure of £326 million in 2014/15 and a break-even position at the end of the year. This is consistent with the financial plan agreed at the start of the year with NHS England. A breakdown of forecasted 2014/15 expenditure is shown in the table below.

	£m
Acute and Integrated Care	194.6
Mental Health	36.8
Community Health Services	32.2
Continuing Care	19.5
Primary Care	33.6
CCG Operating Costs	9.1
Total CCG Expenditure	325.8

- The financial outlook for 2015/16 is challenging. The CCG has recently been informed of its budget for 2015/16 and is planning to deliver a balanced financial position at the end of the financial year. In order to achieve this, it is believed that the CCG will need to deliver financial efficiencies of in excess of £9 million.

Glossary

BCF	Better Care Fund
BME	Black and Minority Ethnic
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
HAVCO	Haringey Association of Voluntary and Community Organisations
HENRY	Health Exercise Nutrition for the Really Young
HWB	Health and Wellbeing Board
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian Gay Bisexual and Transgender
NCL	NHS North Central London
SEND	Special Educational Needs and Disability
SMI	Severe Mental Illness
VCS	Voluntary and Community Sector

Notes

¹ [NHS Five Year Forward View](#), NHS England. October 2014

² Information on Childhood obesity has been drawn from the Haringey JSNA. See <http://www.haringey.gov.uk/jsna-childhood-obesity.htm>

³ McKinsey Global Institute. *Overcoming obesity: an initial economic analysis*. Nov, 2014

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Consultation summary for the Health and Wellbeing Strategy 2015-18

This document outlines the consultation work that has been carried out to inform Haringey Health and Wellbeing Board's *Health and Wellbeing Strategy 2015-18*. It provides a detailed summary of the responses to the public consultation carried out in February-March 2015.

Evidence gathering and early consultation work to inform the draft Health and Wellbeing Strategy

Haringey Health and Wellbeing Board launched a refresh of the Health and Wellbeing Strategy in July 2014. This began with an update of the data measures that had informed the current 2012-2015 strategy, and a review of the Joint Strategic Needs Assessment (JSNA). This provided the evidence that informed the new strategy. The evidence was reviewed by a series of workshops held within the Council and Clinical Commissioning Group.

Haringey Association of Voluntary and Community Organisations (HAVCO) and Haringey Healthwatch were commissioned to deliver a series of pre-consultation workshops with residents and service users. In addition, during September and October 2014, HAVCO conducted a survey on Health and Wellbeing issues under the theme of 'enabling adults to live longer and healthier lives'. This survey was conducted as part of HAVCO's wider public survey called 'Investing in our tomorrow'. The responses to the survey can be found at <http://www.haringey.gov.uk/council-and-democracy/have-your-say-haringey/investing-our-tomorrow>. Responses from the workshop and survey informed the draft Health and Wellbeing Strategy.

The draft Health and Wellbeing Strategy was also informed by two other consultation exercises conducted to inform two parallel pieces of work – the Joint Mental Health and Wellbeing Framework, and the Better Care Fund.

Joint Mental Health and Wellbeing Framework Consultation:

The Haringey Health and Wellbeing Board conducted a consultation on the draft Joint Mental Health and Wellbeing Framework. The consultation had the following features:

- An online consultation ran for 6 weeks to 25th February 2015. There were 20 responses from service users, professionals and the Voluntary and Community Sector.
- Workshops were held with the 4 GP collaboratives of Haringey Clinical Commissioning Group (CCG), and a special session of the CCG cabinet discussed the Framework.
- 9 Focus Groups were held, involving service users and carers. The sessions were facilitated by independent facilitators from the Mental Health Foundation.
- A Joint Children and Young People and Adults Health Scrutiny Panel reviewed the Framework on 18th March 2015.

The consultation process concluded at the end of March 2015. Comments received during the consultation were incorporated into the final Framework and delivery plan.

Engagement to inform the Better Care Fund Plan:

A programme of public engagement was carried out in order to develop the vision and plan for the Haringey Better Care Fund, the aim of which is to provide joined up, co-ordinated health and social

care services which reduce the need for people to go to hospital. The engagement programme had the following features:

- A public workshop attended by 117 residents, patients/service users and carers. The workshop was held at a local theatre in collaboration with local voluntary and community groups (including Haringey Age UK and Haringey HealthWatch).
- 2 CCG Network events attended by 50 patients and members of the public
- One-to-one semi-structured interviews with 4 service users
- A discussion at the Older People's Partnership Board
- A discussion forum at the Adult Partnership Board

In total almost 200 residents, patients/service users, and carers were consulted.

2015 public consultation

Once the draft Health and Wellbeing Strategy was prepared, it was put to public consultation during February and March 2015. Respondents could contribute their views online, via email or through written submissions. In total there were 45 responses. The demographic make-up of respondents is summarised in the table below.

Age		Sex		Ethnicity		Religion	
Under 18	1	Male	4	Black - African	1	Christian	2
26-35	4	Female	11	White/Asian	1	Jewish	1
36-45	1	No information	30	Filipino British	1	Buddhist	1
46-55	3			White British	9	No religion	7
56-65	2			Other White	4	No information	34
66-75	2			No information	29		
75+	1						
No info	31						
Disability		Sexuality					
Yes	1	Heterosexual	13				
No	13	Gay or Lesbian	2				
No info	31	No information	30				

Responses were split quite evenly between local residents, local VCS and professional/public sector organisations.

Type of respondent	
Local resident	16
Local voluntary/community sector	11
Organisation (local business)	12 (1)
Other (Cllr)	6 (2)

Summary of common themes from the public consultation

The consultation questions were organised according to the three priorities within the draft Health and Wellbeing Strategy and most respondents addressed their responses in the same way. The summary of common themes has therefore been organised according to the three priorities.

Questions 9 to 12 asked respondents how they or their organisations could *support* the achievement of the priorities. In the summary below, the contribution offered by residents is summarised in a separate boxed section for each priority.

Priority 1: Reducing obesity

43 of 45 respondents agreed with this priority except for 2 who were 'not sure'.

The suggested actions to reduce obesity can be categorised as follows:

- Affordable food and fitness

Respondents expressed a desire for more affordable leisure and fitness options, and affordable sources of healthy food. One respondent linked this to the importance of Children's Centres providing healthy meals for children, and Meals on Wheels serving elderly people. Green gyms in parks were a popular suggestion. A local social enterprise dance studio highlighted the value of dance as an alternative form of exercise that appeals to different groups.

- Healthy, safe environment

Another common theme was the view that everyday exercise could be encouraged through improving the quality of the environment. Respondents called for more green space, more attractive and safer neighbourhoods (especially in the east of the borough) that would make people more inclined to walk, safer parks, and the expansion of the Play Streets schemes.

- Education

Many respondents highlighted the importance of educating young people about exercise and diet. A common suggestion was to work with parents and schools to develop education schemes, while others called for youth-designed campaigns. Cooking classes for adults/parents was another common suggestion.

- Fewer takeaways

A common theme was a call to reverse the increase in fast food restaurants in the borough, with one respondent suggesting a ban on takeaways near schools.

- Joined up working

Professional and VCS respondents highlighted the need to integrate anti-obesity measures across a range of agencies, or to tackle obesity as part of a holistic, multiple-needs approach. For example one respondent called for criminal/rehabilitation services to do more to promote healthy lifestyles amongst their users, while another argued that obesity is rooted in mental health and relationship issues and should be tackled through investment in mental health and whole-family services.

Local residents – the suggestions from the public were limited to the affordability, environment and education categories. In terms of contribution, residents said that they were willing to stay informed, speak to other parents, and take part in campaigns.
--

Priority 2: Increasing healthy life expectancy

41 of 45 respondent agreed with this priority, 2 were 'not sure' and 2 disagreed. No reasons were giving for not agreeing with this priority.

Responses were often very similar to those for priority 1 – reducing obesity. The importance of parents and schools, education, reducing takeaways and creating a healthy, safe environment were common themes. Additional actions to increase healthy life expectancy can be categorised as follows:

- Social isolation

Respondents frequently called for more to be done to tackle social isolation, particularly amongst the elderly, in order to address a root cause of ill-health (particularly in the form of alcoholism). There were specific suggestions around 'Good Neighbour', befriending and Neighbourhood Watch-style schemes. The value of intergenerational projects in tackling loneliness was raised. The risk of isolation faced by people with mental health conditions and the LGBT community was also raised.

- Air quality

A number of respondents called for more to be done to improve air quality – in terms of measuring, drawing attention to, and campaigning to the Mayor of London.

- Alcohol

Two voluntary sector respondents made very detailed cases for tackling alcohol abuse – calling for specialist advice and support, more early screening for risk, diligent licensing and the promotion of alcohol-free entertainment. Other respondents recognised that drug and alcohol abuse was a key factor in reducing life expectancy. Smoking was only mentioned in terms of banning it in parks and hospitals.

- The role of the Council

There were suggestions for promoting the Health and Wellbeing of Haringey staff through 'walk to work' schemes, discounts for gyms and healthy food, and other incentives. One respondent stressed the need to make 'every contact count', with all frontline staff promoting healthy lifestyles to their clients/the public.

- Housing

Housing was a common theme with respondents calling for more social housing, improved quality of social and private rented accommodation and greater efforts to tackle overcrowding.

- Working with specific communities

A number of respondents from the VCS and partner agencies called for bespoke interventions targeted at specific communities. They made the case for commissioning "providers with expertise of working with specific target groups".

Local residents – as well as suggestions around school sports and green space, residents also talked about housing quality and social isolation. One resident made a specific call for improved access to GPs in Tottenham Hale. In terms of contribution, residents said that they were willing raise Health and Wellbeing issues at their community groups/clubs for discussion and awareness raising.

Priority 3: Improving mental health and emotional wellbeing

All 45 respondents agreed with this priority.

There was some overlap with the suggested actions for priorities 1 and 2 – with respondents raising the role of parents and schools, the importance of affordable support (i.e. affordable Mindfulness, Pilates and Yoga sessions), and the need for better access to GPs/Primary Care. Housing was also identified as an important factor, with a couple of respondents calling for more supported accommodation for people with mental health conditions, especially in the east of the borough. Additional actions to improve mental health and wellbeing can be categorised as follows:

- Community participation and empowerment

Many respondents identified the value of community participation, volunteering and sociability for people with mental health conditions. Befriending and peer support schemes were suggested.

Connected to this, a number of respondents spoke about the need to empower mental health service users, involve them in service-design and to build services around individual aspirations. VCS respondents highlighted their organisations' capacity to engage and co-design services with their particular client groups (over 65s, LGBT groups).

- Mental Health training and awareness

A common theme was the need for greater understanding about mental health throughout society and for organisations and businesses to be better equipped to identify mental health issues and support their employees. Awareness campaigns and training programme were called for. One respondent called for Haringey Council to lead by example and ensure that its Occupational Health service is equipped to address mental health issues. Other respondents identified GPs and offender rehabilitation services as requiring greater knowledge around mental health.

- Joined up working

Professional and VCS respondents tended to emphasise that mental health is connected to a range of other factors and therefore requires a holistic approach and joined up working between support organisations. Respondents from an alcohol charity made the case for tackling mental health and substance abuse issues in a joined up way.

Local residents – amongst residents there was a recognition of the importance of community involvement and sociability opportunities, particularly for the over 65s. GP knowledge and access to Primary Care were also raised, as was relationship advice for young people. Residents suggested that their contribution to achieving the mental health objective would (again) be in terms of staying informed and raising mental health issues at their community groups/clubs.

Other priorities and additional comments

9 respondents proposed additional issues for the Health and Wellbeing Strategy to cover.

- Alcohol

One VCS respondent proposed that alcohol be featured as a priority in its own right, arguing that it cuts across the three original priorities.

- The Health and Wellbeing of over 65s

A number of respondents suggested that the health and wellbeing of over 65s be featured as a priority. With so many other respondents included suggestions about social isolation, positive ageing and intergenerational participation in their responses, it might suggest that the wellbeing of older residents is a priority amongst residents. One resident respondent proposed annual checkups for over-70s in their 'additional comments'.

- Green space and air quality

One resident proposed making these environmental issues priorities in their own right.

- Equalities

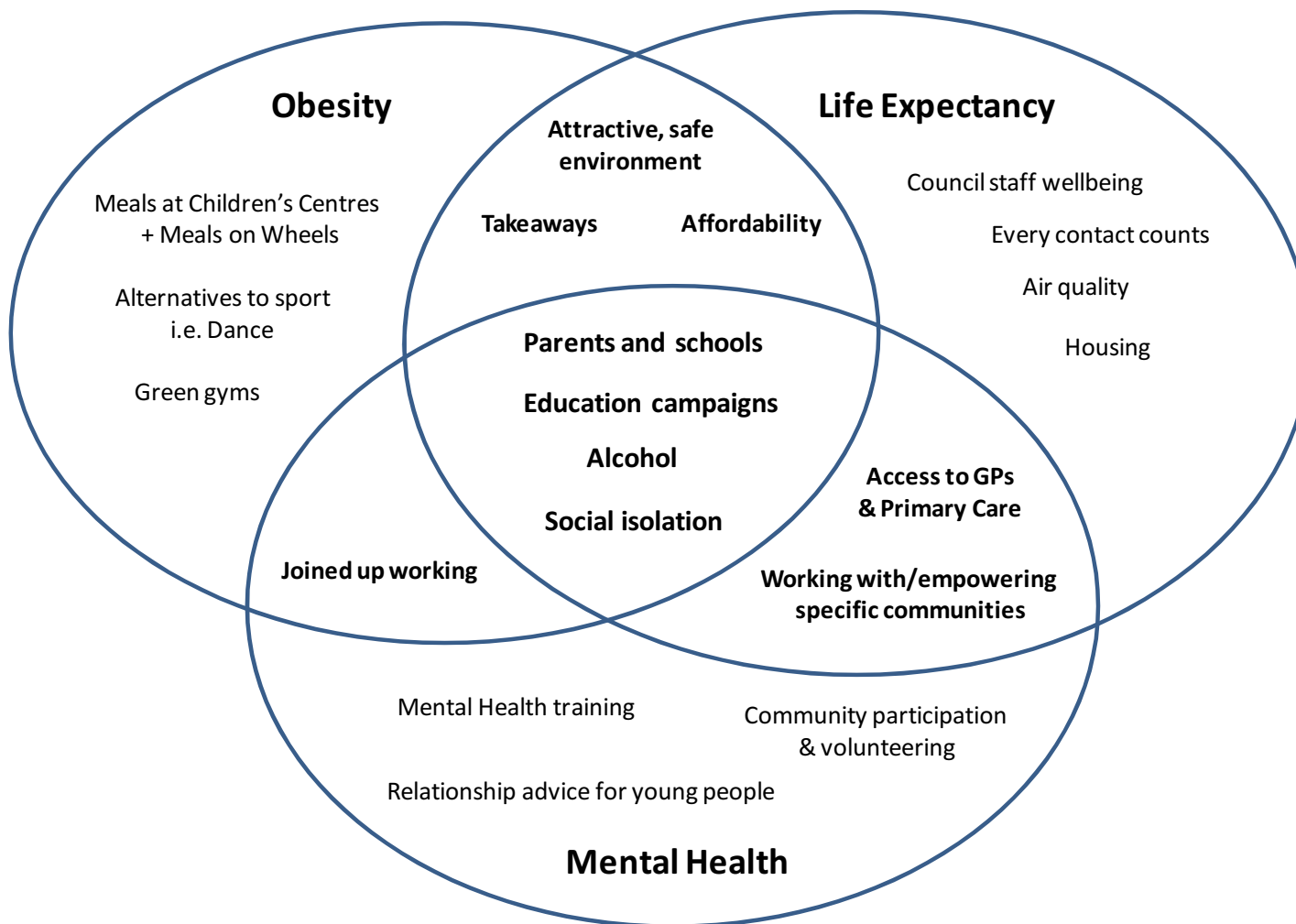
One resident made a detailed case for making anti-discrimination an additional priority of the Health and Wellbeing Strategy. They called for greater access to free and independent legal advice and targeted projects to improve opportunities for disadvantaged groups. A number of respondents raised issues around equalities – mainly calling for the Health and Wellbeing Strategy to explicitly target the specific health needs of particular communities and guarantee input from the targeted communities into the design of these interventions.

- Children and Families

One VCS respondent called for preventative work with young children and their families to be made an explicit priority of the Health and Wellbeing Strategy. One resident respondent called for teenage pregnancy to be prioritised, while other respondents raised other family issues such as domestic violence and child neglect.

Venn diagram

As a summary of the findings above, the Venn diagram shows the common themes from the consultation responses and where the same issues were raised for more than one priority.



Conclusions

The following conclusions can be drawn from the public consultation exercise:

- The responses to the 2015 public consultation provide further insights into the views, priorities and proposals of residents, local VCS and partners. They supplement the information gained from the pre-consultation workshops and surveys which continue to inform the development of the Health and Wellbeing Strategy.
- Many respondents believe Health and Wellbeing can be improved through better education and awareness and therefore see an important role for parents and schools. Residents are most likely to see their role in supporting Health and Wellbeing as being to educate themselves and spread messages to those around them.
- Many respondents believe that cost is an issue, and that a healthy lifestyle needs to be more affordable. Consequently respondents tend to believe the quality and safety of the public environment is important because of the opportunities it provides for free exercise.
- There is quite a sophisticated understanding of the links between mental and physical health and the importance of healthy relationships and sociability in improving Health and Wellbeing. Loneliness amongst older people was a commonly raised issue.
- There was widespread recognition that different communities have different health needs, and that Health and Wellbeing professionals should work closely with communities to develop targeted solutions.

Glossary

CCG	Clinical Commissioning Group
HAVCO	Haringey Association of Voluntary and Community Organisations
JSNA	Joint Strategic Needs Assessment
LGBT	Lesbian Gay Bisexual Transgender
VC S	Voluntary and Community Sector

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Haringey Council

Report for:	Cabinet – 16 June 2015	Item Number:	
Title:	Appointment of Cabinet Committees 2015/16		
Report Authorised by:	Nick Walkley, Chief Executive		
Lead Officer:	Ayshe Simsek, Principal Committee Coordinator		
Ward(s) affected: Not Applicable		Non Key Decision	

1. Describe the Issue Under Consideration

- 1.1 To appoint Members to serve on the advisory committees set out below for the new municipal year 2015/16 and to confirm the terms of reference of these committees:
- Corporate Parenting Advisory Committee
 - LHC Joint Committee.

2. Cabinet Member Introduction

- 2.2 The Corporate Parenting Advisory Committee is responsible for the Council's role as corporate parent for children and young people in care. They seek to ensure that the health, education and access to employment of children in care is maximised, monitor the quality of care provided, and also ensure that children leaving care have sustainable arrangements for their future. It is proposed to continue with the current arrangement for the Corporate Parenting Advisory Committee.
- 2.3 The LHC is a not for profit body set up to provide effective procurement solutions for public sector bodies, to include local authorities. The Council has been represented on the Joint Committee of the Consortium since it was established in December 2012. It is proposed that such an arrangement continues.
- 2.4. Under the Care Act 2014, the Council is required to establish a Safeguarding Adults Board. Prior to the Act the Council already had in place the Safeguarding Adults Board as well as a separate Safeguarding Adults Advisory Committee. The Council



Haringey Council

also has an Adult and Health Scrutiny Panel whose policy remit includes Adults Safeguarding. Therefore, it is proposed to not continue with the Safeguarding Adults Advisory Committee arrangement and review this by the end of the municipal year.

3. Recommendations

3.1 It is recommended that for 2015/16 municipal year:

- i) Cabinet establish the Corporate Parenting Advisory Committee, and the London Housing Consortium and that the terms of reference for these bodies be noted;
- ii) That Cabinet dis-continue the arrangement for the Safeguarding Adults Advisory Committee for 2015/16.
- iii) Cabinet appoint the Members indicated below to serve on the Corporate Parenting Advisory Committee, and the LHC Joint Committee:

Corporate Parenting Advisory Committee

Cllr Ann Waters
 Cllr Anne Stennett
 Cllr Patrick Berryman
 Cllr Makbule Gunes
 Cllr Elin Weston
 Cllr Liz Morris
 Cllr Bob Hare

LHC

Cllr Strickland
 Cllr Bevan

4. Alternative Options Considered

Not applicable.

5. Background Information

- 5.1 Given the statutory duty for the Council to have in place a Safeguarding Adults Board which has been in operation since 2006 and taking into consideration the existing policy remit of the Adults and Health Scrutiny Panel to scrutinise the safeguarding of Adults, it is proposed to not re - establish the Safeguarding Adults



Haringey Council

Advisory Committee; subject to further considering the Multi Agency Safeguarding Adults Pan London policies and procedures which will be available in the Autumn and further to considering the implications of the Care Act.

- 5.2 The Corporate Parenting Committee has an overview of the Council's role as Corporate Parent for children and young people who are in care. It is responsible for ensuring that the life chances of children in care are maximized in terms of health, educational attainment and access to training and employment, in order to aid the transition to a secure and fulfilling adulthood.
- 5.3 The LHC is comprised of nine Local Authorities, to include representatives from other London boroughs, and it discharges the executive functions of the participating Consortium Local Authorities. Members of the Joint Committee must be appointed by the Cabinets of those authorities. Where five or more authorities form a joint committee, Regulations provide that the membership of the joint committee need not be entirely comprised of Cabinet members and where that is the case, other Regulations concerning publicity prior to and following the making of key decisions do not apply. To minimise the administration surrounding the Joint Committee it is written into its Constitution – see Appendix C to this report at page 1, sub paragraph 1.3 - that each participating Local Authority should appoint one Cabinet Member and one non Cabinet Member. The Council's nominees fulfil these criteria.

6. Comments of the Chief Finance Officer and Financial Implications

- 6.1 The service manager confirms that these committees can be serviced from within existing business unit resources. Members should note that these committees do not have the authority to incur expenditure or make budgetary decisions.

7. Assistant Director Corporate Governance and Legal Implications

- 7.1 The Assistant Director Corporate Governance has been consulted on the contents of this Report.
- 7.2 The Council's Constitution sets out the relevant Cabinet arrangements at Part Three, Section D and confirms that the Cabinet may establish advisory committees the membership of which does not have to be limited to Cabinet Members. The Cabinet may change them, abolish them, or create further ones, at its own discretion. These powers must be exercised with the agreement of the Leader and may be exercised by the Leader personally.

8. Equalities and Community Cohesion Comments

The recommendations that Members serve on particular committees reflects Members' roles and expertise. The diversity of elected Members is balanced in terms of gender and ethnicity and therefore this balance will be reflected in the committees.



Haringey Council

There has been consultation with regard to the nominations to these committees within the Majority and Minority Political Groups.

9. Head of Procurement Comments

There are no specific implications arising from this report.

10. Policy Implications

There are no specific implications arising from this report.

11. Use of Appendices

Appendix A – Draft Terms of Reference for Corporate Parenting Advisory Committee.

Appendix B – Constitution containing Terms of Reference for the London Housing Consortium Joint Committee

12. Local Government (Access to Information) Act 1985

Background Papers

The following background papers were used in the preparation of this report:

- Report to the Cabinet on 18 June 2013 entitled 'Appointment of Cabinet Committees'
- Report to the Cabinet on 25 June 2014 entitled 'Appointment of Cabinet Committees'
-

The background papers are located at River Park House, 225 High Road, Wood Green, London N22 8HQ.

To inspect them or to discuss this report further, please contact Ayshe Simsek on 020 8489 2929

Corporate Parenting Advisory Committee

Terms of Reference

1. To be responsible for the Council's role as Corporate parent for those children and young people who are in care;
2. To ensure the views of children in care are heard;
3. To seek to ensure that the life chances of children in care are maximized in terms of health, educational attainment and access to training and employment to aid the transition to a secure and fulfilling adulthood;
4. To ensure that the voice and needs of disabled children are identified and provided for;
5. To monitor the quality of care provided by the Council to Children in Care;
6. To ensure that children leaving care have sustainable arrangements for their future wellbeing; and
7. To make recommendations on these matters to the Cabinet or Cabinet Member for Children and Director of Children and Young People's Service.

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LHC Joint Committee Constitution

This Constitution had been approved by each of the Authorities as the Constitution of the LHC Joint Committee.

1. Establishment of the Joint Committee

- 1.1 The Joint Committee shall be the “LHC Joint Committee”
- 1.2 The Joint Committee is established under Section 101(5) of the Local Government Act 1972, as applied by Section 9EB of the Local Government Act 2000 and Part 4 of the Local Authorities (Arrangements for the Discharge of Functions) (England) Regulations 2012 by the Executives of each of the Councils.
- 1.3 The Joint Committee shall comprise two members from each of the Authorities. Each Authority’s representatives on the Joint Committee shall be appointed by the Authority’s executive, a member of the executive or a committee of the executive, as appropriate. One member shall be an executive member and one a non-executive member.
- 1.4 A member of the Joint Committee shall cease to be a member of the Joint Committee, and a vacancy shall automatically arise, where the member ceases to be a member of the Executive of the Appointing Authority or a member of the Appointing Authority.
- 1.5 Upon being made aware of any member ceasing to be a member of the Joint Committee, the Secretary to the Joint Committee shall write to that member confirming that he/she has ceased to be a member of the Joint Committee, and notify the Appointing Authority and the other members of the Joint Committee accordingly. The relevant Appointing Authority shall appoint another qualifying member to the Joint Committee for the duration of the term of office of the original member.
- 1.6 When sitting on the Joint Committee members are bound by the provisions of the Members’ Code of Conduct for their authority.

2. Chairperson and Vice-Chairperson of the Joint Committee

- 2.1 At the first meeting of the Joint Committee and thereafter at the first meeting of the Joint Committee after 1 May in any year, the Joint Committee shall elect a Chairperson of the Joint Committee and a Vice Chairperson of the Joint Committee for the following year from among the members of the Joint Committee.
- 2.2 Where a member of one Authority is elected as the Chairperson of the Joint Committee, the Vice Chairperson of the Joint Committee shall be elected

from among the members of the Joint Committee who are members of the other Authorities.

2.3 The Chairperson and Vice Chairperson of the Joint Committee shall each hold office until:

- (i) A new Chairperson or Vice Chairperson of the Joint Committee is elected in accordance with Paragraph 2.1 above;
- (ii) He/she ceases to be a member of the Joint Committee; or
- (iii) He/she resigns from the office of Chairperson or Vice Chairperson by notification in writing to the Secretary to the Joint Committee.

2.4 Where a casual vacancy arises in the office of Chairperson or Vice Chairperson of the Joint Committee, the Joint Committee shall at its next meeting elect a Chairperson or Vice Chairperson, as the case may be, for the balance of the term of office of the previous Chairperson or Vice Chairperson.

2.5 Where, at any meeting or part of a meeting of the Joint Committee, both the Chairperson and Vice Chairperson of the Joint Committee are either absent or unable to act as Chairperson or Vice Chairperson, the Joint Committee shall elect one of the members of the Joint Committee present at the meeting to preside for the balance of that meeting or part of the meeting, as appropriate.

3. Secretary to the Joint Committee

3.1 The Joint Committee shall be supported by the Secretary to the Joint Committee.

3.1 The Secretary to the Joint Committee shall be an officer of one of the Authorities, appointed by the Joint Committee for this purpose.

3.2 The functions of the Secretary to the Joint Committee shall be:

- (i) To maintain a record of membership of the Joint Committee;
- (ii) To summon meetings of the Joint Committee in accordance with Paragraph 4 below;
- (iii) To prepare and send out the agenda for meetings of the Joint Committee after consultation with the Chairperson and the Vice Chairperson of the Committee and the Project Director;
- (iv) To keep a record of the proceedings of the Joint Committee and to publicise such record as is required by law;
- (v) To take such administrative action as may be necessary to give effect to decisions of the Joint Committee;
- (vi) Such other functions as may be determined by the Joint Committee.

4. Convening of Meetings of the Joint Committee

- 4.1 The Joint Committee shall meet at least twice in the course of each financial year.
- 4.2 Meetings of the Joint Committee shall be held at such times, dates and places as may be notified to the members of the Joint Committee by the Secretary to the Joint Committee, being such time, place and location as:
- (i) the Joint Committee shall from time to time resolve;
 - (ii) the Chairperson of the Joint Committee, or if he/she is unable to act, the Vice Chairperson of the Joint Committee, shall notify to the Secretary to the Joint Committee; or
 - (iii) The Secretary to the Joint Committee, after consultation where practicable with the Chairperson and Vice Chairperson of the Joint Committee, shall determine in response to receipt of a request in writing addressed to the Secretary to the Joint Committee:
 - (a) from and signed by two members of the Joint Committee, or
 - (b) from the Chief Executive of any of the Authorities,which request sets out an urgent item of business within the functions of the Joint Committee.
- 4.3 The Secretary to the Joint Committee shall settle the agenda for any meeting of the Joint Committee after consulting, where practicable:
- (i) The Chairperson of the Joint Committee;
 - (ii) The Vice Chairperson of the Joint Committee;
- and shall incorporate in the agenda any items of business and any reports submitted by:
- (a) the Chief Executive of any of the Authorities;
 - (b) the Chief Finance Officer to any of the Authorities;
 - (c) the Monitoring Officer to any of the Authorities;
 - (d) the Legal Adviser to the Joint Committee;
 - (e) the Director of the LHC Operations Group;
 - (f) any two members of the Joint Committee in accordance with Paragraph 8.1(iii) below.

5. Procedure at Meetings of the Joint Committee

- 5.1 The Joint Committee shall, unless the member of the Joint Committee presiding at a meeting or the Joint Committee determines otherwise,

conduct its business in accordance with the Joint Committee Procedure Rules set out in Appendix One to this Constitution

- 5.2 The Chairperson of the Joint Committee, or in his/her absence the Vice Chairperson of the Joint Committee, or in his/her absence the member of the Joint Committee elected for this purpose, shall preside at any meeting of the Joint Committee.

6. Powers Delegated to the Joint Committee

- 6.1 The Joint Committee shall act as a strategic forum for LHC, providing direction to the Operations Group. Its executive decision-making powers shall include the following:

- (i) identification of the overall strategic objectives of the LHC;
- (ii) management of the LHC
- (iii) overseeing and monitoring the work of the Operations Group;
- (iv) setting the staffing structure of the LHC
- (v) overseeing the procurement of framework agreements on behalf of the Authorities
- (vi) overseeing the provision of technical advice and consultancy services provided by the LHC Operations Group.

- 6.2 The Joint Committee may make such other executive decisions from time to time as are necessary for the efficient operation of LHC.

- 6.3 Without prejudice to Paragraph 6.1 above, it is hereby declared that the following functions are reserved to each of the Authorities and shall not be within the powers of the Joint Committee:

- (i) All non-executive functions of any of the Authorities.
- (ii) Any decision which is contrary to or not wholly in accordance with the Budget approved by each Authority for the Joint Committee, or is contrary to an approved policy or strategy of any of the Authorities;

7. Attendance at meetings of the Joint Committee

- 7.1 Notwithstanding that a meeting or part of a meeting of the Joint Committee is not open to the press and public, the officers specified in Paragraph 7.2 below of each of the Authorities shall be entitled to attend all, and all parts, of such meetings, unless the particular officer has a conflict of interest as a result of a personal interest in the matter under consideration.

- 7.2 The following are the officers who shall have a right of attendance in accordance with Paragraph 7.1:

- (i) the Chief Executive of any of the Authorities;
- (ii) the Chief Finance Officer to any of the Authorities;

- (iii) the Monitoring Officer to any of the Authorities;
- (iv) the Director of the LHC Operations Group

8. Financial Regulations, Officer Employment Procedure Rules and Contract Standing Orders

- 8.1 The Joint Committee shall operate under the Financial Regulations, Officer Employment Procedure Rules and Contract Standing Orders of the London Borough of Hillingdon ('Hillingdon').

9. Amendment of this Constitution

- 9.1 This constitution may be altered by resolution of a meeting of the Joint Committee supported by a majority of the members voting provided that notice in writing of such alterations has been given to the Members of the Joint Committee by the Secretary to the Joint Committee not less than 21 clear days before the meeting.

10. Lead Borough Arrangements

- 10.1 Hillingdon shall act as lead borough for and on behalf of all the Authorities in relation to:

- (i) the employment of the staff of LHC,
- (ii) insurance,
- (iii) financial oversight,
- (iv) the entering into of legal relations where LHC would enter such relations were it a competent legal entity,
- (v) Secretary to the Joint Committee.

- 10.2 The LHC Operations Group shall be employed by Hillingdon and the terms and conditions of staff within the LHC Operations Group shall be those used by Hillingdon.

- 10.3 Hillingdon shall effect insurance for all the insurable risks of LHC including employer's, public, professional and motor contingency liability insurance together with all other risks which it considers appropriate to cover, in order to protect the liabilities and assets of the Authorities.

- 10.4 Hillingdon shall enter all contractual and other legal relations for LHC and shall defend or settle any proceedings issued for liabilities arising from the activities of LHC.

- 10.5 The method of calculating the reimbursement of the costs of performing lead borough functions shall be on such basis as the Joint Committee shall from time to time approve. Calculations relating to payments of reimbursement of costs to lead boroughs shall be presented to the Joint Committee for information.

11. Indemnities

- 11.1 The Authorities (which for the elimination of doubt includes Hillingdon) in equal shares shall indemnify Hillingdon against any costs, losses, liabilities and proceedings which Hillingdon may suffer as a result of or in connection with its obligations herein provided that any such costs are not due to any negligent act or omission (determined at law) of Hillingdon or any breach by it of its obligations.
- 11.2 Hillingdon shall indemnify the Authorities against any costs, losses, liabilities and proceedings which the Authorities may suffer as a result of or in connection with any breach by Hillingdon of its obligations and/or any negligent act or omission (determined law).

12. LHC Operations Group

- 12.1 Notwithstanding that Hillingdon shall be the employer of the staff, the Joint Committee shall determine the structure of the staffing group from time to time to ensure that the LHC can carry out its role efficiently and effectively.
- 12.2 The Director shall report to the Joint Committee on all activity relating to the work of the Operations Group at least annually.
- 12.3 Notwithstanding that Hillingdon shall, as employer, be responsible for the staff of the LHC in circumstances where either the Joint Committee or the LHC cease to exist, the Authorities shall co-operate with each other with a view to finding continued employment for the displaced staff with one or more of the Authorities.

13. Budget

- 13.1 An annual budget showing forecasts and estimates for income and expenditure for the following two years shall be presented for approval by the Joint Committee annually.

14. Surpluses and deficits

- 14.1 The method of calculating the share of the surplus due to LHC members shall be on such basis as the Joint Committee shall from time to time approve. Calculations relating to payments of surpluses to LHC members shall be presented to the Joint Committee for information. Any deficits arising from the activities of the LHC Operations Group shall be borne equally between the Authorities.

15. Premises

- 15.1 Any premises relating to the work of the LHC Joint Committee must be owned or leased by one of the Authorities.
- 15.2 Premises currently occupied by the LHC Operations Group are leased by the London Borough of Hillingdon.

16. Withdrawal from membership of the Joint Committee

16.1 If any of the authorities wishes to withdraw from membership of the Joint Committee that authority shall give notice to the Secretary to the Joint Committee by no later than 30 September in any year and that authority shall cease to be a member of the Joint Committee on 1 April in the following year.

16.2 From the date of giving notice up to and including 31 March in the following year the authority which has given notice shall remain a full member of the Joint Committee and shall be entitled to receive its full share of any distributed surplus or will be liable to pay its full share of any deficit, as the case may be, for the financial year in which its membership ceases.

17. Interpretation

17.1 In this Constitution the following words and phrases shall have the following meanings”

“Authority” means each of the London Boroughs of Ealing, Hackney, Haringey, Hillingdon, Islington, Tower Hamlets and Buckinghamshire County Council and “Authorities” shall mean all of these Authorities.

“Council” means each [as above] and “Councils” shall mean all of these Councils.

“Director” means the officer of the London Borough of Hillingdon who acts as Director of the LHC Operations Group

“The Joint Committee” means the LHC Joint Committee comprised of members of each of the Authorities.

“LHC” means the London Housing Consortium which exists to provide specialist technical and procurement services to building programmes undertaken by participating local authorities and other public sector bodies and provides framework arrangements for such procurement services to such bodies

“The LHC Operations Group” means such team of officers from the Authorities, as the Authorities shall establish to manage LHC under the guidance of the Joint Committee.

“The Secretary to the Joint Committee” means the officer of one of the Authorities appointed for the time being by the Joint Committee to perform this function.

Appendix One Joint Committee Procedure Rules

1 Application

- 1.1 These procedure rules apply to all meetings of the Joint Committee, any Sub-Committee of the Joint Committee, and to decisions of individual Joint Committee Members and executive decisions taken by officers under powers delegated from the Joint Committee.

2 Allocation and Delegation of Functions

- 2.1 Where the Joint Committee is responsible for the discharge of a function, it may arrange for the discharge of that function by a Sub-Committee of the Joint Committee or by an officer.
- 2.2 Where a Sub-Committee is responsible for the discharge of a function, it may arrange for the discharge of that function by an officer.
- 2.3 Where a function has been delegated by the Joint Committee or a Sub-Committee of the Joint Committee, the Joint Committee or Sub-Committee may at any time resume responsibility for the discharge of that function by giving notice in writing to the person or body to whom the function has been delegated, with a copy to the Secretary to the Joint Committee.
- 2.4 Where a Sub-Committee of the Joint Committee or officer has been given delegated powers in respect of a function, that body or person may at any time refer the matter back for decision to the body by which the power was delegated.

3 Meetings

- 3.1 The Joint Committee shall meet as necessary for the effective discharge of its functions. Any Sub-Committees shall meet as necessary to discharge their functions.
- 3.2 The Joint Committee shall meet at such time, date and location as may be determined:
 - (i) by the Joint Committee;
 - (ii) by the Chairperson of the Joint Committee or if the Chairperson is unable to act, the Vice-Chairperson;
 - (iii) following a request from any two members of the Joint Committee and notified to the Secretary to the Joint Committee;
 - (iv) following a request from the Chief Executive of any of the Authorities and notified to the Secretary to the Joint Committee.
- 3.3 Meetings of Sub-Committees shall be on such time, date and location as

the Sub-Committees may determine and notify to the Secretary to the Joint Committee.

4 Summons and Agenda Procedure

- 4.1 All meetings of Joint Committee and Sub-Committees shall be summoned by the Secretary to the Joint Committee.
- 4.2 Except in cases of special urgency, at least 5 clear working days before the meeting, the Secretary to the Joint Committee shall prepare and send to each member an agenda setting out:
 - (i) The identity of the body;
 - (ii) The time, date and location of the meeting;
 - (iii) The business to be transacted at the meeting, including:
 - (a) A report concerning the finances of LHC
 - (b) Any reports and recommendations from any of the Authorities;
 - (c) Any reports or recommendations from the Joint Committee, or a Sub-Committee;
 - (d) Any notices of motion to, or referred to, the Joint Committee;
 - (e) Any petitions to, or referred to, the Joint Committee;
 - (f) Any reports to be made by statutory officers of any of the Authorities;
 - (g) Any matters which the Chair has notified to the Secretary to the Joint Committee for inclusion in the agenda;
 - (h) Any reports to be made by the Project Director or other officers of any of the Authorities appropriate to the proper discharge of the Joint Committee's business;
 - (i) Consideration of the Joint Committee's work programme
 - (j) Where practicable, an indication that the Secretary to the Joint Committee is of the opinion that it is likely that the press and public will be excluded from all or part of the meeting.
- 4.3 No business may be transacted at a meeting which is not specified in the agenda or supplementary agenda for the meeting unless the Chairperson of the Joint Committee or Sub-Committee agrees that the item should be considered as a matter of urgency. The reason for the urgency shall be specified in the statement of decision.
- 4.4 The agenda shall be accompanied by any reports and documents necessary for the decision-maker(s) to discharge the business effectively. Each such report shall be in such standard form as the Secretary to the Joint Committee may prescribe and shall include a list of all background papers which the author of the report has relied upon in compiling the report. As a matter of principle, any written report relating to a matter included in the agenda should be made available and circulated at the same time as the agenda, but where this is not practicable because of the urgent nature of the matter, the agenda will state that the report is to follow and the report will be circulated as soon as possible after the circulation of the agenda for the meeting.

5 Rights of Attendance and Audience

- 5.1 Agendas of the Joint Committee and of any Sub-Committee meetings and reports, except those marked “Not for Publication”, will be available for inspection on request by the public at the offices of the constituent Authorities during normal office hours.
- 5.2 The presumption is that all meetings of the Joint Committee and of any Sub- Committees shall be open to the public. However:
- (i) Where the Secretary to the Joint Committee is of the opinion that it is likely that the press and public will be excluded from all or part of a meeting, he/she shall so indicate on the agenda and may withhold from the press and public any report or background paper which would disclose confidential or exempt information;
 - (ii) The Joint Committee and any Sub-Committee must exclude the press and public from any part of a meeting at which confidential information is likely to be disclosed;
 - (iii) The Joint Committee and any Sub-Committee may exclude the press and public from any part of a meeting:
 - (a) at which exempt information is likely to be disclosed; or
 - (b) at which officers will provide a briefing to members on a matter on which a decision is likely to be taken on the matter within the next 28 days;
- 5.3 Where the Joint Committee or a Sub-Committee excludes the press and public from a meeting, all members of the constituent authorities who are not members of the Joint Committee or Sub-Committee, as appropriate, shall leave the meeting unless specifically invited to remain. This provision shall not apply to:
- (i) the Chief Executive of any of the Authorities;
 - (ii) the Chief Finance Officer to any of the Authorities;
 - (iv) the Monitoring Officer to any of the Authorities;
 - (v) the Director of the LHC Operations Group.
- 5.4 All documents which are open to public inspection will normally be available at least five clear days before the relevant meeting. Where a report is not available when the agenda is published, the report shall be made available for public inspection when it is made available to members of the Joint Committee.
- 5.5 Any Member (of any of the Authorities) may:

- (i) Provide the Secretary to the Joint Committee, before the day on which the meeting is to be held, with representations in writing in respect of any matter on such an agenda, in which case the Secretary to the Joint Committee shall ensure that such representations are provided to the decision-maker(s);
 - (ii) Attend the meeting and address the decision-maker for up to 5 minutes in respect of the matter to be decided.
- 5.6 Members of the public may submit to the Secretary to the Joint Committee comments in writing about any matter on an agenda for a meeting before the day on which the meeting is to be held. Where practicable, such comments will be reported to the decision-maker(s)

6 Departure Decisions

- 6.1 The Joint Committee and any Sub-Committee shall not take a decision which is contrary to or not wholly in accordance with an Authority's approved Budget or the Authority's approved plan or strategy for borrowing and capital expenditure, and which is not within the approved virement limits, but shall refer the proposed decision to all relevant Authorities for determination.
- 6.2 The Joint Committee and any Sub-Committee shall not take a decision which is contrary to an Authority's Policy Framework, but shall refer the proposed decision to all relevant Authorities for determination.
- 6.3 Paragraphs 6.1 and 6.2 shall not apply where the decision -
- (i) is urgent (in the sense that the interests of the Authority, its area or the inhabitants of the area are at risk of suffering unacceptable damage if the decision were to be deferred.); and
 - (ii) the Secretary to the Joint Committee has notified the Chairperson of Scrutiny Committee of the relevant Authority or, if he/she is unable to act, the Chairperson of Council or, if he/she is unable to act, the Vice-Chairperson of Council of the intended decision and the reasons for urgency and that Councillor has notified the Secretary to the Joint Committee in writing that he/she agrees that the matter needs to be determined as a matter of urgency.
- 6.4 In each instance where an urgent decision is taken under Paragraph 6.3 above, the decision-maker(s) shall as soon as reasonably practicable after the making of the decision, submit a report to each relevant Authority setting out the particulars of:
- (i) the decision which has been taken
 - (ii) the reasons why the decision was urgent, and
 - (iii) the reasons for the decision itself.

- 6.5 The Secretary to the Joint Committee shall ensure that a report setting out each urgent departure decision is presented to the next convenient meeting of the relevant Scrutiny Committee.

7. Overview and Scrutiny

- 7.1 Decisions of the Joint Committee will be subject to scrutiny and call-in by the Authorities. Each of the Authorities will apply their existing overview and scrutiny arrangements to decisions of the Joint Committee.
- 7.2 The Secretary to the Joint Committee will publish a record of the decisions of the Joint Committee within 3 clear working days of a meeting and will send a copy of the decisions to a nominated person of each Authority.
- 7.3 Each nominated person will publish the record of decisions within his/her Authority on the day of notification at which point the requirements of the Authorities' Overview and Scrutiny Procedure Rules shall apply in relation to the call-in of any decision.
- 7.4 If a decision of the Joint Committee is not called-in in any of the Authorities by the expiration of 5 clear working days from the date on which the nominated persons were provided with a record of the decision and the Secretary to the Joint Committee has not been notified of any such call-in then the decision may be implemented forthwith.
- 7.5 If a decision is called-in in one or more of the Authorities, the overview and scrutiny arrangements of each Authority which has called-in the decision shall apply as if the decision was one made by that Authority's own executive. When the appropriate overview and scrutiny committee has considered the matter and determined whether or not to agree with the decision of the Joint Committee, the nominated officer of each Authority which has called-in the decision shall notify the Secretary to the Joint Committee of the outcome of such consideration.
- 7.6 If the decision of each relevant overview and scrutiny committee is to agree with the decision of the Joint Committee, the Secretary to the Joint Committee will notify each nominated officer and the decision may be implemented forthwith.
- 7.7 If the decision of one or more relevant overview and scrutiny committees is to recommend to the Joint Committee an alternative course of action, then the decision of the Joint Committee shall be held in abeyance until further consideration is given to the matter at the next appropriate meeting of the Joint Committee.
- 7.8 At the meeting of the Joint Committee at which the matter is considered further, the Chair of the relevant overview and scrutiny committee(s) may attend and address the Joint Committee upon the decision of his/her overview and scrutiny committee and in relation to the alternative course of action recommended.

- 7.9 The Joint Committee will reconsider the proposed decision and may affirm it, or amend it as it considers appropriate.

8 Rules of Procedure

- 8.1 The Chairperson shall preside at meetings of the Joint Committee. In his/her absence, the Vice Chairperson shall preside. In the absence of both Chairperson and Vice Chairperson, the meeting shall elect a member of the Joint Committee to preside for the duration of the meeting.
- 8.2 Each Sub-Committee shall elect a Chairperson. In his/her absence, the Sub-Committee shall elect a member to preside for the duration of the meeting.
- 8.3 At each meeting of the Joint Committee the following business will be transacted:
- (i) Apologies for absence
 - (ii) Declarations of interest
 - (iii) Matters arising from the minutes of the previous meeting
 - (iv) Matters set out in the agenda for the meeting.
- 8.4 The person presiding at a meeting shall conduct the meeting in accordance with these Procedure Rules.
- 8.5 The person presiding at the meeting may vary the order of business at the meeting.
- 8.6 The person presiding at the meeting may invite any person, whether a member or officer of the Joint Committee or a third party, to attend the meeting and to speak on any matter before the meeting.

9 Quorum

- 9.1 The quorum for a meeting of the Joint Committee or a Sub-Committee shall be three members each from a separate authority

10 Record of Attendance

- 10.1 All Joint Committee Members and Sub-Committee members present during the whole or part of a meeting must sign their names on the attendance sheet before the conclusion of the meeting.

11 Disorderly Conduct

- 11.1 If in the opinion of the person presiding, any member of the Joint Committee or of a Sub-Committee misbehaves at a meeting by persistently disregarding the ruling of the person presiding, or by behaving irregularly, improperly or offensively, or by wilfully obstructing the business of the Joint Committee or a Sub-Committee, the person presiding may move not to hear the member further. If the motion is seconded it shall be put to the

vote without discussion.

- 11.2 If in the opinion of the person presiding, the member persistently misbehaves after such a motion has been carried, the person presiding may require the removal of the member for such period as the person presiding shall determine. The person presiding may if necessary adjourn or suspend the sitting of the Joint Committee or Sub-Committee.
- 11.3 If a member is required to leave a meeting under this Procedure Rule, the member is not entitled to vote during the period of exclusion.
- 11.4 If a member of the public or Councillor who is not a Joint Committee or Sub-Committee Member interrupts the proceedings at any meeting, the person presiding may issue a warning. If the interruption continues the person presiding may order the person's removal from the room or chamber in which the meeting is being held.
- 11.5 In case of general disturbance in any part of the chamber open to the public the person presiding may order that part cleared. If the person presiding considers it necessary, he may adjourn or suspend the sitting of the Joint Committee or Sub-Committee.

12 Voting

- 12.1 Whilst the Joint Committee shall seek to operate by consensus, matters under consideration shall be determined by a majority vote of those members present and voting
- 12.2 Voting is generally by a show of hands.
- 12.3 Any Joint Committee or Sub-Committee Member may ask for a vote to be recorded. Individual votes will then be taken by way of a roll call and recorded in the minutes so as to show how each member present and voting gave his vote.
- 12.4 Any Joint Committee or Sub-Committee Member may ask that his/her individual vote be recorded in the minutes.
- 12.5 Whenever a vote is taken by show of hands and not by roll call, the person presiding shall ask for those in favour and those against to vote in turn. He will then ask those abstaining from voting to indicate accordingly. Any member may ask for the number of those in favour, the number of those against and the number of those abstaining to be recorded in the minutes.
- 12.6 A member may not change his/her vote once he/she has cast it and another member has been called upon to vote.
- 12.7 If a member arrives before the casting of votes has been commenced he/she is entitled to vote.
- 12.8 Immediately after a vote is taken any member may ask for it to be recorded in the minutes that he/she voted for or against the question, or that he/she

abstained.

12.9 A matter shall be considered to be approved if it receives the votes of a majority of those members entitled to vote who are present and voting. In the event that the votes cast for and against a proposal are equal, the person presiding, will have a second and/or casting vote. There shall be no restriction on the manner in which the casting vote is exercised.

12.10 Where there are more than two persons nominated for any position to be filled by the Joint Committee or a Sub-Committee, and no person receives more than one half of the votes given, the name of the person having the least number of votes will be struck off the list and a fresh vote taken, and so on until a clear majority of votes is given in favour of one person.

13 Recording the Decision

13.1 The person presiding shall be responsible for ensuring that the Secretary to the Joint Committee is clear as to the decision taken and the reasons for that decision.

13.2 The Secretary to the Joint Committee shall then, as soon as reasonably practicable after the end of the meeting, prepare a statement of the decisions taken at the meeting, including:

- (i) The Joint Committee and Sub-Committee and other members of the Authorities attending the meeting
- (ii) Any disclosures of personal or prejudicial interests
- (iii) The decisions taken and the date of those decisions
- (iv) Whether the decision is urgent and should be implemented directly
- (v) A summary of the reasons for the decision
- (vi) The options which were considered at, but rejected by, the meeting

The Secretary to the Joint Committee may consult the person presiding at the meeting as to the matters to be recorded in the minute.

13.3 Where the statement of decision(s) would disclose confidential or exempt information, the Secretary to the Joint Committee shall produce a formal statement of decisions of the meeting and a summary of the decisions taken at the meeting excluding such confidential and exempt information but providing a coherent account of the matters decided.

13.4 Where the decision is a decision upon a reconsideration of a decision on a Call-In by a Scrutiny Committee, the Secretary to the Joint Committee shall be responsible for reporting that reconsideration decision to the Scrutiny Committee.

13.5 The Secretary to the Joint Committee shall be responsible for circulating the statement of decisions to officers of the authority responsible for the implementation of the decision(s).

14 Implementing decisions

- 14.1 Decisions shall not be implemented until 5 clear days from the publication of the statement of decision(s) of the meeting or the decision.
- 14.2 Paragraph (a) shall not apply where the author of any report has stated therein, or the decision-maker(s) have determined, that the matter is urgent and that the interests of one or more of the constituent authorities, its area or the inhabitants of the area are at risk of suffering unacceptable damage if the decision were not to be implemented directly.
- 14.3 Where a non-urgent decision is called in by a Scrutiny Committee before it is implemented, implementation of the decision will be deferred until the decision-maker has had the opportunity to consider any request from the Scrutiny Committee for the re-consideration of the matter.



Haringey Council

Report for:	Cabinet – 16 June 2015	Item Number:	
Title:	Appointment of Representatives to Partnership Bodies 2015/16		
Report Authorised by:	Nick Walkley, Chief Executive		
Lead Officer:	Ayshe Simsek, Principal Committee Coordinator		
Ward(s) affected: Not Applicable		Non Key Decision	

1. Describe the Issue Under Consideration

At the beginning of each municipal year appointments are made by Cabinet to partnership bodies.

This report therefore sets out the proposed appointments for 2015/16 to the Community Safety Partnership (CSP) and Health and Wellbeing Board. These bodies will consider and confirm their terms of reference at their first respective meetings of the new municipal year.

Cabinet Member Introduction

Community Safety Partnership and the Health and Wellbeing Board play an important role in ensuring that key local agencies are brought together to improve outcomes for our residents across different service areas.

2. Recommendations

It is recommended:

- a. That Cabinet appoint the Members indicated below to Community Safety Partnership for the 2015/16 municipal year and note the Members appointed



Haringey Council

by Council on 14th May 2015 to serve on the Health and Wellbeing Board for the 2015/16 municipal year:

Community Safety Partnership

Councillor Bernice Vanier

Councillor Ann Waters

Councillor Martin Newton

Health and Wellbeing Board

Councillor Claire Kober

Councillor Ann Waters

Councillor Peter Morton

- b. That the terms of reference for each body appended to this report be noted.

3. Alternative Options Considered

Not applicable.

4. Background Information

The Community Safety Partnership (CSP) is a statutory body established pursuant to sections 5 -7 of the Crime and Disorder Act 1998. The CSP fulfils the duty placed on local authorities to address community safety in partnership with the Police and other partners.

The Health and Wellbeing Board was initially established in May 2011 in shadow form to operate during the transition period prior to April 2013. As of April 2013 the Health and Wellbeing Board became a statutory requirement for all local authorities in accordance with the Health and Social Care Act 2012. The HWB brings together commissioners from across the NHS, social care, public health and other local partners and will play an increasingly important role in improving coherence in the way health services are commissioned.

5. Comments of the Chief Finance Officer and Financial Implications

The service manager confirms that these bodies can be serviced from within existing business unit resources.

Members should note that these bodies do not have the authority to incur expenditure or make budgetary decisions.

6. Assistant Director Corporate Governance Comments

There are no specific legal implications arising from this report.



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7. Equalities and Community Cohesion Comments

The Council has a public sector equality duty under S149 of the Equality Act 2010 to have due regard to need to:

Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation

Advance equality of opportunity between people who share those protected characteristics and people who do not

The PolicyTeam were consulted in the preparation of that report and they commented that the proposals outlined in that report carry no apparent implications for any aspect of the duty outlined above.

8. Head of Procurement Comments

There are no specific legal implications arising from this report.

9. Policy Implications

There are no specific legal implications arising from this report.

10. Use of Appendices

Appendix A – Community Safety Partnership Terms of Reference
Appendix B - Health and Wellbeing Board Terms of Reference

11. Local Government (Access to Information) Act 1985

None.

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The Community Safety Partnership (CSP) DRAFT amended Terms of Reference July 2015

1. Purpose

The CSP is a statutory partnership which is responsible for delivering the outcomes in the Community Safety Strategy 2013 - 2017 that relate to the prevention and reduction of crime, fear of crime, anti-social behaviour, harm caused by drug and alcohol misuse and re-offending. The prevention of violent extremism will become a further statutory duty from 1st July 2015. The CSP has strong links to the work of the Early Help Partnership and the Health & Wellbeing Board especially in respect of mental disorder and violence prevention.

The Partnership will work towards its vision by:

- Having strategic oversight of issues relating to all aspects of community safety
- Overseeing production of rolling crime/needs assessments
- Using evidence from crime audits, needs assessment and other data sources to plan value for money services and interventions
- Closely monitoring changes and trends in performance
- Making decisions in an inclusive and transparent way

2. Principles

The following principles will guide the CSP's work. It will seek to:

- Solve problems with long-term positive outcomes
- Balance risk and harm
- Seek long-term solutions to areas of multiple deprivation
- Maximise resources (co-locating, reducing duplication and pooling budgets where possible)
- Share information effectively as a default principle
- Build on proven interventions
- Facilitate effective community input and capacity
- Integrate approaches to enforcement/front-line services
- Monitor robustly, evaluating progress and applying good practice

3. Responsibilities and core business of the CSP

3.1 Strategic planning:

- To oversee the delivery of the strategic priorities for community safety, holding those responsible to account.
- To integrate, wherever appropriate, the plans and services of partner organisations.



- To ensure that the partnership is kept up to date so that it is able to respond effectively to changes in legislation, information and developments in relation to community safety.
- To identify, gain and manage funding as required to implement the Community Safety Strategy
- To review and update relevant information sharing protocols.

3.2 Monitoring outcomes:

- To agree a performance framework with regular monitoring and evaluation of outcomes against agreed milestones and targets.
- To monitor and review key performance indicators.
- To ensure equalities underpins the work of the partnership and all improvements deliver equality of access, outcome, participation and service experience.

3.3 Community engagement:

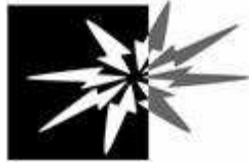
- To ensure the views of service users and residents are taken into consideration in planning and prioritising objectives.
- To remain flexible in order to respond to and help support individuals and communities that are affected by crime.

4. Priorities and Outcomes

- 4.1 The CSP is currently working on the following strategic outcomes in partnership with the Mayor's Office for Policing and Crime and the Home Office:

Outcome One	Rebuild and improve public confidence in policing and maintaining community safety
Outcome Two	Prevent and minimise gang-related activity and victimisation
Outcome Three	Respond to Violence against Women and Girls*
Outcome Four	Reduce re-offending (through an integrated multi-agency model)
Outcome Five	Prevent and reduce acquisitive crime and anti-social behaviour (to include residential burglary, personal robbery, vehicle crime, fraud and theft)
Outcome Six	Prevent violent extremism, delivering the national PREVENT strategy in Haringey

*This has been renamed from the original 'Domestic and Gender-based violence'



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5. Operational protocols

5.1 Membership

The membership of the CSP will:

- reflect statutory duties
- be related to the agreed purpose of the partnership
- be responsible for disseminating decisions and actions back to their own organisations and ensuring compliance
- be reviewed annually

The list of current members and advisors is attached on page 5

5.2 Chairing arrangements

The CSP is currently being co-Chaired by the Cabinet Member for Communities and the police Borough Commander.

5.3 Deputies and representation

Partner bodies are responsible for ensuring that they are represented at an appropriate level. It is not desirable to delegate attendance unless this is absolutely necessary. Where the nominated representative is hampered from attending, a deputy may attend in their place.

5.4 Co-opting

The Board may co-opt additional members by agreement who will be full voting members of the Board.

5.5 Ex-officio

The partnership may invite additional officers and other stakeholders to attend on an ex-officio basis, who will not be voting members of the CSPB, to advise and guide on specific issues.

5.6 Confidentiality

The CSP has a strategic remit and will not therefore discuss individual cases. However, the disclosure of information outside the meeting, beyond that agreed, will be considered as a breach of confidentiality.

5.7 Meetings

- Quarterly meetings will be held
- A meeting of the CSP will be considered quorate when at least one Chair, and a representative of each of the local authority, health and police are in attendance.
- Attendance by non-members is at the invitation of the Chairs.
- The agendas, papers and notes will be made available to members of the public when requested, but meetings will not be considered as public meetings.

5.8 Agendas



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Agendas and reports will be circulated at least five working days before the meeting, after the agenda has been agreed by the Chairs. Additional late items will be at the discretion of the Chairs.

5.9 Partner action

Representatives will be responsible for ensuring that all key issues are disseminated back to their organisations, ensuring compliance with any actions required and reporting back progress to the CSP.

5.10 Interest

Members must declare any personal and/or pecuniary interests with respect to agenda items and must not take part in any decision required with respect to these items.

5.11 Absence

If a representative of a statutory agency is unable to attend, a substitute must be sent to the meeting. If there is no representation for three meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the partnership.



Community Safety Partnership - Membership List 2015/16

	NAME OF REPRESENTATIVE
Statutory partners/CSP members	<p>Cllr Bernice Vanier, Cabinet Member for Communities (Co-chair)</p> <p>Dr Victor Olisa, Borough Commander (Co-chair), Haringey Metropolitan Police</p> <p>Cllr Martin Newton, Opposition representative</p> <p>Cllr Ann Waters, Cabinet Member for Children and Families</p> <p>Zina Etheridge, Deputy Chief Executive, Haringey Council</p> <p>Andrew Blight, Assistant Chief Officer, National Probation Service - London for Haringey, Redbridge and Waltham Forest</p> <p>Douglas Charlton Assistant Chief Officer, London Community Rehabilitation Company, Enfield and Haringey</p> <p>Spencer Alden-Smith, Borough Fire Commander, Haringey Fire Service</p> <p>Jill Shattock, Director of Commissioning, Haringey Clinical Commissioning Group</p> <p>Mark Landy, Community Forensic Services Manager, BEH Mental Health Trust</p> <p>Pamela Pemberton, HAVCO, Interim CEO</p> <p>Joanne McCartney, MPA, London Assembly</p> <p>Stephen McDonnell, AD Environmental Services and Community Safety</p> <p>Dr. Jeanelle de Gruchy, Director Public Health, Haringey Council</p> <p>Jon Abbey, Interim Director of Children Services, Haringey Council</p> <p>Beverley Tarka, Interim Director Adult & Community Services, Haringey Council</p> <p>Andrew Billany, Managing Director, Homes for Haringey</p> <p>Tessa Newton, Victim Support</p> <p>Chair, Safer Neighbourhood Board –</p>
Supporting advisors	<p>Amanda Dellar, Superintendent, Haringey Metropolitan Police</p> <p>Eubert Malcolm, Interim Head Community Safety</p> <p>Claire Kowalska, Community Safety Strategic Manager (+ Theme Leads)</p> <p>Caroline Birkett, Divisional Manager, Victim Support</p> <p>Sarah Hart, Commissioning Manager, Public Health</p> <p>Maria Fletcher Committee Secretariat</p>

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The Health and Wellbeing Board

Health and Wellbeing Board functions

The Health and Wellbeing Board will have the following functions:

- i. To carry out the Board's statutory duties as set out in the Health and Social Care Act 2012, in particular:
- ii. for the purpose of advancing the health and wellbeing of the people in its area, to encourage persons who arrange for the provision of any health or social care services in its area to work in an integrated manner;
- iii. to provide advice, assistance or other support as it thinks appropriate for the purpose of encouraging arrangements under section 75 of the NHS Act. These are arrangements under which, for example, NHS Bodies and local authorities agree to exercise specified functions of each other or pool funds;
- iv. to encourage persons who arrange for the provision of any health-related services in its area to work closely with the Health and Wellbeing Board;
- v. to encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together;
- vi. to discharge the functions of CCGs and local authorities in preparing joint strategic needs assessments (JSNA) and joint Health Wellbeing Strategy (HWS strategy);
- vii. to inform the local authority of its views on whether the authority is discharging its duty to have regard to the JSNA and joint HWS in discharging its functions;
- viii. to discharge any other function as the Council may from time to time choose to delegate to the Board.

Health and Wellbeing Board operating principles

The Health and Wellbeing Board will have the following operating principles:

- (a) To provide collective leadership and enable shared decision-making, ownership and accountability;
- (b) To achieve democratic legitimacy and accountability, and empower local people to take part in decision-making in an open and transparent way;
- (c) To ensure the delivery of the Health and Wellbeing Strategy;
- (d) To reduce health inequalities;

- (e) To promote prevention and early help.

Health and Wellbeing Board roles and responsibilities

The Health and Wellbeing Board will have the following roles and responsibilities:

- a. The Board will set a strategic framework for the authority's statutory duties and have a key role in promoting and coordinating joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey;
- b. The Board has a duty to develop, update and publish the JSNA and related needs assessments, and the HWB Strategy;
- c. The Board has a duty to develop, update and publish the local pharmaceutical needs assessment as set out in section 128A of the NHS Act 2006;
- d. The Board will advise on effective evidence based strategic commissioning and decommissioning intentions for children and adults based on the JSNA's robust analysis of their needs. It will ensure that commissioning plans are in place to address local need and priorities, in line with the HWB Strategy, and will deliver an integrated approach to the planning and delivery of services;
- e. The Board expects, and seeks assurance from, partners that the views of children, adults and their carers about the services they receive are taken into account in the commissioning, decommissioning and delivery of those services;
- f. The Board expects, and seeks assurance from, partners that the views of patients and the public have a voice through Healthwatch in the commissioning, decommissioning and delivery of those services;
- g. The Board will collaborate with and involve local stakeholders to secure better health outcomes, quality of services, a more focussed use of resources and value for money for the local population;
- h. The Board will promote the strengthening of working relationships between professionals and organisations which support people in Haringey, ensuring effective sharing and use of information and best practice; including collaborating with the CCG in the development of its plan;
- i. The Board will lead commissioning for particular services with pooled budgets and joint commissioning arrangements where commissioning plans are delegated to them;
- j. The Board will oversee the delivery of the authority's strategic outcomes for local health and wellbeing targets, holding those responsible to account;

- k. The Board will work with the local health scrutiny process and the local Healthwatch to improve outcomes for communities and people who use services.

Membership of the Board

Meetings of the Board will be chaired by a member of the local authority:

- Local authority councillor(s), who will be (or be nominated by) the Leader of the Council
 - (i) The Leader of the Council
 - (ii) The Cabinet Member for Children and Families
 - (iii) The Cabinet Member for Health & Well Being
- Chair, Clinical Commissioning Group (Vice Chair of HWB)
- Chair of Healthwatch
- Director of Adult and Housing Services
- Director of Children and Young People's Services
- Director of Public Health
- Chief Officer, Clinical Commissioning Group
- Lay Board Member, Clinical Commissioning Group
- GP Board Member, Clinical Commissioning Group
- HAVCO representative
- Representative for the NHSCB (when required)
- Chair - Haringey Local Safeguarding Children Board

The local authority may appoint others to the Board as it deems appropriate, following consultation with the Board. The Board may itself also appoint such additional members to the Board as it deems appropriate.

The Board may invite additional officers to attend on an ex-officio basis, who will not be voting members of the Board, to advise and guide on specific issues when appropriate. Attendance by non- members is at the invitation of the Chair.

Public Meetings

- (a) A minimum of four formal public decision-making business meetings a year will be held. The Board will have the ability to call special meetings as and when required.
- (b) A meeting of the Board will be considered quorate when at least three voting members are in attendance, including one local authority elected representative and one of either the Chair, Clinical Commissioning Group or the Chair, Healthwatch (or their substitutes).
- (c) The Chair of the meeting will have a casting vote.
- (d) All voting members of the Board, (to include any substitutes), will be required to comply both with the Members' Code of Conduct and the provisions of the

Localism Act 2011 relating to Standards. In particular, voting members will be required to complete a register of interests which must be kept up to date. Voting members must also declare any disclosable pecuniary interest or prejudicial interest in any matter being considered and must not take part in any discussion or decision with respect to these items.

- (e) Board members will agree protocols for the conduct of members and meetings.
- (f) The Board will determine its sub groups/committees.
- (g) Only the following members of the Board will have voting rights:
 - Local authority councillor(s), who will be (or be nominated by) the Leader of the Council
 - (i) The Leader of the Council
 - (ii) The Cabinet Member for Children and Families
 - (iii) The Cabinet Member for Health & Well Being
 - Chair, Clinical Commissioning Group (Vice Chair of HWB)
 - Chair, Healthwatch
 - Lay Member Haringey Clinical Commissioning Group
- (h) Any additional persons appointed to the Board either by the local authority or the Board will be appointed on a non-voting basis.
- (i) The Full Council may at any time make a direction to alter the voting right of Board members, following consultation with the Board.

Committee procedures

- (a) The Board will be accountable to Full Council in its capacity as a committee of the local authority. The Board will be subject to health scrutiny as set out in the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
- (b) The Access to Information Procedure Rules in Part 4 of this Constitution apply to the Board. The Committee Procedure Rules in Part 4 apply to the Board except where this would be inconsistent with either these Terms of Reference or the legislation governing this board.

Facilitating the work of the Health and Wellbeing Board

- (a) Workshop meetings will be held to cement links with partners including the Community Safety Partnership, the Children's Trust, and regeneration partners, to facilitate co-ordination and focus on priority issues relevant to all parties.
- (b) In addition to formal board meetings, the Board will hold informal, non-decision making seminars as and when required with attendees specifically invited by the Board. These seminars will be held in private in order to ensure the ongoing organisational development of the Board and to provide a forum in which

complex and sensitive issues can be fully aired and discussed to manage potential blockages to effective delivery of the strategy.

Representatives and substitutes

Representatives will provide a link with their own organisation, reporting back and instigating partner action, being responsible for disseminating decisions and actions within their own organisation, ensuring compliance with any actions required and reporting back progress.

Partner bodies are responsible for ensuring that they are represented at an appropriate level (either equivalent to the core member they are representing and no more than one tier below).

If a representative is absent for three consecutive meetings the organisation/sector will be asked to re-appoint/confirm its commitment to the Board.

Substitutes for voting members will not be permitted with the exception the Chair of the CCG and the Chair of Healthwatch. In their absence, the Deputy Chair of the CCG and the Deputy Chair of Healthwatch may attend in their place. All substitutes must be declared in name at the beginning of each municipal year.

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MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 10 MARCH 2015

Present: Cllr Jason Arthur, Cabinet Member for Resources & Culture

In

Attendance: David Hatley – Head of Supplier Manager, IT
Philip Slawther – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP33.	<p>URGENT BUSINESS</p> <p>None.</p>	
HSP34.	<p>PROCUREMENT OF A MANAGED PRINT SERVICE FOR THE LONDON BOROUGH OF HARINGEY</p> <p>The Council has a mixed fleet of standalone printers and multifunctional print devices (MFD's) which are no longer fit for purpose within our new office environments. The Cabinet Member noted that a new fleet of modern printers would allow the Council to manage and monitor printing much more closely to ensure value for money.</p> <p>A report was tabled seeking Cabinet Member Approval for the award of contract for the provision of a Managed Print Service to Konica Minolta Business Solutions (UK) Limited. The award of contract was conditional on the completion of due diligence by both parties. It was noted that the contract would run for a period of three years with an option to extend for a further two periods of one year each.</p> <p>RESOLVED</p> <p>That the Cabinet Member:</p> <p>I). Agreed to award the contract for the provision of a Managed Print Service to Konica Minolta Business Solutions (UK) Limited. This award of contract will be conditional on completion of due diligence by both parties including the Bidder reviewing all of the Council's estate and the Council establishing that the technology will operate in its environment; and</p> <p>II). Agreed that If the due diligence is successful, final confirmation of the award be delegated by the Lead Member to the Chief Operating Officer; and</p> <p>III). Agreed that if the due diligence leads to an increased cost or inability to provide the services bid for, then the award would not be confirmed and if appropriate, the Cabinet/Cabinet Member may be approached to approve an award to the second highest scoring bidder; and</p> <p>IV). Agreed that the contract will run for a period of 3 years with an</p>	

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	option to extend for a further two periods of one year each. This will represent a total anticipated cost over the 5 years of £1.2m which represents a saving of £125k over the current arrangements.	
HSP35.	NEW ITEMS OF URGENT BUSINESS None	
HSP36.	EXCLUSION OF THE PRESS & PUBLIC N/A	
HSP37.	PROCUREMENT OF A MANAGED PRINT SERVICE FOR THE LONDON BOROUGH OF HARINGEY N/A	
HSP38.	ANY NEW ITEMS OF URGENT EXEMPT BUSINESS None	

MINUTES OF THE CABINET MEMBER SIGNING
THURSDAY, 26 MARCH 2015

Present: Cllr Ann Waters, Cabinet Member for Children & Families

In Attendance: Cllr Gail Engert
 Cllr Martin Newton
 Jenny Duxbury – Head of Education Services
 Nick Shasha – School Place Planning Lead
 Carlo Kodosi - Team Leader Admissions
 Michael Welton – Principal Education Welfare Officer
 Philip Slawther – Principal Committee Coordinator
 Ayshe Simsek – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP39.	URGENT BUSINESS None.	
HSP40.	<p>MUSWELL HILL PRIMARY SCHOOLS CONSULTATION - FUTURE PRIMARY SCHOOL PLACES IN THE MUSWELL HILL AREA</p> <p>Demand for primary reception places in the borough was rising and additional school places were required from 2016 to ensure the Council could continue to meet its statutory duty to provide enough school places. Following an earlier consultation on the possible expansion of St James' C of E Primary school, a wider consultation with parents, carers and schools across the Muswell Hill area was undertaken.</p> <p>A report setting out responses to the wider consultation was considered. The Cabinet Member was asked to approve undertaking further feasibility work with a view to producing a report in July which would outline proposals for where additional places could be delivered.</p> <p>Cllr Engert asked for further clarification on the details of proposed feasibility study on expanding Muswell Hill Primary School and the possible funding envelope for expansion. It was noted that the density of housing around the site and the age of the current building were areas of concern. The Head of Education Services responded that the feasibility of all three proposed sites would be set out in the subsequent report to Cabinet in July. Cllr Newton sought assurances that weighting would be given to Haringey residents for school places, particularly given the proximity of the Borough boundary to Coldfall Primary. The Head of Education Services responded that it was illegal to discriminate against parents and children from outside the borough. The Chair noted that the annual School Place Planning Report, setting out how the Council would meet the rising demand for primary reception places, would be also produced for July.</p>	

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	<p>RESOLVED</p> <p>That the Cabinet Member:</p> <p>I). Approved the undertaking of further feasibility work at:</p> <ul style="list-style-type: none"> • Coldfall Primary - to determine whether it is possible to physically expand the school from 3 to 5 forms of entry • Muswell Hill - to determine whether it is possible to physically expand the school from 2 to 3 or 4 forms of entry • St James – to determine whether it is possible to expand the school from 1 to 2 forms of entry within a prescribed budget; and <p>II). Agreed a further report be delivered in July, setting out where it is proposed that additional places could be delivered.</p>	
HSP41.	<p>SCHOOL ADMISSION ARRANGEMENTS 2016/17</p> <p>Admission arrangements are proposed and determined by admission authorities. The local authority is the admission authority for community schools and voluntary controlled schools. Admission arrangements must be determined annually by 15 April each year.</p> <p>A report was provided seeking Cabinet Member approval for the Admission Arrangements for 2016/17 which included:</p> <ul style="list-style-type: none"> • Admission arrangements for entry to school in the academic year 2016/17 for Haringey's community and voluntary controlled Nursery, Infant, Junior, Primary, Secondary and Sixth Form schools. • Admission arrangements for in-year applications to community schools in Haringey 2016/17. • Haringey's In-Year Fair Access Protocol. <p>RESOLVED</p> <p>That the Cabinet Member:</p> <p>I). Approved the proposed Admission Arrangements for 2016/17; and</p> <p>II). Approved the proposed In Year Fair Access protocol, that will come into force from 20th April 2015.</p>	
HSP42.	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>None.</p>	

MINUTES OF THE CABINET MEMBER SIGNING
MONDAY, 30 MARCH 2015

Present: Cllr Alan Strickland, Cabinet Member for Housing and Regeneration

In

Attendance: Malcolm Greaves – Head of Asset Management
 Stephen McDonnell – AD Environmental Services & Community Safety
 Philip Slawther – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP01.	URGENT BUSINESS None.	
HSP02.	<p>EXTENSION AND NOVATION OF THE MANAGING AGENT CONTRACT FOR BUILDING REPAIRS AND MAINTENANCE</p> <p>A report was tabled seeking Cabinet Member approval to novate (transfer) the Council's Integrated Maintenance Managing Agent contract for building repairs and maintenance to its Operational, Commercial and Community buildings from Europa Facility Services Limited to Bilfinger Europa Facility Management Limited. The current hard Facilities Management (FM) contract, awarded to Europa Facility Services Limited as Managing Agent in November 2008, has been extended until 9th May 2015. The report also seeks Cabinet Member approval for award of a further extension of the contract until 9th November 2015, whilst the Council further explored the options for future delivery and determined a preferred delivery solution.</p> <p>The Cabinet Member noted that the anticipated value of spend throughout the contract duration from its commensuration to the end of the proposed extension, in November 2015, was approximately £9m.</p> <p>RESOLVED</p> <p>I). By virtue of CSO 9.06.1(d) and 10.03, that approval for the novation of the Integrated Managing Agent Contract from Europa Facility Services Limited to Bilfinger Europa Facility Management Limited, be given.</p> <p>II). By virtue of CSO 10.02.2, that the extension of the existing contract with Europa for a further 6 months to 9 November 2015 at an approximate cost of £750k, be given to align with the commencement of new delivery arrangements, with an option to terminate the contract earlier on 1 month's notice.</p>	
HSP03.	NEW ITEMS OF URGENT BUSINESS Nil	
HSP04.	EXCLUSION OF THE PRESS AND PUBLIC	

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MONDAY, 30 MARCH 2015**

	N/A	
HSP05.	EXTENSION AND NOVATION OF THE MANAGING AGENT CONTRACT FOR BUILDING REPAIRS AND MAINTENANCE As per Item 2.	
HSP06.	EXEMPT BUSINESS N/A	

MINUTES OF THE CABINET MEMBER SIGNING
MONDAY, 30 MARCH 2015

Present: Cllr Peter Morton, Cabinet Member for Health and Wellbeing

In

Attendance: Charlotte Pomery – Assistant Director for Commissioning
Philip Slawther – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP07.	URGENT BUSINESS None.	
HSP08.	<p>WAIVER OF CONTRACT STANDING ORDERS TO APPROVE THE NOVATION AND EXTENSION OF THE CONTRACT TO DELIVER HEALTHWATCH FUNCTIONS FROM THE HARINGEY CITIZENS' ADVICE BUREAU TO PUBLIC VOICE</p> <p>The existing Healthwatch Haringey contract was noted as being between the Council and Haringey Citizens Advice Bureau and ran from 1st April 2013 to 31st March 2015. In line with national guidance and local requirements, Healthwatch Haringey had become a Community Interest Company, called Public Voice CIC. The Council sought to extend the contract for one year under Clause 3.2 of the terms and conditions of the original contract.</p> <p>A report was tabled seeking Cabinet Member approval to extend the existing contract for one year and to novate the contract for Healthwatch Haringey from Haringey Citizens' Advice Bureau to Public Voice. The Cabinet Member noted that the annual value of the proposed extension to the contract was £180,000, which was a £20,000 reduction from the previous annual value of the contract.</p> <p>RESOLVED</p> <p>1). That approval for the contract extension and novation of the Haringey Healthwatch contract from Haringey Citizens' Advice Bureau to Public Voice be given.</p>	
HSP09.	NEW ITEMS OF URGENT BUSINESS None.	

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MINUTES OF THE Error! Unknown document property name.LEADER SIGNING
Error! Unknown document property name.MONDAY, 30 MARCH 2015

Present: Cllr Claire Kober, Leader of the Council

In

Attendance: Hugh Sharkey – Interim Head of Procurement
David Mulford – Procurement Manager, Procurement and Contracts
Ayshe Simsek – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CAB13	<p>URGENT BUSINESS</p> <p>None.</p>	
CAB14	<p>AWARD OF 30 LOTS FOR THE LONDON CONSTRUCTION PROGRAMME MAJOR WORKS FRAMEWORK AGREEMENT</p> <p>It was noted that the London Construction Programme (LCP) was established in 2012 by Haringey Council. The LCP was encouraged and supported by London Councils, to develop a pan London strategy to improve construction procurement. Haringey are currently leading the London Construction Programme as the Lead Authority in London. The LCP is a virtual partnership of various buying organisations offering procurement solutions to deliver construction projects more efficiently and effectively.</p> <p>A report was put forward seeking Leader approval to establish a framework agreement for construction works for the value of £100,000 and above, for all of London under the London Construction Programme suite of frameworks which are available to Commissioning Organisations in London. The framework, the LCP W1 – MW14, is awarded across 30 Lots in three value bands; £100,000 to 999,999, £1m to £4,999,999 and over £5m. It was noted that the award of Lots 1-3 was provisional, and subject to statutory leaseholder consultation. There would be an addendum report drafted for Leader approval in June of Lots 1-3, following the completion of the consultation period.</p> <p>RESOLVED</p> <p>I). That award be made for the following lots as framework agreements for four years to those Contractors identified as follows in:-</p> <ul style="list-style-type: none"> a) Lot 1 North London - Housing, value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt appendix A, Table 1. This is subject to II) below. b) Lot 2 North London – Housing, value band £1m to £4,999,999. The names of the successful tenderers are contained in Appendix A, Table 2. This is subject to II) below. c) Lot 3 North London – Housing, value band over £5m. The 	Interim Head of Procurement

MINUTES OF THE Error! Unknown document property name.LEADER SIGNING
Error! Unknown document property name.MONDAY, 30 MARCH 2015

successful tenderers are contained in exempt Appendix A, Table 3. This is subject to II) below.

- d) Lot 4 North London – Education and others, value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 4.
- e) Lot 5 North London – Education and others value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 5.
- f) Lot 6 North London – Education and others, value band over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 6.
- g) Lot 7 East London – Housing value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 7.
- h) Lot 8 East London – Housing value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 8.
- i) Lot 9 East London – Housing over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 9.
- j) Lot 10 East London – Education and others value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A Table 10.
- k) Lot 11 East London – Education and others value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 11.
- l) Lot 12 East London – Education and others over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 12.
- m) Lot 13 South East London – Housing value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 13.
- n) Lot 14 South East London – Housing value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A Table 14.
- o) Lot 15 South East London – Housing over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 15.
- p) Lot 16 South East London – Education and others value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 16.
- q) Lot 17 South East London – Education and others value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 17.

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- r) Lot 18 South East London – Education and others over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 18.
- s) Lot 19 South West London – Housing value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 19.
- t) Lot 20 South West London – Housing value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 20.
- u) Lot 21 South West London – Housing over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 21.
- v) Lot 22 South West London – Education and others value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 22.
- w) Lot 23 South West London – Education and others value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 23.
- x) Lot 24 South West London – Education and others over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 24.
- y) Lot 25 West London – Housing value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 25.
- z) Lot 26 West London – Housing value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 26.
- aa) Lot 27 West London – Housing over £5m. The successful tenderers are contained in exempt Appendix A, Table 27.
- bb) Lot 28 West London – Education and others value band £100,000 to £999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 28.
- cc) Lot 29 West London – Education and others value band £1m to £4,999,999. The names of the successful tenderers are contained in exempt Appendix A, Table 29.
- dd) Lot 30 West London – Education and others over £5m. The names of the successful tenderers are contained in exempt Appendix A, Table 30.

II). That Lots 1, 2 and 3 be awarded on a provisional basis. Within 7 days of the End of the period for the making of statutory observations by leaseholders. The Lead Officer is to prepare an addendum report for the Leader summarising any observations, together with the Council's responses, where upon a decision will be made whether to confirm the award(s).

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CAB15	NEW ITEMS OF URGENT BUSINESS	
	None.	

MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 31 MARCH 2015

Present: Cllr Ann Waters, Cabinet Member for Children and Families

In

Attendance: Andy Briggs – Head of Direct Services
 Marianna Clune-Georgiou – Catering Services Manager
 Philip Slawther – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP10.	URGENT BUSINESS None.	
HSP11.	<p>CATERING SCHOOL MEALS SERVICE</p> <p>The Cabinet member noted that a clear trend had developed in recent years with schools opting out of using the Council's catering service provision, which negatively impacted on the overall cost of the service year on-year. In the last 12 months 17 schools had left the Council's school catering provision, as the external market further developed. As more schools left the Council's school meal service the cost per meal has increased and this has created an unsustainable revenue pressure against the Council's budget.</p> <p>A report was tabled which outlined the current operational and financial viability of the in-house catering/school meals service. The report asked for Cabinet Member approval to a number of recommendations on the way forward, including an in principle decision of cessation of the in-house service from April 2016 and school governing bodies, trade unions and staff being consulted on alternative options.</p> <p>RESOLVED</p> <p>I). That approval for the in-house Catering School Meals Service ceasing by April 2016 be given; and</p> <p>II). Approval be given for Direct Services to consult with school governing bodies, trade unions and staff on alternative options, being 4.2 of this report described as "To procure an external provider from an established framework to provide a quality school meal service to all remaining schools, 4.3 described as "Schools directly deliver" and 4.4 described as "Service delivered via a neighbouring authority"</p> <p>III). That the Cabinet Member for Children and Families agree to the Chief Operating Officer being authorised, in consultation with the Director of Children's Services and the Cabinet Member for Children and Families, to reach a final decision on these proposals having regard to the outcome of the consultation.</p>	

MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 31 MARCH 2015

	IV). That the Cabinet Member for Children and Families agree to the projected budget overspends arising from the Service of £129k in 2014/15 and £397k in 15/16 being treated as agreed overspends for the purposes of in-year monitoring, and to permanent budget adjustments being incorporated in the 16/17 MTFP process.	
HSP12.	NEW ITEMS OF URGENT BUSINESS None.	

MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 14 APRIL 2015

Present: Cllr Jason Arthur, Cabinet Member for Resources and Culture

In

Attendance: David Hatley – Head of Supplier Manager, IT
Philip Slawther – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP13.	URGENT BUSINESS None.	
HSP14.	<p>EXTENSION OF CONTRACT FOR THE SUPPORT & MAINTENANCE OF THE COUNCIL'S IT NETWORK, IT SECURITY & DATA CENTRES</p> <p>Cabinet Procurement Committee awarded a contract to Logicalis Limited in April 2012 for the Support and Maintenance of the IT Network, IT Security and Data Centres following an EU Tender process. The award was for three years from July 2012 with an option to extend for an additional two years.</p> <p>A report was tabled seeking Cabinet Member approval to extend the contract for a period of two years as allowed for under contract. The cost for the extension was £657, 532 per annum totalling £1,315,064 for the two year period. The Cabinet Member noted that this represented a saving on the current cost of £20,626 for the two years, with additional telephony services included.</p> <p>RESOLVED</p> <p>I). That approval for the extension of the contract with Logicalis for the management of the IT Network, Security and Data Centres for a period of 2 years as provided for under the contract, be given; and</p> <p>II). That the cost per annum for the extension of £657,532 totalling £1,315,064 for the two year period, be noted.</p>	
HSP15.	NEW ITEMS OF URGENT BUSINESS None.	

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MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 19 MAY 2015

Present: Cllr Alan Strickland, Cabinet Member for Housing and Regeneration

In

Attendance: David Sherrington – Director of Asset Management, HfH
 Andrew Billany – Chief Executive, HfH
 Philip Slawther – Principal Committee Coordinator

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP16.	FILMING AT MEETINGS Please note that this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that they will not be filmed or recorded by others attending the meeting. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings. The chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual or may lead to the breach of a legal obligation by the Council.	
HSP17.	URGENT BUSINESS None.	
HSP18.	NEW ITEMS OF URGENT BUSINESS Nil.	
HSP19.	EXCLUSION OF THE PRESS AND PUBLIC N/A.	
HSP20.	MAJOR CAPITAL WORKS YEAR 8 ALLOCATION OF WORKS TO FRAMEWORK CONSTRUCTORS A report was tabled seeking Cabinet Member approval to agree to the award of the AMP (Agreed Maximum Price) contract for the Decent Homes Programme to deliver the initial Year 8 schemes Phase 1. RESOLVED	

MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 19 MAY 2015

	<p>I). That approval for the award of contract to deliver the initial Year 8 schemes as a direct call off from the Framework Agreement be given as set out in the exempt Appendix A Table 1 of this report; and</p> <p>II). That the approval of the individual Agreed Maximum Price (AMP) for any contracts let under this award for the Year 8 programme (2015/16), up to the value of £6.5m, and any necessary subsequent adjustments to the programme (due to the availability of funding, wider stock investment priorities and/or other unforeseen issues that affect delivery) is delegated to the Chief Operating Officer, after consultation with the Cabinet Member for Housing and Regeneration.</p>	
HSP21.	<p>NEW ITEMS OF EXEMPT URGENT BUSINESS</p> <p>N/A</p>	



Haringey Council

Report for:	Cabinet 16 th June 2015	Item number	
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Title:	Delegated Decisions and Significant Actions
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Report authorised by :	Nick Walkley, Chief Executive
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Lead Officer:	Ayshe Simsek(Tel. 020 8489 2929)
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Ward(s) affected: Not applicable	Report for Key/Non Key Decision: For information
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1. Describe the issue under consideration

To inform the Cabinet of delegated decisions and significant actions taken by Directors.

The report details by number and type decisions taken by Directors under delegated powers. Significant actions (decisions involving expenditure of more than £100,000) taken during the same period are also detailed.

2. Cabinet Member Introduction

Not applicable

3. Recommendations

That the report be noted.

4. Other options considered

Not applicable

5. Background information



Haringey Council

To inform the Cabinet of delegated decisions and significant actions taken by Directors.

The report details by number and type decisions taken by Directors under delegated powers. Significant actions) decisions involving expenditure of more than £100,000) taken during the same period are also detailed.

Officer Delegated decisions are published on the following web page http://www.minutes.haringey.gov.uk/mgDelegatedDecisions.aspx?bc_r=1

6. Comments of the Chief Financial Officer and financial Implications

Where appropriate these are contained in the individual delegations.

7. Head of Legal Services and Legal Implications

Where appropriate these are contained in the individual delegations.

8. Equalities and Community Cohesion Comments

Where appropriate these are contained in the individual delegations.

9. Head of Procurement Comments

Where appropriate these are contained in the individual delegations.

10. Policy Implications

Where appropriate these are contained in the individual delegations.

11. Use of Appendices

The appendices to the report set out by number and type decisions taken by Directors under delegated powers. Significant actions (Decisions involving expenditure of more than £100,000) taken during the same period are also detailed.

12. Local Government (Access to Information) Act 1985

Background Papers

The following background papers were used in the preparation of this report;

Delegated Decisions and Significant Action Forms



Haringey Council

Those marked with ♦ contain exempt information and are not available for public inspection.

The background papers are located at River Park House, 225 High Road, Wood Green, London N22 8HQ.

To inspect them or to discuss this report further, please contact Ayshe Simsek on 020 8489 2929.

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DIRECTORATE OF REGENERATION, PLANNING AND DEVELOPMENT

Significant decisions - Delegated Action 2014/2015 – March 2015

◆ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision	
1. ♦	09.03.15	Approval for award of contract under CSO 9.06.1c re: Tottenham Hale Green Link Concept to Detail Design.	For the Director of Regeneration, Planning and Development to award the contract for Tottenham Hale Green Link Concept to Detail Design in the sum of £373,302.	
2. ♦	16.03.15	Sale of Technopark to the Harris Federation	Decision report of the Director of Regeneration, Planning and Development and the S151 Officer in consultation with the Cabinet Member for Finance and Culture.	
3. ♦	16.03.15	Sale of Land at Ashley Road Depot to the Harris Federation	Decision report of the Director of Regeneration, Planning and Development and the S151 Officer in consultation with the Cabinet Member for Finance and Culture and the Cabinet Member for Housing and Regeneration.	
4.	25.03.15	Approval to waive CSO 9.01 as allowed under CSO 10.01.1(b) and CSO 10.01.2(d) re: Supply of Childcare and Crèche Services for students attending Adult Learning Courses	For the Director of Regeneration, Planning and Development to agree the waiver and award the provision of Childcare and Crèche Services in the maximum sum £150,000.	
Delegated Action				
Type	Project		Value	Number
Approval to waive CSO 8.02 as allowed under CSO 10.01.1b	Tottenham Regeneration Programme – Production of a 3D model to demonstrate proposals for regeneration of Tottenham Hale Lyn Garner 09.03.15		£17,000	
Approval for award of contract under CSO 9.06.1c	Tottenham Hale Meanwhile Strategy Lyn Garner 09.03.15		£44,700	

Submission authorised by:



Lyn Garner, Director of Regeneration, Planning and Development

Date: 01.06.15

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DIRECTORATE OF REGENERATION, PLANNING AND DEVELOPMENT

Significant decisions - Delegated Action 2015/2016 – April 2015

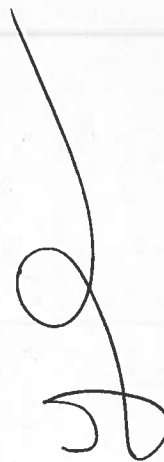
◆ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision
1. ◆	10.04.15	Delegated Action: Approval for award of contract under CSO 9.06.1.c – Commercial and Financial Advice for the Borough Wide Joint Venture Development Vehicle.	For the Director of Regeneration, Planning and Development to approve the award of contract for the Commercial and Financial Advice for the Borough Wide Joint Venture Development Vehicle to GVA Grimley Ltd. in the total sum of £353,446 + VAT.

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Delegated Action			
Type	Project	Value	Number
Approval for award of contract under CSO 10.01	Meganexus Lyn Garner 01.04.15	£18,000	
Approval for award of contract under CSO ◆	High Road West Removal Contractors Lyn Garner 02.04.15	£98,000	
Request to waiver CSO 8.03 and 9.01 as allowed under CSO 10.01.1b	Reviewing six conservation area appraisals and management plans in Tottenham Lyn Garner 28.04.15	£20,000	

Submission authorised by:



Lyn Garner
Director of Regeneration, Planning and Development

Date: 01.06.15

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DIRECTORATE OF REGENERATION, PLANNING AND DEVELOPMENT

Significant decisions - Delegated Action 2015/2016 – May 2015

◆ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision
1.	28.04.15	Opportunity Investment Fund – award of contract	For the Director of Regeneration, Planning and Development to approve under delegated authority the award of a loan agreement to the Mill Co. Project for the value of £100,000.

Delegated Action

Type	Project	Value	Number
Request for approval to waive CSO 8.02 as allowed under CSO 10.01.1.b	Tottenham Regeneration Programme – Appointment of Soundings for the Tottenham Consultation Events Lyn Garner 05.05.15	£25,000	
Delegated authority report ◆	HRW – Secure Council Tenant Homeloss and Disturbance Payments Lyn Garner 05.05.15	£2,480	
Award of contract	Purchase of properties using Right to Buy receipts Lyn Garner 11.05.15	£50,000	
Delegated authority – award of contract	Opportunity Investment Fund – Create London Lyn Garner 22.04.15	£90,000	
Approval for award of contract under CSO 9.06.1c	Tottenham Hale Meanwhile Strategy Lyn Garner 15.05.15	£44,700	

Submission authorised by:


Lyn Garner
Director of Regeneration, Planning and Development

Date: 01.06.15.

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DIRECTOR OF ADULT SOCIAL SERVICES

Significant decisions - Delegated Action – March 2015

◆ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision
1.		NIL	
2.			
3.			

Delegated Action

	Number
09/03/15: Request for director's waiver to extend Home from Hospital contract	
09/03/15: Award of contract under CSO 9.07 – Cleaning Services for Winkfield Resource Centre	
11/03/15: Change Control Note- System Associates – Extension of Haricare Contract	
19/03/15: Director's approval to award of contract for a period of 3 years under CSO 9.07.2 – Osborne Grove Generator	
19/03/15: Request to Waive CSO 8.03 & 9.01 as allowed under CSO 10.01.1b for Tripod Partners	
24/03/15: Approval to waive Contract Standing Order (CSO) 10.1.1(b) and to award a contract under CSO 9.07 – Me Learning (annual charge for Mosaic)	
30/03/15 Request for Waiver of CSO 8.03 under CSO 10.01.1 for Me Learning (Care Act 2014 system upgrades)	

Submission authorised by: 
Beverley Tarka – Interim Director of Adult Social Services

Date: 1st April 2015

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DIRECTOR OF ADULT SOCIAL SERVICES

Significant decisions - Delegated Action – April 2015

◆ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision
1.		NIL	
2.			
3.			

Delegated Action

Number
150409: Request for Implementation of Contract Standing Order (CSO 10.02.1 a) Request for extension of contract of Joint L&D Framework, Adult Social Care – London Borough of Waltham Forest and London Borough of Haringey
150424: Request for Implementation of Contract Standing Order (CSO 10.02.1 a) Request for extension of contract of Joint L&D Framework, Adult Social Care – London Borough of Waltham Forest and London Borough of Haringey
Please note the above two items are called the same but the content is different

Submission authorised by:  _____
 Beverley Tarka – Interim Director of Adult Social Services

Date: 1st May 2015 _____

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DIRECTOR OF ADULT SOCIAL SERVICES

Significant decisions - Delegated Action – May 2015

♦ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision
1.		NIL	
2.			
3.			

Delegated Action

Number
150527: Delegated Decision: Director's Waiver for contract with Careers Group, University of London

Submission authorised by: B. F. Tarka.
 Beverley Tarka – Interim Director of Adult Social Services

Date: 2nd June 2015

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DIRECTOR OF PUBLIC HEALTH (DCE DIRECTORATE)

Significant decisions - Delegated Action - For Reporting to Cabinet on 16 June 2015

◆ denotes background papers are Exempt.

ON	Date approved by Director	Title	Decision
1. ◆	12/3/15	Waiver & Award of Contracts for the Healthy Living Pharmacy Programme in Haringey 2015-16	The Director of Public Health has agreed to waive the requirement to tender and award contracts to participating Pharmacies in Haringey for the provision of Healthy Start vitamins; stop smoking services; and specific sexual health services as part of the Healthy Living Pharmacy (HLP) programme 2015-16, with an option to extend for another year, in accordance with Contract Standing Orders (CSO) 10.01.2(d). The total estimated cost of provision, across all participating pharmacies in Haringey in 2015-16 will be as follows: a) Healthy Start vitamins £4,590; b) stop smoking services £72,040; and sexual health services £282,358. The waiver request is made under clause 10.01.2 under the contract procedure rules (July 2014) on the basis that: 'the nature of the market for the works to be carried out or the goods or services to be provided has been investigated and is such that a departure from the requirements of Contract Standing Orders is justified'.

Delegated Action

Type	Number
Request for approval for variation of the Tender Education & Arts programme contract under Contract Standing Order (CSO) 10.02.1. Director of Public Health approved this contract variation of an additional £49,95 (that it is in the council's overall interest) to cover the cost of purchasing extra school places on the programme – approved 11/3/15	1
Waiver & Award of Contract for the installation & implementation of the Quality Medical Solutions (QMS) Vascular Health Checks Management Service 2015-17. The Director of Public Health has agreed to waive the requirement to tender and award a contract in respect of Quality Medical Solutions, (QMS), for the installation and implementation	2

of the Vascular Health Checks (Data) Management Service in GP practices, and for use by community focused service providers, mainly in the east of Haringey, in 2015-17, in support of the delivery of the Health Checks, and other health improvement programmes. The cost of delivering this contract over two years will be £81,220, from 1 April 2015 to 31 March 2017 – approved 11/3/15	
Child Sexual Exploitation prevention programme in schools. The Director of Public Health has agreed to waive the requirement to tender and has awarded a contract in respect of the Safer London Foundation for the delivery of a Child Sexual Exploitation prevention programme in schools, in accordance with Contract Standing Orders (CSO) 10.01.2 (d), (that it is in the Council's overall interest). The cost of delivering this contract will be £41,000 – approved 12/3/15	3
Request for approval for variation of the HENRY service contract under Contract Standing Order (CSO) 10.02.1. The Director of Public Health has approved to vary the current contract 2014/15 with HENRY (Health, Exercise, Nutrition for the Really Young) as allowed under CSO 10.02.1(d). This is to assign additional resources to enhance obesity prevention services with parents/carers of young children. After variation the contract value will be increased by £30,000 to £80,000. – approved 12/3/15	4
The Director of Public Health has approved the award of the contract to Fruition Ltd for the supply of accredited Speakeasy (sex and relationship education) courses for parents/carers and professionals in Haringey for the period, 16 th March 2015 to 15 th March 2016 in accordance with CSO 3.02. The provider will provide a minimum of two and no more than eight accredited Speakeasy courses so that the contract value over the twelve month period will be between £6000 and no more than £15,000– approved 27/3/15	5
The Director of Public Health has approved the waiver of Contract Standing Order Consultancy as allowed under CSO 10.01, to employ Paul Fraser Associates (PFA) to complete the implementation of pharmacy sexual health training for a further 7 sessions and additional quality assurance performance monitoring at a cost up to £10,000. Start date and total number of sessions to be carried out over a period of 6 months: Start date: January 2015; Finish date: June 2015; 7 sessions Approved 15/4/15	6
The Director of Public Health has agreed to extend the contract to Alere for a further 6 months, making the total contract length 18 months and the end date October 1 st 2015. This is an activity based contract, total value in 2014/15 was £7,840.05 the maximum contract value is £16,000 – approved 1/4/15	7
The Director of Public Health approved the award of the contract to Exposure Organisation Ltd for the production of up to two short on line videos and artwork for up to two printed leaflets promoting young people's health and wellbeing, for the period, 16 th March 2015 to 15 th March 2016 – approved 24/4/15	8

The Director of Public Health approved to waive Contract Standing Order 8.01 (procedure for contracts under £100,000) as allowed under CSO 10.01.1 and 10.01.2 b (urgent circumstances that could not be foreseen) and to award a contract to Mark Wall Communications and Media, for the development of a Communications Strategy for the Health and Wellbeing Strategy, Priority One: Reducing Obesity. The cost of delivering this contract will be £4,200 – approved 11 May 2015	9
The Director of Public Health approved the extension of the contract for delivery of the POW Project for young people and volunteers/ practitioners in Haringey, provided by Solace Women's Aid from 1st April 2015 to 31st March 2016 inclusive for the sum of £57, 349 – approved 24 April 2015	10
The Director of Public Health approved the extension of the contract for a targeted breastfeeding peer support service in Haringey, provided by the National Childbirth Trust from 1st August 2015 to 31 August 2016 inclusive, for the sum of £86, 835 – approved 27 May 2015	11

Director Signature *[Signature]* Date..... 3/6/2015

DIRECTOR OF CYPS

Significant decisions – March, April and May 2015

♦ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision

Delegated Action

Type			Number
8.02	Provision of consultant to undergo review of historic issues	£7500	1
9.07	Provision of Outreach and Detached Services	£20,000	2
	Provision of e-learning tool for users of Mosaic	£17,850	
10.01.1(b)	Provision of Equipment for Children with Special Education Needs and Disabilities	£35,000	1



Jon Abbey: Interim Director

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is exempt

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is exempt

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