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08 April 2014

To: All Members of the Overview & Scrutiny Committee

Dear Member,

Overview & Scrutiny Committee
10 April 2014, 18:30

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

7. FINAL REPORT - UNDER OCCUPATION OF SOCIAL HOUSING (BEDROOM TAX) (PAGES 1 - 36)

To agree the recommendations of the report of the Overview & Scrutiny Committee.

9. FINAL REPORT - MENTAL HEALTH AND COMMUNITY SAFETY (PAGES 37 - 38)

To note the introduction of the Chair of the Scrutiny Panel.

10. FINAL REPORT - MENTAL HEALTH AND ACCOMMODATION (PAGES 39 - 88)

To agree the recommendations of the report of the Adults and Health Scrutiny Panel.

11. FINAL REPORT - MENTAL AND PHYSICAL HEALTH (PAGES 89 - 148)

To agree the recommendations of the report of the Adults and Health Scrutiny Panel.

13. FINAL REPORT - COMMUNITY ENGAGEMENT WITH PLANNING (PAGES 149 - 196)

To agree the recommendations of the report of the Environment and Housing Scrutiny Panel.

14. SCRUTINY PANELS REPORT BACK (PAGES 197 - 204)

To note the minutes and agree any recommendations of the Scrutiny Panels:

Communities Scrutiny Panel
31 March 2014

17. NEW ITEMS OF URGENT BUSINESS

Annual Report 2013/14 – discussion led by Councillor McNamara.

Yours sincerely

Felicity Parker
Principal Committee Co-ordinator

Agenda Item 7

Report for:	Overview & Scrutiny Committee 10th April 2014	Item Number:	

Title:	Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax') – Final Report

Report Authorised by:	Cllr Gideon Bull, Chair of Overview & Scrutiny Committee

Lead Officer:	Martin Bradford, Scrutiny Officer, Corporate Governance, martin.bradford@haringey.gov.uk Melanie Ponomarenko, Senior Scrutiny Officer, Corporate Governance, melanie.ponomarenko@haringey.gov

Ward(s) affected: All	**Report for Key/Non Key Decisions:**

1. Describe the issue under consideration

1.1 As part of its work programme for 2013/14, the Overview & Scrutiny Committee agreed to assess the implications of changes to Housing Benefit rules that introduced benefit reduction for tenants deemed to be in under occupation in social housing (otherwise known as the 'bedroom tax'). The attached report details the conclusions and recommendations developed within this work, for which approval of the Committee is sought.

2. Cabinet Member Introduction

2.1 This is not applicable at this stage. The relevant Cabinet Member will introduce a response to the recommendations of this report when presented at Cabinet.

3. Recommendations

3.1 That the Overview & Scrutiny Committee a) note contents of the attached final report and b) agree the recommendations contained in the final report.

4. Other options considered

4.1 The final recommendations detailed within this report were developed in consideration of a wide range of evidence presented to the Overview & Scrutiny Committee. Other possible recommendations are detailed within the narrative of the attached report.

5. Background information

5.1 Under the agreed terms of reference, Overview & Scrutiny Committee can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

5.2 In this context, the Overview & Scrutiny Committee may:
- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant nonexecutive Committee arising from the outcome of the scrutiny process.

5.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and Scrutiny Panels. An assessment of the impact of the Welfare Reforms was agreed to be included within this work programme by the Committee at its meeting on 17th June 2013 and the scope of this work was agreed on 7th October 2013

6. Under Occupation of Social Housing – Housing Benefit entitlement

National Context

6.1 As part of the Government's Welfare Reform Agenda, a number of changes have been introduced to control Housing Benefit expenditure. These have included:
- Recalculation of Local Housing Allowance (LHA);
- Extending the Shared Accommodation Rate to include single people under 35;
- Introducing a weekly Benefit Cap of £500 (£350 for single people without children);
- Increasing non-dependent charges for other adults in the household each year;
- Restricting the amount of Housing Benefit paid to social housing tenants who are under retirement age and deemed to be under occupying their homes (also known as the 'bedroom tax' or 'spare room subsidy').

6.2 Nationally, the changes to Housing Benefit rules and entitlements outlined above were expected to reduce the total spend on this aspect of welfare provision by approximately £7 billion over the period 2011/12 to 2017/18.[1]

Under Occupation of Social Housing – Housing Benefit entitlement

6.3 In April 2013, new size criteria were introduced to determine the amount of Housing Benefit that can be awarded to social housing tenants below the age of retirement. Under the size criteria, one bedroom is allowed for each person or couple living as part of the household. Children aged 16 or over are allowed their own bedroom, but children under the age of 16 will normally only be allowed their own bedroom if they are aged 10 or over and their sibling is of a different gender.

6.4 The rate of Housing Benefit reduction for under occupancy is set at a percentage of the rent, to reflect national variations in rent levels. Thus Housing Benefit reductions would be applied on the following basis:
- 14% where under occupying by 1 bedroom;
- 25% where under occupying by 2 or more bedrooms.

[1] Measure to Reduce Housing Benefit Expenditure , Standard Note (SN/SP/5638) House of Commons Library

6.5 It is expected that the above changes to Housing Benefit entitlement in the social rented sector will contribute to the following national policy objectives:

- Reduce Housing Benefit expenditure by approximately £460m;
- Encourage greater mobility in the social rented sector (as tenants move to properties more suited to their needs);
- Make better use of existing housing stock (ease overcrowding as larger properties become available);
- Improve work incentives for working age claimants;
- Establish parity in Housing Benefit rules with the private rented sector (where under occupancy rules already exist).

7. Aims, objectives and work-plan scrutiny involvement

Overarching aim

7.1 To assess how changes to Housing Benefit rules for under occupation in the social rented sector have impacted on tenants and landlords, identify local priorities for the Council, and evaluate the effectiveness of the action that landlords and the Council have taken to mitigate the effect of the under occupancy penalty.

Component objectives

7.2 Within the above overarching aim the Committee sought to address the following questions in relation to the 'bedroom tax':

- What has been the impact of this reform on local tenants, in particular, vulnerable tenants?
- What support has been provided to affected tenants, what interventions have been most effective and are there any gaps in current provision?
- What approaches have social landlords taken to rent arrears and how are tenants with arrears being supported?
- How effective have Discretionary Housing Payments (DHPs) been in supporting local tenants and how sustainable is this in the long term?
- What opportunities are there for improved partnership working among social landlords in supporting tenants affected in Haringey (e.g. provision of advice or support or cooperation in housing transfers)?
- Can support services be provided in a more coordinated way or effective way (e.g. debt advice, income maximisation, access to employment and training schemes)?
- What impact has this development had upon wider housing issues such as homelessness, the need for temporary accommodation, the housing register or demand for smaller housing units?

7.3 In fulfilling these objectives, the Committee consulted the following stakeholders within the themed work programme:

Bedroom Tax Project: Aims, stakeholders and timeline	
Local Policy & Practice (December 2013)	▪ Community Housing Service (Haringey Council) ▪ Homes for Haringey (HfH) ▪ Registered Providers (L&Q, Metropolitan, Sanctuary, Family Mosaic & Newlon)

	▪ Revenues, Benefits & Customer Services ▪ Haringey Citizens Advice Bureau
Comparative Policy & Practice (January 2014)	▪ National Housing Federation (NHF) ▪ Chartered Institute of Housing (CIH) ▪ London Borough of Islington ▪ London Borough of Hackney
Tenant consultation (February 2014)	▪ Focus groups with tenants of both Homes for Haringey and other social landlords affected by the 'bedroom tax'

8. Main conclusions and recommendations of the Committee

8.1 In undertaking this work the Committee have drawn the following conclusions in relation to the impact of the 'bedroom tax':

- The 'bedroom tax' has been applied to approximately 2,000 local households across the social rented sector;
- Cumulatively, the application of the 'bedroom tax' is likely to reduce the amount Housing Benefit paid to local tenants by approximately £2.25m;
- If all those tenants affected by the bedroom tax sought to downsize, this would create additional demand for 1,000 one and two bedroom units, whilst freeing up an equal amount of three and four bedroom properties;
- Housing Benefit reductions had contributed to a significant increase in rent arrears among those tenants affected;
- Anxiety and stress related to a reduction in household incomes and accruing rent arrears was adversely affecting the health of tenants affected by the bedroom tax.

8.2 The Committee have drawn the following conclusions in respect of the support provide to tenants:

- Social landlords began notifying tenants likely to be affected by the bedroom tax from September 2012 onwards and many took on staff to deal with tenants enquiries, however some tenants fell through the net and were unprepared when Housing Benefit deductions started in April 2013;
- Downsizing remains the most effective and, in the long term, most sustainable approach to supporting tenants affected by the bedroom tax, yet underlying structural issues in housing supply as well as poor tenant mobility limits its application;
- The award of DHP to tenants affected by the bedroom tax, whilst helpful, is only able to assist a small fraction of those affected;
- There is significant potential for improved partnerships among social landlords in the commissioning of services to support tenants affected by the 'bedroom tax' (e.g. financial advice and support, work and training opportunities).

8.3 The Committee have made 16 recommendations in the following areas:

- Supporting tenants to swap and mutual exchange;
- Discretionary Housing Policy payments;
- Rent arrears policy;
- Financial advice and support provided to tenants;
- Vulnerable adults;

- Referring tenants to related support programmes;
- Partnerships;
- 'Bedroom tax' loophole;
- Core strategy; and
- Customer Service Transformation Project.

9. Comments of the Chief Financial Officer and Financial Implications

9.1 The introduction of HB size criteria for the Social Housing sector is a significant financial issue both for individual residents and for the Council as a whole. Additional provision for bad debt (£735k in total to take account of a range of benefit changes and other factors) has been made within the HRA budget and the position is being closely monitored by Homes for Haringey and the Council.

9.2 This is a wide ranging report that makes a number of recommendations. Recommendations 1, 8, 9, 10, 13 and 16 could all involve significant staffing resources and other costs and the costs and benefits of these proposals would need to be fully assessed before they can be adopted and implemented and the required resources identified.

9.3 Recommendations 2 to 6 all concern Discretionary Housing Payments. It should be noted that this is funded by a cash limited grant and so an increase in applications may require a tightening of award criteria and other controls in order to remain within budget. The Council has the legal ability to add its own resources but this is capped at 2.5 times the grant and moreover is constrained by the need to identify the source of this extra funding within its revenue budget.

9.4 At this stage, the proposals are high level recommendations. If adopted further work will need to be undertaken to identify resources and put in place appropriate control arrangements. It will be important that any proposals that are put before Cabinet for formal adoption are fully costed and the risks properly assessed before Cabinet are asked to agree to them.

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

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

10.2 The terms of reference of the Overview and Scrutiny Committee are as set out in paragraphs 5.1 and 5.2. and there are no specific legal implications arising from this report.

11. Equalities and Community Cohesion Comments

11.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern

- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

11.2 A number of engagement processes have been used to support the work of the Overview & Scrutiny Committee (dedicated event) which has sought to include a broad representation from local stakeholders. A number of equalities issues have been identified in this report including:

- Health impact of welfare reform
- Financial exclusion of welfare reform

11.3 The Committee have made a number of recommendations to mitigate the impact of the 'bedroom tax';

- Improved access to financial advice and support provided to tenants affected;
- The identification and provision of ongoing support to those vulnerable adults affected by the 'bedroom tax'.

12. Head of Procurement Comments

12.1 Not applicable.

13. Policy Implications

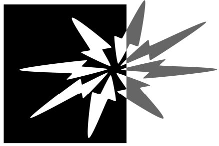
13.1 It is intended that the work of the Overview & Scrutiny Committee will contribute and add value to the work of the Council and its partners in meeting locally agreed priorities. In this context, it is expected that the work of the Committee will contribute to improved policy and practice for the following corporate priorities:

Opportunities for all: A successful place for everyone - Ensure that everyone has a decent place to live.

14. Use of Appendices

14.1 All appendices and references are listed in the main body of the report.

15. Local Government (Access to Information) Act 1985



Under Occupation in Social Housing

('Bedroom Tax')

April 2014

A PROJECT BY THE OVERVIEW & SCRUTINY COMMITTEE

www.haringey.gov.uk

Foreword

This project has demonstrated that the new size criteria for social housing has had a considerable impact on social landlords and their tenants in Haringey. Evidence to the Committee has demonstrated that the provision of appropriate advice, support and signposting is key to helping those tenants mitigate any adverse affects.

The project has revealed good examples of how housing providers work together to help improve the range of support services available for local tenants and has also highlighted that there may be other partnership opportunities to extend the help and support currently provided to tenants, for example in local housing allocations, the provision of financial advice and employment support.

It is hoped that this report and the recommendations contained within it will help build on the advice, support and services already provided to tenants affected by the size criteria.

I would like to thank local tenants, housing officers as well as representatives from national agencies and neighbouring local authorities who attended consultation events and provided invaluable evidence to assist the Committee with this project.

Councillor Gideon Bull (Chair Overview & Scrutiny Committee)

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Recommendations

Transfers and mutual exchanges

1. In order to successfully tackle under occupation and overcrowding, the Council should work with Homes for Haringey and Registered Providers to develop, publish and promote a comprehensive programme of support that makes it as easy as possible for tenants affected by the 'bedroom tax' to move to accommodation that has fewer rooms.

   The programme, underpinned by a review of social landlords housing allocations arrangements and supported by written advice on the full range of options available to tenants, should include the following:

   - Borough wide and localised events that bring together under occupiers and over-crowded tenants across Haringey (to include a programme of published events held by Council, Homes for Haringey and other Registered Providers)
   - Collect, review and publish details of financial incentives (to downsize), allowances (e.g. removals) that support housing transfers and exchanges (across Homes for Haringey and other Registered Providers);
   - Explore the possibility of developing a rent guarantee for downsizers (which ensure that the rent that tenants are charged for their new home does not exceed the rent that they have been charged for the home they are leaving)
   - That Registered Providers support mutual exchanges by offering small scale repairs and provide decorating materials for tenants where this will encourage mutual exchange between downsizers and tenants who are living in overcrowded housing;
   - Actively market 1 bedroom properties to under-occupying tenants and ask all Registered Providers to make available all of their 1 bedroom properties (including those that are not subject to the Council's nomination rights) for a specific period of time in order to assist Haringey's efforts to tackle under occupancy and overcrowding;
   - Develop mutual arrangements across the sector through which tenants of all local social landlords (Homes for Haringey and other Registered Providers) are supported in mutual exchange processes, including three and four way swaps;
   - The provision of dedicated support to guide tenants through the process of mutual exchange or home swap (hand-holding) e.g. to help tenants to register on Homeswapper, upload photos and support active engagement.
   - Training and updates provided to other relevant staff groups (social workers etc)

Discretionary Housing Payment (DHP)

2. The Committee recommended that a summary DHP guide is developed for social housing tenants which:
   - Clearly sets out the eligibility criteria, application process and timeframe for processing and assessment
   - Ensures that the commitment to change (e.g. job search, training) is made explicitly clear in the applications criteria and assessment process;
   - Makes tenants aware that reapplications are possible;
   - Is systematically distributed to those affected by welfare reforms.

3. In order to increase awareness and uptake of DHP among Registered Providers (RHPs) *and* Council tenants:
   - The DHP policy should be re-circulated to all RHPs (including Homes for Haringey) to help improve awareness of these payments, particularly in relation to the eligibility criteria and the application process;
   - Further guidance should be provided to RHPs and Homes for Haringey, making use of case study examples of successful and unsuccessful DHP claims;
   - The above information should be cascaded to front line RHP and Homes for Haringey staff to better advise potential applicants.

4. It is recommended that, when considering DHP applications, the Council give greater priority to tenants who are facing legal action or evicition.

5. Improvements are made to the DHP assessment and notification process, including;
   - Faster processing of applications (it is suggested that this is 18 working days to conform with the targets for the processing of new Housing Benefit applications)
   - Improved communication between Revenues Benefits & Customer Services (as processor of claims), housing providers and tenants.

6. As shortfall between the Housing Benefit lost and the availability of DHP may grow the Council should explore the merits and feasibility of using other budgets – such as the HRA (as other LAs have done so) and the homelessness budget – to supplement, even on a temporary basis, the financial support that is provided to tenants through the DHP.

<u>Rent Arrears Policy</u>

7. Given the growing level of rent arrears among tenants affected by the 'bedroom tax' across the sector, it is recommended that
   - Homes for Haringey and other Registered Providers make a realistic projection of rent arrears for 13/14 and for 14/15 (financing, impact).
   - Rent arrears policies are reviewed to ensure:
     - Implications for court order and evictions are full assessed;
     - That policies and practices are not a barrier to further action by the tenant (e.g. swaps, exchange and transfer).

<u>Partnerships</u>

8. That Revenues Benefits and Customer Services develop a more systematic and coordinated process through which data on those tenants affected by the 'bedroom tax' is communicated with local housing providers (particularly as tenants move in and out of 'bedroom tax' deductions).

9. The Council should work with Homes for Haringey and other Registered Providers to identify partnership opportunities in the provision of information, advice, support or services to those tenants affected by the 'bedroom tax' and other welfare reforms (e.g. budgeting skills, welfare rights advice, employment & training). This will ensure a more consistent, efficient and coordinated approach to the housing and welfare needs of residents across the borough.

<u>Financial Advice and Support</u>

10. To improve the level of budgeting information, advice and support available to tenants affected by the 'bedroom tax' and other welfare reforms that the Council with Homes for Haringey and other Registered Providers:
    - Promote further awareness of the role of local (e.g. Moneywise at Haringey CAB) and national (e.g. Shelter, Crisis) advice services;
    - Work with the Haringey & Islington Credit Union to develop awareness of this service and where possible, extend the accessibility and range of budgeting services available to local tenants (e.g. jam jar accounts).
    - Explore the possibility of joint training to help improve budgeting and money management skills;
    - Promote further awareness of other financial assistance schemes (energy/utility e.g. British Gas Energy Trust, EDF Energy Trust and Thames Water Trust Fund);
    - Consider jointly producing a short guide/ booklet/ webpage detailing the above for Haringey residents.

'Bedroom Tax' Loophole

11. It is recommended Revenues Benefits & Customer Services assess and notify tenants affected by the 'bedroom tax' loophole as soon as practicable, ensuring that the implications of any Housing Benefit adjustments together with any reclaim of any DHP awards, is clearly communicated to tenants to allow them to plan and manage their finances.

Front line services (Housing Benefit and Housing Officers)

12. It is recommended that front line staff in both housing services (Homes for Haringey) and Revenues (Housing Benefit & DHP) receive a refresher on the welfare reform issues and the impact that this may be having upon local residents, particularly in respect of:
    - Improve knowledge and understanding of welfare reform issues and how this may affect residents;
    - Awareness of other support services and agencies with appropriate signposting;
    - Sensitivity of client issues;
    - Accessibility of services (telephone access).

Referral to related support programmes (employment & training)

13. That there is a more coordinated process through which employment training, advice and support is provided to those tenants affected by the 'bedroom tax' and other welfare reform. In particular:
    - Best practice across housing providers should inform service development opportunities (e.g. Family Mosaic back to work schemes)
    - The possibility of sector-wide joint commissioning of employment and training schemes explored.

Customer Services Transformation Project

14. Given the problems that tenants have experienced in accessing information and advice about the 'bedroom tax', DHP and other welfare reforms, the Committee would like further clarity from the Council as to the level of advice and support available to vulnerable adults or those less IT literate in the move towards greater digital service provision (channel shift).

Future unit size – Core Strategy

15. In recognition of the impact of the 'bedroom tax' on local housing needs (e.g. increase demand for smaller properties and increased availability of larger properties) it is recommended that the Council undertake further modelling to fully assess the impact of this and other welfare reforms, and ensure that this is reflected in plans for future housing and development.

Vulnerable Adults

16. A significant number of those affected by the 'bedroom tax' were identified as having multiple and complex health and social care needs (e.g. chronic long term conditions, mental health needs). It is recommended that all housing providers:
    - Undertake additional work to further identify such tenants;
    - Ensure that *additional* and *ongoing* support is provided to assist them in accessing and navigating housing and welfare options available (e.g. access to budgeting advice, transfer and mutual exchange).

Introduction

1.1 In April 2013, new size criteria were introduced to Housing Benefit rules in which tenants in the social rented sector would be subject to a benefit reduction if they were assessed to be in under occupation (i.e. had spare bedrooms). Consequentially, this reform has become more colloquially known as the *'bedroom tax'*. The purpose of this reform was to help reduce Housing Benefit expenditure, make better use of social housing stock and bring parity with the private rented sector (where similar Housing Benefit regulations already exist).

1.2 As part of its work programme for 2013/14, the Overview & Scrutiny Committee agreed to assess the impact of the new size criteria for Housing Benefit payments. In particular, the Committee sought to assess the impact of the 'bedroom tax' on social landlords and their tenants and to identify what actions the Council could take to mitigate any adverse affects.

1.3 In undertaking this work, the Committee has consulted widely with local stakeholders, including a dedicated session with those tenants directly affected by the 'bedroom tax'. In addition, specialist evidence has been received through the involvement of the Chartered Institute of Housing (CIH), the National Housing Federation (NHF) and other local authorities. It is therefore hoped that the conclusions and recommendations developed within this report will guide and inform Haringey's response to the 'bedroom tax'.

2. Background information

National Context

2.1 Housing Benefit is a financial payment for people on a low income to help them pay all or part of their rent. This benefit is means tested and available to qualifying tenants in both the social and private rented sectors. As of 2012, there were approximately 5 million Housing Benefit claimants, of which 3.4 million were living in the social rented sector.[2]

2.2 Expenditure on Housing Benefit has increased from £11 billion to £21billion over the period 2000/01 to 2010/11.[3] A number of measures were introduced as part of the Governments welfare reform agenda to control Housing Benefit expenditure, these included:

- Calculating Local Housing Allowance (LHA) rates on the basis of the 30th percentile (rather than median) of local rents and applying a 'cap' on LHA rates;
- Extending the Shared Accommodation Rate to include single people under 35;
- Introducing a Benefit Cap that restricts the total benefits that most workless households can receive each week to £500 (or £350 for single people);
- Increasing non-dependent charges for other adults in the household each year;
- Restricting the amount of Housing Benefit paid to social housing tenants who are under retirement age and deemed to be under occupying their homes (also known as the 'bedroom tax').

[2] Managing the impact of Housing Benefit Reform National Audit Office, 2012
[3] Impact Assessment – Housing Benefit: Under Occupancy of Social Housing, DWP 2012

2.3 Nationally, changes to Housing Benefit rules and entitlements outlined above were expected to reduce total the annual spend on this aspect of welfare provision by approximately £7 billion to 2017/18.[4]

Under occupation in social housing and Housing Benefit entitlement

2.4 In 2010/11 according to Department of Work and Pensions (DWP) data, there were an estimated 1.5 million spare bedrooms in the social rented sector.[5] This has become a definitive measure of under occupancy.

2.5 Under occupancy in the social housing sector occurs where a household lives in a property that is deemed too large for its needs. Under occupancy may arise when:

- Older tenants remain in the family home after children have left;
- Family breakdown and separation occurs;
- Tenants are initially allocated the property (due to mismatch between size of homes available and those households seeking accommodation).

2.6 In April 2013, the new housing size criteria were introduced that determined the amount of Housing Benefit that could be awarded to social housing tenants below the age of retirement. Under these criteria, one bedroom is allowed for each person or couple living as part of the household. Children aged 16 or over are allowed their own bedroom, but children under the age of 16 will only be allowed their own bedroom if they are aged 10 or over and their sibling is of a different gender.

2.7 There are however a number of exceptions and exemptions to the size criteria, these being:

- An extra bedroom is allowed for a non-resident carer of the claimant or their partner where overnight care is required and provided;
- Registered foster carers who have fostered in the past 12 months;
- Parents of adult children in the armed services.

2.8 Tenants of working age will have a reduction in their Housing Benefit entitlement if they are assessed (under the size criteria) as being under occupied. The size of the reduction depends on the circumstances of the household and is equated to a percentage of the rent:

- 14% where the tenant is under occupying by 1 bedroom;
- 25% where the tenant is under occupying by 2 or more bedrooms.

2.9 It was anticipated that the above changes to Housing Benefit entitlement in the social rented sector will contribute to the following national policy objectives:

- Reduce Housing Benefit expenditure by approximately £460 million per annum;[6]
- Encourage greater mobility in the social rented sector (as tenants move to properties more suited to their needs);
- Make better use of existing housing stock (ease overcrowding as larger properties become available);
- Improve work incentives for working age claimants;

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[4] Measure to Reduce Housing Benefit Expenditure , Standard Note (SN/SP/5638) House of Commons Library
[5] Family Resources Survey 2010/11 (DWP)
[6] 2013 Budget Red Book

- Establish parity with the private rented sector (where under occupancy Housing Benefit rules already exist).

3. Scrutiny aims, objectives and work-plan

Aims and objectives

3.1 The Committee agreed the following overarching aim to guide this work:

> '*To assess how changes to Housing Benefit rules for under occupation in the social rented sector have impacted on tenants and landlords, identify local priorities for the Council, and evaluate the effectiveness of the action that landlords and the Council have taken to mitigate the effect of the under occupancy penalty.'*

3.2 Within the above guiding framework, the Committee agreed that it would seek to address a number of key questions in this work, which included?

- What has been the impact of this reform on local tenants, in particular, vulnerable tenants?
- What support has been provided to affected tenants, what interventions have been most effective and are there any gaps in current provision?
- What approaches have social landlords taken to rent arrears and how are tenants with arrears being supported?
- How effective have Discretionary Housing Payments (DHP) been in supporting local tenants and how sustainable is this in the long term?
- What opportunities are there for improved partnership working among social landlords in supporting tenants affected in Haringey (e.g. housing transfers)?
- Can support services be provided in a more coordinated way or effective way (e.g. debt advice, income maximisation, access to employment and training schemes)?
- What impact has this development had upon wide wider housing issues such as homelessness, the need for temporary accommodation, the housing allocation register or demand for smaller housing units?

Methods and work-plan

3.3 A range of information gathering methods were employed to ensure that the Committee had access to necessary evidence to assist with this investigation. The following methods were used:

- Desk based reviews (local policy and performance data, research and other published material);
- Informal evidence gathering sessions (with local stakeholders and other informed agencies);
- Formal panel meetings (to coordinate, report and conclude work);
- Primary data collection (focus groups with affected tenants).

3.4 The investigation adopted three key themes around which evidence was collected which were:

- To assess how the 'bedroom tax' had impacted on affected tenants in Haringey;
- To establish those policies and practices which were developed across Haringey in response to the 'bedroom tax';
- To assess the policies and practices of other local authorities, social landlords and other specialist that may further inform service provision in Haringey.

3.5 The list of key stakeholders who were involved within these three themed evidence gathering sessions together with the project timeline is given in Table 1 below:

Table 1 - 'bedroom tax' Project: Aims, stakeholders and timeline	
Local Policy & Practice (December 2013)	▪ Community Housing Services (Haringey Council) ▪ Homes for Haringey (HfH) ▪ Social Landlords ▪ Revenues, Benefits & Customer Services ▪ Haringey Citizens Advice Bureau
Comparative Policy & Practice (January 2014)	▪ National Housing Federation (NHF) ▪ Chartered Institute of Housing (CIH) ▪ London Borough of Islington ▪ London Borough of Hackney
Tenant consultation and impact assessment (February 2014)	▪ Focus groups with tenants of both Homes for Haringey and other social landlords affected by the 'bedroom tax'

4. General impact of the 'bedroom tax'

National

4.1 Nationally it has been estimated that 660,000 households have been affected by the 'bedroom tax'. The region most affected in terms of the absolute numbers is the North West, where 110,000 households are affected, though the highest rate of households affected and the greatest financial loss per working age adult is in the North East region (Table 2). The greatest cumulative financial loss however will be in London, where tenants are subject to higher rents in this region (Table 2).

Table 2 - Regional impact of under occupancy changes.[7]

	Households affected	Estimated Loss £million per annum	No of households affected per 10,000	Financial loss per working age adults
North East	50,000	30	440	20
North West	110,000	80	370	18
York & Humb.	80,000	50	360	16
London	80,000	90	240	15
Scotland	80,000	50	340	14
Wales	40,000	20	310	13
West Mids	60,000	40	260	11
East	50,000	40	210	11
East Midlands	40,000	20	210	9
South West	30,000	20	130	7
South East	40,000	30	110	6
GB	**660,000**	**490**	**260**	**10**

[7] Beatty & Fothergill, Hitting the poorest places hardest: the local and regional i8mpact of welfare reform, Centre for Regional Economic and Social Research (Sheffield Hallam University)

4.2 An impact assessment undertaken by the Department of Work and Pensions (DWP) suggested that of the 660,000 of households affected by the 'bedroom tax', a majority (81%) will be in under occupation by 1 bedroom and therefore liable for a 14% reduction in Housing Benefit (Table 3). The projected average weekly Housing Benefit loss for those affected by this change will be £12 for one bedroom in under occupation and £22 for two or more bedrooms in under occupation (Table 3). Using these figures, it is estimated that the 'bedroom tax' will produce a national saving of **£470m** in the payment of Housing Benefit payments.

Table 3 - Estimated impact of under occupancy changes[8]

Under occupation by accommodation	Estimated claimants affected	% claimants affected	Average weekly benefit loss
1 bedroom	540,000	81%	£12
2 or more bedrooms	120,000	19%	£22
All bedrooms	660,00	100%	£14

Local impact - Haringey

4.3 Preliminary assessments undertaken in Haringey prior to April 2013 (and the introduction of the bedroom tax) estimated that 2,500 households in the social rented sector in Haringey would be affected (Table 4). This analysis suggested that:

- Twice as many households from Council owned properties would be affected than (1,656) than those from another social landlord (847);
- About 1,800 households (71%) would have their benefit cut (by 14%) for under occupancy of one bedroom and result in an approximate £18 cut for both Council and housing association tenants.
- About 700 (29%) households would have their benefit cut (by 25%) for under occupancy of two or more bedrooms and result in an approximate £33 cut for both Council and housing association tenants;
- Using this data it was noted that this would result in annual reduction of **£2.96m** paid in Housing Benefit to tenants in Haringey.

Table 4 – Estimated impact of 'bedroom tax' in Haringey (January 2013)

	Council tenants – Number affected and average loss		Housing Association Tenants – Number affected and average loss	
Under occupancy 1 bedroom	1,233	£18.73	565	£18.46
Under occupancy 2 or more bedrooms	423	£33.45	282	£32.96
Total	**1,656**	**-**	**847**	

4.4 Although more recent data (April 2013 and November 2013) was obtained by the Committee to support its work, this was not as comprehensive as listed above in that

[8] Impact Assessment – Housing Benefit: Under Occupancy of Social Housing, DWP (2012)

this only included tenants of Homes for Haringey and the five largest social landlords in the borough.[9] However this data demonstrated:

- A small but discernible decrease in the number of Homes for Haringey tenants affected by the bedroom tax';
    - 1,656 households affected prior to implementation January 2013
    - 1,512 affected at implementation date of April 2013
    - 1,468 affected at November 2013.
- A similar trend was exhibited among tenants of the five largest social landlords:
    - 531 households affected at implementation date of April 2013
    - 516 households affected at November 2013.

4.5 The scale of the impact of the 'bedroom tax' upon individual local social landlords does vary as is illustrated by the following submissions made to the Committee:

- Of the 800 properties managed by Sanctuary Housing in Haringey, 66 (8.25%) were affected by the bedroom tax;
- Of the 750 properties managed by Family Mosaic in Haringey, 7.5% were affected by the bedroom tax;
- Of the 450 general needs properties managed by Newlon in Haringey, 11% were affected by the bedroom tax.

4.6 The absolute number of households affected by the 'bedroom tax' will vary as households will move 'in' and 'out' of the 'bedroom tax', reflecting the constant change in household circumstances. Thus households will move out of the 'bedroom tax' as people find work or children grow older (and longer required to share). Similarly, for example, tenants will become liable for the 'bedroom tax' as their children grow up and move out of the home.

4.7 Homes for Haringey and the five largest social landlords provided additional data to the Committee in respect of those tenants affected by the 'bedroom tax' and the size of the property in which they reside. This is detailed below (Table 5).

Table 5 – Tenants subject to 'bedroom tax' reduction (14% and 25%) by property size (04/2013)								
	Current unit size	**Homes for Haringey**	**Family Mosaic**	**L & Q**	**Metro-politan**	**Newlon**	**Sanctuary**	**Total**
14% reduction	**2 bed**	537	30	134	56	49	29	**1,562**
	3 bed	505	22		58		15	
	4 bed	98	3		9		5	
	5 bed	10	-		1		1	
25% reduction	**3 bed**	285	13	36	31	6	14	**481**
	4 bed	63	7		8		1	
	5 bed	14	-		2		1	
		1,512	**75**	**170**	**165**	**55**	**66**	**2,043**

4.7 Analysis of the above data indicated that the majority of those affected by a 14% reduction in Housing Benefit through the 'bedroom tax' (under occupying by 1 bedroom) were tenants in two and three bedroom properties (Table 5). Similarly, those subject to a 25% Housing Benefit reduction (under occupying by 2 or more bedroom), in excess of 80% were in currently in 3 bedroom property (Table 5).

[9] Data was supplied from Family Mosaic, London and Quadrant Housing, Metropolitan Housing, Newlon and Sanctuary Housing.

4.8 If the above data was translated into new housing stock requirements, that is tenants that want to downsize to a smaller property to avoid the bedroom tax, this would generate significant demand for smaller units, particularly one bedroom properties. Conversely, a surplus of larger properties would be created as tenants vacated these for smaller properties. In summary, the net effect of the above data would mean that:

- An additional 1,000 one bedroom homes would be required;
- An additional 40 two bedroom homes would be required;
- 860 three bedroom homes would be freed up;
- 90 four bedroom homes would be freed up;
- 30 five bedroom homes would be freed up.

4.9 The Committee noted that as the total annual lettings of one bedroom properties in Haringey was in the region of 400-450 units, and additional 550-600 one bedroom units would be required to support any tenant flow arising from the 'bedroom tax'. In this context,

- It would be helpful to prioritise under occupiers within any allocations;
- More developed partnership working in the allocation in housing allocations would be needed across the housing sector in Haringey to meet demands on existing housing stock by under occupiers;
- Ensure that initial allocations reflect benefit changes of the bedroom standard for working age households.

4.10 A significant proportion of Registered Providers indicated that longer term plans for housing development have been affected by the 'bedroom tax' and the additional demand this has created for smaller unit properties. Just 8 months after the introduction of the 'bedroom tax', 21% of Registered Providers indicated that they had changed development plans to give greater priority to 1 and 2 bedroom units, and 12% were considering such a change. Research undertaken by the National Federation of ALMOs indicated that, at current projections, for some members, it would up take up to 14 years to move all those tenants needing to downsize as a result of the bedroom tax.[10]

4.11 It is suggested that further modelling of the impact of the 'bedroom tax' should take place to ensure that housing requirements arising from this reform are reflected in longer term housing development plans for the borough.

5. Impact on tenants

5.1 Those tenants affected by the 'bedroom tax' generally have a number of options which can be summarised as thus:

- To stay on and absorb the cut within their benefits;
- To increase income to offset the benefit reductions (e.g. employment, take in a lodger)
- To move to another smaller property where the 'bedroom tax' would not apply.

<u>Staying on</u>

[10] National Federation of ALMOs, Welfare Reform Survey October 2013

5.2 Evidence from a multitude of sources would appear to indicate that most tenants affected by the 'bedroom tax' have, in the short term at least, to stay on in their current property and absorb the Housing Benefit reduction. It should be noted however, that many of those tenants, who gave evidence to the Committee, indicated that in fact there was little or no choice but to remain in the property due to adaptations that had been made to the property or the need to retain the room for informal caring roles provided to other family members.

5.3 Initial assessments made by Homes for Haringey and other social landlords would suggest that a very high proportion of tenants would stay on in the property and either absorb the benefit reduction or seek to increase income from other sources. One social landlord indicated that whilst 85% of tenants had indicated that they would stay on, strong concerns were held for ¾ of these cases as to whether they would be able to meet the shortfall.

Weekly budget

5.4 The pressure that a deduction in the Housing Benefit would place on household finances was made clear in the focus groups, particularly those facing a 25% reduction for being two or more room in under occupation. A number of participants indicated that they had their Housing Benefit reduced by about £30 per week, which meant that there was often little money left for other essentials (food and clothing) once all household bills (rent, council tax and utility services) had been paid. The pressures on weekly budgets were such that in a number of cases, tenants indicated that it was often a choice between 'heating or eating'.

Case Study A: A 46-year old single woman living with her 19-year old daughter, as a housing association tenant. She suffers from chronic illnesses. Client is subject to the 'bedroom tax' as it is a 3 bed home and has to pay £19.76 a week towards her rent out of her benefit income which is £71.70pw. (Haringey CAB)

5.5 In the focus groups, fuel and energy costs were cited as of the biggest pressures on weekly budgets and many indicated that these particular bills were a struggle to pay, especially during the winter. Tenants with dependents living with them found it very difficult to ration heating and other fuel costs, particularly where there were other dependents in the property.

5.6 A small number of tenants indicated that they had savings which they were having to draw upon to manage their weekly budget. This was a cause of great anxiety, as many of those affected were approaching retirement age and did not want to deplete what little savings they had put aside for this purpose. More commonly, attendees indicated that they had to borrow money to help them manage household bills and to afford essential goods. In most cases tenants had borrowed money from other family members which they personally found difficult and upsetting.

Rent arrears

5.7 There is substantive evidence to suggest that, both nationally and locally, the introduction of the 'bedroom tax' has contributed to increased rent arrears among affected tenants. At the national level, research conducted by the National Federation of ALMOs indicated that the number of households affected by under occupancy and in arrears has increased by 56% and the amount of rent arrears in

this cohort has increased by 28%. Similar research conducted by the National Housing Federation, concluded that among those affected by the bedroom tax:

- 53% had reported increased difficulty in rent collection;
- 39% reported increased levels of rent arrears;
- 35% reported a fall in rental income
- 29% fell in to arrears for the first time.

5.8 Similar issues and patterns of rent arrears were recorded amongst local social landlords that contributed to this investigation. In data submitted to the Committee, it was noted that among Homes for Haringey tenants affected by the 'bedroom tax' (1,512), 23% reported an increase in rent arrears above £250 to November 2013 (Table 6). There was however significant variations in accrual of rent arrears among other social landlords, with just 12% of Family Mosaic 'bedroom tax' tenants reporting rent arrears of more than £250 compared to 73% of similarly affected tenants of Metropolitan Housing (Table 6).

Table 6 – Increased rent arrears among tenants affected by the 'bedroom tax' in Haringey.

	Homes Haringey	Family Mosaic	L & Q	Metro-politan	Newlon	Sanctuary	Totals
Bedroom tax cases 4/13	1,512	75	170	165	55	66	2,043
No. of arrears increased by £250	352	9	86	121	20	9	597
%	**23%**	**12%**	**51%**	**73%**	**36%**	**14%**	**29%**

5.9 Hackney Council indicated that arrears had also risen significantly for those tenants affected by the 'bedroom tax'. In evidence received, the Committee noted that among the 2,084 tenants affected by the 'bedroom tax' in properties managed by Hackney Homes, rent arrears increased from £305,686 to £468,929 in the 9 week period from April 2013 to the end of May 2013, a 53% increase.

5.10 In other evidence presented to the Committee, one local social landlord indicated that ¾ of those tenants affected by the 'bedroom tax' were in arrears, and that arrears continued to grow, albeit slowly (on average £6 per week). Other social landlords suggested that the rent arrears appears to have stabilised as more tenants adjust and adapt to new benefit levels.

Arrears and court action

5.11 Evidence from the focus groups with tenants affected in Haringey verified that, without any alternative sources of income to offset Housing Benefit losses, many had gone in to rent arrears. Many examples of rent arrears were provided to the Committee at the focus groups, with varying accruing debts of between £200 and £800 reported. In a case study (B) presented by Haringey CAB, one tenant had accrued arrears of £1,462. Rent arrears is clearly a cause of considerable anxiety to those tenants affected.

5.12 Focus group data also revealed a more holistic picture of how the broader package of welfare reforms was affecting local tenants. In addition to Housing Benefit deductions for under occupancy, many local residents were now required to pay a

percentage of the Council Tax under new local schemes. This compounded the financial pressures as the following case study illustrates.

> **Case Study B**: Client is in receipt of Employment & Support Allowance, Housing & Council Tax benefit. Client is now required to pay £16.96 a week of 'bedroom tax' plus £225 a year under new Council Tax reduction scheme. Financial problems have been exacerbated:
> Summons for non-payment of CT, with the court fees the debt is now £419.49.
> Client has rent arrears of £1,462.19, which is being paid off at £3.60pw. (Haringey CAB)

5.13 Being in arrears was a cause of great anxiety to focus group participants, in particular the prospect of legal notices being issued, being taken to court or ultimately, receiving an eviction notice. Although none of those tenants attending the focus group had been threatened with eviction, many had court proceedings instigated for non-payment of rent arrears which, when court costs were added, further compounded rental account arrears. Local tenant concerns were centred on:

- The relatively small amounts for which court action was taken (two tenants had arrears of approximately £200);
- The addition of court costs for non-payment at approximately £150;
- The speed and notice period over which court action is taken.

5.14 The Committee was reassured that most social landlords actively sought to engage and communicate with tenants with arrears, and that eviction was used when the tenant had not communicated with officers, and then only in extreme circumstances and as a last resort. L and Q reported that it would only take action to evict if the tenant had not responded to five communication attempts over a 28 day period.

Sustainability of rent arrears

5.15 The growing level of rent arrears would appear to give testament that the ‘stay and pay’ approach adopted by many tenants in response to ‘bedroom tax’ has not been effective, with many not finding the replacement income to cover the benefit shortfall. As a consequence, the Committee was naturally concerned about the organisational impact of arrears arising from the ’bedroom tax’ and other welfare reforms, particularly as arrears still appeared to be growing and there would be increased financial pressures for tenants in the year ahead. It was therefore important that social landlords should have clear systems in place to monitor arrears and that a realistic projection for 2013/14 and for 2014/15 is calculated and factored in to financial modelling.

5.16 The Committee noted that as rent arrears continue to increase this may require social landlords to review associated policies and practices that impact on local tenants, for example, the ability of tenants to move or transfer with arrears, or the threshold at which court action is taken. Such policies should be reassessed in relation to growing rent arrears, and any alterations or amendments clearly communicated to local tenants. That is social landlords should assess arrears policies to ensure that these are not a barrier to further actions by the tenant.

Health impact

5.17 Attendees at the focus group reported that the 'bedroom tax' and other welfare reforms had created severe budgeting, debt and other financial worries which had precipitated high levels of anxiety and stress. Many of those attending reported sleep difficulties because of anxiety about their personal, financial and household situation.

5.8 Other health concerns were reported as a result of budgeting pressures, which included unhealthy eating. A number of participants in the focus groups indicated that that there was no longer enough money to spend on weekly shopping and food supplies and there was a feeling that they were eating cheap unhealthy foods, or indeed going without to ensure dependents could eat. Similarly, focus group attendees felt that they were exposing themselves to ill health by their reluctance to put on heating and other energy supplies.

5.9 Evidence obtained via the focus groups could also not overstate the personal impact that the 'bedroom tax' and other welfare reforms had had upon affected tenants. In one example provided to the group, a recovering alcoholic indicated that they had almost relapsed as a result of the anxiety and the stress of coping with reduced benefits and the impact that this was having in the household.

6. Support provided to tenants

6.1 The Committee sought to assess the nature, level and source of advice and support received by tenants affected by the 'bedroom tax'. This covered the following areas:

- Pre-implementation support and advice;
- Re-designation;
- Financial advice and money matters;
- Discretionary Housing Payments;
- Transfers and Exchanges;
- Taking in a lodger;
- Employment and training advice;
- Most effective interventions.

6.2 The scale of welfare reforms introduced in April 2013 necessitated many housing providers to recruit additional staff to support the organisational response and to help and its tenants adapt to proposed changes. It was noted that among Homes for Haringey and five other local Registered Providers almost 50 additional staff were recruited to deal with the 'bedroom tax' and other welfare reforms.[11] The range of roles that staff were recruited to included:

- Generic welfare reform advice;
- Financial inclusion;
- Transfer and mutual exchanges.

Pre implementation notification, advice and support

6.3 In evidence presented to the Committee, it was noted that many housing providers had embarked upon a programme of notification, information provision and direct engagement with tenants affected by the 'bedroom tax' prior to its implementation in April 2013. It was noted that Homes for Haringey for instance, began a notification programme in September 2012, specifically targeting vulnerable tenants and those

[11] Recruitment by Registered Providers was to support Haringey and residents in other boroughs.

that were likely to experience the greatest Housing Benefit reduction. Lower needs tenants were notified in October and November 2013.

6.4 In addition to written notification, a number of housing providers indicated that this was followed-up with direct contact with tenants, this included telephone calls or in the case of vulnerable tenants, a home visit. It was noted that direct home visits were made by Metropolitan Housing to all tenants affected by the 'bedroom tax'. From the data supplied to the Committee, levels of tenant engagement were reported by housing providers:

- Homes for Haringey indicated that housing officers had made contact with 80% of tenants;
- Welfare Reform team at L & Q directly engaged with 71% tenants.

6.5 Whilst housing providers were evidently successful in reaching a majority of those tenants affected by the 'bedroom tax', it is apparent that a significant proportion were harder to reach and engage, this was verified in the focus groups with local tenants where:

- Whilst many attendees indicated that they had received written notification (that they would be affected and by how much their benefit would be deducted), many other tenants appeared to have missed such notifications and found out through other means (media, friends);
- About half of those attending the focus group indicated that they did not know how much money was to be deducted at the point at which the 'bedroom tax' was introduced (April 2013).

6.6 The focus groups also indentified a number of shortcomings in the accessibility, presentation and usefulness of information about the 'bedroom tax' provided by front line housing staff. These included:

- Poor telephone accessibility to front line staff (phones unanswered, messages unreturned);
- Lack of knowledge as to how tenants would be affected by the bedroom tax, and, possible options available to them;
- Lack of dedicated support available to assist tenants to assess options;
- Inability to signpost tenants on to other sources of advice or information;
- Unsympathetic manner in which enquiries were handled.

6.7 In relation to the Housing Benefit Service, focus group participants reported severe problems in accessing this service, with telephone access poor and messages left unreturned. Focus group participants indicated that this left them frustrated and confused, particularly in relation to what deductions were going to be applied. Again, focus group attendees indicated poor access and the unsympathetic manner of staff made it difficult for them to assess their new benefit levels.

6.8 The above would suggest that whilst there were systematic efforts to engage and involve affected tenants before the implementation of the bedroom tax, clearly a significant number were omitted, did not respond or were failed by support services which left them unprepared for the significant changes that they faced in relation to welfare changes on April 1st 2013.

6.9 Given the unprecedented volume of welfare reforms, the Chartered Institute of Housing underlined the importance of ongoing and updated communications with tenants; to keep them informed of changes and further options available. In particular, it was important to continually reinforce key messages as to how welfare changes have and continue to affect tenants and where further advice can be obtained. It was also noted that providers should also try new and innovative ways of getting key messages across to key audiences and hard to reach groups.

Budgeting advice and support

6.10 Understanding that many tenants affected by the bedroom tax were reluctant or unable to move to a smaller property, the short term focus of many housing providers was to provide money management and budgeting advice, to help tenants adjust to reduced income. Almost all of those Registered Providers participating in this project indicated that financial inclusion staff were at hand to support tenants through the financial impact of Housing Benefit deductions, for example:

- Homes for Haringey formed new team of 3 Financial Inclusion Officers with a new post of Financial Inclusion and Legal Manager;
- Metropolitan reported two dedicated Financial Inclusion Officers working across London.

6.11 Evidence from the focus groups with local tenants suggested that there was particular appreciation for financial inclusion staff where it was noted that staff were sympathetic, understanding, knowledgeable and helpful. Many participating tenants indicated that they had been very stressed and anxious state in seeking help and therefore found the approach of financial inclusion officers very supportive.

6.12 The Committee noted that a number of housing providers also worked with other external services to extend the range of financial and other money management advice and support available to tenants. In many cases, arrangements had been made with CAB or other similar type agencies. The Committee indicated that this may be an opportunity for the Council to work with local housing providers to jointly provide such services.

6.13 The Chartered Institute of Housing reported that as tenant income was being squeezed, it was important that there should be free and accessible money handling and budgeting advice to help support tenants through change. In addition, housing providers should consider other ways to help tenant adjust to financial pressures:

- Maximize payment methods – giving tenants more options through which to pay bills;
- Improved access to banking – the promotion of the basic bank account and access to credit unions;

6.14 The Committee noted that there had also been some work among providers to promote the basic Bank Account to assist tenants in money handling, but this product was no longer available at the Bank. Furthermore, it was noted that whilst Credit Unions do offer a budgeting account to help local people manage their finances, there has been low take up as there is an administrative charge of £10 per month which is beyond what people could afford. The panel felt that this was a significant local gap, and that the Council (as a key stakeholder in the local Credit Union) should help to develop and extend financial services to local residents.

Transfer and mutual exchange

6.15 For those tenants wishing to avoid a deduction in their Housing Benefit because of the 'bedroom tax', a further option would be to move to a smaller property. As has already been noted in this report elsewhere, demand for smaller properties (particularly 1 bedroom units) would be in the region of 1,000 units if all those tenants affected by the 'bedroom tax' wanted to downsize. This demand far exceeds local housing stock availability, and as a consequence it has been difficult for local social landlords to accommodate these needs and facilitate moves to smaller properties.

6.16 In the local management of housing tenancies, social landlords clearly have opportunities through which to help tenants affected by the 'bedroom tax' to move to smaller properties and, in doing so, free up larger homes for the benefit of other housing applicants, including overcrowded tenants. The needs of under occupied tenants however, need to be assessed in comparison with other housing applicants, including people who are homeless. As a consequence, there is strong competition for smaller properties.

Barriers to downsizing

6.17 The difficulties that social landlords face in facilitating those affected by the 'bedroom tax' in to smaller properties were made plain to the Committee, where aside from the evident stock shortage, there were a number of structural, socio-economic and personal barriers to downsizing. Social landlords indicated that there were a number of structural issues which inhibited tenants affected by the 'bedroom tax' to downsize, these included:

- Insufficient priority given to under occupants in local housing allocations policies;
- Local tenancy agreements which prevented those with rent arrears being considered for housing transfers or swaps;
- Differences in housing tenancy agreements (especially in transfer across landlords);
- Paucity of information (e.g. available housing, those willing to exchange).

6.18 In addition, from evidence obtained within the focus groups with affected tenants, it was noted that there were a number of significant personal factors that inhibited those affected by the 'bedroom tax' to downsize. These included:

- Reluctance to move out of area and away from existing social support networks;
- Preference to move to what was perceived to be a 'better' property (e.g. in a nice area, low build, more modern stock);
- Poor maintenance of internal decoration (reduces prospect of transfer);
- Lack of tenant confidence or understanding of the transfer or exchange process.

Local transfer and mutual exchange performance

6.19 Locally, Homes for Haringey and other social landlords reported that a number of schemes were in operation to support housing transfers and mutual exchanges. These included:

- Registration to the national Homewapper scheme (Homes for Haringey have registered 1,200 tenants);
- Internal local events to promote mutual exchange;

- Financial incentives and expenses for those wanting to downsize.

6.20 Despite the above, social landlords reported there was poor mobility in the housing transfer arena which meant that very few tenants affected by the 'bedroom tax' had been assisted to downsize. In evidence submitted to the Committee from the Homes for Haringey and the five largest social landlords, just 37 (2%) tenants affected by the 'bedroom tax' had successfully downsized to a smaller property. Using Homes for Haringey as a case example, it was noted that as of November 2013, just 25 (1.6%) tenants affected by the 'bedroom tax' had successfully downsized via transfer, mutual exchange or nomination to another social landlord. Other social landlords described similar patterns of tenant mobility.

6.21 Given the paucity of comparable data, assessment of the comparative performance of housing providers in assisting tenants to downsize is difficult. National data among ALMOs (which managed council owned stock) indicates that 2% of tenants affected by the 'bedroom tax' have downsized,[12] though higher figures are obtained among other social landlords, where on average 6% of tenants have been assisted to downsize.[13]

6.22 Evidence from the focus groups indicated that tenants had received information and advice about downsizing, but were frustrated at the lack of opportunities to exchange or transfer. Frustrations focused on three areas:
- Tenants indicated that it was unjust for them to be subject to the 'bedroom tax' when they were willing and able to move, but where there were little or no opportunities for them to downsize.
- A number of those attending the focus group indicated that as they were now in rent arrears due to the 'bedroom tax' which could further inhibit them from moving or exchanging.
- As many of those wanted to stay in the same area, there was a need for more localised home swap events, to help match up tenants for home swaps and mutual exchanges in the local area.

Measures to improve downsizing

6.23 Whilst many local social landlords reported low levels of successful transfers or mutual exchanges, there was a strong concurrence of opinion that, in the short to medium term, this process represented the best opportunity to support tenants affected by the 'bedroom tax' to downsize. Furthermore, evidence presented by Chartered Institute of Housing and other local authorities suggested that a more coherent and coordinated approach to transfers and exchanges could significantly help improve local performance.

6.24 Islington Council (Housing Options Team) provided evidence on the successful transfer and exchange programme in operation there. It was noted that over 4,500 Islington tenants are on the transfer list and 3,000 have registered with Homeswapper. The Committee particularly noted the work of the 'smart move' programme which sought to match under occupiers with tenants in overcrowded

[12] National Federation of ALMOs, Welfare Reform Survey October 2013
[13] Impact of welfare reforms on housing associations: early effects and responses by landlords and tenants IPSOS/Mori for National Housing Federation 2014

properties. The panel noted that 47 mutual exchanges have been supported by this programme in Islington in Q1-Q3 of 2013/14, this is in addition to the 214 housing transfers over the same period.

6.25 There were a number of factors which contributed to the success of the mutual exchange and transfer model adopted by Islington, which were:

- The operation of localised events to match under occupiers with tenants on overcrowded properties supported by regularly updated literature/ brochures;
- Formalised financial incentives payable to those wishing to downsize;
- Small works grants (up to £1000) for home decoration to improve the chances of those in under occupation to exchange;
- Rent guarantee scheme (further details to be provided)
- Recognition that a significant degree of 'handholding' is required to assist tenants to transfer as many may be vulnerable or do not have the confidence to engage and follow through (e.g. officer taking pictures of properties and uploading for tenants);
- Offer 'vacant one-bed property' to under occupier to help complete chains of mutual exchanges;
- Staff briefings and training for related council services.

6.26 At an evidence session held with local social landlords, the Committee noted that they would support further local work to coordinate transfers and exchanges. It was indicated that it was particularly important that more is done to support the active participation of local tenants in transfer and exchange schemes, and that this could be coordinated at the local level.

6.27 Evidence presented to the Committee from the Chartered Institute of Housing would also concur with the experience and learning from of Islington. Here it was noted that the Council and social landlords needed to work in partnership to help address the structural barriers to transfer and exchanges (e.g. allocation policies) and to increase the opportunities for local tenants to transfer through a dedicated programme of mutual exchange and transfers. It was suggested that key features of a programme would include:

- Matching events – to put under occupiers in touch with overcrowded householders;
- Dedicated officers and advice (hand holding was important to help people through the process, make aware of process, steps, liaison)
- The provision of financial incentives to support transfer.

<u>Discretionary Housing Payments</u>

6.28 Discretionary Housing Payments (DHP) are short term payments to help people pay their rent if they are experiencing financial difficulties. It is awarded to those tenants in receipt of Housing Benefit and can be a one off payment or a series of payments, usually of three months duration. In 2013/14, £155m was provided by DWP to local authorities to assist local DHP schemes.[14]

DHP Budget

[14] HB/CTB Circular S1/2013 DWP

6.29 From this national allocation, Haringey received £2.422m of which was made up of the following:[15]

- £1.353m was to support benefit cap;
- £0.56m was to support Local Housing Allowance Reforms;
- £0.292m was a core payment;
- £0.216m was to support under occupancy.

6.30 The Council may contribute additional resources to the local DHP budget, but these cannot exceed 2.5 times the total DHP allocation (creating a potential budget of £6.056m for 2013/14). Haringey contributed £0.443m to the central allocation, creating a total DHP budget of £2.865m for 2013/14.

6.31 The Committee noted that there were extreme pressures on the DHP budget. The central DHP allocation to assist with affects of the 'bedroom tax' was £0.216m in 2013/14, though this equates to about 1/10 of the cumulative Housing Benefit deductions applied to local tenants as a result this particular reform (between £2.3m and £2.9m). Furthermore, when taking all welfare reforms into consideration, total Housing Benefit deductions were likely to exceed £8m in Haringey, thus the total DHP allocation even with a local top up, would be insufficient to meet the local shortfall and prospective demand.

DHP policy and award criteria

6.32 Each local authority is required to have a DHP policy setting out the eligibility criteria, any case prioritisation and the application process. Although responsibility for the production and administration of the DHP Policy rests with Revenues Benefits & Customer Services, the Policy is produced in collaboration with Housing Services. The DHP Policy was updated in 2013 to reflect welfare changes, including the benefit cap and the 'bedroom tax').

6.33 Given the level of Housing Benefit reductions and the DHP budget, demand for such an award is high. As a consequence, the criteria for awarding such payments is necessarily restrictive, indeed, it was noted that it was only awarded in extreme and unusual circumstances and where additional financial support would have a significant impact:

- in alleviating hardship;
- in reducing the risk of homelessness;
- or helping in the transition back to work.

6.34 The Committee noted that the DHP policy was a substantive and detailed document that ran to 12 pages. Whilst accepting that it was necessarily detailed to explain its purpose, eligibility criteria and the application process, the Committee questioned how accessible this was to local tenants.

6.35 In terms of the local DHP policy, social landlords suggested to the Committee that additional priority should be given within the eligibility criteria to those facing legal action or eviction as a result of rent arrears. The DHP policy is due to be updated, therefore it was suggested that social landlords should be consulted in this process

[15] Haringey Discretionary Housing Payment Policy, Haringey Council

to ensure that the totality of local housing needs is reflected in the eligibility criteria agreed for DHP.

Uptake among tenants

6.36 National figures suggest there are wide variations in the allocation of DHP awards. Among tenants of Arms Length Management Organisations (that manage Council owned stock) it is estimated that about 8% of tenants affected are in receipt of DHP.[16] Evidence submitted by the National Housing Federation suggested that 15% of social landlord tenants affected by the 'bedroom tax 'are in receipt of DHP.[17]

6.37 Locally, although the actual number of individual tenants in receipt of DHP award was not available, it was noted that 350 awards for DHP have been made to tenants affected by the 'bedroom tax'. It was noted that these payments were not ongoing, but were granted for a fixed period of time, usually between three and six months. The average DHP award in Haringey was approximately £20 per week. Data supplied by Homes for Haringey to November 2013 indicated that there were 189 successful applications for DHP made by 148 individual tenants.

6.38 The accessibility and uptake of DHP was assessed within the focus groups among affected tenants. There were four important issues raised by tenants in respect of DHP, which included:

- Firstly, and perhaps most importantly, awareness of this local benefit was very poor. Most of those attending were not aware of what this payment was, who was eligible or how to apply for it.
- Secondly, for those who had been made aware of DHP, it was noted that the administration of this benefit was slow and cumbersome, often taking 3 months to process applications. In the meantime, applicants were falling into debt and into rent arrears.
- Thirdly, that there was poor communication between Revenues Benefits & Customer Services and social landlords and applicants in processing applications and processing
- Fourthly, for those in receipt of DHP, there was anxiety as to what would happen once the payment stopped, would they be able to re-apply and if there would be sufficient money.

Uptake among social landlords

6.39 In evidence submitted to the Committee it was noted that there were wide variations in the number of tenants in receipt of DHP among different social landlords. As the largest manager of social housing stock in Haringey, it was not unexpected that 189 Homes for Haringey tenants were in receipt of DHP. There were significant variations among other social landlords however, where for example 42 tenants of Sanctuary Housing were in receipt of DHP as compared to just one tenant from Newlon.

6.40 A number of social landlords that gave evidence to the committee suggested that improved access to DHP processing (the Revenues and Benefits & Customer

[16] National Federation of ALMOs, Welfare Reform Survey October 2013

[17] Impact of welfare reforms on housing associations: early effects and responses by landlords and tenants IPSOS/Mori for National Housing Federation 2014

Services) could assist further applications (e.g. dedicated contact or telephone line). It was suggested that further work should be undertaken to promote and improve DHP uptake among social landlords.

Future of DHP

6.41 Of those social landlords directly consulted within this project, 3 out of 6 indicated that the allocation of the DHP was the most effective method of support that could be provided to tenants affected by the 'bedroom tax'. Whilst DHP support has inevitably helped those who have received it, it is apparent DHP can only offer a short term solution to a small number of tenants. Furthermore, there are concerns about viability of this response to the 'bedroom tax' in the medium term as:

- Demand continues to outstrip available funds available through DHP;
- DHP budgets are finite and those affected by the 'bedroom tax' will continue to compete against those affected by other welfare reforms (i.e. benefits cap, Local Housing Allowance);
- That there has been no guarantee that 'bedroom tax' element of the DHP will be funded beyond 2015/16.

6.42 In evidence presented to the Committee from the Chartered Institute of Housing, it was noted that a small number of other authorities had sought to boost contributions to the local DHP budget from other sources, including the Housing Revenue Account (HRA). Given the effectiveness of this intervention in supporting local tenants, the Committee suggested that similar funding sources should be explored locally (e.g. homelessness budget, HRA) which may add further to the local funds available through the DHP.

Taking in a lodger

6.43 Under the new Housing Benefit rules regulations have been relaxed to allow those tenants subject to the 'bedroom tax' to take in a lodger. This would raise the prospect of offsetting any benefit reduction for under occupancy against the potential increase in rental income from a lodger. Only the first £20 of income however, would be disregarded in calculating benefit entitlement.

6.44 In evidence to the Committee, the Chartered Institute of Housing noted that whilst some social landlords had an active programme to support tenants to find lodgers (e.g. Nottingham City Homes), there was a general reluctance to promote this option because of welfare and financial concerns. This approach was verified by social landlords in Haringey which indicated the option of taking in lodgers to increase the income of affected tenants had not been promoted because of:

- The safeguarding implications of taking in unknown people in to the household where vulnerable adults or children were present.
- The potential complications for income assessment and benefit entitlement (particularly where a turnover of lodgers is likely);
- The possible links to fraud.

6.45 Analysis of focus group evidence also confirmed that tenants themselves were reluctant to take in a lodger to increase household income. It was noted that for some this was impracticable to take in a lodger as the supposed under occupied room was in fact being used for other health or welfare issues (e.g. a visiting disabled child). Most indicated however, that they would be reluctant to let a room

because of personal safety concerns, that there was no guarantee that a lodger would pay rent and uncertainly that this would have on benefit entitlement.

6.46 As a consequence, most of those social landlords that gave evidence to the Committee indicated that few, if any, of their tenants affected by the ‘bedroom tax’ had taken up the option of taking in a lodger. It was noted however that the introduction of Universal Credit (end 2017) would allow a more generous income assessment of lodger income[18], which may increase the uptake of this policy option in the future.

Re-designation of properties

6.47 It was apparent that in some circumstances, it may be appropriate for social landlords to re-designate the size of a property where significant adaptations have been made (to accommodate health and social care needs of the tenant) or earlier misclassification has occurred (a small box room counted as a bedroom). Thus re-designation may represent a process through which a small number of tenants may avoid the ‘bedroom tax’.

6.48 There was some evidence of social landlords undertaking a ‘blanket re-designation’ of properties in response to the ‘bedroom tax’ in which up to 850 properties have been re-designated as having one bedroom less.[19] This approach has not been widely deployed however, as re-designation should be accompanied by a corresponding reduction in the rental value of that property which would impact on the rental income and financial viability of social landlords. Furthermore, where a reduction in the rents of re-designated properties has not been applied, social landlords may be subject to DWP penalties.[20]

6.49 Most social landlords however, would appear to have deployed re-designation on a very limited scale. Evidence from a national survey of social landlords by the National Housing Federation (NHF) suggested that just 0.02% of properties affected by the ‘bedroom tax’ have been re-designated.[21]

6.50 Local evidence would also verify limited use of this approach. In evidence to the Committee, social landlords indicated that re-designation was applied on a case-by-case basis and where it was apparent that this would represent the best use of the property (e.g. where accommodation had been adapted for the tenant).

Work and employment training

6.51 For those tenants choosing to stay on in the property, taking paid employment may be one way of increasing income which may help reduce the shortfall of the Housing Benefit cut. Many of the social landlords that gave evidence to the Committee indicated that dedicated work and employment training programmes were offered to tenants through their organisation.

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[18] There is no room allowance, but tenants will be able to keep all income from lodgers

[19] *Cities stand form on ‘bedroom tax’ tactics*, Local Government Chronicle 24 June 2013

[20] *Freud issues ’bedroom tax’ reclassification warning*, Inside Housing 20 June 2013

[21] Impact of welfare reforms on housing associations: early effects and responses by landlords and tenants IPSOS/Mori for National Housing Federation 2014

6.52 The Chartered Institute of Housing highlighted areas of good practice for work and employment training, in particular the programme provided by Family Mosaic. In this Registered Providers employment and training programme the Committee noted that:

- This was part of long standing response to welfare reform;
- Welfare rights advisers attempt personal contact with all affected by size criteria, to assess appropriate support;
- 460 tenants were helped back in to work through the “employment boot camp” and “get that job” schemes;
- Cost-per-job outcome is extremely favourable compared to national work programme.
- An employment support programme has resulted in a 42% reduction in arrears for Family Mosaic in 2012-13, who are confident it will reduce impact of arrears resulting from the ‘bedroom tax’.

6.53 National data however, would suggest that such employment and training schemes have provided little assistance to those affected by the ‘bedroom tax’. In a national survey of registered Providers, of those tenants who were no longer affected by the bedroom tax, just 7% was attributable to gaining paid employment, which on average, equated to about 4 tenants per Registered Provider. [22] This was substantiated in the focus groups with local tenants, where there was little or no mention of tenants having received any employment or training interventions to help them back to work.

6.54 The Committee were of the view that more could be done to increase the employment and training opportunities to tenants affected by the ‘bedroom tax’ and possibly other welfare reforms. In particular, it was noted that the good practice exhibited at Family Mosaic, could guide and inform employment and training schemes more widely across the sector. Furthermore, given the evident success of the Family Mosaic Scheme, it was suggested that consideration should be given to joint commissioning of this or a similar scheme in Haringey.

Effectiveness of interventions

6.55 To date, there is little direct evidence to inform the relative merits of interventions to support those affected by the ‘bedroom tax’. However, the cumulative impact of all such intervention to support those affected by the ‘bedroom tax’ would appear to be small, being as there is only a small decline in the total number of tenants affected both nationally and locally:

- Nationally, NHF research indicated that the average number of tenancies that were no longer affected to November 2013 was 52 per Registered Provider;
- Between April 2013 and November 2013, there was a 2.9% reduction in the number of tenants affected by the bedroom tax among Homes for Haringey and the 5 other largest local Registered Providers.

6.56 Nationally, it would appear that housing transfers and mutual exchanges have made the largest contribution to the fall in tenants no longer being affected by the bedroom

[22] Impact of welfare reforms on housing associations: early effects and responses by landlords and tenants IPSOS/Mori for National Housing Federation 2014

tax; of all those who are no longer affected 45% had transferred or had a mutual exchange.

6.57 The Committee assessed the perceived effectiveness of interventions by Homes for Haringey and other Registered Providers, which included interventions impact on tenancy sustainability as well as no longer being subject to the ‘bedroom tax’. From this evidence it was concluded that the award of DHP and the provision of budgeting advice and money management skills were most effective in enabling tenants to sustain their tenancy.

6.58 It can be concluded however, that such interventions will continue to have limited impact due to the underlying structural problems in housing stock availability and of tenant mobility.

7. Bedroom Tax Loophole

7.1 The Committee noted that in January 2014, a ’bedroom tax’ loophole was identified due to a technical error in the primary legislation. It was noted that the ’bedroom tax’ reduction had been misapplied to those tenants who had been continuously claiming Housing Benefit from before 1 January 1996 at the same address (as a previous set of Housing Benefit rules were in operation before this time). The legislation has now been corrected and will be effective from April 1st 2014.

7.2 The Committee noted that there has been considerable work within the Council to identify and notify those claimants affected by the ‘bedroom tax’ loophole. The Revenues, Benefits and Customer Service team worked with software suppliers to allow the council to identify those affected. An initial examination of claimants identified that approximately 350 tenants would potentially be affected by the loophole. It was noted that necessary adjustments would be made in the rent accounts of tenants affected.

7.3 The RBCS team noted that approximately 10% of those entitled to a refund of HB deduction because of the ‘bedroom tax’ loophole have received a DHP. It was confirmed to the Committee that any DHP awarded to tenants affected by the ‘bedroom tax’ loophole would be reclaimed and would be offset against any Housing Benefit owed.

8. Partnership working

8.1 It is clearly important that in supporting tenants affected by the bedroom tax, that local housing providers and the Council work together to develop the network of services available and to improve coordination and effectiveness of services. The Committee noted many examples of good practice among housing providers in many areas of service provision (e.g. money advice, work and employment training) which should be disseminated and could improve practice across the sector.

8.2 On a more localised basis, a number of providers noted that improved partnership with the Revenues Benefits and Customer Services department (as administrators of Housing Benefit locally) would be welcome. In particular:

- improved information sharing arrangements by RBCS, with Registered Providers requiring more timely notifications as tenants move in and out of being affected by the bedroom tax;
- improved liaison with RBCS – including the reinstatement of its Landlord Liaison Officer for social landlords - would also help to minimise the instances of over payment of benefits, which is also a contributing factor to money problems of affected tenants;
- improved telephone access to RBCS staff in relation to Housing Benefit and DHP claim processing.

Community Safety and Mental Health – Conclusions and Recommendations of Communities Scrutiny Panel Project

Chair's Introduction

This review was conducted against the background of the launch of several national and pan London reports and initiatives setting out to improve the outcomes for mental health service users when they come into contact with the police and judicial system.

At the April launch of the London trial of the Liaison and Diversion Service in Wood Green Civic Centre, a packed audience learned that up to 40% of the 300k people arrested each year in London have an enduring mental health condition. It is a sign of the determination of the Met to improve outcomes for these people that it was a Haringey police officer who originally suggested our review.

It is clear that better integration of services and agencies and improved sharing of information are fundamental to improving services. The Liaison and Diversion Service will do much to improve outcomes for clients but there is still much to be done in increasing and coordinating the resources that are available to provide support services to break the cycle of offending and imprisonment.

I hope that the recommendations in this review reflect the specific concerns of Haringey service users, carers and providers and will help shape the services needed to improve outcomes for clients, reduce offending and reduce the pressure on front line staff.

Thanks are due to all those who enthusiastically contributed their time, expertise and personal stories to the review.

Cllr. David Winskill

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Report for:	Overview and Scrutiny Committee	Item Number:	

Title:	Mental Health and Accommodation: Adults & Health Scrutiny Panel Project Report

Report Authorised by:	Cllr Gina Adamou, Chair, Adults & Health Scrutiny Panel

Lead Officer:	Melanie Ponomarenko Senior Policy Officer (Scrutiny) Melanie.Ponomarenko@Haringey.gov.uk 0208 489 2933

Ward(s) affected:	Report for Key/Non Key Decisions:

1. Describe the issue under consideration

1.1. Under the agreed terms of reference[1], the Adults and Health Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

1.2. In this context, the Adults and Health scrutiny panel may:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant non-executive Committee arising from the outcome of the scrutiny process.

[1] Overview and Scrutiny Protocol, 2012, Haringey Council

1.3. Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and Scrutiny Panels. Project work undertaken by the Adults and Health Scrutiny Panel on mental health was agreed as part of this work programme by the Committee on the June 17th 2013.

1.4. The Panel therefore undertook two mental health projects – mental health and accommodation and mental & physical health.

2. Cabinet Member introduction

N/A

3. Recommendations

3.1. That the Overview & Scrutiny Committee:

(i) Note the contents of the attached final report;

(ii) Agree the recommendations contained in the final report.

4. Alternative options considered

N/A

5. Background information

5.1. The Terms of Reference for the project were as follows:

To review housing needs and availability along the whole care pathway for people with mental health problems in order to make recommendations to assist people with mental health needs maintain*, return to and/or access appropriate housing to support and maintain recovery from ill mental health (whether this is high level supported housing, housing as part of the pathway to recovery e.g. recovery houses or mainstream housing.)*

5.2. The Panel heard from a range of stakeholders, both in project meetings and externally. These included BEH MHT, Haringey CCG, Mind, Haringey User Network, Mental Health Support Association, Camden & Islington NHS Trust, St Mungos, service users and carers.

5.3. A number of themes emerged from the project, which are outlined in more detail in the main body of the report. In summary:

- **Preventing Tenancy breakdown** – there needs to be greater emphasis placed on preventing a person from losing their tenancy due to ill mental health.
- **Discharge from BEH MHT** – There can be up to 40% of patients on a ward at any given time who are clinically ready to be discharged but who are not able to be for a variety of reasons, including housing issues. Processes need to be much more effective in order to free up beds for those who need them.
- **Housing Related Support** – There is a proportion of people who have been in Housing Related Support placements for up to 5 years; the service is intended to be used for 18 months to 2 years. This is creating a blockage in the pathway. Work is being done to work through these cases and the Panel supports this work, and feels that greater impetus should be placed on it, again to un-block the pathway.
- **Step Down** – Projects such as Truro Road are seen as good value for money and offer service users' independence whilst ensuring they have the support they need. The Panel feels that properties which can be used for similar projects should continue to be sourced.
- **Recovery Houses** – Recovery Houses have an important role to play in preventing a person from deteriorating and having to be admitted to an acute Ward. However, due to strains on acute beds these are being used for purposes which they are not intended. The Panel also felt that 7 beds for Haringey residents are not enough given the high level of need.
- **Bed and Breakfast** –The use of bed and breakfast accommodation on discharge from BEH MHT is seen as a sign of a failure within the mental health and housing pathway.
- **Communication/Partnership working** – There was a need for closer partnership working across the organisations involved in the mental health and housing pathway, in particular in sharing information in a timely manner, which would prevent delayed discharge from BEH MHT.
- **Commissioning** – Joint commissioning based on current and projected needs would offer value for money and a better experience for mental health service users. This will need close collaborative working between health, adults and housing services. The Panel was pleased to hear that work would be done in this area through the Better Care Fund.
- **Decision making Panel** – The panel was pleased to hear of the changes to the Panel policy in order to streamline processes and improve decision

making and felt lessons could be learnt from the way the Panel works in relation to Learning Disabilities to further improve the process.

- **Housing Benefits** – There is a need to ensure that information on a person's housing situation, particularly in relation to Housing Benefit is shared by BEH MHT with the Housing Benefits service so that housing benefit payments can continue to be paid, and to prevent a person losing their tenancy due to non rent payment whilst they are in hospital.
- **Care Coordinators** – The Panel has concerns over the work load of the Care Coordinator service and feels that the current level of risk being managed is unsustainable.

6. Comments of the Chief Finance Officer and financial implications

6.1 This report makes a number of recommendations, some of which have fairly minimal financial implications and should be able to be funded from within existing resources. (Recommendations 5, 7,and 17.) However others could have more significant cost impacts.

6.2 Recommendations 1, 18, 19 and 16 concern improvements to information sharing between organisations – this could increase administrative burdens depending on the scale of the changes required but could also bring benefits and improved efficiency. Recommendations 3 and 21 relate to training provision which will have a small cost falling on the budget and the Mental Health Trust. This will require some prioritisation of resources.

6.2 Recommendations 8, 13, 14 and 15 suggest ways in which BEHMT and the Council could work more closely together including joint commissioning and integrated work on housing issues. This may require additional resources to be identified.

6.3 Recommendations 4, 6 and 11 concern changes to Housing policy and although seem to require little new resource they may have indirect effects which should be assessed before any changes are finalised.

6.3 Recommendations 2, 9, 10, 12 and 20 propose the creation of new services or the extension of existing services. This will require the identification of new resources or the reprioritisation of existing budgets. However through improving the overall service and experience of people with mental health needs, they may provide longer term efficiencies. If these proposals are taken further a business case analysis of their costs and benefits should be carried out.

6.4 At this stage, the proposals are high level recommendations. If adopted further work will need to be undertaken to identify resources and put in place appropriate control arrangements. It will be important that any proposals that are put before Cabinet for formal adoption are fully costed and the risks properly assessed before Cabinet are asked to agree to them.

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 report makes a number of recommendations on a range of services and arrangements, in particular, relating to the accommodation needs of patients. The recommendations are intended to promote the physical and mental health and the general wellbeing of patients. Under Section 117 of the Mental Health Act 1983, the Clinical Commissioning Group (CCG) and Local Social Services Authority (LSSA) have a duty to provide, in co-operation with relevant voluntary agencies, after-care services for patients detained or admitted in hospital for treatment under relevant sections of the Mental Health Act.

7.3. This duty to provide after-care services continues as long as the patient is in need of such services. The services provided under section 117 can include services provided directly by CCG or LSSAs as well as services they commission from other providers. For individual patients, the services provided should reflect their assessed needs and could include provision for continuing mental healthcare, physical healthcare, day time activities, specific needs arising from drug, alcohol and substance misuse, assistance in welfare and managing finances, the involvement of other agencies and the provision of appropriate accommodation.

7.4. The Mental Health Code of Practice provides that "After-care is a vital component in patients' overall treatment and care. As well as meeting their immediate needs for health and social care, after-care should aim to support them in regaining or enhancing their skills, or learning new skills, in order to cope with life outside hospital" (Paragraph 27.5). Further, "Although the duty to provide after-care begins when the patient leaves hospital, the planning of after-care needs to start as soon as the patient is admitted to hospital. CCG and LSSAs should take reasonable steps to identify appropriate after-care services for patients before their actual discharge from hospital (Paragraph 27.8).

8. Equalities and Community Cohesion Comments

8.1. Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern
- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

9. Head of Procurement Comments

N/A

10. Policy Implication

1.1. It is intended that the work of the Overview & Scrutiny Committee will contribute and add value to the work of the Council and its partners in meeting locally agreed priorities. In this context, it is expected that the work of the Committee may contribute to improved policy and practice for the following corporate priorities:

- Safety and Wellbeing for all: A place where everyone feels safe and has a good quality of life.
  Priority – Reduce health inequalities and improve wellbeing for all

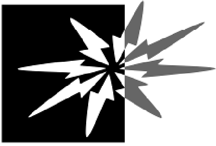
11. Reasons for Decision

1.2. The reasons for the recommendations are laid out in the main body of this report.

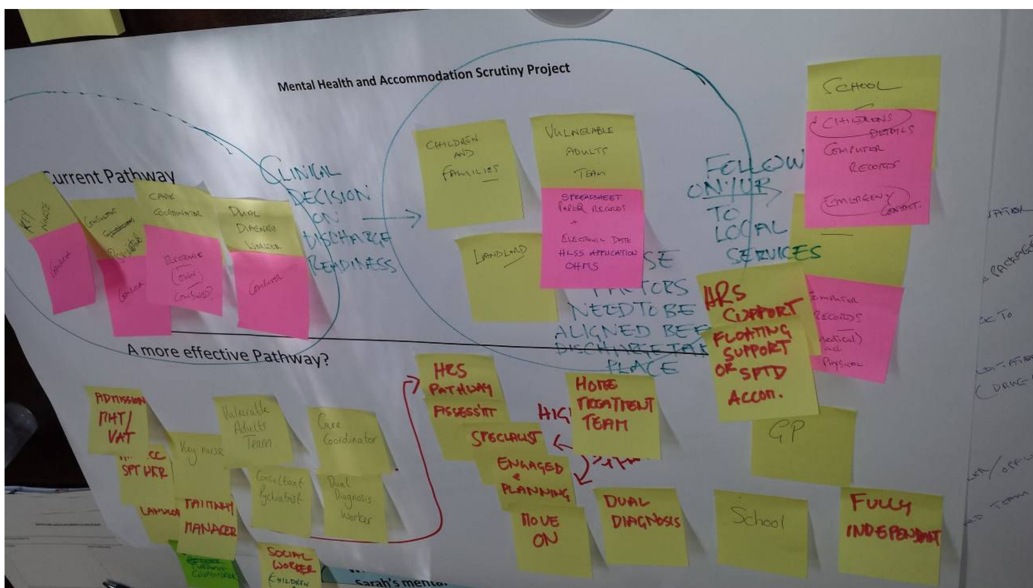
12. Use of Appendices

1.3. Appendices are listed in the main body of this report.

13. Local Government (Access to Information) Act 1985



Project report
Mental Health and accommodation



A PROJECT BY THE ADULTS AND HEALTH SCRUTINY PANEL

April 2014

www.haringey.gov.uk

Chair's Foreword

Having access to appropriate and good quality accommodation at the right time is extremely important to ensuring mental health recovery. The right environment, support and move-on opportunities are key to this, as is organisations working together at the earliest opportunity to provide a seamless and, where appropriate, an integrated mental health housing pathway.

The right mental health housing pathway should ensure that patients and service users are able to access preventative services in a timely manner, are able to access acute care when needed, are able to leave hospital transferring to appropriate accommodation when they are clinically ready and maintain long term tenancies during recovery.

I hope that the recommendations laid out in this report assist in the development of a seamless and effective mental health housing pathway.

On behalf of myself and the Adults and Health Scrutiny Panel I would like thank all of those who took time to contribute to this timely and important project and to all staff who support mental health patients, service users and their carers in Haringey.

Cllr Gina Adamou
Chair, Adults & Health Scrutiny Panel

Panel Members:
Cllr Gideon Bull
Cllr Sophie Erskine
Cllr Anne Stennett
Cllr David Winskill
Helena Kania (co-optee)

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Recommendations

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to ensure a transformation in integrated health and social care. The Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas[2].

Haringey intends to focus on mental health Better Care Fund Integration Plan on mental health services in 2015/16. Whilst recognising that this is not new money recommendations below are made with the opportunities this presents in mind.

N.B Housing – means Homes for Haringey and Registered Social Landlords operating in the borough.

Prevention

1) We recommend that there is greater focus on the preventative elements to prevent tenancies being lost once a person has been admitted to an acute Ward. This includes:

- A system being put in place to enable appropriate information about the clients accommodation, circumstances and needs to be shared in a timely manner between BEH MHT and Housing Support & Options and in turn with the Housing Benefit Service. (See recommendation 18)

2) We recommend that consideration is given to establishing a Re-ablement Service, based on the older people re-ablement service model, as part of the Better Care Fund work to focus more intense support on those who need it for the initial 6-8 weeks after discharge from hospital to prevent a relapse.

3) We recommend that mental health awareness is raised with housing staff who are likely to come into contact with mental health service users.

- This should include Estate Managers in order to help them to identify and signpost anyone who may be having housing problems due to their mental health needs e.g. struggling to maintain their tenancy.

Permanent housing

4) We recommend that an annual mental health housing social quota is established and agreed with Homes for Haringey and RSL's.

[2] http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE#sthash.XD4CAk4F.dpuf

- The number of properties per year should be based on a projected needs analysis.

5) We recommend that private sector housing opportunities for people with mental health needs are better utilised based on best practice schemes in order to increase the number of private sector tenancies available.

6) The Panel felt that it would be beneficial if pathway moved towards a model whereby the service user is able to access more permanent housing and maintain this tenancy through the rest of their mental health recovery pathway and therefore recommends that, where appropriate, the mental health housing pathway moves to a more permanent housing model in order to provide stability to the service user.

7) We recommend that the Haringey Housing Allocations Policy reflects and promotes parity of esteem between mental and physical health to ensure that mental and physical health are weighted equally.

Move on Project

8) We recommend that there is greater collaboration and continued impetus across the whole partnership (both within the Council and partnership) on the Supported Housing Move On project and that any lessons learned on issues which have prevented move on be regularly shared and learnt from across the partnership.

Step Down

9) We recommend continued identification of suitable properties which can be used for step-down projects, like Truro Road, based on an ongoing needs analysis.

Recovery House

10) To reflect current demand we recommend that BEH MHT commissions a recovery house in the East of the Borough.

Bed and Breakfast accommodation

11) We recommend that the use of Bed and Breakfast accommodation for mental health service users on discharge from BEH MHT is phased out as soon as is practical.

Mental Health Housing Pathway

12) We support the Better Care Fund focus for 2015/16 on Mental Health and the planned integrated Mental Health Recovery Pathway and recommend that the Health and Wellbeing Board ensure that housing forms an integral part in this pathway.

13) We recommend that Public Health map the mental health and housing pathway across the partnership so that it is clear which organisation/team is responsible for each step along the pathway.

- This should include a short high level protocol with agreed roles, responsibilities and accountabilities and which is signed up to by all organisations.
- The Pathway should be signed up by all relevant organisations.

14) We recommend that the new BEH MHT Enablement Officers form a close working relationship with the Haringey Vulnerable Adults Team as early as possible. In order to achieve this we recommend that:

- They meet as part of the Enablement Officers induction;
- Within 4 weeks of their start date to have agreed communication processes to ensure that Vulnerable Adults Team and Housing Benefit know who has been admitted to a Recovery House/Ward and are able to begin work on any possible housing issues, as near as possible to admission, which may prevent a timely discharge.

Commissioning

15) We recommend that there be joint commissioning arrangements across health, housing and social care throughout the pathway to ensure a seamless pathway for mental health service users.

16) We recommend that there is a JSNA deep dive in order to model future housing needs across the mental health population.

Haringey Adult Panel – mental health

17) We recommend that a joint health and social care Mental Health Panel is established, with a mental health clinician as Deputy Chair, as per the arrangements currently in place for Learning Disabilities.

- This should include a Multi Disciplinary group which sits under the panel and which meet prior to the Panel meeting to discuss cases, ensure all paperwork is present and make recommendations to the Panel.
- We recommend that the Panel meeting frequency be increased on a temporary basis to clear the backlog of cases.

Housing Benefit

18) We recommend that BEH MHT put a process in place to ensure that the Housing Support & Options team are fully aware of a person's housing circumstances within 7 days of admission.

- This information should specifically be shared between the BEH MHT Enablement Officer and the Vulnerable Adults Team so that they can liaise with the Housing Benefits Service to prevent Housing Benefit payments being stopped, and a patient subsequently losing their home.

19) We recommend that there is a named person in Housing Benefits who has responsibility for Mental Health matter and who can be a point of contact for BEH Mental Health Team /Vulnerable Adult Team.

Care Coordinators

20) We recommend that the Care Coordinator service should be assessed as soon as possible with a view to alleviating the work load and increasing the number of posts, capacity and skill mix.

21) We recommend that Care Coordinators receive ongoing training in:

- Welfare and benefits in order to assist them in keeping up to date with welfare reforms.
- Housing pathways, particularly in light of the planned Recovery Pathway.

Methodology

1. The project was led by the Adults & Health Scrutiny Panel:
- Cllr Gina Adamou (Chair)
- Cllr Gideon Bull
- Cllr Sophie Erskine
- Cllr Anne Stennett
- Cllr David Winskill
- Helena Kania (co-optee)

2. The project consisted of a number of Panel meetings, external meetings with stakeholders & service user engagement.

2.1. A survey was also designed with service users and the voluntary and community sector with a view to providing a snap shot of the current discharge pathway. This was sent out via BEH MHT to people who had recently been discharged from Recovery Houses/Wards, however no responses were received. A copy of this can be found at Appendix A.

2.2. Evidence from a wide range of stakeholders was presented at Panel meetings (See Appendix B for a full list of review contributors). Following presentations the panel and other attendees had the opportunity to ask questions.

2.3. Panel Members attended a number of external meetings with stakeholders to follow up information and to collect additional evidence to inform the project.

Policy Context

3. National Context

3.1. The **Health and Social Act of 2012**[3] put a responsibility on the health secretary to secure improvement "in the physical and mental health of the people of England".

3.2. The government's mental health strategy, "**No health without mental health**[4]" aims to mainstream mental health. The strategy includes a number of objectives to improve the mental health of the population. Most relevant to this project is objective 2:

[3] Health and Social Care Act 2012, www.legislation.gov.uk
[4] No health without mental health, 2011, HM Government

More people with mental health problems will recover – More people who develop mental health problems will have a good quality of life:

- 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**.

3.3. A **Mental Health Network** NHS Confederation briefing[5] makes the following points:

- Good housing is critical for good mental health.
- 'No health without mental health' stresses the importance of housing for mental health and particularly for those recovering from mental health problems.
- Without a settled place to live, recovery can be significantly impeded.
- People with mental health problems, particularly those with a serious mental illness, can sometimes find it difficult to secure and maintain good quality accommodation.
- Mental health is frequently cited as a reason for tenancy breakdown.
- Housing problems are often given as a reason for a person being admitted or readmitted to inpatient care.
- Cooperation between commissioners and making good use of new structures such as Health and Wellbeing Boards are essential to ensure that there is a more strategic approach to commissioning health and housing support.
- Safe, secure and affordable housing is critical in enabling people to work and take part in community life.
- A lack of settled accommodation for service users can lead to unnecessary admissions and increase overall costs to the public purse.
- A national evaluation (Capgemini for DCLG, 2009) estimated that investing £1.6 billion annually in housing related support services generated net

[5] Mental Health Network, NHS Confederation, Briefing 2011 Issue 233 Housing and Mental Health

savings of £3.41 billion for the public purse. This includes an estimated £3153.2 million in health, £413.6 million in costs associated with the costs of crime and £95 million in the costs of homelessness.

- Cooperation between commissioners is essential to ensure there is a strategic approach to commissioning that includes housing.

3.4. Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis

3.5. "This Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved [including the Association of Directors of Adult Social Services, Care Quality Commission, College of Social Work, Local Government Association, NHS England, Public Health England and Mind]. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur.

3.6. The Concordat is arranged around:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

3.7. The Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat"[6].

4. Local context

4.1. The Haringey Health and Wellbeing Strategy is the Borough's overarching plan to improve the health and wellbeing of children and adults in our borough and to

[6] http://www.nhsconfed.org/Networks/MentalHealth/LatestNews/Pages/Crisis_Care_Concordat.aspx

reduce health inequalities between the east and west. The strategy is informed by the Joint Strategic Needs Assessment and supported by a delivery plan.

4.2. The Strategy sets out three objectives:

- Outcome 1 - Every Child has the best start in life;
- Outcome 2 - A reduced gap in life expectancy;

and of particular reference to this project;

- Outcome 3 - Improved mental health and wellbeing.

"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*."

4.3. Priorities for outcome 3:

- Promote the emotional well being of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of problematic drug users in treatment

5. Better Care Fund

5.1. "The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 Spending Round, to ensure a transformation in integrated health and social care. The BCF is a single pooled budget to support health and social care services to work more closely together in local areas"[7].

5.2. The Adult & Health Scrutiny Panel received a report in February 2014 outlining Haringey's Integration Plan. The report states that "Integrated services will be inclusive. They will be available to all adults living in Haringey but, based on an analysis of the Joint Strategic Needs Assessment (JSNA) and GP Collaborative profiles we will prioritise frail older people, and older people with dementia in 2014/15 and adults (of all ages) with mental health needs in 2015/16. These are

[7] http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE#sthash.XD4CAk4F.dpuf

the groups for whom integration will have the greatest and most immediate impact"[8].

Local picture

6. Throughout the project has heard evidence of the current wider context of mental health in the Borough. These points are noted below as useful background/context:

6.1. Mental health pressures across the country have increased over the past 6 months, including in Haringey. This is believed to be due to the economic situation.

6.2. The nearest bed available for a Haringey resident recently[9] was in Pontefract. To avoid the person having to go to Pontefract they stayed in the S136 suite overnight until a bed became available.

6.3. BEH MHT is currently running at a 105% bed occupancy rate. The national guidelines for optimum bed occupancy rate are 85-90%.

6.4. BEH MHT is using approximately 19 private beds per night at an approximate cost of £400,000 per month. BEH MHT is currently over spending due to a gap between funding and need and the £400,000 per month was on top of this[10].

6.5. BEH MHT had also opened some additional beds, but these were unfunded measures which would cost the Trust approximately £5m the 2013/14 financial year[11].

6.6. Increased activity and a commensurate funding gap were the key issues facing BEH MHT. Population had increased by 130,000 in the three boroughs and referrals had increased by 11%, whilst funding has decreased in real terms by 13%[12].

7. Mental Health Strategies Report

7.1. Barnet, Enfield and Haringey Clinical Commissioning Groups have commissioned Mental Health Strategies to report on:

[8] Better Care Fund: Local Health and Social Care Integration Plan, Haringey Council, As presented at the Adult & Health Scrutiny Panel, 27th February 2014
[9] A&HSP Project meeting, October 2013
[10] Barnet, Enfield & Haringey Scrutiny meeting on BEH MHT, February 2014
[11] Barnet, Enfield & Haringey Scrutiny meeting on BEH MHT, February 2014
[12] Barnet, Enfield & Haringey Scrutiny meeting on BEH MHT, February 2014

- An assessment of any potential gap between what commissioners are able to invest and the expected cost of providing current range of services
- Recommendations for high level options to address that potential gap.

7.2. Mental Health Strategies' high level conclusions of nature and scale of funding as reported at a meeting of the Barnet, Enfield and Haringey Scrutiny component of the NCL JHOSC[13] are:

- "BEH-MHT Trust is forecasting an overspend on additional acute activity, including external placements, of £6.5 million above budget for 2013/14
- Adult acute inpatients forms the largest area of this overspend. In particular, BEH-MHT has a high proportion of patients experiencing a delayed transfer of care.
- This, together with very high Cost Improvement Programme expectations, means that BEH-MHT has higher expenditure than income.

7.3. This report is due to be discussed at the CCG Cabinet meetings and presented to BEH MHT Board shortly".

8. The report and recommendations are made with the above points in mind, as well as the opportunities which come with Haringey's commitment to integrate mental health services as laid out in the Better Care Fund Integration Plan.

[13] Barnet, Enfield & Haringey Scrutiny meeting, 24th March 2014

9. Preventing Tenancy Breakdown

9.1. The Panel heard from BEH MHT that when a patient is admitted onto a Ward their housing need is identified within 72 hours. However, this information does not always get passed on to the relevant service at this point, and often not until the point at which a person is ready to be discharged. This, in turn can lead to the person not being discharged when they are ready to be and thus preventing the bed from being used by another patient. Examples shared with the Panel included:

- Housing Support and Options being informed of a patient being ready for discharge that needed a new front door to enable them to return to their property. As the door was a specialist size it took some weeks to be delivered meaning that the patient could not be discharged until weeks after they were ready.
- It can take 4-5 weeks to re-connect utilities to a property if the patient has been away for a long period of time.

9.2. As BEH MHT informed the panel, not only is it not clinically good for the patient to stay on a ward once they are well enough to be discharged, but at a cost of approx £285 per night it is not an effective use of resources.

10. Discharge from BEH MHT

10.1. The Panel heard from BEH MHT that there are a proportion of people on the wards and in recovery houses every day that should not be there as they are ready for discharge. This can be up to 40% of the total people on a Ward at any given time, at a cost of approximately £285 per night for a Ward and £115 a night in a Recovery House[14]. The Panel also heard that it is not clinically good for the patients to be on the Ward/in the Recovery House when they do not need to be.

10.2. Whilst it was noted that there are two bed management meetings per day to try and ensure the availability of beds and to solve any issues there may be with

[14] Figures supplied by BEH MHT

discharge, there are factors which may need stronger collaborative working across the organisations involved in the pathway in order to unblock the pathway.

10.3. A snap shot of data was shared with the Panel showing patients on BEH MHT Wards, in Recovery Houses and in Bed & Breakfast Accommodation whose discharge was delayed between April and September 2013 (See Appendix D). There were a total of 60 cases with a large number of delays being associated with accommodation needs (including awaiting a supported housing placement, being unable to return to previous accommodation due to family reason and refusing offers of accommodation). The length of the delay varied considerably from a couple of weeks to 7 months.

10.4. As mentioned above the nightly cost on a Ward is approximately £285 and £115 a night in a Recovery House. An example of the cost of the some delays to BEH MHT is shared below.

Dates of delay	Length of delay	Location	Reason for delay[15]	Cost to BEH MHT
10/12/12 - 16/04/13	13 weeks, 5 days	Ward	Long wait for supported accommodation. Eventually moved him to a temporary accommodation.	£27,360
14/01/13 - 11/09/13	34 weeks	Recovery House	Was on a waiting list for a supported placement for a very long time.	£27,370
16/04/2013 – 30/06/2013	10 weeks, 5 days	Recovery House	Needed to establish immigration status and entitlements. Eventually found place via private rental.	£8,625
18/12/12 - 15/06/13	25 weeks, 4 days	Ward	SOVA issues - could not return to family home. Eventually wife requested	£51,015

[15] As cited on the BEH MHT Snapshot data submission, Project meeting, October 2013

			for him to return.	
			Total	**£114,370**

10.5. It is important to note that there are other issues around moving people on from Ward/Recovery Houses including a person not wanting to move on as they feel secure, are being fed and kept warm etc.

10.6. The Panel heard that there is a 'Top Delays' meeting every Monday at BEH MHT which is attended by the Vulnerable Adults Team (Haringey Council). An issue which has been raised at these meetings is that there is a lack of places to discharge people to. However, in discussions at the Panel attendees felt that the issue is not the number of supported housing placements, but that the pathway is also blocked with some people in supported housing placements who no longer need to be there. It was felt that if the whole pathway was un-blocked then there would not necessarily be an issue with supported housing placement availability.

10.7. However, it was felt that there was a need to ensure housing options were available for the end of the pathway and that these needed to be in appropriate environments and communities to ensure recovery.

10.8. The Panel felt that a number of appropriate properties across the borough should be identified per year specifically for mental health patients who are well enough to leave housing related support or who have been discharged from BEH MHT but do not need a residential supported living placement.

10.9. The Panel felt that it would be beneficial if pathway moved towards a model whereby the service user is able to access more permanent housing and maintain this tenancy through the rest of their mental health recovery pathway with any floating support needed 'floating' in and out rather than the patient moving to different levels of supported housing. Whilst the Panel recognises that this is not suitable for all cases, it feels it would provide greater stability for the patient and would ensure that they are able to access suitable and appropriate accommodation at the best time for recovery in the pathway.

11. Housing Related Support

11.1. Housing Related Support offers accommodation based and floating support for a range of client groups, including mental health which are commissioned through organisations such as St Mungos and Circle 33. Accommodation based schemes deliver services in properties with shared and self contained units. Floating support is delivered to users who have attained a level of independence in some move-on schemes, but more usually to service users living independently in general needs council or private sector accommodation.

11.2. Services are designed to support service users to maintain independent living through tenancy sustainment and connections to health, care, training, employment.

11.3. The Panel heard that the aims of these services are to provide support so that each service user acquire or enhance the skills they already possess, in the following areas:

- Be able to manage an effective budget, shop on a budget and prepare fresh and healthy food
- Medication management
- Be able to deal independently with a crisis
- Be able to demonstrate an understanding of the safe use of household equipment
- Be able to identify a GP and register, contact utility companies and register for council tax independently
- Increase the number of people leaving institutional care in order to live more independently
- Reduce the incidence of tenancy breakdown and/or individuals losing their homes
- Reduce the number of emergencies amongst people living independently which might result in more intensive services being required
- Increase the number of people who are living in their chosen environment
- Maximize the number of people who are supported to achieve employment

- Enable Service Users to make decisions in relation to their own lives, providing information, assistance, and support where needed[16].

11.4. Benefits of housing related support

11.4.1. The Housing Related Support Commissioning Plan[17] refers to a report by Local Government and Information Unit and Circle Housing Group ('Promoting Independence: the future of housing related support') which includes a tool to calculate savings which can be realised by the use Housing Related Support services and which is used in the Haringey Housing Related Support Commissioning Plan. For mental health services it was estimated that the net benefit was £1.7m (see table below).

Client Groups	Cost Category Totals (£M)		
	With Housing Related support	Without Housing Related Support	Net Benefit
Offender and Substance Misuse*	£3.8	£10.2	£6.3
Domestic Violence	£5.8	£10.5	£4.7
Mental Health	£8.2	£9.9	£1.7
Young People*	£4.5	£4.6	£0.1
Homeless households	£34.7	£39.9	£5.2
Learning Disabilities	£7.7	£9.4	£1.6
Physical Disabilities and sensory impairment	£5.0	£5.5	£0.4
Older People *	£59.8	£62.5	£2.8
Total	£129.6	£152.4	£22.8

Table 5-1 SCENARIO FINANCIAL SUMMARY

11.5. Longer term supported housing units are intended for approximately 18 month to 2 years after which the tenant should be moving on as per the aims of a recovery pathway. At this point Pathway co-ordinator and a member of the Vulnerable Adults Team would discusses options with the tenant. Options can include finding housing through mainstream routes e.g. private renting or thorough housing options. The Panel was reassured that floating support would still be available to a person once they have left supported housing.

11.6. As mentioned above, long term housing related support units should be for 18 months to 2 years. However, approximately 50% of the units have people in them who have been there for over 2 years, where the benefits of

[16] HRS submission, October 2013
[17] Haringey Housing Related Support Commissioning Plan, 2012-2015, Haringey Council

housing related support have been exhausted, and often where the service user has care or health needs that exceed the service provision of housing related support. The Panel heard that some of these cases are historic, with tenants being in the units for some years. Some of the cases are due to the care element, for example where the care coordinator does not believe a person is ready to be moved on. The above mentioned 50% are being considered on a case by case basis with Adults Services and the Community Mental Health Rehabilitation Team in order to move them on. As part of this project a needs analysis will be undertaken and any gaps in provision found will form part of future commissioning plans.

11.7. The Panel was supportive of the move-on project work being undertaken as it felt that in order to un-block the whole pathway, as well as focus on a recovery model for the patients then ensuring that there is a focus on move on was important.

11.8. The Housing Related Support service is in the process of commissioning a new pathway for substance mis-use, offenders and mental health which will extend the availability of accommodation by 36 units (up from the current 109[18] units). Phases 1 & 2 of the pathway for substance mis-use and offenders will be new implemented in January and April 2015 and the mental health services in phase 3 in 2016. The role of Pathway Manager was being recruited to at the time of the project.

11.9. The Panel supports the work being done by Housing Related Support, Vulnerable Adults Team, Adults and BEH MHT to identify people who have been in housing Related Support Placements for some time, and for who the placements are no longer appropriate. The Panel recognises that this requires that all parties co-operate in moving on service users; establishing referrals and transition arrangements to new care and support packages and accommodation as appropriate in many cases.

12. Step Down

[18] HRS submission, November 2013

12.1. A supported living arrangement for 6 mental health service users at Truro Road is being developed and should be ready for March 2014. Following this there are plans for further developments.

13. Floating Support

13.1. The primary client group is men and women aged 18+ with an eligible presenting mental health need living in the London Borough of Haringey. The support offered is flexible and caters to service user's specific needs and aspirations. They assist service users in developing life skills including building a daytime structure, accessing benefits, budgeting, tenancy sustainment and maintaining appointments. Service users are supported to follow a weekly routine including regular key work sessions with their support worker and have access to a wide variety of activities and training.

- The service offers support in relation to the following needs:
- Referrals to and working in partnership with Drug and Alcohol services
- Arrears Reduction, Income Maximisation and Financial Inclusion
- Assistance with Welfare Benefit applications
- Assisting tenants with complex correspondence
- Encouraging tenants to budget and handle their finances responsibly
- Accessing statutory services e.g. Primary Health Care, Mental Health, and Social Services Etc.
- Supporting service users into Employment or training
- Referring service users to other support services e.g. long term mental health support, befriending, advocacy, meals on wheels etc.
- Developing and executing move on plans within a multi-disciplinary context.

14. Recovery Houses

14.1. BEH MHT commissions Rethink to run three Recovery Houses across BEH MHT. The service is for adults, 18 years and over experiencing a mental health crisis that do not require hospital admission but are still not suitable for treatment within their own home. It is for people with mental illness experiencing an acute psychiatric crisis of such severity that without the involvement of crisis intervention, hospitalisation would result.

14.2. The aims of the service are as follows:

- To support service users on their recovery journey, achieve and maintain their best possible level of mental health wellbeing, within the shortest possible time and enable them to live as normal a life as possible during their stay, taking into account health-related needs.
- To provide a stepping-stone between hospital discharge and community care.
- Minimise the effect of ongoing psychological symptoms and facilitate the development of coping skills, knowledge, confidence and motivation in service users.
- Promote and support service users to maintain their own wellness in the community and in line with the needs identified in their care plan.
- To provide optimum care to service users in a multidisciplinary environment.

14.3. The service is able to provide:

- An alternative to hospital admission, in a therapeutic and non- stigmatising environment.
- Comfortable, clean and en-suite rooms.
- 24hr staff presence.
- Emotional and practical support in order to achieve positive outcomes; with one to one support and group settings.
- Signposting to and information on appropriate agencies/services
- Support in identifying triggers to crisis and developing new coping strategies.
- Support in completing a physical health check.
- Support, supervision and prompting with personal care.
- Encouragement that supports compliance with medication.
- The BEH MHT will also support users of service by offering support from OT on site, either individually or as a group, as part of the agreed support[19].

[19] http://www.beh-mht.nhs.uk/mental-health-service/mh-services/recovery-houses.htm

14.4. There is one Recovery House in Haringey, this is situated in Fortis Green and has only 7 beds. The Panel was in agreement with representatives from BEH MHT that this is not enough for Haringey and ideally there should be more Recovery House beds situated where the need is e.g. in the East of the borough.

14.5. The Panel noted that some patients had spent six months in the Haringey Recovery House where three beds out of the seven short-term beds had been taken up by delayed transfer of care of patients who lacked recourse to public funding.

14.6. The Panel felt that Recovery Houses have an important role to play in the housing pathway, and that a concerted effort should be made to ensure that they are used for the purpose which they are intended, particularly given that there are only 7 beds for Haringey residents. Again, the Panel also noted that should the service be used for what it is intended then this would again un-block an element of the pathway to enable the flow through the whole pathway to work a lot better.

14.7. The Panel felt that Recovery Houses have an important place in the recovery model housing pathway and that 7 beds for the level of need in Haringey is not enough.

15. Bed & Breakfast accommodation

15.1. BEH MHT is funding Bed and Breakfast placements where they are placing people who are clinically ready to be discharged from an acute Ward, but who do not have access to accommodation as this is more cost effective that keeping a person on an acute Ward at £285 per night.

15.2. BEH MHT estimates that they will spend approximately £170,000 this year on hostel / B & B type accommodation across the three boroughs.

15.3. BEH MHT acknowledges that the use of bed and breakfast accommodation is not ideal and is not best practice, however, noted that on

occasions this has been necessary in order to create capacity on wards to admit new patients. The Panel heard that BEH MHT has been reviewing its bed management procedures to try and make improvements and reduce the need to use bed and breakfast accommodation. However, given the current demands on services BEH MHT does expect to need to continue to use, and pay for, bed and breakfast accommodation.

15.4. Whilst the Panel recognised the pressures which BEH MHT is currently under it felt that B&B accommodation was not necessarily appropriate accommodation for someone who had been discharged from an acute Ward and that that the use of Bed and Breakfast accommodation is a symptom of failure within the housing pathway. If the correct processes are in place across the pathway then their use will not be necessary.

16. Pathway workshop session

16.1. The Panel held a workshop session with service providers and commissioners to focus on the housing pathway. The objectives of the session were:

- To understand the pathway to settled appropriate accommodation.
- To understand how different agencies fit into the pathway.
- To identify blockages along the current pathway and opportunities to improve these pathways.
- To identify an improved pathway.

16.2. Given the work that was ongoing in Housing Related Support on Move On (see paragraph 15.6 above), it was felt that the most valuable part of the pathway to focus on was relating to hospital discharge.

16.3. The workshop session was facilitated by the Corporate Consultation Manager and had a number of stages:

Stage 1 – <u>Understanding the service user</u>

- Attendees were asked to build a picture of a 'typical' service user and note down the different agencies and professionals that the person would likely to be in contact with.

Stage 2 - <u>Identifying information</u>

- Attendees were asked to identify what information the agencies and professionals would be likely to hold on the service user.

Stage 4 – Mapping current pathways

- Attendees were asked to map the 'As Is' pathway.
- Panel Members were asked not to participate in this stage, but just to take note of how the pathway currently works.

Stage 5 – Mapping 'ideal' pathways

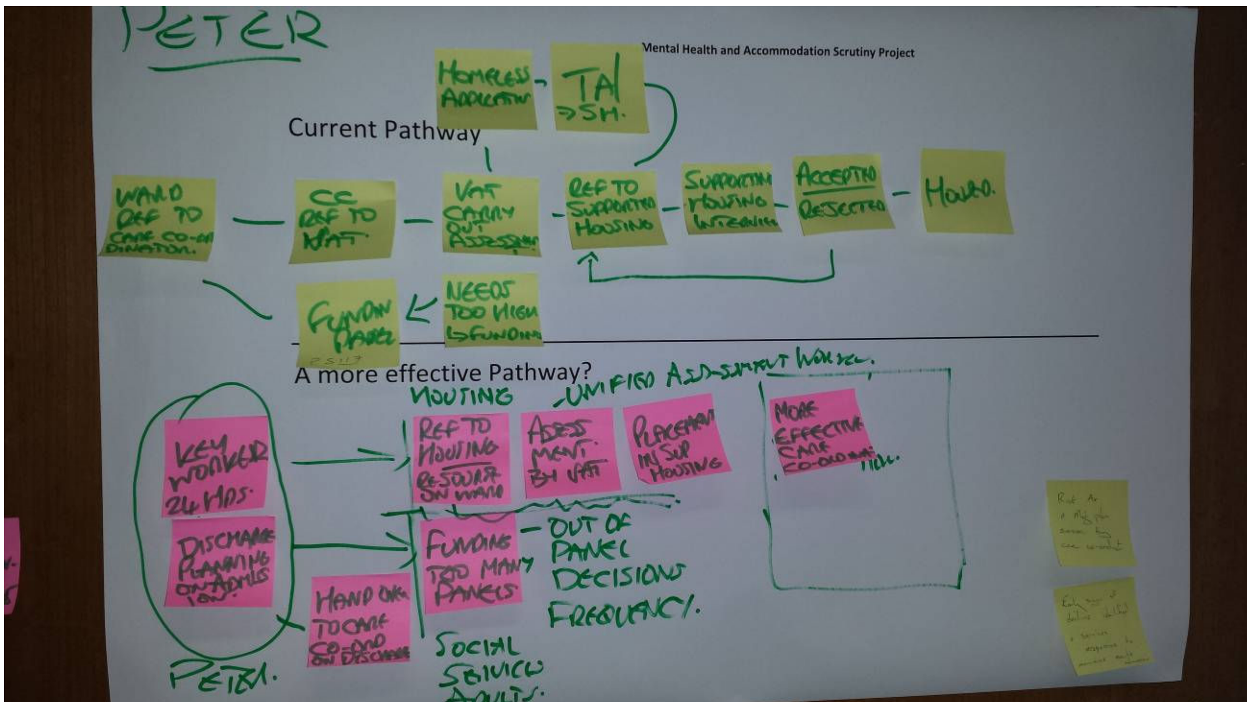
- All attendees were asked to now map an ideal/'To Be' pathway

Stage 6 – Taking Action

- Attendees were asked to identify the key differences in the pathway and to note down what needed to be done to get from the 'As Is' pathway to the 'To Be' pathway.

Figure 1 – As Is and To be Pathway from Group 1

Figure 2 – As Is and To Be Pathway from Group 2



16.4. Responses to stage 6 are listed below

	One	Two	Three
Idea in a nutshell:	Recovery Model ethos across the whole pathway	Discharge planning on admission	Active management from the point of admission
How would it work?	Move on would be the main priority. There would be simpler and delegated decision making focused on the individual rather than the provider.	Having key people such as an Accommodation Support Worker at the start of the pathway	Pathway – high to low needs
Outcome for patient/service user?	Greater control and autonomy	Certainty that all of the decisions will be taken in time.	Targeted, good quality services which deliver recovery to be being fully independent.
Outcome for provider/commissioner?	Movement throughout the system. Payment on level of need.	Quicker process Less frustration Clearer lines of responsibility	No revolving door syndrome Savings Increased provision available
Issues which need to be worked out?	Trust Engagement	New Accommodation	Protocol to support relationship of

	Budgets Panels Greater transparency of systems, procedures and budgets Clarification of care coordinator role	Support Worker and Pathway Manager Governance of process	different parties throughout the pathway Better coordination Information sharing Decision making Funding decisions Software that tracks needs and outcomes

16.5. Based on what the Panel heard throughout the project, they felt that there is a need to have more vigour, joined up working and pro-activeness throughout the pathway to settled appropriate housing. This should involve 'stepping stones' along the pathway for the patient rather than silos of working, which the Panel heard evidence of throughout their work.

17. Communication/Partnership working

17.1. The Panel was of the view that Housing Support and Options need to be informed much earlier than is currently happening so that they can address any problems with a person's accommodation for example, if a front door needs to be replaced or the accommodation needs a deep clean. This would prevent these issues only coming to light once a person is ready for discharge, or coming to light when their case is being discussed at a Delayed Transfer of Care meeting. The Panel felt that planning for discharge should be done as near to admission as is realistically possible.

17.2. Feedback from service users who access Mind in Haringey also fed back that they do not feel that organisations communicate well with each other[20].

17.3. The Panel felt that overall there is a need to build a closer working relationship across the organisations earlier and as an ongoing part of the process in ensuring a person is able to access settled and suitable accommodation. BEH MHT has acknowledged that there are issues with processes for the housing pathway and had been working with Re-Think to employ a dedicated accommodation case worker/Enablement Officer who will solely focus on people's accommodation needs ready for discharge. It was felt

[20] Mind in Haringey submission, November 2013

that the new Enablement Officer post which BEH MHT, which is now being recruited to ,would be key to this relationship.

17.4. The Job Description for the two Enablement Officer roles being recruited to work across BEH MHT states the job purpose as "*To lead the way to a better quality of life for people affected by mental illness by:*

- *Working as part of a multi disciplinary team to improve the pathway and effectively plan complex discharges, working to reduce length of admission on wards and enable a smooth transition to the Recovery Houses or to suitable accommodation.*
- *Provide an interface between the ward and the Recovery Houses ensuring robust communication channels and act as the contact point for all enquiries regarding discharge and housing therefore aiding continuity of care*
- *Provide dedicated case management to co-ordinate discharge and move on were complex social/domestic needs are identified, such as access to benefits, housing or immigration status*
- *To increase the availability of accommodation by building relationships with local landlords, RSLs and housing departments*
- *Work as part of a rota covering 8am until 8pm seven days per week to ensure proactive discharge planning*[21]"

18. Camden and Islington NHS Foundation Trust (CANDI)

18.1. During a discussion on mental health at North Central London Joint Health Overview and Scrutiny Committee it was noted that Camden and Islington NHS Foundation Trusts housing pathways were very good and that their delayed discharge figure was just 1%, which may be the lowest in the country. It was also noted that they are very connected with the local authorities in their area and have been integrated with social care services for 20 years.

18.2. This was followed up by a meeting with the Director of Integrated Care where the following points were noted which may be of use as an example for integration in mental health with a view to reducing delayed discharges[22]:

- There is a strong commitment and support for a close link between social care and mental health services from both Camden and Islington Council and Clinical Commissioning Groups.
- Commitment and trust is needed both at a structural level and by attending joint meetings. For example the Director of Integrated Care at CANDI

[21] Enablement Officer (Discharge and Move On Co-ordination), Job Description as at March 2014

[22] N.b. closer, more integrated working in Camden and Islington started with a mental health strategy in 1999.

attends social care and housing management team meetings in both boroughs. This should be continually worked on.

- Strong, joint commissioners with joint commissioner posts employed by the Local Authority, but who have 'dotted line' management links to the Clinical Commissioning Groups.
- Quarterly contract review meetings are held jointly where both the Council and NHS mental health contracts are looked at.
- There are multi-disciplinary teams which are managed by one management structure.
- Care Coordinators have 20-25 cases each[23].
- There is a need to invest to save as well as making the most of opportunities for closer working as and when they arise.

Delayed discharge and good housing pathways come out of the above points. Also:

- Ensuring that a person has the right element of support as they progress through the pathway.
- Formulating a plan for discharge from Day 1 and ensuring that housing elements are in this as well as any potential housing problems that may arise.
- Housing pathways need to be embedded into the wider health and social care pathway.
- Both Camden and Islington have a high number of supported housing units with a variety of support available.
- Contracts are designed to encourage a patient moving through the pathway to recovery.
- Need to ensure that the right people are sharing information in a timely way.
- Need to ensure that there is an understanding of relevant housing law across the organisations.

19. Homelessness

19.1. The Panel heard from BEH MHT at a project session that there could be up to ten people on a given day on BEH MHT mental health wards who could

[23] They also do Approved Mental Health Professional work

be deemed as homeless. BEH MHT questioned whether the Council would have places for these people should they be deemed as in priority need and was informed that the Council has a statutory duty to house these people and they would therefore find places.

19.2. It was noted that the Vulnerable Adults Team provide support to clients making a homeless application and that Care Coordinators do pass clients onto the Vulnerable Adults Team for this support.

19.3. The Panel noted that there are not a huge proportion of people who have been in St Ann's hospital who are living on the streets. People with mental health needs coming out of St Ann's are mainly picked up by services.

19.4. The Vulnerable Adults team works with Street Rescue. Street Rescue is a service which goes out and looks for homeless people. It is an intelligence led service e.g. relying on information they are given on those who are homeless. Street Rescue takes people to a crash pad which is 4 beds in a hostel for the night before services try and engage in the morning.

19.5. There is a lead borough worker with the service. Cases are then referred to the Vulnerable Adults Team who do a needs assessment and as part of this housing eligibility is considered.

19.6. There is a London wide database (CHAIN) where information of those who come into contact with services is stored; this ensures people can be tracked around London.

20. Commissioning

20.1. The Panel was of the view that effective joint commissioning based on needs provides better value for money and a more seamless pathway for the service user. There needs to be a good data set of current and projected need to inform commissioning decisions to allow this to happen. This data is readily accessible across the partnership and therefore needs to be collected and collated to enable the most appropriate level of care and support to be commissioned, and the correct number of permanent housing stock to be sourced.

21. Decision making – Panel process

21.1. The Haringey Adult Panel is a joint health and adult social care panel "responsible for considering individual applications for funding of care and support in the following areas:

- Establishing eligibility for NHS continuing healthcare (CHC),
- Section 117 – CCG/LA responsibilities
- Joint funded cases – CCG/LA responsibilities
- Managing appeals"

21.2. The purpose of the Panel is to establish consistency and quality of decision making against a set of core values and principles these being:

- Person centred decisions
- Clear and transparent process
- Cultural sensitivity
- Needs led decisions
- Robust recording of decisions
- Availability of information to users and their carers
- Robust governance of process
- Jointly agreed and ratified decisions (across health and social care)"[24]

21.3. The Haringey Adult Panel is chaired by a GP, this was felt to be good practice as the GP is both on the front line and also not involved in commissioning decisions.

21.4. A&H Scrutiny Panel Members met with Dr Jaydeokar, Deputy Chair of the Haringey Adult Panel to gain a better understanding of the decision making process which can have an impact on a person accessing accommodation.

21.5. The Panel was pleased to hear that the policy had been recently reviewed in order to streamline processes and improve the decision making on the funding stream. The Panel heard that it had also been felt that commissioners were too close to decision making, which should be clinical and that there may be unintentional yet undue influence on the decision making from a financial

[24] Haringey Adult Panel, Terms of Reference, Haringey Council & Haringey CCG, December 2013

perspective of the commissioners. Commissioners were therefore no longer part of the Panel.

21.6. Panel Members heard that there are differences in processes for Learning Disability cases and Mental Health cases:

- Learning Disabilities - a Multi-Disciplinary Team will meet prior to the Haringey Adult Panel to discuss the case, with the involvement of the family/carer. The Multi-Disciplinary Team will then present their recommendations for the Haringey Adult Panel to consider and base their decision on.
- Mental Health – Continuing Healthcare Nurse and Care Coordinators attend the Haringey Adult Panel to input to discussions.

21.7. Both at the meeting with Dr Jaydeokar and throughout evidence gathering Scrutiny Panel Members heard examples of delays in decisions due to those attending for Mental Health decisions not being prepared, for example Care Coordinators attending without the necessary paperwork to enable a decision to be made. Delays in the decision making process can ultimately mean that a person has to stay on a Ward/in a Recovery House longer, possibly until the decision making panel meets again a month later, and also that there is a risk that a placement is lost due to the time delay.

21.8. Scrutiny Members felt that there are lessons which can be learnt from the learning disability model in order to improve the efficiency of the decision making panel and also to prevent any delays in a patient being able to be discharged from hospital/recovery house.

22. Housing Benefits

22.1. "The temporary absence from home rules is that claimants, who are patients in hospital, or receiving medically approved care, can receive Housing Benefit/Council Tax Reduction for up to 52 weeks as long as they intend to return to their normal home"[25]. In order for Housing Benefit payments to continue the Housing Benefit service needs to be informed that the person is in hospital and that this situation applies. However the Panel heard that

[25] Email from Housing Benefit Service, March 2014

approximately 50% of people of people lose their Housing Benefit whilst in hospital; this means that they risk losing their home.

22.2. The Housing Benefit payments are stopped because the service is not informed that a person is in hospital. In the main the only notification that the service get is from the Department of Work & Pensions or through ATLAS (Automated Transfers to Local Authority Systems). The DWP itself could receive the information from a number of sources, including from the patient/claimant or third party or it could be that they have stopped signing on.

22.3. Housing Benefit may also be stopped if no one knows where the person is for a long period of time e.g. it may appear to the landlord that a person has abandoned the property, they therefore take it back and re-let it to someone else meaning that when a person is ready to be discharged from hospital back to the property it is no longer possible.

22.4. The Panel felt that should the information be shared between BEH MHT and Housing Support & Options then this situation could be avoided, again ensuring that a patient is not left on a ward when they are clinically ready to be discharged.

23. Care Coordinators

23.1. The Panel heard that the role of Care Coordinators is to join up the planning of those accessing more than one service by assisting with accessing and planning services for example around physical health (including nutrition), support networks, health treatment (including medication side effects). The work is done in partnership with others who are involved in a person's needs. It is important to note that the role of the Care Coordinator is to coordinate services, and not to provide them directly.

23.2. Throughout the project the Panel heard examples of the role of Care Coordinators and the pressure that the service is under. The Panel therefore invited BEH MHT representatives to talk to the Panel about the role of Care Coordinators. The Assistant Director, Psychosis, CRHT Night Manager/Trust-wide Bed Manager and the East Team Manager attended a project meeting.

23.3. The Panel heard that the case load per Care Coordinator is 30-35 clients, whilst the recommended case load is 28 – the service is therefore managing a risk and has been doing so for some time. The Panel are heard that:

- There has been an increased demand in recent years along with more people with higher needs;
- Staff are working longer hours than they are being paid for in order to try and manage the case load;
- Staff had been trying to review case loads to ensure focus on those with the highest need due to resource and pressure issues; and that
- More appointments are being offered in the Community Rehab Team base rather than in a client's home as this means that more people can be seen in a day if staff do not have to spend time travelling.

23.4. Every person known to the MHT has a Care Coordinator assigned to them. It was acknowledged that there may be issues around the work loads of Care Coordinators and that there is a need for an increased focus to get the service overall back on track.

23.5. The Panel has concerns about the management of risk with the current service and felt that an unsustainable level of risk was currently being carried. The Panel felt that the longer this goes on for the higher the risk to client and community and therefore urgent consideration needs to be given to increasing the numbers and/or reassessing the skill mix.

23.6. There is not a large resource in the Care Coordinator team on welfare reform and benefits. Therefore organisations such as Mind are relied on for support and advice in this area. It was noted that training for Care Coordinators in this area would be useful. It was also noted that benefits are only considered by Care Coordinators if this is an area identified in a person's Care Plan. If it is not in the Care Plan then it is not focused on due to resource issues and the need to focus resources on the most vulnerable.

APPENDICES

Appendix B – Review contributors

Name	Job Title/Role	Organisation
Cllr Gina Adamou	Chair of Panel	Haringey Council
Cllr David Winskill	Panel Member	Haringey Council
Cllr Sophie Erskine	Panel Member	Haringey Council
Cllr Gideon Bull	Panel Member	Haringey Council
Cllr Anne Stennett	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
Sarah White	Carer	Mental Health Support Association
Peter Johnson		Mental Health Support Association
Nuala Kiely		Haringey User Network
Elaine Peters	Carer	
Mike Wilson	Director	Haringey Healthwatch
Fiona Wright	AD, Public Health	Haringey Council
Tamara Djuretic	AD, Public Health	Haringey Council
Claire Drummond	Commissioning Manager, Housing Related Support	Haringey Council
Shaun Needham	Vulnerable Adults Team Manager	Haringey Council
Denise Gandy	Head of Housing Support and Options	Haringey Council
Oliver Treacy	Service Director	BEH MHT
Andrew Wright	Director of Strategic Development	BEH MHT
Colin Plant	Director of Integrated Care	Camden and Islington NHS Trust
Leigh Saunders,	Assistant Director, Psychosis and CRHT	
Gerard Comey,	Night Manager/Trust-wide Bed Management	
Pravish Sidhari	Trust Wide Bed Manager	BEH MHT

Dr Jaydeokar	Consultant Psychiatrist and Vice Chair of Adult Panel	
Dipika Kaushal	Head of Project Development	Rethink Mental Illness
Keith Elliott	Corporate Consultation Manager	Haringey Council
Staff Members		St Mungos
Tristan Brice	Adult Commissioning Manager (MH and LD)	Haringey CCG
Amer Akber	Interim Haringey CCG Mental Health Lead	Haringey CCG
Beverley Tarka	Deputy Director of Adult & Community Services	Haringey Council
Jennifer Plummer	Team Manager, Mental Health Services	Haringey Council
Mhairi McGhee	Disability Representation Worker	Haringey Disability First Consortium
Also:		
Service user, patients and carers who all contributed to the project via email submissions, telephone submissions, one to one meetings and local organisation groups.		

Mental Health and Accommodation

The Adults and Health Scrutiny Panel of Haringey Council is looking at accommodation for people with mental health needs, specifically delays in moving people into appropriate accommodation.

This survey will help the Panel understand what the current issues are and help to develop recommendations that can help to improve local services.

Please complete and return the questionnaire to the address at the end of the survey by Friday 21st March 2014.

All responses to this survey will be treated in the strictest confidence.

Q1 What type of accommodation are you currently in?

- My own home .... ☐
- Housing Related Support placement .... ☐
- Recovery House .... ☐
- Hospital Ward .... ☐
- Bed & Breakfast .... ☐
- Staying with family .... ☐
- Staying with friends .... ☐
- Other .... ☐

Please specify......... ☐

Q2 Are you:

- On a mental health ward waiting to be discharged? .... ☐
- In a recovery house waiting to be discharged? .... ☐
- Recently discharged from a ward? . ☐
- Recently discharged from a recovery house? .... ☐
- In Bed and Breakfast awaiting appropriate accommodation? .... ☐
- Other .... ☐

Please specify ☐

Thinking about your last stay

Q3 Before being admitted to hospital/a recovery house where were you living?

- My own home .... ☐
- Bed and Breakfast .... ☐
- Hostel .... ☐
- Staying with family .... ☐
- Staying with friends .... ☐
- Other .... ☐

Please specify ☐

Q4 How long were or have you been in hospital/recovery house/B&B for?

- Less than one month ☐
- One to two months ☐
- Two to three months ☐
- Three to four months ☐
- Four to five months ☐
- Five to six months ☐
- Six months or more ☐

Q5 When you were admitted to hospital/ a recovery house were you asked about your housing circumstances?

- Yes ☐
- No ☐
- Unsure ☐

Q6 When you were admitted to hospital/ a recovery house were you asked about any benefits you may have been receiving, for example Housing Benefit?

- Yes ☐
- No ☐
- Unsure ☐

Q7 During your stay were you spoken to about your housing needs?

- Yes, I was kept regularly informed ☐
- Yes, but only as I was nearing discharge ☐
- No, I was not spoken to about my housing needs during my stay ☐
- No, not untill I was ready to be discharged ☐
- Other ☐

Please specify ☐

Q8 Did you have one person you felt was looking after your housing needs?

- Yes ☐
- No ☐

If Yes, please can you tell who this was? ☐

Your discharge

Q9 Were there any delays in your discharge?

- Yes ☐
- No ☐
- Unsure ☐

Q10 If your discharge was delayed, was this because:

- I had lost my tenancy and so had nowhere to go ☐
- I was waiting for work to be done on my home to allow me to return ☐
- I was waiting for a supported housing placement to be found ☐
- I was waiting for a care package to be arranged ☐
- I had nowhere to go as I was homeless on admission ☐
- I could not return to the place I was due to family reasons ☐
- I have been evicted from the family home ☐
- I have questionable/no entitlement due to my immigration status ☐
- Unsure ☐
- Other ☐

Please specify ☐

Q11 If you were delayed what was the duration of the delay?

- 1-3 days ☐
- 4-6 days ☐
- 1-2 weeks ☐
- 2-4 weeks ☐
- 1 - 2 months ☐
- 2-3 months ☐
- 3-4 months ☐
- 4 months or more ☐

Your thoughts on improving services

Q12 Do you think any of the following would have helped with your discharge into housing?

- One person to talk to ☐
- Earlier planning ☐
- Involving me more ☐
- Different organisations talking to each other more ☐
- More support throughout the process ☐
- Other ☐

Please specify

Q13 If there was anything you think worked particularly well in planning your discharge to housing please write it here:

Q14 If there is anything that you think could be improved to prevent any delays in discharge linked to housing please write here:

About You

Asking questions about you can help us improve the services we deliver to the community, monitor what different groups of people think about a particular service or issue and influence decisions that affect them.

Q15 What is the first part of your post code? (For example, N22)

☐

Q16 What is your age group?

- Under 20 ☐
- 21-24 ☐
- 25-29 ☐
- 30-44 ☐
- 45-59 ☐
- 60-64 ☐
- 65-74 ☐
- 75-84 ☐
- 85-89 ☐
- 90+ ☐

Q17 Which ethnic group best describes you?

- White category ☐
- Mixed category ☐
- Asian or Asian British ☐
- Black or Black British ☐
- Chinese or any other ethnic group ☐

Q18 Are you?

- Male ☐
- Female ☐

Q19 Do you have a religion or belief that you would like to mention? If so, please tick the appropriate box

- Christian ☐
- Muslim ☐
- Jewish ☐
- Buddhist ☐
- Other ☐
- Hindu ☐
- Sikh ☐
- Rastafarian ☐
- No religion ☐
- Prefer not to say ☐
- Any other religion, please specify ☐

Q20 Please tick the box that best describes your sexual orientation?

- Heterosexual ☐
- Bisexual ☐
- Gay ☐
- Lesbian ☐
- Prefer not to say ☐

Q21 Are you

- Single ☐
- Married ☐
- Co-habiting ☐
- Separated ☐
- Divorced ☐
- Widowed ☐
- In a same sex civil partnership ☐

Q22 Are you

- A Refugee ☐
- An Asylum Seeker ☐

Q23 What country or region are you a refugee/asylum seeker from?

☐

Q24 Please tick the box which best describes your language?

- Albanian ☐
- Arabic ☐
- English ☐
- French ☐
- Lingala ☐
- Somali ☐
- Turkish ☐
- Other ☐

Any other language, please specify

Thank you for completing this survey.

Address for returning surveys:

Adults & Health Scrutiny Panel
Level 5
River Park House
225 High Road
Wood Green
N22 8HQ

Report for:	Overview and Scrutiny Committee	Item Number:	

Title:	Mental and Physical Health: Adults & Health Scrutiny Panel Project Report

Report Authorised by:	Cllr Gina Adamou, Chair, Adults & Health Scrutiny Panel

Lead Officer:	Melanie Ponomarenko Senior Policy Officer (Scrutiny) Melanie.Ponomarenko@Haringey.gov.uk 0208 489 2933

Ward(s) affected:	Report for Key/Non Key Decisions:

1. Describe the issue under consideration

1.1. Under the agreed terms of reference[1], the Adults and Health Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

1.2. In this context, the Adults and Health scrutiny panel may:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant non-executive Committee arising from the outcome of the scrutiny process.

1.3. Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and Scrutiny Panels. Project work undertaken by the Adults and Health Scrutiny Panel on mental health was agreed as part of this work programme by the Committee on the June 17th 2013.

[1] Overview and Scrutiny Protocol, 2012, Haringey Council

1.4. The Panel therefore undertook two mental health projects – mental health and accommodation and mental & physical health.

2. Cabinet Member introduction

N/A

3. Recommendations

3.1. That the Overview & Scrutiny Committee:

(i) Note contents of the attached final report;

(ii) Agree the recommendations contained in the final report.

4. Alternative options considered

N/A

5. Background information

5.1. The Terms of Reference for the project were as follows:

To make an assessment of the physical health interventions and advice given to people with mental health needs across the care pathway in order to improve their physical health and wellbeing.

To include:

- Smoking
- Obesity/weight management
- Physical activity
- Alcohol use
- Drug use

To make recommendations to improve the physical health of people with mental health needs in Haringey based on available evidence.

5.2. The Panel heard from a range of stakeholders, both in project meetings and externally. These included BEH MHT, Haringey CCG, Mind, Haringey User

Network, Mental Health Support Association, Public Health, St Mungos, service users and carers.

5.3. A number of themes emerged from the project, which are outlined in more detail in the main body of the report. In summary:

- **Smoking Cessation** – There is a high prevalence of smoking amongst the mental health population and continued emphasis should be placed on targeting those with mental health needs for this service. There should also be continued emphasis on the recording of mental health data in the smoking cessations service.
- **Physical Activity** – There is evidence to suggest that physical activity is beneficial to mental health and that a greater emphasis and awareness is needed of this link.
- **Weight Management** – People with mental health needs face particular barriers relating to weight management, which includes the impact of medication therefore a specific, targeted weight management class would be beneficial.
- **Cardio Vascular Disease and Cancer Screening (Health Checks)** – Health Checks are a valuable part of the preventative agenda and lessons should be learnt from the community mental health programme to ensure that future programmes have an increased uptake of the Health Checks.
- **Health Trainers and Health Champions** – Increased awareness is needed amongst the mental health population as to the services offered by Health Trainers and Health Champions.
- **Dual Diagnosis** – The dual diagnosis service faces a challenge in ensuring that people complete the course due to hospital discharge, there is therefore a need for a better link between the service and GPs.
- **BEH MHT** – Whilst the Physical Healthcare Policy is thorough the Panel felt that there is room for improvement in ensuring that where a patient is referred for services, this referral is followed up by the patient and/ or the service which the patient is referred to.
- **Primary Care** – There should be an increased primary care presence in the acute sector. NHS England and Haringey CCG should work with GP Practices who are underperforming on mental health Quality Outcome Framework Indicators.

- **Communication between GPs and BEH MHT** – Communication and joint case management needs to be strengthened and improved.
- **Role of Pharmacies** – Pharmacies have a valuable role to play in the care pathway and the development of the Healthy Living Scheme is an opportunity to explore how the role of pharmacies can be developed in relation to mental and physical health.
- **Community Mental Health Teams** – The Panel felt that Care Coordinators could play an enhanced role in physical health and that as part of the Better Care Fund Plans for 2015/16 a pilot project should be considered based on the Manchester model (further detail is outlined in the main body of the report).
- **Recovery Houses** – Physical health checks should be undertaken systematically when a person is admitted to a Recovery House and all those admitted should be given the opportunity to register as a temporary patient with a GP surgery nearby.
- **Social Isolation** – The Panel acknowledged the huge impact which social isolation and loneliness have on a person's mental health.

6. Comments of the Chief Finance Officer and financial implications

6.1 This report makes a number of recommendations, some of which have fairly minimal financial implications and should be able to be funded from within existing resources. (Recommendations 4 and 14.) However others could have more significant cost impacts.

6.2 Recommendations 3, 5, 6, 13, 15, 16, 21, 23, 27 concern a number of small improvements to services, mostly concerning increased training, information sharing between organisations or better sign posting of existing services. These are all likely to have some cost requiring identification of funding – probably through reprioritisation of existing budgets. However before full implementation is considered a more detailed consideration of the impact – especially the indirect impacts should be carried out.

6.3 Recommendations 14, 17, 18, 19 and 26 recommend changes to the way Primary Care supports people with mental health issues. These will have no financial implications for the Council but could have signification impacts on the

local financial arrangements within the NHS.

6.4 Recommendations 4, 8, 9 and 25 propose the creation of new services or the extension of existing services provided by BEHMHT. This will require the identification of new resources or the reprioritisation of existing budgets. This also applies to recommendations 7, 9, 11, 12, 22 and 24 which concern services provided by the Council.

6.4 Proposal 2 is a recommendation concerning allocation of NHS resources at the local and national level. Although the Council can make representations this lies largely outside of Council control.

6.4 At this stage, the proposals are high level recommendations. If adopted further work will need to be undertaken to identify resources and put in place appropriate control arrangements. It will be important that any proposals that are put before Cabinet for formal adoption are fully costed and the risks properly assessed before Cabinet are asked to agree to them.

7. Head of Legal Services and legal implications

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

7.2. 7.2 Although there are no legal implications arising, the report makes a range of findings and recommendations that aims to promote the physical and mental health of patients. They cut across the responsibilities of providers and commissioners of mental and public health services of which include the Health Trust, Clinical Commissioning Group and the Local authority all referred to in the report.

8. Equalities and Community Cohesion Comments

8.1. Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern

- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

9. Head of Procurement Comments

N/A

10. Policy Implication

10.1. It is intended that the work of the Overview & Scrutiny Committee will contribute and add value to the work of the Council and its partners in meeting locally agreed priorities. In this context, it is expected that the work of the Committee may contribute to improved policy and practice for the following corporate priorities:

- Safety and Wellbeing for all: A place where everyone feels safe and has a good quality of life.
  Priority – Reduce health inequalities and improve wellbeing for all

- Opportunities for all: A successful place for everyone
  Priority - Ensure that everyone has a decent place to live

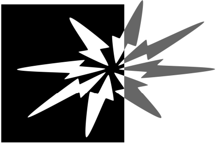
11. Reasons for Decision

11.1. The evidence behind the recommendations are outlined in the main body of the report.

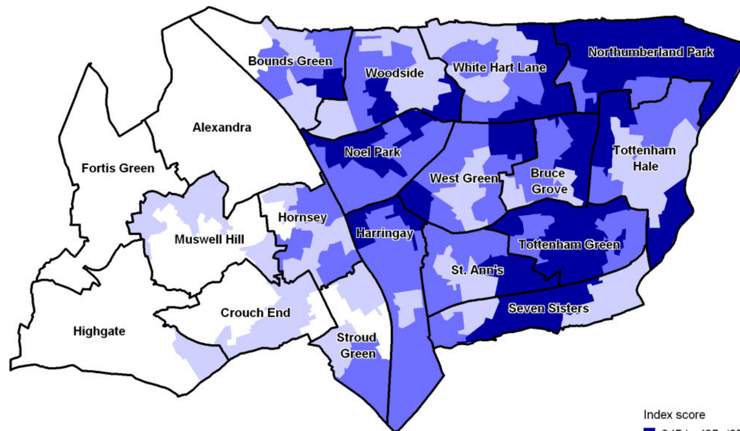
12. Use of Appendices

12.1. As laid out in the main body of this report.

13. Local Government (Access to Information) Act 1985



Project report
Mental and Physical Health



A PROJECT BY THE ADULTS AND HEALTH SCRUTINY PANEL

April 2014

www.haringey.gov.uk

Chair's Foreword

As a Panel we were shocked to hear that nationally the life expectancy of those with mental ill health is up to 20 years lower than the general population, and that this gap is largely from treatable conditions associated with modifiable risk factors such as smoking, obesity substance misuse and inadequate medical care.

It is clear that poor mental health is associated with a greater risk of physical health problems, and poor physical health is associated with a greater risk of mental health problems and therefore the physical health of mental health patients and service users is very important.

As a Panel we were pleased to hear of the work being done to improve the physical health of mental health patients and service users in the borough. However, we have identified areas where closer links and partnership working across the organisations involved in mental health services would be beneficial.

I hope that the recommendations made in this report will further the progress already made by the Council and its partners and that they will contribute to an increased life expectancy for residents in the borough with mental health needs.

On behalf of myself and the Adults and Health Scrutiny Panel I would like thank all of those who spent time contributing to this interesting and important project, particularly service users, patients, carers and voluntary and community sector representatives.

Cllr Gina Adamou
Chair, Adults & Health Scrutiny Panel

Panel Members:

Cllr Gideon Bull
Cllr Sophie Erskine
Cllr Anne Stennett
Cllr David Winskill
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Recommendations

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to ensure a transformation in integrated health and social care. The Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas[2].

Haringey intends to focus on mental health Better Care Fund Integration Plan on mental health services in 2015/16. Whilst recognising that this is not new money, recommendations below are made with the opportunities this presents in mind.

Leadership

We support the following recommendations which are made in the '*Whole-person care: from rhetoric to reality Achieving parity between mental and physical health[3]'* report and recommend that the mental health partnership consider the following recommendations:

1. "That Mental Health providers and Commissioners in Haringey should have the following aspiration:

'*People with mental health problems who are in crisis should have an emergency service response of equivalent speed and quality to that provided for individuals in crisis because of physical health problems'*

2. Achieving Parity - The NHS Commissioning Board and CCGs should allocate funding in a way which supports and promotes parity. This should include ensuring that any person with mental health problems (including co-morbid mental and physical health problems) can expect the same access to services and the same quality of care and treatment as people who have only physical health problems".

Smoking cessation

3. Public Health should continue to make those with mental health needs a priority group for smoking cessation services. There should also be continued emphasis and strength placed on the recording of data by smoking cessation services.

[2] http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE#sthash.XD4CAk4F.dpuf

[3] Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

4. BEH Mental Health Trust should have a smoking cessation champion who is responsible for those who are in direct contact with mental health patients both in the community and in the acute setting. This person should be responsible for raising awareness of the high prevalence of smoking amongst mental health patients and of encouraging staff to record, undertake brief interventions and refer patients to appropriate services.

Physical Activity

5. Providers and commissioners should raise awareness of the benefits of physical health on mental health, specifically targeting service users, patients and carers.

6. Where appropriate providers and commissioners should consider physical activity as an integral part of the treatment and recovery model for those with mental health needs.

7. Haringey Council should work with Fusion Lifestyles to raise awareness of the concessionary membership scheme for Haringey Leisure Centres.

8. BEH MHT should include a 'green gym' on their site in the St Ann's redevelopment.

9. Active for Life should continue to have a Key Performance Indicator to increase the number of referrals of people with mental health needs and this target is stretched as the programme progresses.

Weight Management

10. BEH MHT should ensure that healthy eating options and dietary advice is available to everyone at St Ann's hospital and in Recovery Houses as an integral part of the services provided to patients.

11. Public Health should consider commissioning weight management classes specifically for people with mental health needs, which reflects the unique barriers which people with mental health needs may face when trying to lose weight, for example the impact of medication.

Cardio-Vascular Disease and Cancer screening (Health Checks)

12. Public Health should review the lessons learnt from the community Health Check programme commissioned for mental health and investigate best practice examples to increase the uptake of Health Checks amongst those with mental health needs.

Health Trainers & Health Champions

13. Information on the Health Trainer and Health Champion service should be shared across mental health services, specifically those who are most likely to come into contact with mental health service users for example mental health social workers, Care Coordinators, Key workers.

Dual Diagnosis

14. The dual diagnosis service should work more closely with GPs when those with dual diagnosis problems are discharged from hospital back into care in the community and where the mental health issues are minor. Processes should be put in place to ensure that this happens as standard.

BEH MHT

15. BEH MHT should review their Physical Healthcare Policy to include mechanisms to ensure that when someone is referred this is followed up by the patient and/or the service which the patient is referred to.
    - Patients, Carers and Voluntary & Community Sector organisations should be actively engaged with the policy review.

16. BEH MHT should roll out a systematic training programme for front line staff in the delivery brief interventions and physical healthcare indicators.

Primary Care

17. We acknowledge the importance of continuity of care for people with mental health needs and recommend that Haringey CCG puts arrangements in place to ensure that as far as possible (and where appropriate) all mental health service users enjoy continuity of care with their GP from the moment of diagnosis. For example consideration should be given to those with severe mental health needs having a named GP, who is also a point of contact for other mental health services.

18. Haringey CCG and BEH MHT should develop a system to increase the access of primary care on Wards for example; consideration should be given to a GP attending Haringey inpatient mental health Wards on a regular basis.

19. That NHS England, in collaboration with Haringey CCG, works with local GP practices who are under-performing in relation to Quality Outcomes Framework scores around care plans for people with serious mental illness e.g. blood pressure monitoring, documented comprehensive care plan in order to improve their performance.

Communication between BEH MHT & GPs

20. Haringey CCG and BEH MHT work together to explore best practice examples to develop ways to improve communication and joint case management of patients with mental and physical health needs.

21. BEH MHT should raise awareness of the benefits of the telephone advice for GPs and consideration should be given to the development of a two way advice line so that Psychiatric Consultants are also able to contact GPs for primary care advice.

Role of pharmacies

22. The Local Pharmaceutical Committee and Public Health should develop programmes as part of the Pharmacy Healthy Living Scheme to focus on the overlap between mental and physical health e.g. medicine use queries, smoking cessation services and prescription reviews.

- Where appropriate, mechanisms should be put in place to ensure that information is fed back to GPs.

Community Mental Health Teams

23. That Physical healthcare training is given to Care Coordinators who do not have a medical background to ensure that they understand physical health care indicators.

24. That as part of the Better Care Fund plans for 2015/16 consideration is given to learning from best practice examples, such as the Manchester model outlined in this report and the proposed Older People model in Haringey, with a view to

running a pilot project on increasing the role of Community Mental Health Teams on the coordination of physical health. For example integrated teams around and supporting groups of GP practices which enable a single point of contact for GPs to coordinate care of most complex and vulnerable patients.

Recovery Houses

25. BEH MHT should ensure that Physical Health checks are undertaken on admission to Recovery Houses, including referral and follow up where appropriate.

26. Within 72 hours of admission to a Recovery House patients should be offered registration as a temporary patient at the local GP practice.

Social Isolation

27. We recommend that social isolation and loneliness are considered for a specific piece of project work for Overview and Scrutiny in 2014/15.

Introduction

1. Terms of Reference

To make an assessment of the physical health interventions and advice given to people with mental health needs across the care pathway in order to improve their physical health and wellbeing.

To include:
- Smoking
- Obesity/weight management
- Physical activity
- Alcohol use
- Drug use

To make recommendations to improve the physical health of people with mental health needs in Haringey based on available evidence.

Methodology

2. The project was led by the Adults & Health Scrutiny Panel:
- Cllr Gina Adamou (Chair)
- Cllr Gideon Bull
- Cllr Sophie Erskine
- Cllr Anne Stennett
- Cllr David Winskill
- Helena Kania (Co-optee)

3. The review consisted of a number of Panel meetings, external meetings with stakeholders, a survey (See Appendix A) and service user engagement.

3.1. Evidence from a wide range of stakeholders was presented at Panel meetings (See Appendix B for a full list of review contributors). Following presentations the panel and other attendees had the opportunity to ask questions. The Panel was delighted that those who were invited to give evidence at a Panel meeting attended meetings prior to their slot and also chose to attend Panel meetings afterwards. This meant that throughout the review there was a wide range of attendees with different perspectives and professional and personal experience allowing for a thorough look at the issues relating to the target group.

3.2. The survey was designed in consultation with panel members, local officers (Policy, Public Health), BEH Mental Health Trust and local organisations such as Healthwatch Haringey and Mind.

3.3. The survey was made available online and distributed via a range of avenues including Housing Related Support, Adult Services, Healthwatch Haringey, Mental Health Support Associated, Mind in Haringey, Haringey Disability First Consortium and St Mungos.

Policy **Context**

4. National context

4.1. The **Health and Social Act of 2012**[4] put a responsibility on the health secretary to secure improvement "in the physical and mental health of the people of England".

4.2. The government's mental health strategy, "**No health without mental health**[5]" aims to mainstream mental health. The strategy includes a number of objectives to improve the mental health of the population. Most relevant to this project is objective 3:

More people with mental health problems will have good physical health:

- Fewer people with mental health problems will die prematurely; and
- More people with physical ill health will have better mental health.

4.3. The following points are taken from "**Whole person care: from rhetoric to reality – Achieving parity between mental and physical health**"[6]:

4.4. Poor mental health is associated with a greater risk of physical health problems, and poor physical health is associated with a greater risk of mental health problems. Mental health affects physical health and vice versa."

4.5. A 'parity response' should enable health and social care services to provide a holistic 'whole person' response to each individual and should ensure that people's mental health is given equal status to their physical health.

[4] Health and Social Care Act 2012, www.legislation.gov.uk
[5] No health without mental health, 2011, HM Government
[6] Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

4.6. Research shows that people with mental health problems have higher rates of physical ill health and die earlier than the general population, largely from treatable conditions associated with modifiable risk factors such as smoking, obesity substance misuse and inadequate medical care. These factors lead to a reduced life expectancy and higher levels of physical ill health several decades later (relevant to Domain 2).

4.7. The life expectancy of those with severe mental illness is on average 20 year less for men and 15 years less for women, when compared to the population as a whole.

4.8. People with severe mental illness are significantly more likely to have worse physical health than those without; for example, those aged under 50 years of age are 3 times more likely and those aged 50-75 are 1.9 times more likely to die from coronary heart disease.

4.9. Efforts to reduce premature mortality must include a strong focus on increasing the life expectancy of people with mental health problems. This can contribute to achieving a reduction in deaths across all aspects of Domain 1 (NHS Outcomes framework Domain 1: Preventing people from dying prematurely).

4.10. People with mental health problems are less likely to receive interventions to address or prevent such behaviour. For example people with severe mental illness appear to be less likely to be prescribed several common medications for physical health conditions (largely cardiovascular problems).

4.11. **Smoking**

- People with mental health problems smoke more than the general population.
- Smoking is the largest cause of health inequality in people with mental disorder yet only a minority receives smoking cessation intervention.
- NHS stop smoking services do not record whether someone has a mental health problem or is taking medication for a mental health problem, despite national guidance requiring up to 50% reduction in doses of some medications for mental health problems within 4 weeks of cessation to prevent the risk of toxicity.

- Royal College of Physicians' Tobacco Group will publish a report on smoking and mental disorder in 2013.

4.12. **Diagnostic overshadowing**

- This describes what happens when healthcare staff incorrectly attribute symptoms of physical health to a mental health condition. For example people with diabetes who present at A&E are less likely to be admitted to hospital for diabetic complications if they have a mental illness.

4.13. Major public health issues, such as cardio vascular disease, cancer and obesity have complex presentations, encompassing both mental and physical health and social care interventions must be designed to respond to this complexity. For example, depression is associated with:

- 50% increased mortality from all disease
- Two fold increased risk of coronary heart disease and diabetes
- Three fold increased risk of death in the subsequent 4 years.

Schizophrenia is associated with:

- A two fold increased risk of diabetes and a two to three fold increased risk of diabetes.
- A two and a half times increased rate of mortality from all disease.
- Reduced life expectancy of 20.5 years for men and 16.4 years for women.
- Increased likelihood of death from coronary heart disease[7].

4.14. Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis

4.15. "This Concordat is a shared agreed statement, signed by senior representatives from all the organisations involved [including the Association of Directors of Adult Social Services, Care Quality Commission, College of Social Work, Local Government Association, NHS England, Public Health England and Mind]. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing

[7] Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur.

4.16. The Concordat is arranged around:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises

4.17. The Concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local Mental Health Crisis Declarations. These will consist of commitments and actions at a local level that will deliver services that meet the principles of the national concordat"[8].

5. Local Policy context

5.1. The Haringey Health and Wellbeing Strategy is the Borough's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities between the east and west. The strategy is informed by the Joint Strategic Needs Assessment and supported by a delivery plan.

5.2. The Strategy sets out three objectives:

- Outcome 1 - Every Child has the best start in life;
- Outcome 2 - A reduced gap in life expectancy; and of particular reference to this project
- Outcome 3 - Improved mental health and wellbeing

"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*."

5.3. Priorities for outcome 3:

- Promote the emotional well being of children and young people

[8] http://www.nhsconfed.org/Networks/MentalHealth/LatestNews/Pages/Crisis_Care_Concordat.aspx

- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of problematic drug users in treatment

6. Mental health needs assessment

6.1. As mentioned above Research shows that people with mental health problems have higher rates of physical ill health and die earlier than the general population, in this context it is important to remember that Haringey already has stark differences in life expectancy between deprived and affluent wards in Haringey, particularly in men and therefore mental health may exacerbate this life expectancy gap[9].

6.2. Estimated prevalence of non-psychotic disorders in Haringey:[10]

Condition	Estimated number of people locally
Mixed anxiety and depression	15, 962
General anxiety	10,072
Depression	6,667
All phobia	4,159
OCD	2,941
Panic disorder	1,593
Total	34, 485

[9] http://www.haringey.gov.uk/jsna-tackling-life-expectancy-gap.htm
[10] Mental Health and Wellbeing, Public Health (Mental Health Observatory, NEPHO)

Main Report

7. Survey Results

7.1. A mental and physical health survey was compiled in collaboration with partners and the voluntary and community sector. The survey was available on-line and paper copies were sent to a range of organisations and groups who requested them.

7.2. There were a total of 101 responses to the survey, with a mixture of responses on-line and paper copies returned. Of those who responded:

Age

No reply	11
Under 20	3
21-24	4
25-29	6
30-44	26
45-59	45
60-64	3
65-74	1
75-84	2
85-89	-
90+	-
Total	101

Ethnic group

No reply	16
White category	46
Mixed category	15
Asian or Asian British	1
Black or Black British	23
Chinese or any other ethnic group	-
Total	101

Gender

No reply	11
Male	46
Female	44
Total	101

Religion or belief

No reply	23
Christian	37
Muslim	3
Jewish	-
Buddhist	2
Other	1
Hindu	-
Sikh	-
Rastafarian	-
No religion	28
Prefer not to say	7
Total	101

Sexual orientation

No reply	14
Heterosexual	65
Bisexual	5
Gay	-
Lesbian	1
Prefer not to say	16
Total	101

Relationship status

No reply	14
Single	66
Married	7
Co-habiting	4
Separated	4
Divorced	3
Widowed	3
In a same sex civil partnership	-
Total	101

Refugee or Asylum seeker

No reply	97
A Refugee	3
An Asylum Seeker	1
Total	101

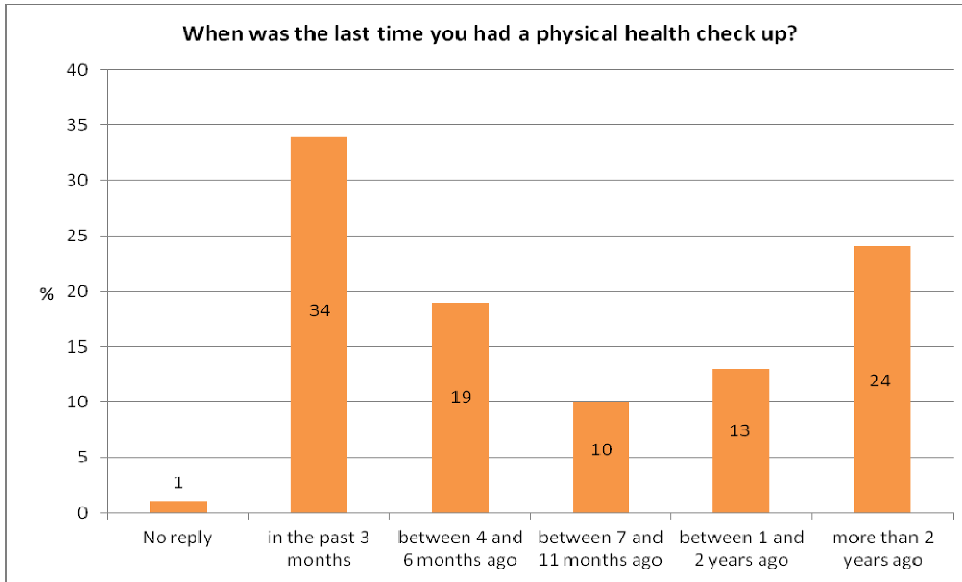
Primary language

No reply	26
Albanian	-
Arabic	2
English	67
French	2
Lingala	-
Somali	-
Turkish	1
Other	3
Total	101

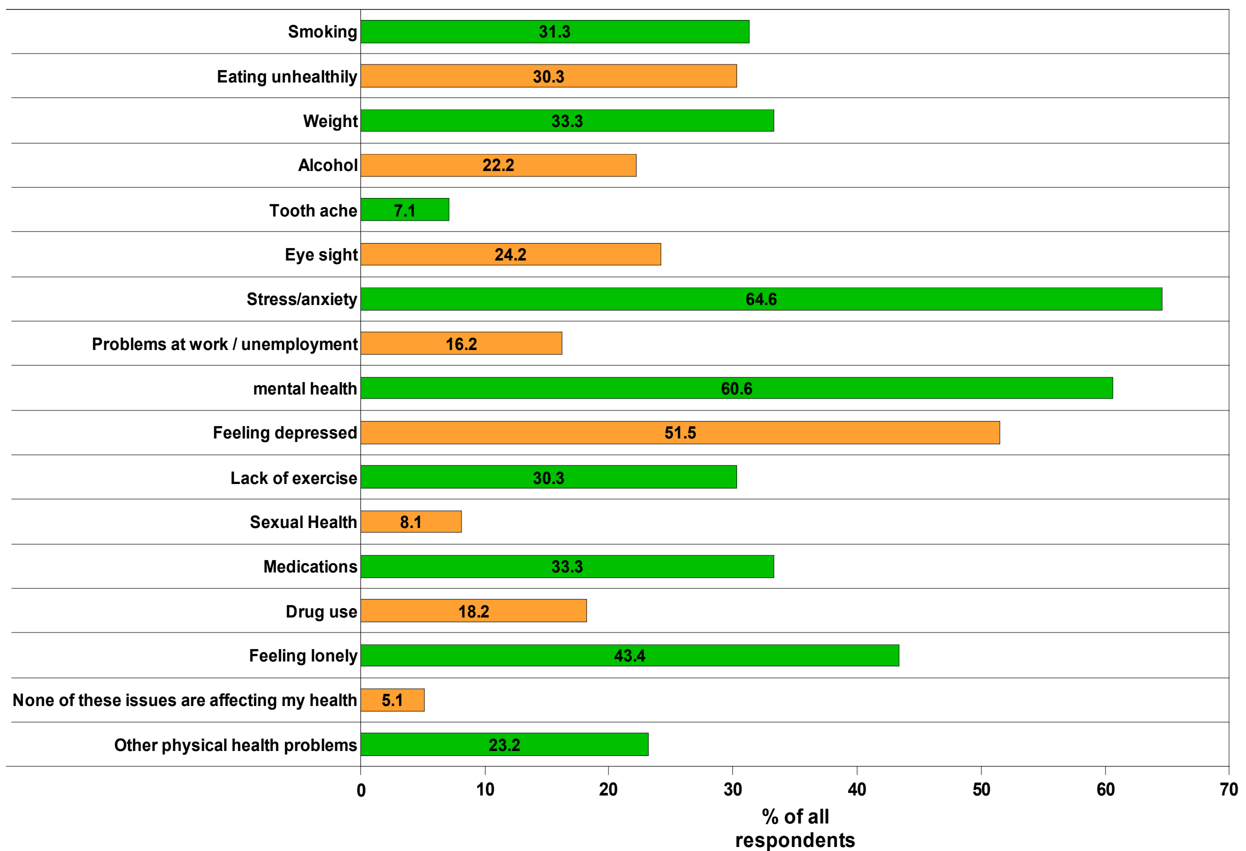
7.3. In the context of the responses received, it is important to remember that those likely to have completed the survey are also likely to be those who are engaged in services already, specifically as the survey was disseminated via organisations and surveys such as Adult Services, Healthwatch, Mind in Haringey, St Mungos and Housing Related Support.

7.4. Points to note from the survey are as follows:

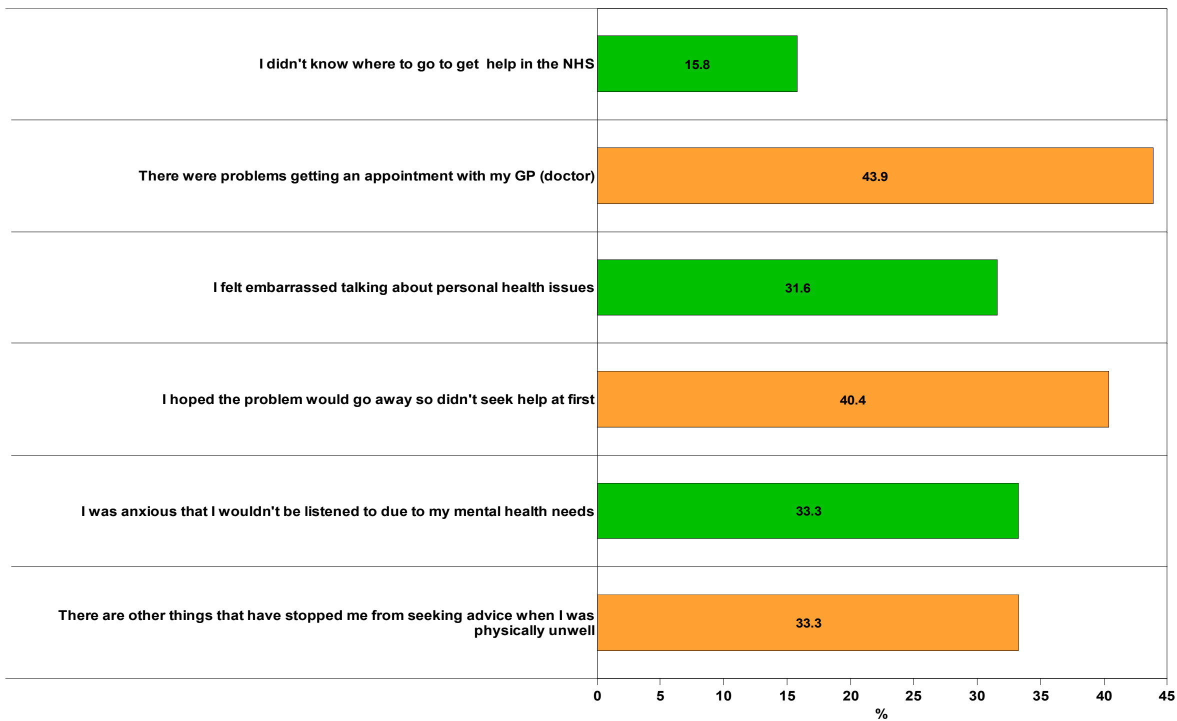
- Almost 34% of respondents stated that their physical health was good, with a further 27% stating fair and 22% poor. Only 17% stated their physical health was very good or excellent.
- When asked about current mental health, 36% stated fair and 24% poor, with only 5% stating excellent, 10% very good and 25% good.
- The majority of respondents (94%) are registered with a GP, with 77% stating that they had visited them within the last 3 months and a further 15% stating that they had visited them in the last 4-6 months.
- When asked when they had last had a physical health check for 37% of respondents this was over a year ago.



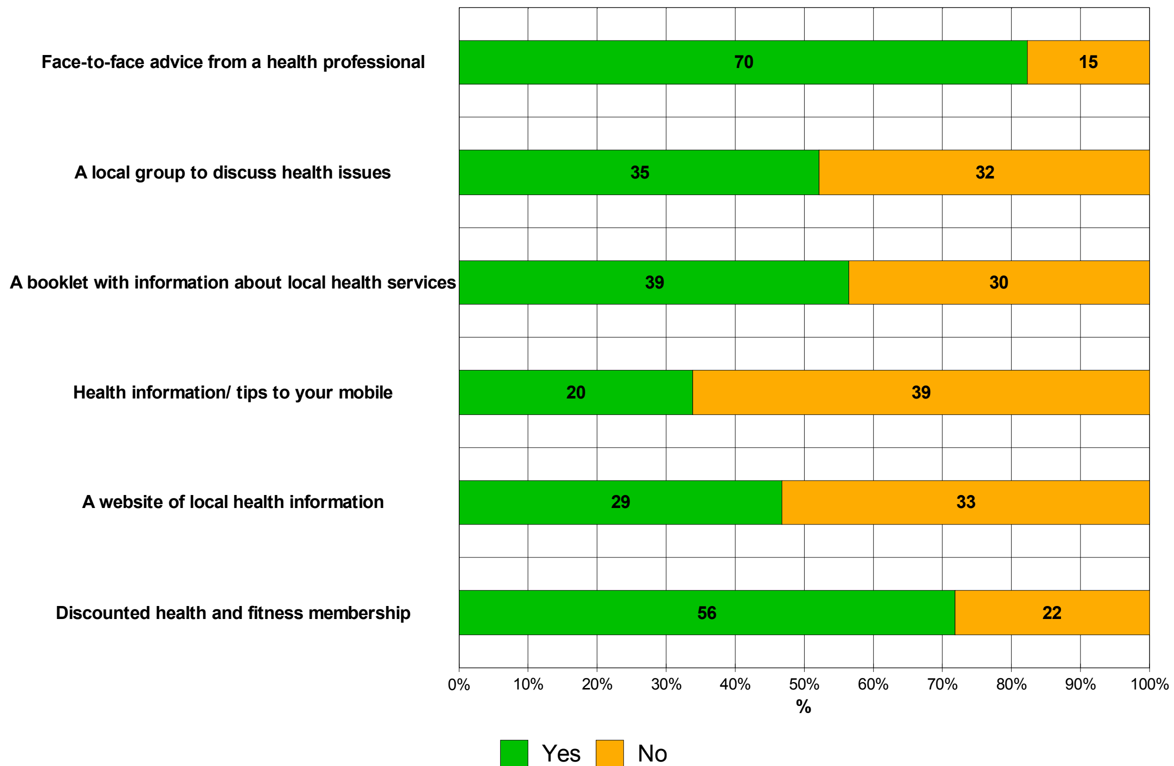
- When asked what factors may be affecting respondents health the factors which were most common responses were stress/anxiety (64.6%), mental health (60.6%), feeling depressed (51.5%) and feeling lonely (43.4%).



- 80% of respondents stated that they had felt unwell over the past 12 months. Respondents who had felt unwell were then asked whether they had experienced specific problems in getting help. 57 responded to this question of which almost 44% stated that they had problems getting a GP appointment and 40% hoped that the problem would go away.



- When asked whether there was anything which would be helpful in staying healthy the most popular answers were face to face advice from a health professional (70%) and discounted health and fitness membership (56%).



7.5. For further detail on the survey and results please contact Melanie Ponomarenko, Senior Policy Officer (Scrutiny), Melanie.Ponomarenko@Haringey.gov.uk .

8. Smoking

8.1. It is estimated that the NHS spends approximately £720m per annum in primary and secondary care treating smoking related disease of people with mental health needs. These costs arise from avoidable hospital admissions, GP consultations and prescriptions costs and are mainly associated with people diagnosed with anxiety and/or depression[11].

8.2. The Royal College of Physicians and Royal College of Psychiatrist's note that addressing high prevalence levels in those with mental health needs has the

[11] Royal College of Physicians and Royal College of Psychiatrist's report, Smoking and Mental health, 2013

potential to offer cost savings benefits, as well as improving quality of life and life expectancy of smokers with mental health needs[12].

8.3. The Panel heard that in Haringey smoking is a huge problem noting that as well as the physical health effects of smoking it has a direct effect on medication, for example a person can need a higher dose of mental health medication when they are smoking due to the impact on metabolic rates[13].

8.4. 'Rethink Mental Illness - Lethal Dissemination'[14] suggests that all smoking cessation services should check the mental health status of their clients and also record whether someone is taking mental health medication to ensure that dosages can be adjusted as necessary. The Panel was pleased to hear that in line with this, Haringey has started recording whether someone has a mental health problem or is taking medication for a mental health problem at smoking cessation services.

8.5. A new automated referral system would also be in place for 2014/15 enabling anyone who is recorded as a smoker to be automatically referred to smoking cessation services. However, there is a need to remember that there may be added complications around smoking cessation and mental health for example; a person may not want to access the services. There is also a need to consider the reasons why a person started smoking in the first place.

8.6. There is a Mental Health Stop Smoking CQUIN which is currently in its second year. Performance data for this CQUIN is shown in the table below.

[12] Royal College of Physicians and Royal College of Psychiatrist's report, Smoking and Mental health, 2013

[13] Mental and Physical Health project meeting, 2013
[14] Rethink Mental Illness – Lethal Discrimination, 2013

CQUIN Performance for BEH MHT 2013/14.

N.B data is for the whole Trust rather than Haringey specific

INDICATOR	TARGET	Q1	Q2	Q3
% of patients seen by community services with smoking status established and recorded at time of admission	90%	92%	90%	78%
% of patients recorded as current smoker who have had very brief advice	90%	94%	100%	97%
% of patients who are current smokers referred for, or receiving in-house, stop smoking support	98%	74%	98%	87%
Community and inpatient staff trained in smoking cessation	30% of all clinical staff	N/A	N/A	37% (450 staff trained)

9. Physical Activity

9.1. There is evidence that exercise reduces anxiety and depression and is beneficial to mental health. Exercise has also been linked with improvements in quality of life for people who have schizophrenia[15] with exercise being particularly beneficial given the increased risk of weight gain due to their medication[16].

9.2. *Active for Life* is a large physical activity programme in Haringey for those living in disadvantaged communities. It is a primary and secondary care referral scheme targeting those at risk of cardio vascular disease/those with cardio vascular disease to become more physically active in order to prevent and/or manage a long term conditions over a 12 week period. The Active for Life service specification[17] includes a Key Performance Indicator on access which is "% of total referrals to the service with a diagnosis of severe mental illness"

- Last year there were 800 referrals – 11% of which was people with mental health needs.
- 54% of those referred to the scheme are still active 6 months after the programme ends.

9.3. When asked in the mental and physical health survey over 70% of respondents (who answered that particular question) stated that discounted gym

[15] Exercise: a neglected intervention in mental health care? P. Callaghan, Journal of Mental Health Nursing, 2004

[16] Exercise for Mental Health, Primary Care Companion Journal of Clinical Psychiatry. 2006

[17] Service Specification, Appendix A, Key Performance Indicators

membership would be helpful to support them to stay healthy. Haringey Leisure Centres (managed by Fusion Lifestyles) have a concessionary membership scheme which includes those on various benefits including housing benefit, incapacity benefit, carers allowance, disability living allowance. It is anticipated that mental health patients and service users would be captured within this.

9.4. At a project meeting there was discussion around local health and fitness services, whereby it was noted that there had previously been exercise classes run by BEH MHT at Tottenham Green Leisure Centre which were specifically for those with mental health needs and that these no longer took place. Carers felt that this was a loss given that those who they cared for had enjoyed the classes and had felt that they were a beneficial social activity as well as feeling comfortable in a class which was targeted to their specific needs.

9.5. Mind in Haringey does run specific wellbeing classes for those with mental health needs for example such as art classes, gardening, cycling, reiki healing and stress management[18].

10. Weight Management

10.1. As outlined above, there is an increased risk of weight gain due to certain medication; this is a risk which BEH MHT is very aware of. One carer noted that her son gone from 12 stone to 19 stone over ten years and since being on medication.

10.2. Feedback from carers suggested that patients are not always told about the weight impact of medication they are prescribed from the outset. BEH MHT informed the Panel that the reason is often as the priority is stabilising a person who may be having a severe episode, with a view to focusing on impacts once the person is more stabile.

10.3. Barriers to weight loss shared included patients finding it difficult to motivate themselves given other issues they may also be facing.

10.4. A BEH MHT Clinical Director informed the Panel that there is a Wellbeing clinic and that at the clinic a patient's BMI and waist circumference is taken at

[18] www.mindinharingey.org.uk

this clinic. However a carer noted that whilst this is the case, nothing is done with the information. Patient representatives also noted that should someone be referred from the Wellbeing clinic the referral is not necessarily followed up by the patient and/or the service which the person is referred to.

10.5. The Panel felt that there should be an intervention around weight management and that a weight management/loss class for people with mental health needs would be beneficial.

11. Cardio Vascular Disease and Cancer Screening (Health Checks)

11.1. Under the Health and Social Care Act it is mandatory for Councils to provide Health Checks for those between the ages of 40-74 years of age.

11.2. Health Checks are aimed at people who haven't yet got an illness – it is a preventative programme mainly commissioned through GP practices. If you already have, for example, diabetes then you should already be being treated and have an annual review of your physical health. However, there are currently two main community programmes which have been commissioned; men's health and mental health.

11.3. As of the project meeting in November 2013 62 people had received a health check through the mental health community programme. The Panel heard that there are challenges in getting mental health service users to attend and complete the Health Checks. Carers at the project meeting also shared examples of attending the Health Check sessions with patients but being ineligible as they already had pre-existing conditions. There is clearly a challenge in this respect, as those who are attending for the Health Checks are again more likely to be engaged with services overall whereas those who may find a Health Check most beneficial are those who are harder to reach and may not be engaged in services.

12. Health Trainers and Health Champions

12.1. Public Health tries to target or make accessible all programmes to people with mental health needs. An example of this is the Health Trainer and Health Champion service whereby the focus has historically just been on physical health; however they have now had Mental Health First Aid training. Health

Trainers offer one to one support with a focus on behaviour change, for example smoking cessation, physical activity and alcohol. Health Champions are volunteers who sign post and raise awareness of services in the borough and can offer a 'hand holding' role for example attending a gym with a person for the first time to offer moral support.

12.2. Anyone can refer to a health trainer, including in the West of the borough, however, services are located in the East. The Panel heard that:

- Over 1000 people were seen by Health Trainers last year including:
  - 80% were from deprived areas;
  - 85% were from BME communities;
  - 80% achieved their goals.

12.3. When asked in the mental and physical health survey 'If you wanted support to stay healthy, would any of the following things be helpful?' over 80% of respondents to this particular question stated that 'face-to face advice from a health professional would be helpful'.

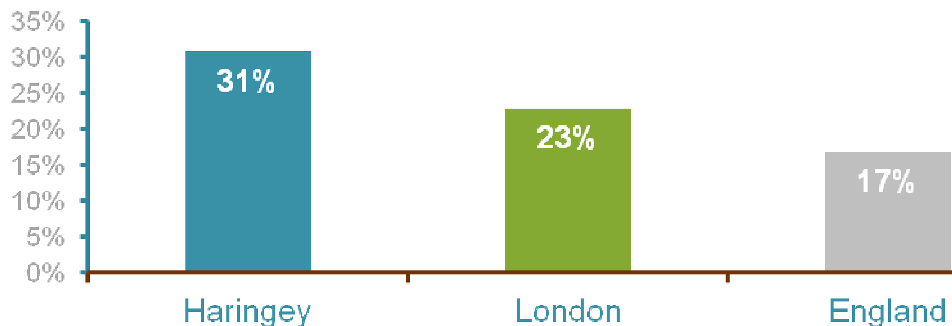
12.4. The Panel also heard anecdotal evidence to suggest that the Health Trainer and Health Champion service does not have a particularly high profile amongst mental health service users, and some professionals who come into contact with those with mental health needs. The Panel therefore felt that there was potential to raise awareness of the role and benefits of the Health Trainer and Health Champion service amongst this client group.

13. Dual Diagnosis

13.1. 70% of those who go through the drug and alcohol services have mental health needs[19]. 'Issues associated with dual diagnosis can include a poorer prognosis and greater disability. This includes a greater likelihood of medical, psychiatric and social problems that arise as a result of poor compliance with treatment, unplanned discharge, relapse and rehospitalisation. Self-harm, often by overdose, and eventual suicide are also strongly associated, as is early mortality'[20].

[19] Panel Project meeting
[20] The relationship between dual diagnosis: substance misuse and dealing with mental health issues, SCIE, 2009

13.2. Haringey has high levels of problematic drug use (higher than London and England averages). Data from Haringey adult drug treatment services in 2011-12 indicates that our treatment population experience a range of social issues and that one in four (25%; 160) were identified with dual diagnosis, a term which is used to describe co-existing mental health and substance misuse.



Source: National Adult Social Care Intelligence Service [21]

13.3. Public Health and the CCG have a contract with BEH MHT to provide a dual diagnosis service. The service provides advice, help, support and more specialised interventions to those with a dual diagnosis. Mental health and drug and alcohol misuse support services include:

- Physical Health Check and advice regarding smoking;
- Referral for screening/ vaccination for Hepatitis;
- Specialist assessments (e.g. psychiatric);
- Referral for specialist substitute drug treatment and community care assessment;
- Harm Reduction advice;
- Access to community and specialist teams in Haringey;
- Motivational Interviewing;
- Own key worker;
- Group therapy;
- Relapse Prevention;
- Referral into substance misuse education, training and volunteering programmes;

[21] http://nascis.ic.nhs.uk

- Drug Free Treatment Contingency Management;
- Teaching and training for professionals within Trust[22].

13.4. The panel heard that there is a challenge in ensuring that people completing the course as people can come out of hospital before it has finished and that there is a need to better link with GPs in order to complete these.

14. BEH MHT

14.1. When a patient is admitted to a mental health ward they receive an initial assessment of their need. This includes whether they smoke, what medication they are on and also lifestyle questionnaire. The checks which should be carried out are outlined in the BEH MHT Physical Healthcare Policy.

14.2. The Panel received a copy of the BEH MHT Physical Healthcare Policy which aims to "set out processes for ensuring that BEHMHT clinical staff manage the risk associated with the physical assessment, examination and ongoing physical care of services users.[23]". The Panel noted the stated scope and purpose of the policy:

- "Scope – The policy provides minimum standards and procedures to be implemented by medical and nursing staff within Inpatient Services. It also provides information on additional procedures and guidelines used by community services. Practitioners from different professional backgrounds have differing levels of responsibility under this Policy. Different services, caring for groups of service users with different needs, have different responsibilities under this Policy.
- Purpose - The purpose of this policy is to set out the arrangements for managing the risks associated with the physical assessment, examination and ongoing physical care of service users in Inpatient Services..... It is to:
  - Increase the health potential of people with a mental illness and/or learning disability
  - Reduce the current health inequalities in terms of morbidity and mortality rates experienced by people with a mental illness.
  - Reduce stigma and promote inclusion of individuals with a mental illness into specialist medical or primary care services.

[22] http://www.beh-mht.nhs.uk/mental-health-service/mh-services/dual-diagnosis-network.htm
[23] BEH MHT Physical Healthcare Policy, BEH MHT, Reviewed 2012.

- Support service users to engage with specialist medical or primary care services.
- Engage service users in health promotion and health prevention strategies.
- Improve the skills and competencies of mental health workers (MHW) in identifying, assessing and prioritising the physical health care needs of service users[24]".

14.3. The policy includes amongst others, sections on:

- Requirements for Physical Assessment On Admission
- Inpatient Physical Assessment
- Ongoing Assessment
- Long Stay Wards
- Care Planning and Community Patients
- Follow- Up Care of Physical Symptoms
- Training and Information
- Monitoring Compliance and Effectiveness
- Inpatient Physical Healthcare Flowchart
- Community Physical Healthcare Flowchart
- Most (Malnutrition and Obesity) Screening Form
- Guidance Practice Guide Cardiovascular Disease
- Guidance for Diabetes – Type I And II

14.4. The Panel felt that the policy was thorough and clear, however based on feedback from carers and voluntary and community organisations during the project the Panel questioned whether the policy is fully adhered to across the whole of BEH MHT.

14.5. BEH MHT monitors targets associated with the policy on a monthly basis with recent performance information showing high compliance with staff undertaking physical health assessments. However, patients representatives and carers have expressed concerns about the following up of these referrals. For example, whether completing a check list of tests and questions and subsequently referring a patient for a service actually means that the patient and/or organisation referred to follows up to ensure that the service is received.

[24] BEH MHT Physical Healthcare Policy, BEH MHT, Reviewed 2012.

15. Primary Care

15.1. Throughout the project the Panel heard of the importance of having a good GP, with one mental health patient, who had recently had a heart bypass, saying that he felt that that without a good GP who referred him for Counselling he may not be here today as he was beginning to feel suicidal following the heart bypass.

15.2. The Royal College of General Practitioners clinical example for the care of people with mental health needs says:

- Consideration should be given to "the mental health of a patient in every primary care consultation, but be aware of the dangers of medicalising distress;
- 90% of people with mental health problems across the lifespan are managed in primary care;
- Mental health problems contribute to disability, unemployment and social exclusion;
- Depression and anxiety are common in people with long-term physical conditions, and increase the morbidity and mortality from these conditions;
- People with severe mental health problems have an increased risk of morbidity and mortality owing to cardiovascular disease and diabetes; as a general practitioner (GP) you have a significant role in prevention, detection and management of this physical co-morbidity;
- People with unexplained physical symptoms may have underlying psychological distress. Repeated investigation is costly in terms of patient suffering and healthcare costs".[25]

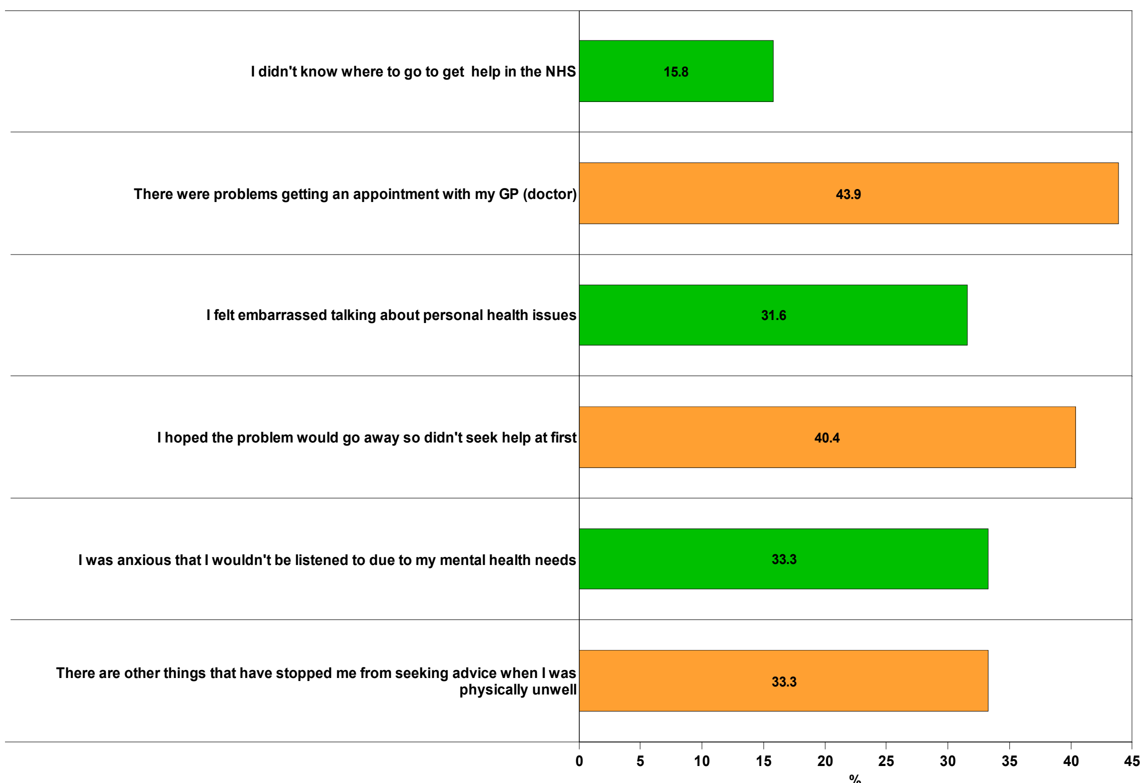
15.3. The Mind in Haringey representative noted that people with mental health needs who have visited their GP to discuss issues have often been referred to their consultants rather that the GP deal with issues.

15.4. Rethink's report, Lethal Discrimination notes that people can find it very difficult to access GP surgeries. They might be anxious about attending or might struggle with the early morning booking system because of medication side-

[25] RCGP Curriculum 2010, revised 14 August 2013 : Statement 3.10 Care of People with Mental Health Problems

effects. GP practices need to make sure reasonable adjustments are in place so that people are not missing out on crucial care[26].

15.5. Respondents to the Mental and physical health survey were asked whether they had felt physically unwell within the last 12 months. Those who answered 'yes' were then asked a further question on whether they experienced particular issues in getting help. Almost 44% said there had been problems with getting a GP appointment, 33% said that they didn't feel they would be listened to due to their mental health problems and almost 16% said that they did not know where to seek help within the NHS. It is important to remember that those who responded to the survey are those who are most likely to be already engaged in services.



15.6. Under the **Quality Outcomes Framework** (QOF) GPs are financially rewarded for meeting a range of quality targets with practices being awarded 'points' for delivery against certain indicators. The following data was provided by Public Health in relation to mental health QOF data:

[26] Rethink mental health – Lethal Discrimination, 2013

Haringey's registered population, people with long term conditions aged 18-74, using GP extraction data and QoF, combined January 2013

- There were 38,135 people diagnosed with long term condition (LTC) in 2013; prevalence of 17%. Of those who have coronary heart disease (CHD) and diabetes, 91% were screened for depression and of those who have other LTCs, **only 10% were screened for depression**.

- Table below suggests the proportion of people with one of the following long term conditions and a diagnosis of at least one of dementia, chronic depression, or serious mental illness; Although prevalence of mental illness in people with LTCs is higher than in general population, it is likely that these proportion are underestimated due to potential inaccuracy in coding at GP practice level;

Atrial fibrillation	Cancer	Chronic Kidney Disease	Chronic Liver Disease	COPD	Diabetes	Heart Failure/ LVD	High blood pressure	MI/CHD	Stroke/ TIA
6.5%	6.7%	9%	13%	14%	7.5%	8.3%	6.5%	8%	9.3%

15.7. The Panel asked for the reasons behind: "Of those who have coronary heart disease (CHD) and diabetes, 91% were screened for depression and of those who have other LTCs, only 10% were screened for depression" and was informed that it could be reasons such as whether one screening was incentivised for example through QOF or it could be that there is a greater awareness of the link between CHD and depression.

QoF data 20112/13 on care plans for people with serious mental illness aged 18+ (psychosis, schizophrenia and bipolar disorders)

- Most people (86%) diagnosed with serious mental illness have a documented **comprehensive care plan** agreed between individuals, their family and/or carers as appropriate; this varies substantially across Haringey GP practices, **ranging between 58% and 100%.**
- The vast majority (90%) of eligible people diagnosed with serious mental illness have had their alcohol consumption reviewed in the past 15 months.
- The vast majority (89%) of eligible people diagnosed with serious mental illness have had their body mass index (BMI) reviewed in the past 15 months.

- Most eligible people (77%) diagnosed with serious mental illness have had their cholesterol reviewed in the past 15 months.
- The percentage of people diagnosed with a serious mental illness who have had a blood pressure reading in the past 15 months ranges from **43% to 96%** across Haringey GP practices, with an average of 79%.
- The vast majority (83%) of eligible people diagnosed with serious mental illness have had their blood glucose reviewed in the past 15 months.

15.8. The Panel was concerned with some of the very low QOF scores, for example around blood pressure checks, particular given the link between strokes and high blood pressure. The Panel felt that there needed to be further investigation into QOF scores to identify particular GP Practices which may be under performing in mental health indicators and that work should be done with these practices in order to improve performance.

15.9. Support for GPs has includes the introduction of a telephone advice line to enable GP's to ask questions relating to mental health, however it was noted than in the initial nine months of the telephone advice line only 13 calls had been made by Haringey GPs, compared to approximately 140 calls by Barnet GPs.

15.10. BEH MHT also has a Primary Care Academy which focuses on supporting primary care practitioners to deal appropriately with mental health issues. The Panel recognised the work being done by BEH MHT Primary Care Academy on mental health training, particularly in light of hearing that mental health only forms a relatively small part in GP training. However, it felt that there is a need to systematically roll out programmes such as this to ensure that all GPs in the borough receive the training as it would be likely that those GPs who took part in the training were most likely to be actively engaged in developing their practice and skills and those practices which may be under performing may not be engaged in programmes such as this.

16. Communication between BEH MHT and GPs

16.1. Rethink has held summits across England to discuss mental health issues with people affected by mental illness and with health professionals. Their report, Lethal Discrimination notes that "again and again, we have heard that

the physical health care of people affected by mental illness is falling through the gaps between GP services and secondary mental health care. It is often unclear, both to professionals and people affected by mental illness, who is responsible for coordinating this support. As a result, no support is offered. This responsibility needs to be clarified so that people's physical health isn't overlooked. Tools like the Integrated Physical Health Pathway could support professionals to agree processes locally so checks are not missed"[27].

16.2. The Panel heard that in Haringey Care Plans incorporate physical health and are shared with GPs. The GP would be primarily responsible to deliver this as GPs need to have a full picture of all of a person's health needs. If a person is on a Care Programme Approach then it would be the responsibility of the Care Coordinator liaising with the GP.

16.3. The Panel heard views from Carers and voluntary and community groups, e.g. Mind and Mental Health Support Association, that the relationship and communication between primary and secondary care could be improved. The need for improved communication had been recognised, and a CQUIN implemented, however the Panel felt there was room for improvement, particular given the performance for '% of discharge, assessment and review letters sent to GPs within 24hrs' given that the average over the first three quarters in 2013/14 was just 44% with a target of 98%. However, it is anticipated that this may increase with the recent introduction of e-faxing. The Panel also noted that the CQUIN did not show whether the GP followed up the information that they were given by BEH MHT.

CQUIN Performance for BEH MHT 2013/14.

N.B data is for the whole Trust rather than Haringey specific

INDICATOR	TARGET	Q1	Q2	Q3
% of discharge, assessment and review letters sent to GPs within 24 hours	98%	34%	40%	58%
% of discharge, assessment and review letters sent to GPs containing mandatory content	98%	76%	82%	87%

[27] Rethink Mental health – Lethal Discrimination, 2013

17. Role of Pharmacies

17.1. The Adults & Health Scrutiny Panel received a report on the role that Haringey's 57 pharmacies play in the care pathway and how they are working in partnership with organisations in the borough. The Panel heard that over the next year public health will work with pharmacies, the LPC and the CCG to implement the Healthy Living Pharmacy framework, at the same time building on the enhanced services already being commissioned. The intention is to increase the number of pharmacy's offering sexual health services alongside broadening the range of sexual health services to under 25 year olds to provide a range of sexual health services, such as STI and HIV screening and increased access to condoms and emergency contraception for the over 25 year olds and also to consider what other health promoting services could be commissioned through this framework[28].

17.2. The Panel felt that this would be an opportune time to develop the role of pharmacies in relation to mental health and to develop programmes within the healthy living scheme to focus on the overlap between physical and mental health.

18. Role of Community Mental Health Teams

18.1. The role of care coordinators and the Care Coordinators is to join up the planning of those accessing more than one service by assisting with accessing and planning services for example around physical health (including nutrition), support networks, health treatment (including medication side effects). The work is done in partnership with others who are involved in a person's needs. It is important to note that the role of the Care Coordinator is to coordinate services, and not to provide them directly. Every person known to BEH MHT has a Care Coordinator assigned to them.

18.2. It was noted that Care Coordinators have a range of backgrounds and therefore skill mixes e.g. Occupational Therapy, nursing and social work. Therefore as not all Care Coordinators have a medical background it may be

[28] Public Health and Local Pharmaceutical Committee submission to the Haringey Adults & Health Scrutiny Panel, 'Partnership working and pharmacies role within care pathways; February 2014

more difficult for those who don't to pick up on key physical health indicators which may need referral or follow up.

18.3. The pressures which the Care Coordinator service is currently under is covered in the Scrutiny project report on Mental Health and Accommodation where it is recommended that the service is assessed with a view to alleviating the work load and increasing the number of posts, capacity and skill mix. The Panel felt that an enhanced role in physical health should be included in this assessment. Whilst the Panel recognises the financial strains there are within the mental health sector it felt that this offered an opportunity to fully integrate the link between physical and mental health in the community mental health teams and that lessons could be learnt from the Manchester Mental Health and Social Care Trust Pilot on 'Improving the physical health care of people with severe and enduring mental illness[29]':

An excerpt from the NHS Institute for Health Research outlines the project as below:
"*CLAHRC Greater Manchester worked in collaboration with Manchester Mental Health and Social Care Trust (MMHSCT) and Manchester Academic Health Science Centre (MAHSC) to develop and test the implementation of effective and sustainable ways to improve the physical health of people with SMI who are under the care of MMHSCT*

The project aim

We worked with MMHSCT to develop and implement a sustainable and integrated service user pathway that supports the prevention and early diagnosis, treatment and management of physical health problems, as part of the overall treatment of people with SMI under the care of community mental health teams.

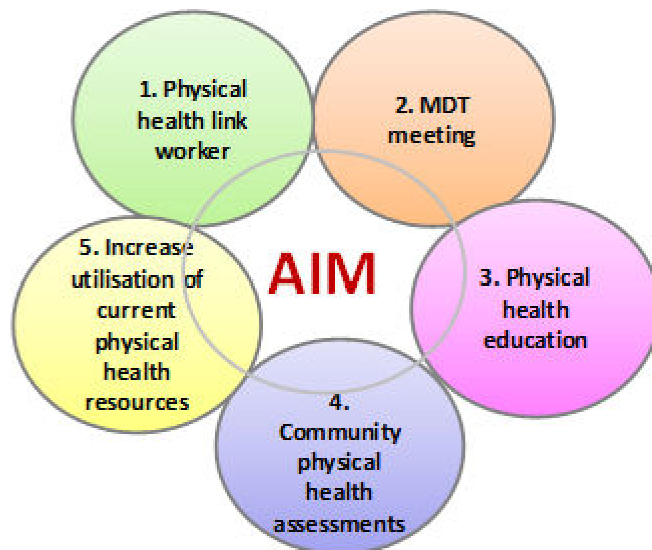
Objectives

The project aimed to deliver the following objectives:

[29] Improving the physical health care of people with severe and enduring mental illness; Manchester Mental Health and Social Care Trust Pilot Project Evaluation Report, NHS National Institute for Health Research, 2013

1. *To establish a clear joint responsibility for the physical health of people with SMI by strengthening the co-ordination and collaboration between primary care and the community mental health teams*
2. *To improve the health outcomes for service users by developing clear pathways and guidance on delivering physical health checks in a community setting, whilst ensuring that the physical health of people with SMI is assessed on a more regular basis and access to the appropriate care/service is promoted*
3. *To ensure that people with SMI are provided with improved access to, and made aware of, lifestyle services available within MMHSCT. In addition, improving existing health information targeted at service users to empower them to take care of their own physical health needs.*

To achieve these objectives the project focussed on the following five areas:



1. *Developing a boundary-spanning Community Physical Health Co-ordinator (CPHC) role, to address the physical health needs of service users under the care of the North West Community Mental Health Team (NW CMHT) and GP practices*
2. *Establishing regular multi-disciplinary team (MDT) meetings (held in GP practices) between the CPHC and GP practices, to develop joint management plans with the NW CMHT*
3. *Identifying the training needs amongst the NW CMHT staff and delivering appropriate training to improve capacity to address physical health needs and support lifestyle changes*

4. *Establishing regular physical health assessments delivered in a community setting*
5. *Increasing the use of existing physical health resources*.[30]"

19. Recovery Houses

19.1. BEH MHT commissions Rethink to run three Recovery Houses across BEH MHT. The service is for adults, 18 years and over experiencing a mental health crisis that do not require hospital admission but are still not suitable for treatment within their own home. It is for people with mental illness experiencing an acute psychiatric crisis of such severity that without the involvement of crisis intervention, hospitalisation would result.

19.2. The aims of the service are as follows:

- To support service users on their recovery journey, achieve and maintain their best possible level of mental health wellbeing, within the shortest possible time and enable them to live as normal a life as possible during their stay, taking into account health-related needs.
- To provide a stepping-stone between hospital discharge and community care.
- Minimise the effect of ongoing psychological symptoms and facilitate the development of coping skills, knowledge, confidence and motivation in service users.
- Promote and support service users to maintain their own wellness in the community and in line with the needs identified in their care plan.
- To provide optimum care to service users in a multidisciplinary environment.

19.3. The service is able to provide:

- An alternative to hospital admission, in a therapeutic and non- stigmatising environment.
- Comfortable, clean and en-suite rooms.
- 24hr staff presence.

[30] http://clahrc-gm.nihr.ac.uk/2014/02/mental-health-new-model-of-working-to-be-spread-across-manchester/

- Emotional and practical support in order to achieve positive outcomes; with one to one support and group settings.
- Signposting to and information on appropriate agencies/services
- Support in identifying triggers to crisis and developing new coping strategies.
- Support in completing a physical health check.
- Support, supervision and prompting with personal care.
- Encouragement that supports compliance with medication.
- The BEH MHT will also support users of service by offering support from OT on site, either individually or as a group, as part of the agreed support[31].

19.4. The Panel heard evidence from voluntary and community groups that their experience is that patients in the Recovery Houses do not always receive adequate support around their physical health for example support in completing a physical health check. The Panel also heard that patients are not registered as temporary patients at local GP surgeries and can end up with less physical health follow up than when at home. This could be avoided by being registered on admission to the Recovery House. This is particularly important for patients sent to Recovery Houses outside of Haringey.

20. Social Isolation

20.1. Social isolation and loneliness can have a significant impact on a person's mental health. Attendees at an Enabling Haringey meeting which Panel members attended to talk about this project shared examples of people with mental health needs feeling isolated and the impact being exacerbated by physical health problems which mean that a person is unable to leave their home alone. One attendee shared an example of where they had experienced this and said they their situation had left them feeling 'lonely, depressed and suicidal'.

20.2. The Panel felt strongly that further work was needed in the borough to tackle social isolation and loneliness, however did not feel it had enough evidence at this time in order to make an informed recommendation on such a large area.

[31] http://www.beh-mht.nhs.uk/mental-health-service/mh-services/recovery-houses.htm

APPENDICES

Appendix B – Review contributors

Name	Job Title/Role	Organisation
Cllr Gina Adamou	Chair of Panel	Haringey Council
Cllr David Winskill	Panel Member	Haringey Council
Cllr Sophie Erskine	Panel Member	Haringey Council
Cllr Gideon Bull	Panel Member	Haringey Council
Cllr Anne Stennett	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
Sarah White	Carer	Mental Health Support Association
Peter Johnson		Mental Health Support Association
Nuala Kiely		Haringey User Network
Mike Wilson	Director	Haringey Healthwatch
Fiona Wright	AD, Public Health	Haringey Council
Tamara Djuretic	AD, Public Health	Haringey Council
Oliver Treacy	Service Director	BEH MHT
Andrew Wright	Director of Strategic Development	BEH MHT
Dr Ken Courtney	Clinical Director	BEH MHT
Dr Therese Shaw	Consultant Psychiatrist for older people	BEH MHT
Dipika Kaushal	Head of Project Development	Rethink Mental Illness
Staff Members		St Mungos
Tristan Brice	Adult Commissioning Manager (MH and LD)	Haringey CCG
Amer Akber	Interim Haringey CCG Mental Health Lead	Haringey CCG
Dr Jaydeokar	Consultant Psychiatrist	

	and Vice Chair of Adult Panel	
Beverley Tarka	Deputy Director of Adult & Community Services	Haringey Council
Jennifer Plummer	Team Manager, Mental Health Services	Haringey Council
Sarah Hart	Joint Commissioning Manager	Haringey Council & Haringey CCG
Marion Morris	Drug and Alcohol Strategy Manager	Haringey Council
Mhairi McGhee	Disability Representation Worker	Haringey Disability First Consortium
Also:		
Service user, patients and carers who all contributed to the project via email submissions, telephone submissions, one to one meetings and local organisation groups.		

Understanding barriers to staying healthy and ways to overcome them

The Adults and Health Scrutiny Panel of Haringey Council is looking at the physical health of people with mental health needs; the barriers people face in trying to stay healthy and finding ways in which these can be overcome.

This survey will help the panel understand the physical health of local people with mental health needs in order to develop recommendations that can help to improve local services. Recommendations will be presented to local organisations that provide services for people with mental health needs including the Barnet, Enfield & Haringey Mental Health Trust, Haringey Council and Haringey Clinical Commissioning Group.

As a local mental health service user or carer of someone with mental health needs, I invite you to complete this short survey. It is anonymous (you don't have to give your name) and it should take no longer than 10 minutes to complete. I would be grateful if you could complete this survey before Monday 3rd February 2014.

Cllr Gina Adamou, Chair of the Adults of Health Scrutiny Panel

You, your physical and mental health

1. I am completing this survey as a:
- ❑ Mental health service user
- ❑ A carer of someone with mental health needs

2. How would you describe your current physical health? (Please tick ONE box only)?
- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

3. How would you describe your current mental health? (Please tick ONE box only)?
- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

4. When was the last time you met with a Mental Health worker? (Please tick ONE box only)
- ❑ Less than 1 month
- ❑ 1-2 months
- ❑ 3-5 months
- ❑ 6 months or more

You and your GP

5. Are you registered with a local doctor (GP)?

- ❑ Yes
- ❑ No

6. If yes, when was the last time you visited your doctor (GP)? (Please tick ONE box only)

- ❑ in the past 3 months
- ❑ between 4 and 6 months ago
- ❑ between 7 and 11 months ago
- ❑ between 1 and 2 years ago
- ❑ more than 2 years ago

Your physical health

7. When was the last time you had a physical health check up? (Please tick ONE box only)?

- ❑ in the past 3 months
- ❑ between 4 and 6 months ago
- ❑ between 7 and 11 months ago
- ❑ between 1 and 2 years ago
- ❑ more than 2 years ago

8. Do you think that any of the following may be affecting your health? (Tick as many boxes as apply)?

- ❑ Smoking
- ❑ Eating unhealthily
- ❑ Weight
- ❑ Alcohol
- ❑ Tooth ache
- ❑ Eye sight
- ❑ Stress/anxiety
- ❑ Problems at work / unemployment
- ❑ mental health
- ❑ Feeling depressed
- ❑ Lack of exercise
- ❑ Sexual Health
- ❑ Medications
- ❑ Drug use
- ❑ Feeling lonely
- ❑ None of these issues are affecting my health
- ❑ Other physical health problems

Please describe:

____

____

9. Have you felt physically unwell in the last 12 months?

- ❑ Yes
- ❑ No

10. When you have felt physically unwell have you experienced any of the following problems in getting the help that you needed?

- ❑ I didn't know where to go to get help in the NHS
- ❑ There were problems getting an appointment with my GP (doctor)
- ❑ I felt embarrassed talking about personal health issues
- ❑ I hoped the problem would go away so didn't seek help at first
- ❑ I was anxious that I wouldn't be listened to due to my mental health needs
- ❑ There are other things that have stopped me from seeking advice when I was physically unwell

Please tell us what these were:

____

____

Improving your physical health

11. Have you taken any steps over the past 12 months to improve your physical health?

- ❑ Yes
- ❑ No

If yes, please describe what this was ____

12. If you wanted to maintain or improve your health (for example lose weight, do more exercise or stop smoking) would any of the following issues stop you?

- ❑ I don't know who to talk to about this
- ❑ I don't have enough time
- ❑ This is not a priority for me at the moment I need to focus on my mental health
- ❑ I don't feel that I would be taken seriously because of my mental health
- ❑ I don't feel unwell
- ❑ Health workers do not understand mental health
- ❑ I don't like the preaching attitude of health workers
- ❑ I already know what to do to keep healthy

13. What other reasons might stop you from seeking advice about how to improve your health?

____

____

14. If you wanted support to stay healthy, which of the following things be helpful?

	Yes	*No*
Face-to-face advice from a health professional	❑	❑
A local group to discuss health issues	❑	❑
A booklet with information about local health services	❑	❑

Health information/ tips to your mobile	❑	❑
A website of local health information	❑	❑
Discounted health and fitness membership	❑	❑

15. Is there any other support that you need that could help you stay healthy?

____

Any other suggestions?

16. Please us the space below to describe services which work well to support you, could do more to help, or have any suggestions that could help local people with mental health issues improve their physical health?

____

About You

Asking questions about you can help us improve the services we deliver to the community, monitor what different groups of people think about a particular service or issue and influence decisions that affect them.

17. What is the first part of your post code? (For example, N22)

____

18. What is your age group?

- ❑ *Under 20*
- ❑ *21-24*
- ❑ *25-29*
- ❑ *30-44*
- ❑ *45-59*
- ❑ *60-64*
- ❑ *65-74*
- ❑ *75-84*
- ❑ *85-89*
- ❑ *90+*

19. Which ethnic group best describes you?

- ❑ *White category*
- ❑ *Mixed category*
- ❑ *Asian or Asian British*
- ❑ *Black or Black British*
- ❑ *Chinese or any other ethnic group*

20. Are you?

- ❑ *Male*
- ❑ *Female*

21. Do you have a religion or belief that you would like to mention? If so, please tick the appropriate box

- ❑ *Christian*
- ❑ *Muslim*
- ❑ *Jewish*
- ❑ *Buddhist*
- ❑ *Other*
- ❑ *Hindu*
- ❑ *Sikh*
- ❑ *Rastafarian*
- ❑ *No religion*
- ❑ *Prefer not to say*

Any other religion, please specify

____

____

22. Please tick the box that best describes your sexual orientation?

- ❑ *Heterosexual*
- ❑ *Bisexual*
- ❑ *Gay*
- ❑ *Lesbian*
- ❑ *Prefer not to say*

23. Are you

- ❑ *Single*
- ❑ *Married*
- ❑ *Co-habiting*
- ❑ *Separated*
- ❑ *Divorced*
- ❑ *Widowed*
- ❑ *In a same sex civil partnership*

24. Are you

- ❑ *A Refugee*
- ❑ *An Asylum Seeker*

25. What country or region are you a refugee/asylum seeker from?

____

____

26. Please tick the box which best describes your language?

- ❑ *Albanian*
- ❑ *Arabic*
- ❑ *English*
- ❑ *French*

- ❑ *Lingala*
- ❑ *Somali*
- ❑ *Turkish*
- ❑ *Other*

Any other language, please specify

____

Thank you for completing this survey. The information that you have provided may help to improve physical health services and support available to people with mental health concerns.

Initials	Date delay commenced	Location	Reason For Delay
1	14/11/2012 - 23/05/13	Ward	Immigration issues. CC had to complete the Community Care Assessment and Human Right Assessment. LA took time to agree funding. When the placement was identified and funding was approved, placement delayed the move.
2	10/12/12 - 16/04/13	Ward	Long wait for supported accommodation (Milton Park). LA eventually moved him to a temporary accommodation
3	19/12/12 - 17/06/12	Ward	Korsakoff's Syndrome patient. Took time to find suitable placement and prepare docs for panel. Eventually moved to DRS
4	14/02/13 - 04/06/13	Ward	Took time to find suitable placement. Family was reluctant for him to give up his flat. Eventually moved to supported accommodation.
5	01/02/13 - 17/6/13	Ward	Took time to find suitable accommodation. Panel took time to decide on funding/costs. Eventually was discharged to Diligent.
6	12/03/13 - 01/07/13	Ward	Took time to find suitable accommodation.
7	26/03/13 - 22/06/13	Ward	LA were reluctant to take responsibility until eventually SF was re diagnosed and allocated a CC. Following this, he was moved to a supported accommodation.
8	26/03/13 - 07/04/13 11/04/13 - 18/04/13	Ward	Family was reluctant to have him back. Eventually moved to father's address
9	27/03/13 - 10/04/13 11/04/13 -	Ward and RH	Left Cardiff due to family issues. Was repatriated to Cardiff.
10	06/02/13 - 16/05/13	Ward	Needed higher needs placement. Identified placement was not available immediately due to refurbishments.
11	14/01/2013 - 27/05/13 25/06/13 - Ongoing	Recovery House	Immigration issues. Still awaiting confirmation of immigrating status. Adults is considering to accommodate without prejudice.
12	14/01/2013 - 11/09/13	Recovery House	Was on a waiting list for a supported placement for a very long time.

Initials	Date delay commenced	Location	Reason For Delay
13	31/01/2013 - 11/05/13	Recovery House	VAT took time to source suitable accommodation. Had to be placed on a waiting.
14	30/01/2013 - 11/06/13	Recovery House	Needed deep clean and extra care package at home. Also, flat needed to be redecorated by family.
15	27/02/13	Recovery House	Turned down a lot of offers. Eventually moved to supported accommodation.
16	03/04/2013 - 22/07/13	Recovery House	Took time to establish entitlements. Refused placements offered. Eventually accepted a placement but there was a delay in her moving in because the place was occupied by another resident and she had to wait for the person to move out. Delay by LA from 26/06.
17	02/04/2013 - 26/08/13	Recovery House	Refused several offers of accommodation, viewed third offer on 30/07/13 which she accepted. Accommodation was not ready for her to move in immediately. Delay by LA from 30/07.
18	20/05/13	Ward	Needed to identify a secure unit and present relevant docs to panel for funding.
19	12/04/13 - 11/07/13	Ward	DCI transferred patient back to C&E service line. Requires 24 hours supported accommodation.
20	20/03/13 - 01/06/13 15/04/13 - 19/06/13 20/06/13 - 24/06/13	Ward, RH and B&B	Initial plan was for him to move to rehab placement but was later declined. Eventually he move to a supported accommodation.
21	13/03/2013 - 18/04/13	Recovery House	Needed supported accommodation but disengaged with the services and left RH to stay with cousin.
22	23/01/2013 - 15/06/13	Recovery House	Needed supported housing. Declined first offer. Had MHA assessment due to deterioration.
23	27/03/2013 - 13/04/13	B&B	Immigration issues. CC had to complete the Community Care Assessment and Human Right Assessment.

Initials	Date delay commenced	Location	Reason For Delay
24	16/03/2013 - 30/04/13	Recovery House	Dirking and physical problems. SOVA issues, could not return to family home. Applied for DLA, this was initially rejected and had to appeal. Eventually started receiving benefits, made a homeless application and LA found him an accommodation.
25	16/04/2013 - 30/06/13	Recovery House	Needed to establish immigration status and entitlements. Eventually found place via private rental.
26	19/04/2013 - 30/05/13	Recovery House	Needed to apply for benefit. CM's father also requested more time to prepare for his return home.
27	09/05/13 - 30/05/13 31/05/13 - 25/06/13	Recovery House and B&B	Needed to establish immigration status and entitlements. Eventually he was referred to No Second Night Out.
28	10/05/2013 - 17/07/13	Recovery House	Difficulty in identifying suitable placement. Was placed on a waiting list for a supported accommodation. Eventually was accepted by St Mungoes but had to wait for the room to be ready, which took a while. LA delay from 08/04.
29	07/05/2013 - 22/05/13	B&B	Homeless. Presented at Homeless Person Unit and was placed on hostel list.
30	01/05/2013 - 08/07/13	B&B	On a waiting list for supported accommodation. Took time for this to become available.
31	01/06/2013 -19/07/13	B&B	Case was referred to VAT to source suitable accommodation. Delay by LA from 17/06.
32	05/06/2013 - 20/08/13	B&B	Needed to clarify housing history to determine responsible authority. There were also issues with his ID. Eventually was evicted from B&B due to her disruptive behaviour and moved to a friend's address. Housing issue is still not resolved.
33	05/07/13 - 29/07/13	Ward	Place needed deep clean and repair. Delay by LA from 11/07/13.

Initials	Date delay commenced	Location	Reason For Delay
34	06/06/2013 - 19/07/13 02/08/13 - 28/08/13	B&B	Relevant forms were sent to VAT on 06/06/13 to source suitable supported placement. When he was accepted by placement had to be placed on waiting list. When place was allocated he had to wait for room to be ready.
35	12/04/2013 - 21/06/13	B&B	Not cooperative. Refused to move to supported accommodation. Currently placed in temporary accommodation by VAT.
36	17/06/2013 - 20/06/13 21/06/13 - 10/07/13 11/07/13 - ongoing	Ward, RH and B&B	Had to apply for benefits to be entitled for housing.
37	17/06/13 - 24/09/13	Ward	DTOC - Complex case. MDT took time to establish plan. Needed several examinations and reports to be done prior to set up of care package. Disputes with family re plan delayed move. PC has now left the ward.
38	17/06/13 - 02/09/13	Ward	Took time to establish plan; MDT felt residential placement would be more suitable for LS, however, LS insisted on independent living. Eventually travelled to Ghana.
39	22/06/2013 - ongoing	Recovery House	Had to complete Common Needs Assessment and Human Rights Assessment. Case currently with Adults for consideration.
40	12/07/2013 - 27/09/13	Recovery House	Case was referred to VAT to source suitable accommodation. Delay by LA from 12/07/13. Eventually moved to Germany.
41	01/08/13 - 20/08/13 16/08/13 -	Ward and RH	No recourse to public fund. CC had to complete Human Rights Ax. Currently waiting panel decision all necessary paperwork was forwarded to panel on 02/10.
42	17/07/13 - ongoing	Ward	OT Ax needed to be carried out, CC was also waiting for a report from the Sensory Impairment Team. Was referred to IMCA. Currently waiting for adaptations to the home.
43	15/07/13 - 23/08/13	Recovery House	Had to establish her entitlements and eventually, complete the Habitual Residency Test Form. Eventually applied for benefits and moved to a private let accommodation.

Initials	Date delay commenced	Location	Reason For Delay
44	02/07/2013 - 26/07/13 27/07/13 - ongoing	Recovery House and B&B	Took time to clarify housing history. VAT to identify suitable accommodation. LA responsibly from 16/09.
45	02/08/2013 - ongoing	B&B	Awaiting VAT to identify suitable accommodation
46	06/08/2013 - 10/09/13	B&B	Delay due to Internal transfer within Haringey homes. LA responsible authority.
47	28/01/2013 - ongoing	B&B	Difficult to establish housing history and entitlements. Case still ongoing.
48	06/09/13 - ongoing	Ward	Awaiting extra package of care from LA
49	06/09/2013 - 07/10/13	Recovery House	Not entitled to deposit scheme. Needs to rent privately. Admitted on 07/10.
50	11/09/2013 - 30/09/13	Recovery House	Has been served with an eviction notice from privately rented accommodation due to repairs.
51	04/09/2013 - 18/09/13	Recovery House	Had to downsize property by LA.
52	23/09/13 - ongoing	Ward	Requires 24 hour care home who provides both physical and mental health support. Needs to go back to panel.
53	24/09/2013 - ongoing	Recovery House	Needs supported accommodation. Panel date 17/10.
54	19/10/12 - 03/04/13 05/07/13 - 09/07/13 15/07/13 - ongoing	Ward	Was discharged with package of care but failed. Requires 24 hour support. When presented at panel on 03/10 - awaiting decision.
55	18/12/12 - 15/06/13	Ward	SOVA issues, could not return to family home. Eventually wife requested for him to return.
56	03/07/13 - 29/07/13	Ward	Needed an appointee to manage his money prior to Dx. Was later Dx on CTO on 05/08.
57	01/08/13 - 02/09/13	Ward	Needed 24 hours supported accommodation. However family decided to move him to Essex.

Initials	Date delay commenced	Location	Reason For Delay
58	22/08/13 - 05/09/13	Ward	Needs 24 hour supported accommodation. CC looking for alternative acc as panel declined previous presented option.
59	28/08/13 - 05/09/13	Ward	Had his own place, issues with the family with regards to allegations that they were subletting his flat. Eventually he was discharged back to his flat.
60	24/09/13 - ongoing	Ward	Admitted via learning disability placement, however, placement reluctant to have him back and requested extra package of care.

Report for:	Overview & Scrutiny Committee April 10th 2014	Item Number:	

Title:	Community Engagement with Planning – Final Report

Report Authorised by:	Cllr Stuart McNamara, Chair of Environment and Housing Scrutiny Panel

Lead Officer:	Martin Bradford, Scrutiny Officer, Corporate Governance, martin.bradford@haringey.gov.uk

Ward(s) affected: All	**Report for Key/Non Key Decisions:**

1. Describe the issue under consideration

1.1 As part of its work programme for 2013/14, the Environment and Housing Scrutiny Panel agreed to assess how the planning service engages and involves the community in local planning processes. The attached report details the conclusions and recommendations developed within this work, for which approval of the Committee is sought.

2. Cabinet Member Introduction

2.1 This is not applicable at this stage. The relevant Cabinet Member will introduce a response to the conclusions and recommendations reached in this report when presented at Cabinet.

3. Recommendations

3.1 That the Overview & Scrutiny Committee a) note contents of the report and b) agree the recommendations contained within it.

4. Other options considered

4.1 This conclusions and recommendations developed within this report have been reached after consideration of the evidence obtained from local stakeholders, national organisations and other local authorities.

5. Background information

5.1 Under the agreed terms of reference, Environment and Housing Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

5.2 In this context, the Environment and Housing Scrutiny Panel may with the approval of the overarching Overview & Scrutiny Committee:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant nonexecutive Committee arising from the outcome of the scrutiny process.

5.3 An assessment of community engagement practices used within the planning service was agreed to be included within the Environment and Housing Scrutiny Panel work programme by the Overview & Scrutiny Committee at its meeting on June 17th 2013 and the scope of this work agreed by the Environment and Housing Scrutiny Panel on the 19th November 2014.

6. Community engagement with planning service

6.1 As part of its work programme for 2013/14, the Environment and Housing Scrutiny Panel agreed to undertake an assessment of how the local planning service engages and involves local communities.

6.2 The overarching aim of this work was to:

'To assess whether residents and communities have appropriate opportunities to engage meaningfully in local planning processes through community engagement and involvement strategies within the planning service (with particular reference to the Statement of Community Involvement).'

6.3 In undertaking this work, the Panel has consulted widely with the following stakeholders and agencies:

- Local community groups (via an on line survey and a dedicated meeting);
- Local planning officers (Assistant Director, policy and development management);
- Developers (through a planning consultancy)
- Other local authorities (Islington, Hackney)
- Specialist contributors (Planning Advisory Service, Planning Aid for London).

6.4 The Panel has made 23 recommendations for approval by Overview & Scrutiny Committee to support community engagement with planning in the following areas:

- The need to develop the capacity of the community (improve trust, developing skills, improve understanding);
- The need to develop the capacity of planning officers (consultation skills, accessibility, approach);
- The importance of early engagement in planning consultation processes;
- The need to provide feedback to participants in planning consultations:
- The need to evaluate and evolve consultations to community needs;
- The need to further involve members in planning consultations;
- Improving the quality of planning proposals;
- Greater use of new technology.

7. Comments of the Chief Financial Officer and Financial Implications

7.1 At this point the recommendations within this report have not been evaluated to determine the cost of implementation.

7.2 It is likely that there will be cost implications associated with additional training, extra public meetings and use of technology and at this point no budget has been identified to fund these initiatives. Therefore the exact cost would need to be determined before any recommendations proceed to Cabinet, so that it is clear whether additional funding is required.

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

8.1 The Assistant Director of Corporate Governance has been consulted on the preparation of this report, and makes the following comments.

8.2 The promotion of democratic engagement underpins a number of recent legislative developments relating to Planning and is to be encouraged.

8.3 Notwithstanding these developments, Planning remains a statutory process with local decision making open to both statutory appeal and judicial challenge.

8.4 The recommendations touch on a number of different elements of that process and will inevitably go some way to increasing the accountability and robustness of local decision making.

8.5 The report raises a number of issues which will need specific legal advice and guidance as they are being implemented.

9. Equalities and Community Cohesion Comments

9.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern
- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

9.2 A number of engagement processes will be used to support the work of the Environment & Housing Scrutiny Panel which will seek to include a broad representation from local stakeholders. It is expected that any equalities issues identified within the consultation processes will be highlighted and addressed in the conclusions and recommendations reached by the panel.

10. Head of Procurement Comments

10.1 Not applicable.

11. Policy Implications

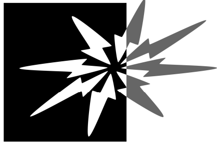
11.1 It is intended that the work of the Environment and Housing Scrutiny Panel will contribute and add value to the work of the Council and its partners in meeting locally agreed priorities. In this context, it is expected that the work of the Panel may contribute to improved policy and practice in the following corporate priorities:

- **Opportunities for all:** drive economic growth in which everyone can participate
- **A better council:** ensure that the Council works in a customer focused way

12. Use of Appendices

12.1 Any appendices are listed at the end of the report

13. Local Government (Access to Information) Act 1985



Community Engagement by the Planning Service

April 2014

A PROJECT BY THE OVERVIEW & SCRUTINY COMMITTEE

www.haringey.gov.uk

Foreword

Having a good planning service is integral to shaping local areas and regeneration, something the Council is committed to.

A huge change has been implemented in how the Council operates, including at the planning service, and scrutiny has undertaken work to assist in that process by researching and identifying areas for improvement and ongoing development.

The recommendations bring together a series of themes that are intended to put a greater emphasis on community engagement, including more pre-application consultation and a greater focus and clarity around the role of ward councillors and community groups.

Councillor Stuart McNamara (Chair Environment and Housing Scrutiny Panel)

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	Provision of feedback to participants	
	Adapting methods of community consultations	
	Further development of the role of members	
	Improve planning enforcement;	
	Greater use of new technology.	

Recommendations

Capacity Building (Community)

1. That there should be an ongoing programme of information provision for local community groups, residents associations, CAACs and residents to build links, confidence and trust between the planning service and the local community and specifically to:
   - Promote an understanding of the local planning process;
   - Support their engagement and involvement in the development of planning policy; and
   - Support their input into consultations on planned development;
   - Further encourage the cascading of planning information and awareness within the community.

   This programme should include:
   a) Provision of generic training on planning policy issues (e.g. the Local Development Plan and local planning guidance) and an update on specific planning policy issues (e.g. new legislation, new local planning policies, and current planning policy consultations).

   b) Provision of advice and training on the process for considering planning applications (including pre-application engagement, development management fora, the role of the Planning Sub Committee and advice on making representations about planning policy and development proposals)

2. Provision of an information sheet/website detailing all sources of independent planning advice available to local residents, community groups and residents associations and guidance on how to get involved.

3. As part of the corporate customer transformation project, consider the potential for planning officers to provide planning surgeries within the community.

Capacity building (Officers)

4. Officers should take up the support and training offered by the Planning Advisory Service, including ensuring that consultation programmes are coherent and targeted, make use of new methods and are properly evaluated. This should support the development of their skills/ techniques regarding community engagement and a 'train the trainer' session in order to support community engagement.

5. Planning consultations should be seen in the context of wider corporate engagement and should draw upon consultation skills, prior learning and resources available elsewhere in the Council (e.g. parking, regeneration, public health and CYPS). A coordinated approach should be taken with other Council consultations, with a view to a common consultation database being used by all services.

Feedback

6. To improve the feedback given to respondents as part of planning policy consultations as well as respondents to individual planning applications, ensure that the outcomes of the consultation are accurately noted and recorded within final planning decisions / documents.

7. It is recommended that in consultation with the local community and reference groups, the planning service develop brief guidance notes and practical sources of advice to:
   - Assist the community in commenting on planning applications and contributing to planning policy consultations within the context of what counts as material considerations;
   - Guide and signpost householders with submitting properly validated planning applications.

8. It is recommended that an additional condition is placed on decision notices when granting planning permission, especially for larger schemes requiring applicants to place a copy of the notice on the site premises during construction so as to facilitate community inspection and monitoring and where necessary, enforcement.

Early involvement

9. That pre-application engagement is embedded within the planning consultation structures to ensure the earliest engagement possible with ward councillors, local residents associations, CAACs, local businesses, traders associations and members of the public (the reference group).

10. For major proposals, in addition to any consultation undertaken by the applicant, the Council should ensure that the Development Management Forum (DMF) is held at the pre-application stage. This should be linked to greater coordination with the considerations of the Design Panel at the pre-application stage.

11. That there is a pre-committee call over meeting established, open to all members of the Planning Sub Committee, to provide information to members including details of the planning applications to be considered and the planning path taken (e.g. DMF, site visits, consultation).

12. In line with the Localism Act 2011, a revised planning protocol should give greater clarity as to how members can be involved in the pre-application process (including clear and consistent advice on predetermination and predisposition), and in particular how ward councillors for the areas affected by the proposed development can be engaged with. The service may wish to consider the development of a model based on best practice in other local authorities for their Planning Committee to be formally engaged at the pre-application stage (e.g. Hackney, Croydon & Islington).

13. Further consideration should be given to the facilitation of provision for community engagement, including some funding within Planning Performance Agreements for complex planning proposals to allow:
   - The identification of key stakeholders;
   - More time for involvement of local stakeholders (including the reference groups);
   - The development of clear consultation timelines and planning milestones in the planning process.

14. Explore provision within the customer transformation project for residents to provide with email address, so as to facilitate the receipt of notification alerts for planning development/policy in their ward (and or set at a radius of 500m). A local

consultation should include as a minimum local councillors, residents, associations, community groups, businesses and traders associations together with other residents who proactively request inclusion – the reference group.

15. Update the procedure for how members are involved in the planning process for delegated decisions during both the application and consultation stages. This should include the retention of the weekly distribution list of new planning applications, the reporting to Planning Committee of major applications in the pipeline and also recent delegated decisions.

Planning Consultations

16. It is recommend that within planning consultations, processes should:
    - Maximise the use of participative methods;
    - Maximise access to planning officers;
    - Include an evaluation as standard;
    - Involve the reference group (e.g. members, residents associations, community groups, business and traders associations).

17. That the planning service should reconsider how Area Fora are used for planning consultations particularly in relation to:
    - the reach, participation and involvement of the local community;
    - links to development management forum at the pre-application stage;
    - improving the presentation of consultation documents which may support better understanding and engagement at these fora.

Improving quality of planning proposals

18. Greater use of community consultation events to support the formation of pre-planning advice and information for the top 10 planning issues i.e. to create a detailed checklist of information that's needed and how it is presented (N.B what are the top planning issues for the community e.g. design, heritage, conservation, enforcement capacity, durability of materials landscaping etc).

Member development

19. In recognition of the important roles of the ward councillor and the planning champion, engagement, involvement and 'planning champion' have, there should be:
    - A minimum (Level 1) programme of member training and development for all 57 councillors to further enable them to represent community interests within their wards;
    - More Councillors given full (Level 2) training in planning so as to increase the pool of Councillors available to sit on Planning Committee;
    - Further training on planning policy (scope and content of documents as well as timetable for remerging documents);
    - Bespoke web page(s) providing information, advice and support;
    - Clarity over key local contacts in the planning process.

20. That the planning service develop a 'feedback loop' whereby periodically (every 6 months) a review process is undertaken with members to look at development schemes that have been authorised, the purpose being to review development help

and ensure that future proposals reflect the views and aspirations of the community and are policy compliant.

Statement of Community Involvement (SCI)

21. It is recommended that in the updating of the SCI the community is consulted so as to reflect the emerging consultation priorities and processes listed elsewhere within this report:
    1) Renewed emphasis on the role of members and the reference group;
    2) Importance of pre-application discussions and involvement to be given greater status.

22. A dedicated webpage to be provided for the SCI so as to allow for more frequent updates and the provision of useful links for the community.

21. That a short executive summary of the SCI be developed and distributed among the reference group.

New technology

22. Given the importance of digital processes in conveying information and advice in support of planning processes, it is recommended that the planning service reviews the layout, function and utility of the planning section of the so as to:
    - Ensure that GIS technology is fully utilised in planning processes (to enable real location viewing of planning applications (e.g. Wiltshire) and assist in planning notifications;
    - Ensure that the website can be used to capture and report community intelligence that may assist planning enforcement;
    - Ensure that feedback provided within planning and development proposals is clearly labelled;
    - Ensure that existing planning notification, consultation and reporting media (e.g. press, posters, letters) are maintained so as to be best utilised to underpin the increasing shift towards web based services.

23. To improve the accessibility of planning documents it is recommended that the planning service consider the acquisition of 3D modelling software, so as to help the reference group and other interested parties better visualise (and obtain a more accurate representation of) planned major development and planning proposals.

1. Introduction

1.1 A review of the Development Management function within Haringey Council was undertaken in May 2012. This review encompassed all service aspects including the planning process, service performance, leadership and customer service. As a result of this evaluation, a Development Management Improvement Programme (DMIP) was established which is being monitored and overseen by Regulatory Committee.

1.2 As part of its work programme for 2013/14, the Environment and Housing Scrutiny Panel agreed to undertake an assessment of how the local planning service engages and involves local communities. In particular, the panel agreed to assess Haringey's Statement of Community Involvement (SCI) and to undertake a comparative assessment with other Local Planning Authorities. It is expected that this work will contribute to the DMIP.

1.3 In undertaking this work, the Panel consulted widely with local stakeholders, including local community groups, residents' associations and Conservation Area Advisory Committees (CAACs). In addition, evidence has been received from planning services in other London Boroughs as well as specialist planning services such as the Planning Advisory Service and Planning Aid for London. It is hoped therefore, that the conclusions and recommendations developed within this report will guide and inform the approach to community engagement by Haringey Planning Service.

2. Background

2.1 It is broadly acknowledged that community involvement is key factor in the delivery of good planning outcomes as this can help to empower individuals and communities to play an active role in shaping the community in which they live. Furthermore, community engagement within planning processes can:

- Help to identify local needs;
- Inform policy development;
- Provide evaluative feedback on local projects and plans; and
- Develop a sense of local ownership and civic pride.

2.2 Evaluative studies[1] have highlighted a number of significant challenges that Local Planning Authorities experience in engaging and involving local communities in local planning processes, including:

- Costs for participation and running involvement exercises;
- The complexity of the planning issues under consideration;
- Reaching hard to reach or seldom heard communities such as young people and older people;
- Planning is often perceived as a remote bureaucratic process which does not encourage involvement;
- Language of planning, with technical expressions and jargon can be a deterrent to involvement;

[1] Planning and Community Involvement: A guide to effective S106 agreements and Statements of Community Involvement Town and Country Planning Association (with The Rayne Foundation & Ethical property Foundation)

- Perception that planning consultation is dominated by highly vocalised local interest groups.

Community involvement in planning at the local level

2.3 There is an extensive legislative framework in place which governs community involvement in planning. There are statutory requirements for making information available about development plans and planning applications to ensure that local people can make appropriate representations on plans and planning applications.

2.4 The planning process is process driven, and planners need input from the public at certain points in plan making to ensure that statutory requirements are met. There are two categories of consultation at the local level:
- Local plan making process: each Local Planning Authority (LPA) is responsible for the preparation of Local Development Documents which make up the Local Development Framework (LDF).
- Development Management: This is the decision-making process for planning applications.

2.5 A summary of the key local planning processes in which public consultation is sought are outlined in Appendix A.

Statements of Community Involvement

2.6 Local Planning Authorities are statutorily required to develop a Statement of Community Involvement (SCI). This is a document that sets out the framework for how the Local Planning Authority will engage with the public in preparing Local Development Plans in plan making and in commenting on planning applications.

2.7 The aim of the SCI is to set out the ways (e.g. how and when) the Local Planning Authority will consult on planning decisions and the plan making process. More specifically however, the SCI should encourage and support 'front loading' where consultation with the public begins at the earliest stages of each document's development to ensure that communities are given the fullest opportunity to participate in planning processes.

2.8 The SCI sets out a framework of minimum standards for community involvement standards that the Local Planning Authority will comply with in local planning processes.

Local Context

2.9 Haringey SCI (was initially adopted in 2007, but has since been updated in 2011. The SCI and the methods and processes of community involvement proposed within aim to reflect local demography and needs of local residents and communities. In addition, the SCI has been developed with reference to other key strategies and policy documents:
- Haringey Council Consultation Strategy: which sets out the guiding principles of how the Council will engage with local people;
- Haringey COMPACT: an agreement between voluntary, community and statutory organisations on how they intend to engage and work with each other;
- Council Equal Opportunities Policy.

2.10 As part of the plan making process, public consultations that are carried out are assessed against the SCI during the public examination of plans. Haringey's Core Strategy (now called the Local Plan Strategic policies) was found to be sound by the Planning Inspector who carried out the examination in Public including compliance with the SCI.

2.11 Together with other customer service functions, Haringey SCI was assessed as part of an external review of the Development Management Function.[2] It was concluded from this assessment that:

- There was a broad range of written guidance on the development management process available on and off line;
- That service standards in the customer charter and SCI were not clear, were not monitored or reported upon;
- There could be further improvement in the way neighbours and objectors are given clear, timely information about proposals and amendments.

3. Scrutiny aims, objectives and work-plan

Aims

3.1 The overarching aim of the EHSP was agreed as:

'To assess whether residents and communities have appropriate opportunities to engage meaningfully in local planning processes through community engagement and involvement strategies within the planning service (with particular reference to the Statement of Community Involvement).'

Objectives

3.2 Within the overarching aim, the EHSP agreed to address a number of key objectives, which were to assess:

- The Haringey Statement of Community Involvement (SCI) and make recommendations for development / improvement;
- Community perceptions of local engagement and involvement for consultations for planning policy consultations and individual planning consultations;
- The use of digital, new technology and social media as a means to engage and involve local residents and communities with planning development processes;
- The need for local provision of education and training among local community groups to support engagement with local planning process (capacity building);
- The role of members in community engagement, and consider ways in which they can be engaged in the pre-application process;
- How recent legislative changes have impacted on community engagement.

Processes

3.3 The EHSP sought to meet the above objectives through the following processes:

- Discussions with local officers from Planning Policy and Development Management to establish local policy and practice;
- Consultation with local community groups involved in local planning processes to asses engagement and involvement processes;

[2] Development Management (DM) Diagnostic review – Haringey Council 2013 (Regulatory Committee)

- Consulting other local authority planning services to draw on their comparative experiences and learning for community involvement;
- Consultation with specialist agencies to help identify good practice which may inform developments here in Haringey.

Work-plan

3.4 A range of information gathering methods were employed to ensure that the EHSP had access to evidence necessary to assist them in this investigation. This included:
- Desk based reviews (local policy and performance data);
- Formal panel meetings (to hear evidence from officers and to coordinate work programme)
- Informal evidence gathering sessions (with local stakeholders and other informed agencies);
- Primary data collection among those involved in community planning exercises (e.g. survey and focus group).

3.5 A range of stakeholders were involved in this project within the following themes:

Community	Local Policy & Practice	Comparative Policy & Practice
▪ Community groups ▪ Conservation Area Advisory Committees ▪ Residents	▪ Haringey Planning Service	▪ Other Local Authorities (Islington, Hackney) ▪ Planning Aid for London ▪ Planning Advisory Service ▪ Dp9 Planning Consultants

3.6 As part of the work programme, the EHSP used the following methods to support the investigative process:
- *Formal panel meetings*: with planning officers;
- *Informal evidence gathering sessions* with specialist agencies and other local authorities
- *Community meetings* with local community groups, CAACs and resident associations (a list of all groups that attended is contained in **Appendix B**);
- *Survey* of local community groups, CAACs and resident associations (full analysis is contained in **Appendix C**).

3.7 The following table provides a summary of the panel work-plan in completing this project.

Aim	Purpose / Activity	Time line
Local Policy & Practice	A. Panel Meetings with Officers B. Evidence / Report from Planning Service C. Assessment of Haringey Statement of Community Involvement (Planning)	November 2013
Comparative Policy and Practice	A. Other planning authorities - Islington, Hackney B. Specialist Agencies - Planning Advisory Service - Planning Aid For London	January 2014
Community	A. Dedicated consultation event	February

feedback	B. Survey	2014
Developer perspectives	A. Dp9 – Planning Consultants	February 2014

4. Statement of Community Involvement

4.1 The panel noted that consultations on both planning applications and planning policy documents are subject to statutory consultation requirements. In addition, the principles and methods of local planning consultations are statutorily required to be set out in a local Statement of Community Involvement (SCI). The panel noted that the SCI is generally produced as a framework document to allow consultations to be tailored to the needs of the local community. The panel noted that the planning service would aim to exceed minimum consultation requirements detailed in the SCI, though this will depend on the type of consultation, the target consultees and resources available.

4.2 The panel noted that Haringey's SCI was first adopted in May 2007 and was subsequently reviewed again in February 2011 (due to changes in planning law). The panel noted that a further review is expected in 2014 to reflect legal requirements set out in the Localism Act (2011). The panel hope that its work would contribute to this review process.

4.3 National guidance[3] issued in 2008 to Local Planning Authorities for the development of SCIs indicates that these should include:

- A clear explanation of the process and methods for community involvement for different types of documents (e.g. Development Plan, Supplementary Planning Guidance) and how diverse sections of community involved;
- Details of those community groups that need to be involved at different stages of the process;
- An explanation of the process and methods for effective community involvement in determining of planning applications;
- Details of the Local Planning Authorities approach to pre-application discussions;
- Details of the Local Planning Authorities approach to community involvement in planning obligations;
- Information on how the SCI will be monitored, evaluated and scrutinised at the local level;
- Details of where community groups can get further information on the planning process (e.g. Planning Aid);
- How landowners and developer interests will be engaged.

4.4 Evaluative studies amongst community groups as to what makes an effective SCI have identified the following characteristics:

- Clear, written in plain English;
- Clarity about the SCI and its role;
- Practicality and usability: use of simple summaries, provision of examples (e.g. site notices, neighbour notifications);
- Detail of priorities and resources available for community involvement;
- Clear explanation of how the SCI will influence policy development;

[3] Planning Policy Statement 12 – Local Spatial Planning DCLG 2008

- Engagement with the whole community especially hard for each or seldom heard groups.

Local perceptions of the SCI

4.5 The Panel sought the views of local community groups on the Haringey SCI via a survey and dedicated focus group. The survey sought to assess community groups awareness of this document, whether they had read or used it and if so, how useful it was. Analysis of survey data indicated that of those local community groups that responded:

- 55% were aware of the SCI;
- 35% had read the SCI;
- Of those who had read the SCI, 71% found it useful.

4.6 Qualitatively, local perceptions of the SCI were that it was not widely publicised and needed further promotion across the community, including greater prominence on the council website. Furthermore, there was a perception that the content was fairly turgid, and that a short summary document would be of benefit:

> *'Not publicised widely enough. Many residents are not aware of the statement or its implications.'*
>
> *'The content is also fairly dense and needs to be simplified with summary to help guide readers through the processes.'*

4.7 Of most concern to the community however, was the perception that the document was an aspiration for consultation rather than an implementable approach. Qualitatively, local community groups voiced scepticism as whether the community engagement or involvement processes described in the document are followed through in practice:

> *'.... more a statement of intentions than a recipe for action.'*

4.8 The panel noted that the SCI was of critical importance to local engagement as this document should set out the context, nature and approach of consultations undertaken by Local Planning Authorities. It was therefore of critical importance that the future re-assessment of the SCI is validated with the community to demonstrate that the prospective approaches to engagement and involvement are endorsed locally.

5. Local Planning Consultation framework

5.1 The panel noted that the Planning Service was committed to involving and consulting local people in planning processes and that the views of local people were important in shaping the future of the borough. Effective community involvement and consultation is fundamental to this process to ensure that decisions are reasoned, transparent and accountable to the community.

5.2 The Planning Service consults in the formulation of local planning policies. These would include major planning documents at the Core Strategy, as well as more specific policies for particular planning issues. Minimum requirements for consultations are set out by government, and the SCI provides additional methods

and approaches to help ensure community involvement is effective and reaches local stakeholders.

5.3 Different methods and requirements for consultation are required depending on the status of the planning document. For example, whether it is a Development Plan Document (DPD) or a Supplementary Planning Document (SPD):

- A DPD brings forward statutory local policy which requires at least two stages of community consultation and an independent examination;
- An SPD provides further guidance for policies in DPDs and as such requires only one stage of community consultation and is not subject to an examination.

5.4 The panel noted that a variety of local stakeholders were involved at various stages of the plan making process and include:

- Statutory consultees (e.g. Mayor of London, neighbouring boroughs, Fire Service, Police Service, utilities, health, transport);
- Representative bodies;
- Community groups;
- Business groups, planning agents and consultants;
- Local residents and individuals.

5.5 The planning service maintains a database of local stakeholders and currently this has almost 1,500 entries. The database is updated every three years and this last occurred in 2012. In some cases the Planning Policy team will access other consultation databases to target groups or individuals for particular issues, for example the London Landlord Association database was used for consultation on the introduction of the Article 4 Direction.

5.6 The panel noted that Consultations should be flexible, accessible and tailored to meet the needs of consultees and the scope of the planning document. In this context, a wide range of consultative methods can be deployed to inform and engage local residents. These could include:

- On line surveys
- Dedicated focus groups
- Drop in sessions
- Attendance at residents and community group meetings
- Workshops
- Area Fora
- Street leafleting
- Public road-shows, exhibitions, stalls.

5.7 It was noted that informal methods of consulting, such as drop-in sessions, public exhibitions and on street leafleting, have proved to be successful in engaging with individuals who have not been involved with planning before and who would otherwise not have the time or interest to submit a formal response to a consultation. Their views and issues are captured through these processes and, in some cases, participants will ask to be included in the consultation database to receive information on future consultations.

5.8 Notifications setting out when and how the Council will consult on a particular document are published through a variety of media including: local press; the Council's website; emails and letters to statutory consultees, all organisations, voluntary and community groups, and individuals on the Planning Policy consultation

database; the Council's consultation calendar; Haringey People (when appropriate); and information leaflets and posters (when appropriate). Printed documents are made available in public libraries and in the Planning Service office.

5.9 The panel noted that wherever possible, the Planning Service sought to work with established structures such as the Developers Forum, Conservation Area Advisory Committees, Tenants Forums and Residents' Associations which allow engagement with a wider audience.

6. Barriers to effective community engagement and involvement

6.1 From evidence presented to the panel via the community focus group and community survey, it was apparent that there were a number of issues that inhibited engagement and involvement by local community groups, residents associations and local residents in planning consultation processes. In summary, these included:

- The complexity and volume of planning processes;
- Not recognising or utilising the community knowledge, skills and understanding of local issues in planning processes;
- The need for greater transparency in planning processes (the role of the Planning Authority);
- The need for greater trust and openness and joint working in local planning processes.

Volume and complexity of planning information

6.2 A significant problem for local residents and community groups for involvement in local planning consultations was the accessibility of planning documentation. The panel noted that many local groups and individuals struggled with the volume and complexity of planning documentation. In addition, potential contributors to planning consultations found it difficult to keep pace with new planning legislation and how reforms impacted on local planning policies and local development plans.

6.3 The panel noted that even well established community groups that had a good knowledge of national and local planning policies and were actively involved in local planning consultations, reported difficulties in keeping up to date with changes to the national, regional and local planning policy framework. It was noted that the complexity of planning policies and processes was such, that few individuals or groups had the necessary time or resources to meaningfully contribute to development management or planning policy consultations.

Under utilisation community knowledge and resources

6.4 It was emphasised to the panel, that local community groups should be recognised as a significant resource for local planning services given their detailed knowledge of geographical areas, local issues and experience of planning processes. A number of community groups consulted in this investigation suggested however, that to the detriment of local planning consultations and planning outcomes, communities were not as fully involved and engaged as they would like to be in local planning process.

6.5 The failure to fully capture local knowledge and understanding in planning processes had lead to a perception that the local Planning Service is too far removed from local communities. In this context, it was suggested that there was a need to further

involve local residents and assesses community opinion to ensure that this was factored in to final planning applications or planning policies.

Transparency

6.6 It was communicated to the panel that greater transparency in local planning processes would help to encourage and support further community engagement in local planning consultations. It was suggested that there was often a welter of supporting information within planning consultations which local residents found difficult to navigate and to draw out key facts from.

6.7 In addition, community groups were confused by the role of the Council in local planning processes, which outwardly appeared to straddle the interests of both developers and the community. Furthermore, many residents remained confused as to the role of the Council, local Planning Service and other council departments within planning consultations and would welcome greater clarity, particularly around:

- The strategic aims of the Council;
- The role of interested parties being made clearer in planning processes;
- The aims of individual consultations.

Openness, trust and joint working

6.8 During the consultation with community groups, it was apparent that a perceived lack of openness in previous planning processes had in some cases, lead to a break-down in trust between the community and local planning services and was an inhibitor to community involvement in local planning processes.

6.9 It was suggested to the panel that it was the Council's role to ensure that interested parties and stakeholders worked together for best effect in local planning processes and for the betterment of the community as a whole. At present, the perception was that there was too much 'head-to-head' in planning processes which has lead to resources being wasted and under achievement of planning aims. It was suggested that the Council should adopt a more strategic approach to community engagement and involvement which included a:

- Clearer strategic vision for what the Council is trying to achieve;
- More detailed assessment of community resources and how these can contribute to this vision;
- More cooperation between interested parties (the planning service, local communities and developers).

7. Steps to improve community engagement

7.1 During the course of this investigation, the Panel have highlighted a number of areas for development that could further develop community engagement and involvement in planning processes. These were:

- Building the capacity of the community;
- Building the capacity of officers;
- Early involvement in planning process;
- Planning Performance Agreements;
- Improving the quality of planning proposals;
- Provision of feedback to participants in planning consultations;
- Adapting the approach and methods of community consultations;
- Further developing the role of members in local planning consultations;
- Improvement planning enforcement function;
- Greater use of new technology.

Building the capacity of the local community

7.2 The panel recognised, that as a priority, there should be a ongoing programme of capacity building for local community groups, Residents Associations, CAACs and residents to build links, confidence and trust between the Planning Service and the local community. Such a programme would be necessary to:

- Promote an understanding of the local planning process;
- Support community engagement and involvement in the development of planning policy;
- Support their input onto consultations on planned development;
- Further encourage the cascading of planning information and awareness within the community.

7.3 Evidence from the survey of community groups (Appendix C) recorded that there was a substantial appetite for community capacity building. Here it was noted that:

- 89% of respondents thought that more community based events (e.g. workshops) would be helpful to community engagement;
- 79% of respondents thought that more generic training on planning issues would be helpful to community engagement.

7.4 On the evidence presented in this investigation, the panel noted that community capacity building should focus on a number of areas:

- The provision of advice, information and training on generic planning policy issues as well as planning processes for consideration of individual planning proposals;
- Working with, and building the capacity of existing community networks;
- Draw on skills of existing community infrastructure;
- Increasing access to independent advice.

7.5 In evidence presented to the panel both the Planning Advisory Service and Planning Aid for London concurred that it was important that the local community represents a significant resource to local planning services, and where possible it should seek to harness such skills and expertise and local knowledge to the benefit of local planning processes.

7.6 In order to support meaningful engagement in consultations for new planning development or planning policies, the panel recognised the need to invest in training for local groups and residents. Through enhancing local planning knowledge, skills and understanding, the capacity of the community to engage, be involved and meaningfully contribute is increased. It is anticipated that such training could be cascaded more widely throughout the community.

Working with existing community networks

7.7 Evidence presented to the panel suggested that it was important to build the capacity within existing community groups. Both PAL and Islington Council indicated that they had worked with local voluntary sector umbrella groups (Voluntary Action Camden and Voluntary Action Islington) to help build local capacity to engage and be involved in local planning processes. It was also noted that community capacity building was an important step in supporting cultural change to encourage local community leadership and responsibility for planning issues.

7.8 In its evidence to the panel, the Planning Advisory Service recommended that community engagement and capacity building should be focused and objective and *properly evaluated* to ensure that what work is undertaken is done well and builds up positive experiences and confidence within the community (and encourage further participation in the future).

Independent Advice

7.9 Given the complexity of the local planning processes and the resources available to developers, it was suggested that as part of any capacity building programme, there should be improved access for the community to independent planning advice and support. The panel sought to asses the range of independent advice available to individuals and local communities to support their engagement with local planning processes. It was noted that there were a number of sources which included:

- Royal Town Planning Institute (RTPI) a charitable body supporting spatial, sustainable and inclusive planning;
- Planning Portal;
- Planning Advisory Service;
- Planning Aid for London.

7.10 The panel recommended that an advice sheet is developed for local residents and community groups in Haringey which provides details of those organisations from which independent planning advice can be obtained.

Building capacity of individual residents (small scale development)

7.11 There was a perception among those community groups consulted within this investigation that whilst community engagement and involvement for large scale developments was important and necessary, engagement and involvement on smaller scale developments in comparison often felt ‘overlooked’. The panel noted that in this context, individual residents in neighbouring properties of proposed smaller developments often do not know where to start in participating in a consultation or indeed in developing a response. Whilst it was noted that there was information available, individual residents may not have the not knowledge or confidence to draft a response

7.12 Thus in addition to building the capacity of community groups, it was suggested that there should be a mechanism through which individual residents can be signposted to local Residents Associations, community groups and other sources of planning information to ensure that planning knowledge, skills and understanding is cascaded widely in the community. Furthermore it was suggested that there should be:

- More information for local householders on the council website (particularly in the form of 'how to' guides to make applications and to contribute to consultations);
- More guidance from planning officers as to what information is expected, or what issues are valid and can be considered within planning applications;
- Signposting to independent planning advisory services.

Building the capacity of officers

7.13 The panel noted that the issue of capacity building also extends to the role of local planning officers, in that it may be necessary to build and extend the community engagement skills of local planning officers. Evidence to the panel suggested that it was rare for dedicated community engagement or consultation expertise within planning services and this is carried out generically within existing planning officer roles.

7.14 As part of the investigative process, Planning Advisory Service attended to give evidence to the panel. During this evidence, PAS representatives offered further training to local planning officers to help support community engagement and involvement function within the service. The panel hoped that such training would enhance consultation skills and practices of officers and develop the consultation capacity and expertise within the department as a whole.

7.15 The panel noted that there was there was substantive consultation experience and expertise across the Council in other departments (e.g. parking, adults service, CYP). It was suggested that planning officers should, where possible, draw on the consultation and engagement experience of these services and where appropriate, seek to develop such consultations in tandem (in particular transport and parking services).

7.16 A key finding from the survey and the consultation with local community groups was that the accessibility of local planning officers is a key factor in community engagement and involvement. Indeed, from the survey it was noted that 95% of respondents indicated that improved access to planning officers would support further participation in local planning processes (Appendix C).

7.17 From the consultation, community groups acknowledged that as a result of budgetary pressures, there had been a reduction in planning officers which evidently had created additional workload pressures for those that remained. It was apparent however, that the community wanted to see a further development in the way that local planning officers operated and worked with the community. It was suggested that local officers should:

- Have a developed knowledge and understanding of the local area, its issues as well as local resources (e.g. community groups);
- Adopt an holistic approach to planning needs assessments in those areas and seek to involve a wider range of stakeholders in planning consultations;

- Have more mobility to ensure greater connectivity with the community, local issues and proposed developments;
- Offer local surgeries to improve access to advice and information on local planning processes.

Early involvement in planning process

7.18 National guidance updated through the National Planning Policy Framework, [4] emphasises the importance of early and meaningful engagement in planning processes:

> *'Early and meaningful engagement and collaboration with neighbourhoods, local organisations and businesses is essential. A wide section of the community should be proactively engaged, so that Local Plans, as far as possible, reflect a collective vision and a set of agreed priorities for the sustainable development of the area, including those contained in any neighbourhood plans that have been made.'*

7.19 The panel noted that constructive pre-application discussions between potential applicants, planning officers and the community can help to ensure all relevant considerations are addressed before an application is formally submitted. Earlier opportunities for local stakeholders to engage and discuss proposals offers a number of potential benefits to the planning process:

- It can help to identify improvements needed to a scheme before it is formally considered;
- Improve the quality of the submitted application (for example, ensure that it is supported within development plans and conforms with local planning policies);
- Facilitate the speedier delivery of decisions, time and cost savings and higher quality development;
- Bring greater certainty into the process;
- Less pressurised timescales allows for greater community engagement and involvement.

Local perceptions

7.20 Within the focus group, there was a perception that the timescales for consultations for new development was insufficient to allow members of the public, residents and local community groups to read and absorb paperwork and to construct meaningful responses. It was suggested that there were a number of factors which were not given enough prominence in developing timeframes for local consultation frameworks. These included:

- The ability of local communities to access information digitally or via the internet;
- The proportion of non- English speaking communities resident in Haringey;
- Unreliability of existing notification processes (letters to households, posters in lampposts);
- Lack of baseline planning knowledge and understanding within the community (which may necessitate potential respondents to undertake research or seek other sources of advice or support).

7.21 Analysis of both quantitative and qualitative data from the community suggested strong support for earlier involvement in consultations for new planning policies or

[4] National Planning Policy Framework DCLG 2012

individual developments. Analysis of survey data found that 84% of respondents agreed that earlier notification of planning application proposals would improve community engagement (Appendix C).

7.22 Qualitative analysis would suggest that earlier engagement with the local community, particularly in relation to new development, would be most beneficial as this would allow more timely input into development proposals which may avoid later problems in the planning process:

'Early notification of proposed plans or changes is essential if people are to have time to respond.'

'Representatives of local community groups could be invited to attend pre-application advice meetings. We might then avoid having unsuitable designs inflicted on us, and address contentious issues at an early stage.'

7.23 Similarly, qualitative analysis also suggested that earlier consultation in the development of local planning policy would be helpful:

'To be consulted about new policies at an early stage and not just to find out about things when they are published as happened recently with the policy on basement extensions.'

7.24 In the focus group among community groups, the importance of pre-application consultation was also underlined to the panel. It was suggested that early stakeholder liaison had numerous benefits and communities welcomed early sight of development proposals and the opportunity to feedback and influence plans. It was pointed out to the panel however, there was inconsistent support and take up among developers for pre-application discussions and more should be done to encourage them to support and attend such fora.

Developers

7.25 The review also found support for early engagement in planning processes among developers. The panel noted that developers recognised the importance of early engagement where it was suggested that such early investment in local communities had a number of significant benefits:

- Allows more time for greater representation local stakeholders to be involved including community groups, local councillors as well as local residents;
- There was more time for meaningful engagement and for opinions to be canvassed fully and objections dealt with at an early stage;
- It minimises the risk of later (and more costly) legal challenge in the planning process.

7.26 It was also noted that it was important that developers were notified of key objections or problems with any proposed scheme as early as possible within planning processes, as this could allow for planned and timely solutions to be put in place. It was noted that significant delays can occur when:

- Local planning policies are not compliant (out of date, in need of updating);
- There is poor member engagement;
- Issues or objections being raised for the first time at Planning Committee.

Member involvement at pre-application stage

7.27 Traditionally, local Planning Services have been wary of involving councillors at any pre-application stage to avoid any notion of predetermination. It is recognised however, that members can play an important role in pre-application discussions as their involvement can assist the planning process through:

- Local knowledge (groups, representatives, area, history);
- Their understanding and representation of community views;
- The early identification of planning problems.

7.28 As a result of provisions within the Localism Act (2011) the panel noted that there was new probity guidance for Councillors and officers particularly in relation to the consideration of planning proposals at the pre-application stage. Provisions within the Act allow Councillors more freedom to engage, express their views and question the applications so long as this is done with an 'open-mind' and without pre-determination. This guidance recommends that in particular, Planning Committee members:

- Avoid expressing an overall view and indication of how they intend to vote;
- Limit their questions to an understanding of the proposal;
- Avoid asking questions which could not be viewed as having a closed mind.

7.29 In written evidence submitted to the panel, it noted that a number of other London Authorities had established pre-application consultation processes in which members were involved:

- *Camden* – Development Management Fora that enable local residents, business and organisations to comment on proposals at an early stage. Members and officers attend but do not express any opinions on the merits of the proposal.
- Croydon – operate a Strategic Planning Committee for major planning applications (both at pre-application and decision). Members receive presentations from developers, though avoid giving an opinion on the scheme as a whole;
- *Lambeth* – operate a strategic non-decision making panel where members and senior officers are briefed on major development proposals at pre-application stage.

7.30 Evidence from other authorities indicated that it was often difficult for people to meaningfully engage at the pre-application stage, particularly when plans may be still in their infancy and fully worked up (i.e. exactly what it planned, what this will it look like and what impact that it may have in the community). This required the need for pre-application protocols around the provision and exchange of information.

7.31 The panel noted that a review of the current member protocol for involvement in pre-application planning processes is scheduled for 2014 which will draw on experience and best practice in other authorities and evidence emerging from this review.

7.32 The panel noted that as part of this process it would be essential to establish rules of engagement for developers, members and the local community at the pre-application stage. In this context, the panel noted the recent joint publication by the Local

Government Association and British Property Federation: *10 Commitments for effective pre-application engagement*,[5] which covered the following areas:

- Parameters of consultation (timing, proportionality);
- Open exchange of information;
- Collaborative working to find deliverable outcomes;
- The need to involve members;
- Need to keep a record of meetings held.

7.33 In addition, it was noted that Planning Advisory Service was intending to provide further support to local authorities to develop and improve local pre-application processes. It was envisaged that this support would consist of a programme of workshops that could be operated locally, to help services evaluate and improve existing pre-application processes.

Planning Performance Agreements

7.34 The panel noted that it can be difficult to determine planning applications within the statutory timeframe, particularly when large developments may raise many complex issues (e.g. high density development, mixed use, historic environment, local community concerns). In such cases, a Planning Performance Agreement between the Local Planning Authority and prospective developers can allow decisions to be taken outside the statutory timeframe.

7.35 The panel noted that Planning Performance Agreements (PPAs) are essentially a project management process and tool to improve the quality of major planning applications. PPAs can provide greater certainty and transparency in the development of major schemes, particularly in relation to the assessment of the planning applications and in the decision making process. PPAs can help to provide:

- Key timescales for the applicant for submissions and decisions
- Information to support engagement and consultation (e.g. details of who is consulted and when).

Improving the quality of planning proposals

7.36 Survey and focus group evidence presented to the panel suggested that an improvement in the quality of planning proposals would be beneficial to community involvement in local planning processes. Data from the survey indicated that just:

- 50% of responding community groups were satisfied with accessibility or readability of planning documents;
- 39% were satisfied with the quality of planning consultation documents (Appendix C).

7.37 The panel noted evidence from Planning Aid for London on the work that had been undertaken in a neighbouring authority to improve the quality of planning applications submitted. Every developer and every agent working in the borough were consulted to identify those planning issues of most concern for which a pre-application information guidance (Top Ten Issues) were developed. Through involving local developers, it was hoped that this would improve the quality of submissions (given that this was what was agreed) and help to minimise later enforcement action as this

[5] 10 Commitments for effective pre-application engagement, Local Government Association (2014)

guide would set out 'up front' what is needed and expected from developers. It was noted that this process could also help to speed up the planning process.

Feedback from consultations / proposals

7.38 An important part of the community engagement and consultation cycle is the provision of feedback, where participants are informed of how their contributions have impacted on proposals. It was suggested that this was a weakness in local planning processes, in that whilst many people take the time to develop reasoned and meaningful responses to planning proposals, there is generally little record as to how such contributions have shaped and informed final plans. This is problematic for the community in that:

- There is no validation of responses (what information has been useful, what has been disregarded);
- It does not stimulate or encourage participation in future consultations.

7.39 Analysis of data obtained from community groups via the focus group and survey would appear to verify this assessment. Qualitative analysis would appear to suggest that little feedback is provided to contributors to planning consultations which makes it difficult to determine the usefulness of submissions and how this has impacted on final plans:

> *'Often the designated planning officer does not mention comments in her/his report.... .'*
>
> *'Consultation should directly involve residents and the results need to be made transparent.... .'*
>
> *'Community Engagement would be improved if the Council were to publish and explain the reasons for their decisions when they are contrary to the views expressed through this process.'*

7.40 In this context, many community groups indicated that this gave rise to considerable local frustration as it was not clear if submissions had been noted or indeed were useful to planning officers, and that overall this suggested that consultations were not a two way process:

> *'... if you call it a consultation it must be one. It is a two way process or don't bother.'*
>
> *'The consultation process is a charade. While it is easy to comment online on planning applications, local residents' opinions seem to be totally ignored. One questions whether the planning officers read them.'*

7.41 Respondents suggested that if it was apparent that consultation contributions had been assessed and recorded where these had influenced planning decisions, this would encourage further participation:

> *'[Our community group would be more involved] if they felt that their comments were taken more seriously. It is often the case that the comments submitted by this CAAC for example are not mentioned at all in a planning officer's report.....'*

7.42 The panel noted that it was important to demonstrate the impact consultation with local residents and community groups had had upon individual planning proposals and that it was important to provide a mechanism for such feedback to:

- Provide reassurance to participants that contributions were useful, valid and contributed to the planning process;
- Provide a guide to potential participants future in planning consultations;
- Facilitate further community engagement in the future;
- Manage the expectations of the community.

7.43 The panel were keen to see the development of a systematic process in which contributions to planning consultations were accurately noted and if these had been of material influence to final planning proposals.

7.44 In evidence from the planning consultant, the panel noted that it was equally important for developers to receive feedback on planned developments from numerous council services (e.g. waste, transport, planning), though this is not always coordinated, consistent or timely (e.g. responses were provided at different times, different recommendations etc). The panel noted that it was important that there is coordinated multidisciplinary feedback on proposed development which is both timely and coherent.

Adapting consultation methods

7.45 The survey administered to community groups sought to assess the use and perception of consultative methods used by the planning service. The key quantitative findings from this survey indicated that the consultation methods that respondents found were most helpful were:

- Residents meetings (38% agreed these were very helpful or helpful);
- Development Management Fora (34%); and
- Planning Workshops (27%).

7.46 Qualitative analysis of responses gave a more detailed assessment of some of the consultation methods used within the Planning Service. Quantitatively, 34% respondents indicated that it was unhelpful to use Area Fora as a medium through which to conduct planning consultations and this was substantiated in qualitative comments provided within the survey:

> *'The Area Forum is not an appropriate forum to gather consultation opinions due to the shortage of time and need to follow a set agenda which means residents are unable to speak freely. It should be used to publicise proposed developments instead and events.'*

> *'The Area Forums are a good idea in principle... must be a total waste of public money and time. There are always more officers and Councillors than members of the public. Those few who attend are the same as make their voices heard anyway. The local publicity for these is also very poor – i.e. emailed posters not sent till almost last minute.'*

7.47 In contrast, respondents were more satisfied with dedicated planning forums such as Development Management Forums which are operated to support large scale developments. Survey respondents were generally pleased with this process, though it was suggested that they could be offered more frequently:

'The Local Development Forums can be extremely useful and we hope that these will continue.'

'.... DMFs held which are also not frequent enough.'

7.48 In addition, there was a perception that there was too great a reliance on digital and on-line response for planning consultations which may exclude those who did not have access to digital systems. This creates a disconnect between people and the areas in which the development proposals are centred:

'*Web-based material is useful, but not readily accessible to many residents.'*

''Consultations tend to relay far too much on internet access. As noted at the meeting, not everyone has access nor do they wish to participate in this form.'

7.49 Given the complexity of planning issues, it was suggested that greater use should be made of more participative consultation engagement methods, such as face to face meetings with planning officers and community consultation events (such as workshops). It was also noted that such an approach would also help local planning officers to build knowledge and understanding of local issues and further extend contact with local community groups and residents associations. This was verified in survey responses:

'More, localised, Public Meetings would be an advantage... .'

'Residents have strong views about planning issues and welcome opportunities to discuss planning matters, rather than simply responding in writing.'

'Meetings and personal contact with genuine discussions.... .'

Evaluation

7.50 Perhaps more importantly, it was suggested that was it important to evaluate the methods used in consultations, and to maintain an organisational record of the approaches adopted to engage and involve the community. This would help to improve organisational awareness of successful methods or approaches, or those that require further adaptation. Without this analysis, the organisation is liable to continued repetition of ineffective consultation processes. Such records will also help to establish the journey that the Planning Service has embarked upon in relation to community engagement and involvement and guide and inform future processes.

Member involvement (general)

7.51 The panel noted that local councillors play an important role in local planning processes as they embrace a number of key roles:

- Strategic leadership: setting the vision and direction;
- Plan making: to reflect local values and priorities in policies;
- Ward level representation: representing local views;
- Neighbourhood planning - link between community and the council and council services.

7.52 In addition, the panel noted that local councillors have a particularly important role in Development Management to help ensure that:

- Involvement with the community and developers is at an early stage;

- Areas of local concern are raised;
- There is an informed debate on the issues presented;
- A wide range of issues and material considerations are considered in helping to make the right decision.

7.53 It was also noted within survey responses that, in recognition of the important role that local councillors play in supporting community engagement with planning processes, further training for them may also help to promote greater understanding of planning issues within the community:

> *'The Planning Process is complex and difficult to understand. Not only should residents be given clear, readable information but local ward councillors must be trained in the Planning system.'*

7.54 The need to support members in their advocacy / champion role in planning consultation was highlighted to the panel by both the Planning Advisory Service and Planning Aid for London. It was suggested that a dedicated web page for members (and the community) on how to support individual and local community groups through the planning consultation process could assist members in community engagement in planning processes. In relation to member development, the panel noted that there was a Councillor area on the Planning Advisory Service website which provided briefings, updates and training to support their role in local planning processes.

7.55 To conclude, the panel noted that there were three issues for member development:

- That greater use could be made of the existing knowledge and skills of local councillors in planning consultations and processes;
- The need to further publicise to members the planning resources available to them (e.g. website, publications, public advice services) to support their role in community planning processes (e.g. liaison with local residents and groups);
- The need for further ongoing tiered training on the role of members in local planning processes should be made available to support members role (as above).

<u>Improved planning Enforcement</u>

7.56 The panel noted community concerns with the planning enforcement function of the council. Local residents and community groups indicated that there were numerous incidents of unauthorised development which was going unchecked or that the council appeared powerless to stop. It was suggested that retrospective planning applications were being used which in effect, bypassed local consultation and scrutiny and which left local residents and community groups feeling frustrated and disengaged.

7.57 Dissatisfaction with the planning enforcement function was also raised within the survey. It was suggested that improved arrangements for reporting planning infringements could help build community trust and engagement:

> *'The survey should also include community engagement with Planning Enforcement, an area which desperately needs to be addressed and which Noel Park has been badly let down on.'*

'Enforcement is a real problem. We notify Haringey of infringements and then very little happens. This is discouraging to say the least.'

7.58 The panel noted that in other boroughs (e.g. Westminster) an additional condition is placed on granting planning applications which requires applicants (particularly of larger schemes) to place a copy of the decision notice on the site premises during construction. The panel noted that this approach could help to facilitate community inspection and monitoring and where necessary, enforcement and recommended that it should be considered in Haringey.

7.59 In addition, the panel indicated that it was undertaking a similar investigation in to the enforcement functions of the Council and had made recommendations to support a more strategic approach. The panel have made recommendations in this report[6] which will hopefully lead to improved enforcement outcomes, including:

- Improved arrangements for sharing enforcement information;
- Better local enforcement partnerships;
- Improved surveillance systems.

<u>New technologies</u>

Website

7.60 The panel discussed the use of the website as a tool through which to provide planning information. A wide range of planning information is contained on the site, including local planning policies, planning proposals and planning advice. Whilst it was acknowledged that there was a lot of information on the website and that improvements have been made, that further work to improve the content and accessibility should be undertaken.

7.61 Feedback from the focus group and survey would indicate that further work may need to be undertaken to improve the accessibility of the website. Whilst over 2/3 (68%) of respondents indicated that they found planning information on the council website useful, there were technical difficulties and layout issues in accessing certain planning documents:

'.... some documents are not easy to use on line, there can be problems for Mac users.'

'With regard to the planning applications on the website, there could be better labelling of the pdfs. Sometimes there is no labelling at all... and it can take a long time to find the relevant one. It would also be useful if the pdfs containing comments from the statutory consultees or the design officer could be marked accordingly.'

7.62 The panel noted in evidence from community associations, that there was considerable reliance on the Planning Service website to communicate planning information to local residents and community groups, yet there were evident concerns around the accessibility and navigability of the website. It was noted that there were particular concerns around:

[6] Strategic Enforcement – Final Report of the Environment and Housing Scrutiny Panel available at: haringey.gov.uk

- The labelling of individual responses submitted to planning consultations;
- The effectiveness of the planning search tool.

7.63 It was clear that there was a strong appetite for more web based information in the community. Survey analysis demonstrated that 95% of community respondents wanted more information about planning services on the website (appendix C).

7.64 Panel members noted that whilst digitalisation clearly offers numerous potential benefits to assist community engagement and involvement in local planning processes, there was an underlying concern about the accessibility of digital systems to a significant proportion of local residents, particularly the elderly, socially and economically disadvantaged and non-English speaking groups. The 'digital by default' approach would omit those 20% of residents who were not connected to the internet or other digital media.

7.65 Whilst it was acknowledged that web based technologies were an important tool for community engagement and involvement, the community were keen to ensure that such methods or approaches were continued to be augmented by more traditional approaches (e.g. written notifications, face to face consultations, notices on lamp-posts).

Geographical Information Systems

7.66 On evidence received to the panel it was suggested that Geographical Information Systems *(GIS)* could be used to provide greater assistance in local planning consultation processes. It was noted that GIS technologies could assist:

- The community to identify planning applications and other planning information (Conservation Areas, Tree Preservation);
- More systematic notification of planning applications to the community.

7.67 It was noted that two other neighbouring authorities (Islington and Camden) had incorporated GIS within notification processes for development management. It was also noted that Wiltshire County Council uses GIS to map local planning information (e.g. conservation areas, flood zones, listed buildings, tree preservation orders) alongside local planning applications.

7.68 The panel noted that the planned review of the SCI would include an assessment of new methods of engagement, particularly the use of more interactive online tools, such as SNAP surveys and online discussion forums. The panel noted that the service is trialling a SNAP survey tool which not only allows for on-line consultation, but can also record and note responses and non-responses.

7.69 In addition, the panel noted that the Planning Service would be working with IT services to ensure that there was provision for local residents to receive email notifications of planning applications and other planning proposals through the development of 'My Haringey' portal.

Appendix A – Planning Framework and opportunities for community involvement in planning[7]

National Planning Policy

- Wider stakeholder involvement in the preparation of draft policy statements and guidance.
- Government White papers on policy proposals issued for public consultation.
- Planning Policy Statements and other guidance documents issued in draft for public consultation.
- Draft regulations issued for public consultation.

Regional Spatial Strategies (as supported by Mayor of London)

- Focus group on project plan for RSS revision.
- Focus groups of stakeholders, consultation seminars and other opportunities to be involved in emerging issues and options for draft RSS revision.
- Formal opportunities to make representations when draft revision of RSS is submitted to the Secretary of State.
- Examination in public into the draft RSS revision.
- Opportunities to make representations on changes to the RSS revisions proposed by the Secretary of State.

Local Development Documents (as supported by Local Planning Authority)

- Statement of Community Involvement sets out the Local Planning Authority's policy on involving the community in the preparation of its Local Development Documents.
- Early dialogue on LDDs, in line with the SCI.
- Before draft proposals are finalised, the authority will formally publish its preferred options for consultation and must consider representations.
- Draft Development Plan Documents are published and submitted for public examination. Representations can be made, to be considered at the examination.
- Those making representations seeking changes to a DPD will have a right to appear in person at the examination.
- Inspector's report will be made available for public inspection.
- Annual monitoring report published by local authority.

Planning Applications (as supported by Local Planning Authority)

- The SCI will set out the LPA's proposals for consulting the community on planning applications.
- Third parties can make representations on planning applications.
- Objectors can speak at Planning Committee meetings at the discretion of the LPA.
- Reasons for decisions are published.
- Third parties can make representations on appeals and at inquiries into called in applications.
- Additional consultation with regional and national bodies where appropriate for Major Infrastructure Projects.

[7] Community Involvement in Planning: the Governments objectives Office of Deputy Prime Minister (2004)

Appendix B – Community groups participating in the focus group

Bowes Park Community Association
Bounds Green District Residents Association
Wards Corner Community Coalition
Haringey Federation of Residents Associations
Our Tottenham Network
Highgate Society
Alexandra Ward Mobility Group
Freeholder Community Association
Parkside Malvern Residents Associations
Pinkham Way Alliance
West Green Residents Association
Tottenham CAAC

Appendix C – Survey of Community Groups

Environment & Housing Scrutiny Panel

Community Engagement and Planning Services

Survey Analysis

March 2014

1. Introduction

1.1 As part of the work programme for 2013/14, the Environment & Housing Scrutiny Panel (EHSP) agreed to look at how the Haringey Planning Service engages and involves local residents and community groups in planning processes.

1.2 The overarching aim of this work was agreed as follows:

'To assess whether local residents and community groups have appropriate opportunities to engage meaningfully in planning processes through the community engagement and involvement strategies of the Local Planning Authority.'

1.3 Within this, the EHSP agreed to address a number of specific objectives including:

- To assess the nature and scope of community consultation and involvement in planning processes (including local standards, how these are measured, monitored and published);
- To assess the Haringey Statement of Community Involvement (SCI) and make recommendations for development / improvement;
- To assess whether there is appropriate education and training for local community groups to support engagement and involvement in local planning processes;
- Indentify opportunities for the further development of digital, new technology and social media within community engagement and involvement strategies;
- To evaluate community perceptions of local engagement and involvement within the planning process;
- To assess the impact of recent legislative and policy changes for community engagement and involvement in the planning sector and how these are reflected in local arrangements.

1.4 To support this work, the EHSP held a number of dedicated evidence gathering sessions as set out below:

1. Local Policy and Practice (November 2013)	▪ AD Planning, ▪ Planning Policy Officers, ▪ Development Management Officers
2. Comparative Policy and Practice (January 2014)	▪ Planning Aid For London ▪ Planning Advisory Service ▪ Islington / Hackney
3. Community stakeholders (February 2014	▪ Consultation with community groups

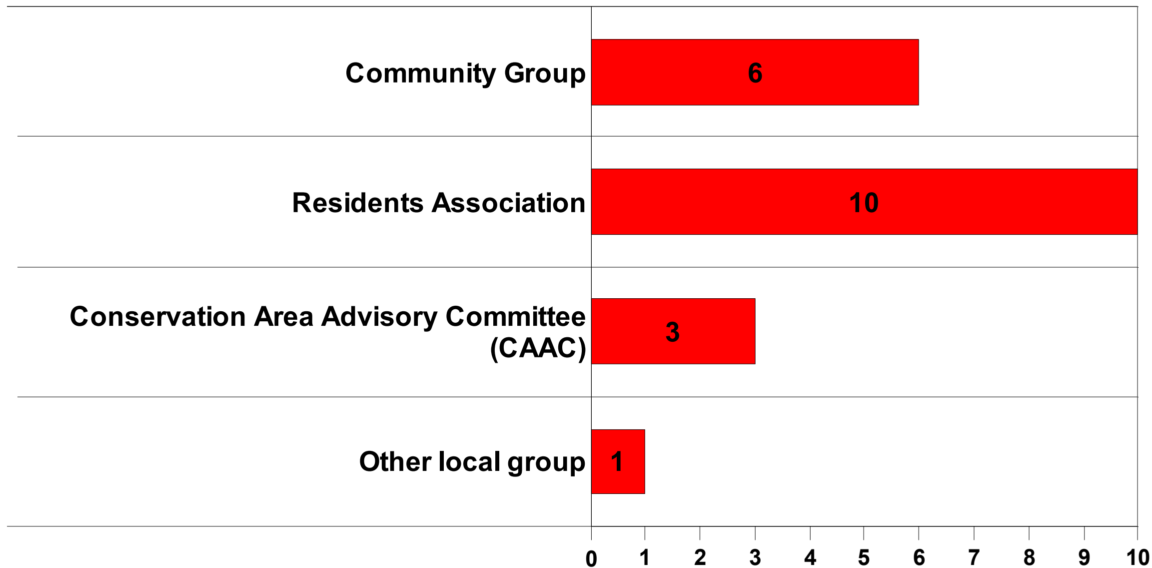
1.5 A dedicated evidence gathering session was held with local community groups on 18th February 2014 at which representatives from community groups and residents associations attended. The purpose of this meeting was to enable local groups to feedback on their experiences of involvement within local planning consultations and to identify priorities for improvement.

1.6 To support its involvement of local community groups in this work, a short on-line survey was created and distributed to those groups on the Planning Service Consultation database and all local residents associations. This report provides a summary of the quantitative and qualitative analysis of the 20 responses received.

2.0 Survey analysis

2.1 The on-line survey was distributed to 42 community groups contained on the planning consultation database. In total, 20 responses were received by the deadline date to be included within this analysis. Responses were received from a variety of local groups including Residents Associations, community groups and Conservation Area Advisory Committees (Figure 1).

Figure 1 - Source of survey response (n=20)



Statement of Community Involvement (SCI)

2.2 The SCI sets out a framework of minimum standards for community engagement and involvement that the Local Planning Authority will comply with in local planning processes. The survey sought to assess community groups awareness of this document, whether they had read or used it and if so, how useful it was.

2.3 In total, 11 of the 20 (55%) community groups that responded indicated that they were aware of the SCI (Figure 2). Analysis of qualitative data would suggest that this document is not publicised widely enough and is difficult to locate on the Council website:

'Not publicised widely enough. Many residents are not aware of the statement or its implications.'

'Not publicised.'

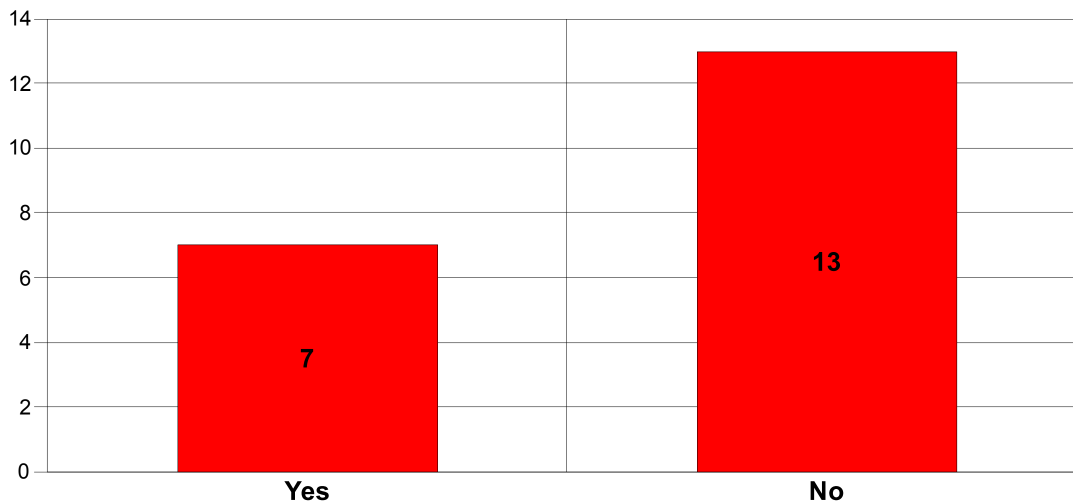
'..... we were unable to find the Statement of Community Involvement on the website.'

2.4 Of those nine respondents who were aware of SCI, seven (78%) had read or used the document (Figure 3). Analysis of qualitative comments would suggest that some community groups found the SCI difficult to access, and that it would be of benefit if summarised version was available:

'The content is also fairly dense and needs to be simplified with summary to help guide readers through the processes.'

Figure 2 - Respondents aware of Statement of Community Involvement (n=20)?

Figure 3 - Respondents indicating that they had read or used Haringey Statement of Community Involvement (N=20)



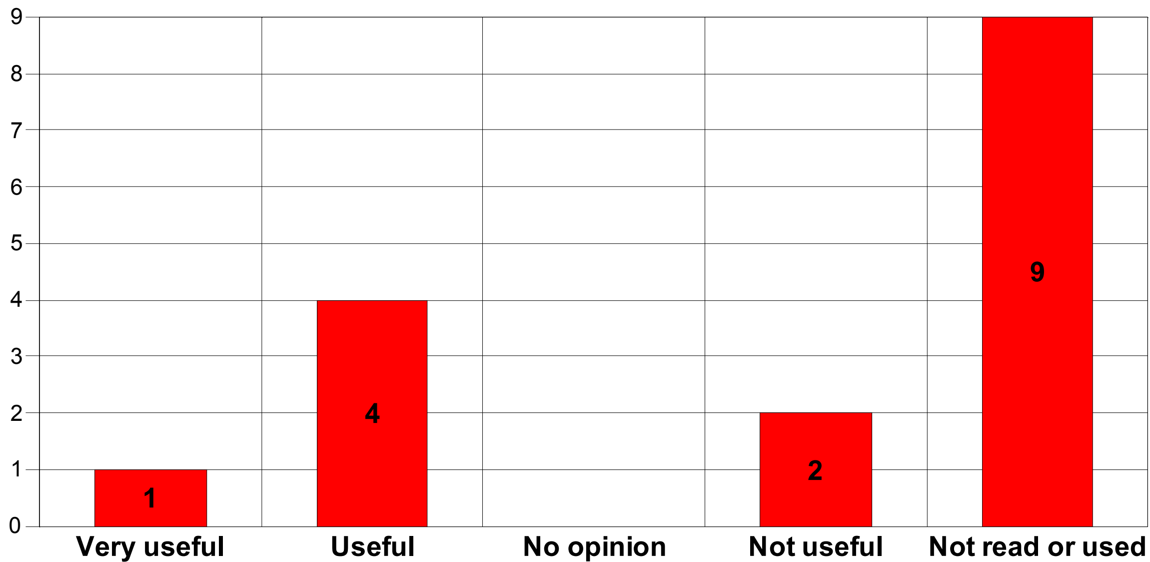
2.5 Of those seven respondents who had read the SCI, five (71%) found it either 'very useful' or 'useful' (Figure 4). Analysis of qualitative responses would suggest that there is some scepticism as whether the community engagement or involvement processes described in the document are followed through in practice:

'Have just looked at it.. and good in theory but in practice?

'.... more a statement of intentions than a recipe for action.'

'Haringey planners need to read it and it should do what it says on the tin.'

Figure 4 - How useful was the Statement of Community Involvement (n=16)?

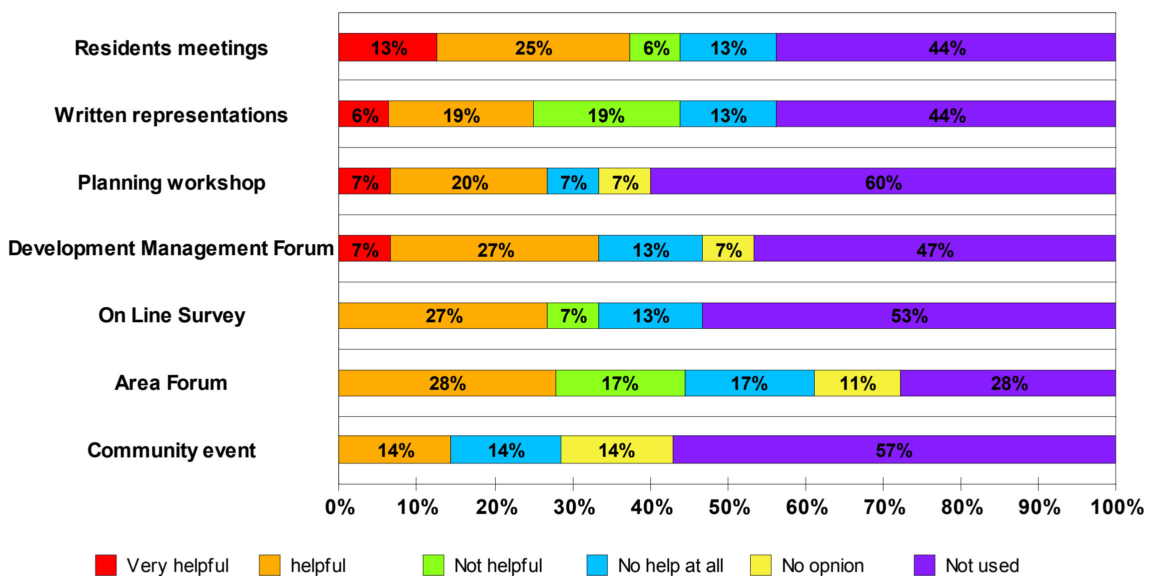


Consultation methods

2.6 The survey sought to assess the consultation methods in which local community groups had been involved and perceptions of how helpful these were to planning processes. Almost ¾ (73%) of respondents had participated in a planning consultation at a local Area Forum, though on the whole, the survey would appear to suggest low levels of engagement with other consultation methods (Figure 5).

2.7 The consultation methods that respondents indicated were most helpful included residents meetings (38% agreed these were very helpful or helpful), Development Management Forums (34%) and Planning Workshops (27%) (Figure 5).

Figure 5 - Use and perception of local consultation methods (n=20).



2.8 Further analysis of qualitative responses give a more detailed assessment of some of the consultation methods used within the planning service. Quantitatively, 34% respondents indicated that it was unhelpful to use **Area Forums** as a medium through which to conduct planning consultations and this was substantiated in qualitative comments provided within the survey:

'The Area Forum is not an appropriate forum to gather consultation opinions due to the shortage of time and need to follow a set agenda which means residents are unable to speak freely. It should be used to publicise proposed developments instead and events.'

'The Area Forums are a good idea in principle... must be a total waste of public money and time. There are always more officers and Councillors than members of the public. Those few who attend are the same as make their voices heard anyway. The local publicity for these is also very poor – i.e. emailed posters not sent till almost last minute.'

2.9 Contrastingly, respondents were more satisfied with dedicated planning forums such as **Development Management Forums** which are operated to support large scale developments.

'Development forums are very helpful.'

'The Local Development Forums can be extremely useful and we hope that these will continue.'

2.10 There was a perception however among some respondents, that Development Management Forums could be held more frequently:

'.... DMFs held which are also not frequent enough.'

2.11 Further data analysis would suggest that there is too greater reliance on **digital and on-line** responses for planning consultations which may exclude those who are not digitally connected and which disconnects people from the areas and proposals on which they are commenting:

'*Web-based material is useful, but not readily accessible to many residents.'*

'The effect of on line surveys is very hard to gauge.'

'Consultations tend to relay far too much on internet access. As noted at the meeting, not everyone has access nor do they wish to participate in this form.'

2.12 On the whole, respondents would appear to demonstrate a preference for more **participative methods of consultation** in which local communities could physically meet and discuss planning proposals with planning officers:

'More, localised, Public Meetings would be an advantage... .'

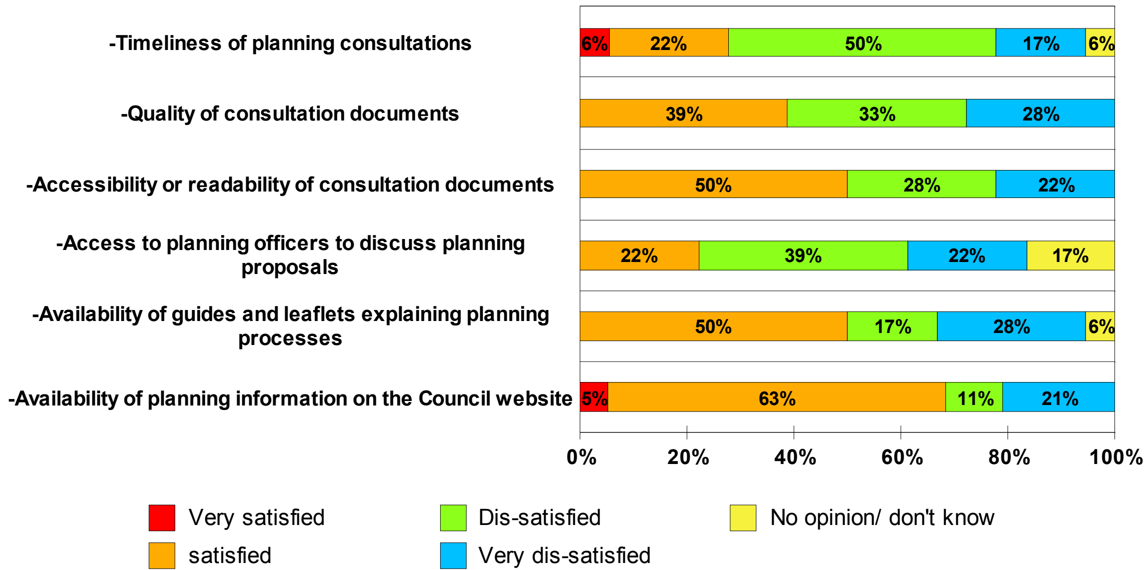
'Residents have strong views about planning issues and welcome opportunities to discuss planning matters, rather than simply responding in writing.'

'Meetings and personal contact with genuine discussions.... .'

Overall satisfaction with planning consultations

2.12 Respondents were asked to indicate how satisfied they were with aspects of the planning consultation process such as the timeliness of consultations, quality of consultation documentation and access to planning officers. These responses are summarised in Figure 6.

Figure 6 - Overall satisfaction with aspects of plannign consultations (n=16)



2.13 Over 2/3 (68%) of respondents indicated that they found planning information on the **council website** useful (Figure 6). Whilst some respondents indicated that there were some technical difficulties in accessing certain planning documents on the website, overall there appeared to be a general satisfaction with information available on the website:

'.... some documents are not easy to use on line, there can be problems for Mac users.'

'I think information on council website is very good, Very pleased that CAAC minutes and annual reports are on council website. Thanks.'

2.14 One suggested improvement that could enhance the accessibility of planning documentation on the website was better **labelling of consultation submissions** or comments received for individual applications:

'With regard to the planning applications on the website, there could be better labelling of the PDFs. Sometimes there is no labelling at all... and it can take a long time to find the relevant one. It would also be useful if the PDFs containing comments from the statutory consultees or the design officer could be marked accordingly.'

2.15 Analysis of quantitative responses also indicated that two-thirds of respondents were dissatisfied (67%) with the **timeliness of planning consultations** (Figure 6). This was verified in qualitative responses where respondents indicated that there was insufficient time to respond to development notifications:

'If [we] do get a letter then the deadline for responding is almost up. We are notified too late.'

'21 days is not long enough for comment to be made.'

'If you are on holiday or away, you may be too late to provide input.'

2.16 There was also a perception that there was insufficient time given to respond to major development proposals:

'An example of a current method is the Site Allocations DPD which I was told about on 20 January for consultation until 7 March. This is a very short time for such a central policy proposal.'

2.17 Survey analysis indicated that just 39% of respondents were satisfied with the **quality of documentation** for planning consultations (Figure 6). Analysis of qualitative comments would suggest that the main concerns that potential contributors with planning consultations was that documentation did not give enough detail or that information which was submitted was incomplete:

'Documentation supplied by applicants often contain insufficient detail with poorly drawn or no plans.'

'There are often examples where the description of the proposed development is incomplete and quite important aspects of the development are just left out entirely. The planning officers should check the description against the submitted drawings and not just the information provided in the application form.'

2.18 Whilst 50% of respondents indicated that they were satisfied with the accessibility or readability of planning consultation documentation (Figure 6), qualitative analysis would suggest however that there was too great an **emphasis placed on digital distribution** of planning documentation and that physical access to hard copies of planning documentation could be improved:

'Applications are not sufficiently well publicised. Too much reliance is placed on online dissemination and merely having the documentation at libraries is insufficient.'

'More active information so that we don't have to search out.'

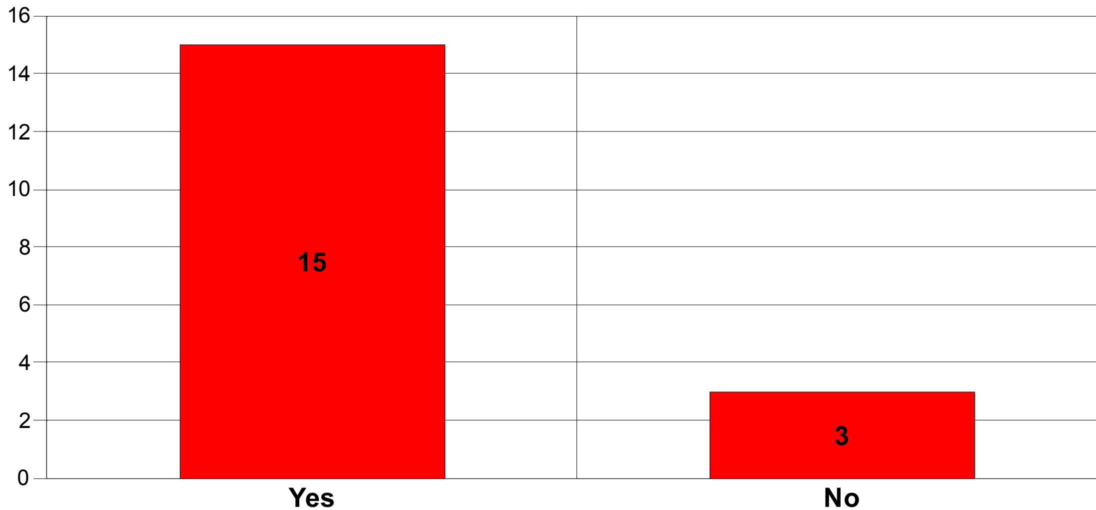
'....... it is essential that any supporting documentation should be made available in 'hard copy'.

<u>More involvement in Planning Consultations</u>

2.19 Quantitative analysis indicated that 15 out of 18 respondents (83%) would like to be more involved in local planning consultations (Figure 7). Analysis of qualitative data would indicate that local community groups and residents associations contain many informed individuals who are familiar with planning systems and want to play a more active role. Of particular note, analysis suggested that the community should be seen as a resource and that local residents could help to provide key local information to support planning officers and planning processes:

'We can easily supply specific information re an application because of our local knowledge; context of proposals not easy for officers to understand on occasion.'

Figure 7 - Would your community group like to be more involved in planning consultations (n=18)?



2.20 Respondents also indicated that it would be useful if **planning officers** could attend local meetings to discuss consultations for local planning applications or planning policies, particularly as group members may not have the confidence to attend official planning meetings:

'Discussion with officers at our meetings.'

'Planning Officers to be available to attend group meetings.'

'... planning officers coming to our meetings. Many people are too nervous to go to official meetings.'

Factors to help improve community engagement and involvement

2.21 Respondents were asked to indicate what practical steps could be taken to improve community engagement within planning consultations. Quantitative analysis indicated that the most favoured way to improve community engagement for planning consultations was earlier notification of planning application proposals where 84% of respondents indicated that this would be helpful (Figure 8).

2.22 Analysis of qualitative comments would suggest that **earlier engagement** with the local community, particularly in relation to new development would be most beneficial as this would allow more timely input into proposed development which may avoid later problems in the planning application process:

'Early notification of proposed plans or changes is essential if people are to have time to respond.'

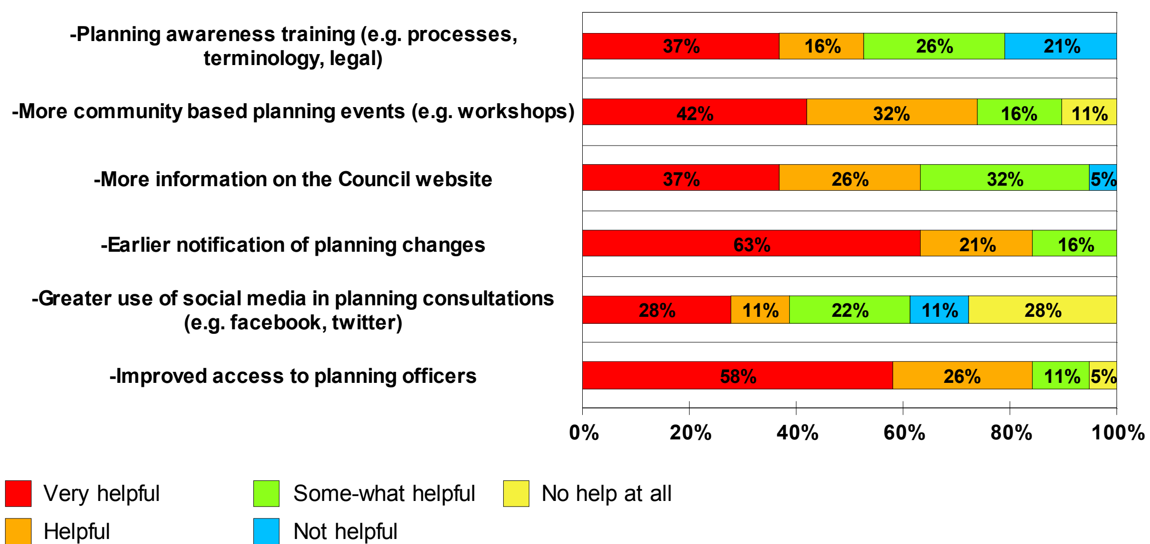
'Engage with applicant at pre-application stage.'

'Representatives of local community groups could be invited to attend pre-application advice meetings. We might then avoid having unsuitable designs inflicted on us, and address contentious issues at an early stage.'

2.23 Qualitative analysis also suggested that almost all (100%) respondents to some degree, would welcome earlier consultation in the development of local planning policy:

'To be consulted about new policies at an early stage and not just to find out about things when they are published as happened recently with the policy on basement extensions.'

Figure 8 - Factors that would assist further community engagment in planning consultations (n=16).



2.24 Earlier sections of this report have highlighted that residents would like planning officers to attend local group meetings and events as a further way to encourage participation. This was also verified in quantitative responses here, where most respondents (95%) indicated that improved access to planning officers would also support further engagement and involvement in local planning consultations (Figure 8).

2.25 In general, qualitative analysis would suggest that improvement to planning notification systems would also help to develop community engagement and involvement. Firstly, there was a concern that the **weekly notification list** of new planning applications was about to be discontinued. Respondents evidently found this weekly notification very helpful and suggested that it be retained:

'We regret that it is proposed to discontinue the weekly list of planning applications which is a valuable method of community involvement.'

'You should not stop sending the planning app lists to people currently on the distribution list. I learnt that this is the intention.'

'It's a shame the weekly/monthly email of current applications to interested parties by ward is ending. This is very useful.'

'The present system of the weekly distribution of Planning Applications by email must be continued.'

2.26 A number of respondents indicated that the community group of which they were a member was not routinely included in local notifications or consultation processes. As a consequence, this required members to be **proactive in researching proposed new developments** or policies that may impact on the local area in order for them to respond or be involved:

'In order to respond, our group needs to be proactive, by scanning the application lists and website to see what is coming up. We receive neither written nor electronic notification of proposed developments.'

'The only way to find out what is happening is to continually check the planning website.'

2.27 Qualitative analysis would also suggest that respondents had concerns around the efficacy of notification systems to inform residents of proposed development within the local area.

'Very few residents get notification of development plans in the immediate vicinity.'

'Community groups, Residents Associations and residents should be sent letters of notification of proposals.'

2.28 In the context of the above, respondents underlined the importance of other traditional methods of distributing planning notifications such as advertising in **Haringey People** and the placement of **posters** displayed in local areas affected:

'Local newspapers are not delivered so the Council must advertise in Haringey People also.'

'I know it sounds odd in the present age, but the practice of sticking a notice on or near the application premises is still a very useful way of alerting residents to an application.'

2.29 What is apparent from qualitative analysis is that, where possible, the Planning Service should support a **multi-faceted approach,** where the diversity of methods deployed can further ensure that planning notifications (for new development or new policies) reach the target residents and communities:

'I would like people whose lives will be profoundly affected by plans and decisions to be informed by all possible methods.'

2.30 Qualitative responses provided elsewhere in this survey indicated that local communities found it difficult to access planning consultations due to the complex nature of planning processes. Further evidence of this concern is provided here where just over 1/2 (53%) of respondents suggested that further **training on local planning issues** would be helpful to support community engagement (Figure 8):

'More training for Community groups.'

'There is little information for the public as to how the planning system works, its implications and how residents should be participating.'

'It would also be useful to have something similar on generic subjects rather than individual applications. For example on shop-fronts, basement extensions

or front garden parking. The idea being for the officers to describe policy and what powers the Council has and for residents to get a better understanding of the issue and raise any questions or concerns.'

2.31 Further analysis of qualitative data revealed one important further issue which would help to support further engagement and involvement by the community in local planning consultations. Many respondents indicated that at present, little **feedback** is provided to contributors to planning consultations which makes it difficult to determine the usefulness of submissions and how this has impacted on final plans:

'Often the designated planning officer does not mention comments in her/his report.... .'

'Lots of good intentions at consultation meetings and such.... but then? Often disappear without trace or the agreed actions don't happen etc.'

'Consultation should directly involve residents and the results need to be made transparent.... .'

'Community Engagement would be improved if the Council were to publish and explain the reasons for their decisions when they are contrary to the views expressed through this process.'

2.32 With little feedback as to how contributions have informed consultations and impacted on final plans, there was a perception that planning consultations were not a **two way process**, which left participants feeling frustrated:

'... if you call it a consultation it must be one. It is a two way process or don't bother.'

'Prove that you have listened to what we say.'

'Planning Officers must be open to listening to the public's view.'

'The consultation process is a charade. While it is easy to comment online on planning applications, local residents' opinions seem to be totally ignored. One questions whether the planning officers read them.'

2.33 Respondents suggested that if it was apparent that consultation contributions had been assessed and recorded where these had influenced planning decisions, this would encourage further participation:

'[Our community group would be more involved] if they felt that their comments were taken more seriously. It is often the case that the comments submitted by this CAAC for example are not mentioned at all in a planning officer's report.....'

3.0 Other issues indentified within the survey

3.1 To conclude, respondents were invited to provide any further information on any related issues to those covered within the survey. Analysis of these responses highlighted a number of areas for possible follow up.

<u>Role of local Councillors</u>

3.2 It was suggested that in recognition of the important role that local councillors play in supporting community engagement with planning processes, further training may help to promote greater understanding within the community

> *'The Planning Process is complex and difficult to understand. Not only should residents be given clear, readable information but local ward councillors must be trained in the Planning system.'*

Planning Enforcement

3.3 Although not the focus of this survey, but clearly linked to how the community engages with the planning, planning enforcement was raised as a concern. It was suggested that arrangements for reporting planning infringements are not operating as effectively as they could:

> *'The survey should also include community engagement with Planning Enforcement, an area which desperately needs to be addressed and which Noel Park has been badly let down on.'*

> *'Enforcement is a real problem. We notify Haringey of infringements and then very little happens; this is discouraging to say the least.'*

MINUTES OF THE COMMUNITIES SCRUTINY PANEL
MONDAY, 31 MARCH 2014

Councillors Adje, Basu, Reid and Winskill (Chair)

Co-opted Member Ms. G. Hawken (HAVCO)

CSP109. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Bull and Mr Sygrave. The Chair welcomed Ms Hawken, who was now representing HAVCO on the Panel.

CSP110. URGENT BUSINESS

None.

CSP111. DECLARATIONS OF INTEREST

None.

CSP112. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

CSP113. MINUTES

In respect of area forums/committees, the Cabinet Member for Communities reported that a new arrangement was to be piloted in two wards during 2014/15. Forums/committees in these wards would each be given a small budget plus flexibility regarding how local engagement was undertaken. The learning from this would be analysed and further proposals developed in due course, which would be submitted to the Panel before a decision was made.

The Cabinet Member reported that the mobile library service for housebound people was to be maintained although it would be provided in a different way. A fresh look at the options for this was being undertaken and this would include consideration of the role of the voluntary sector. Schools had been given an indication of the cost of continuing to receive the service and asked if they wished to continue with it. It was agreed that this would be added to the ongoing work plan for the Panel.

AGREED:

1. That the minutes of the meetings of 2 December 2013 and 21 February 2014 be approved; and

2. That area committees/forums and the mobile library service be added to the ongoing work plan for the Panel.

CSP114. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR COMMUNITIES

Councillor Richard Watson, the Cabinet Member for Communities, updated the Panel on matters arising from his portfolio as follows;

- A community team of Police officers that comprised of one sergeant and four Police constables was being created with the intention of working closely with the Council and its partners on a range of priorities, such as anti social behaviour and acquisitive crime. This was hoped to provide a more joined-up approach.

- Security support was being provided for a number of Homes for Haringey housing estates. This was not a long term solution but a temporary three month arrangement.

- The Deputy Mayor for Policing and Crime had visited Haringey recently regarding the local policing model. The meeting had been useful and had allowed for a number of questions to be asked, including ones regarding the Mark Duggan case and the establishment of contact point for the Police in Muswell Hill. The Chair reported that he had only found out about the meeting from shortly beforehand. The Cabinet Member agreed to check what arrangements had been made to invite Members to the meeting.

- Three locality boards had been set up across the borough to facilitate engagement between the Police and the local community. In addition, an advertisement was being placed for a Chair for the borough's Safer Neighbourhood Board. An administrator was also being appointed. It was agreed that the Head of Community Safety would be requested to draft a briefing note on the issue of engagement by the Police and that the issue be added to the future work plan.

- The Metropolitan Police's Trident unit was currently working in the borough. The Borough Commander was currently trying to negotiate an extension of their stay. It was agreed that updates on Trident and libraries would be requested for the next meeting of the Panel.

- In respect of leisure, the Fusion business plan was currently being finalised. A temporary solution to the issues that had arisen from proposals regarding the diving pool at Park Road pool had been agreed with the contractor and an engagement process with users to develop a solution had been initiated. In addition, the contract for the transfer of White Hart Lane Community Sports Centre to Fusion was shortly to be signed.

Panel Members expressed their delight that the cricket square at Perth Road Recreation Ground was to be brought back into use. Cllr Reid reported that he was also taking steps to see if cricket clubs in the west of the borough would be able to assist with the developing the sport in the east of the borough.

The Chair reported that there had been discussion regarding the potential use of the New Gallery at Hornsey Library as artists studios. He was disappointed to note that space had recently been given instead to the YMCA. The Cabinet Member reported that no decision had been taken regarding the long term future of the gallery but it had been considered cost effective to let the pace out in the interim period. It was possible that letting the space to the YMCA would be the

best long term solution but there was a lot of other space in libraries that was available and he was very happy to consider its use for artists studios.

The Chair thanked the Cabinet Member for his kind assistance to the work of the Panel during the past Municipal Year.

AGREED:

1. That the issues of Trident and engagement by the Police with the local community be added to the ongoing work plan for the Panel; and

2. That the Interim Head of Community Safety be requested to draft a short briefing note to Panel Members on arrangements for community engagement with the Police Service within the borough.

CSP115. MANAGEMENT OF LEISURE CENTRES

Tim Mills, Director of Business Development, and Mark Munday, Divisional Business Manager for Haringey, reported on behalf of Fusion on progress with the contract to manage the Council's leisure centres and the current refurbishment programme.

Fusion was a charitable organisation and had a dedicated team in Haringey. The team had recently expanded its role in covering the development of tennis, exercise referral and diversionary activities. They ran the 12 week Active for Life programme within the borough. The Panel noted that 5% of the funding for the programme covered the west of the borough and requested that a briefing note on how this had been determined be requested from Public Health, who had commissioned the programme.

Mr Munday reported that the tennis programme was part of a Service Level Agreement with the Council and additional settings for the delivery of the programme could be considered. Recruitment of coaches and development of an appropriate structure was currently being undertaken.

In terms of the current refurbishment programme, they were happy to report that the entire school swimming programme had been maintained whilst the work was taking place. Activities were now being moved back into Tottenham Green. 62% of the organisation's work force lived within the borough and they had held local recruitment days to take on staff. Four apprentice team leaders were currently being taken on and there was an action plan to take on more local people. It was agreed that Fusion would be asked to provide a break down of the levels that local people were employed within the organisation.

The Chair reported that Members had previously been told that it was not possible to set quotas for the employment of local people in regeneration projects. The Panel noted that the measure to increase the number of local people employed was a voluntary agreement with Fusion that had been reached as part of the competitive dialogue process and was not something that could necessarily be enforced.

There was regular performance reporting by Fusion, which included a quarterly presentation and review. The Panel noted that that there had never been any intention originally to remove the diving facility a Park Road pool but there had been issues arising from the proposed moveable floor and, as a result of this, it had been proposed to relocate the diving pool to Tottenham Green. However, in the light of the concerns that had been raised, it had been decided to remove the moveable floor from the works at Park Road and to retain the diving pool there for at least the time being. Efforts were being made to see if there was another solution that was possible. Lessons had been learnt from how the issues had been dealt with. The Cabinet Member stated that the Council was committed to diving and would maintain dialogue with service users. It was agreed that the issue would be referred back to the relevant Area Forum in due course.

Mr Mills reported on Fusion's plans for the development of White Hart Lane Community Sports Centre. An initial loan had been obtained from the Council for the works and Fusion were also contributing to the funding. All existing agreements relating to use of the site were being honoured. There would be no ongoing capital or revenue commitment for the Council under the lease agreement. The Panel noted that the loan from the Council was at commercial rates of interest. Fusion wished to see the Centre as busy as possible and were committed to being inclusive. Concessionary rates would be maintained. The Panel noted that, whilst different rates could technically be set at the Centre to other facilities in the borough, this was unlikely to happen.

Mr Mills reported that the refurbished Centre would include the following:

- A new full-size floodlit Astroturf pitch;
- A new indoor tennis centre;
- 10 small-sided floodlit artificial football pitches;
- refurbishment of the grandstand
- refurbishment of the Old Pavilion; and
- resurfacing of existing Astroturf football pitch.

He reported that Fusion had contributed 5% of the cost of the final cost of the refurbishment. It was possible that there would be some redundancies arising from the works although it might be possible to redeploy staff to the three other sites that were run by Fusion in the borough. During the works, some groups would be able to stay at the Centre whilst others would have to temporarily relocate. In particular, efforts were currently being made to relocate the group exercise programme. Talks had taken place with service users in order to try and minimise the disruption. Panel Members requested a breakdown of any redundancies that might take place.

The Chair stated that he was delighted that cricket had been included within the plans for the Centre and was happy to pass on correspondence that he had had with Middlesex County Cricket Club regarding possible funding opportunities. He commented that earlier engagement by Fusion had not been as good as it was now. In particular, the issues that had arisen in respect of the diving pool could have been avoided. He hoped that user groups would be set up at each location so that communication could be facilitated as well as consultation regarding any changes to programmes and requested that Fusion report back to the Panel on this issue in three months time. Mr. Mills stated

that he was happy to do this. He stated that it was unfortunate that engagement processes had not started well but relationships were now much improved.

The Panel thanks officers from Fusion for attending the meeting.

AGREED:

1. That the Director of Public Health be requested to outline the reasons for the comparatively low level of funding for the Active for Life programme in the west of the borough;

2. That Fusion be requested to provide a breakdown of the levels in which local people were employed within the organisation in Haringey and of any redundancies that might occur as a result of the development works at White Hart Lane Community Sports Centre;

3. That the issue of provision of diving facilities at Park Road pool be referred back to the relevant Area Forum in due course; and

4. That Fusion be requested to report back to the Panel in three months time on plans for the development of engagement with service user groups.

CSP116. HARINGEY ADULT LEARNING SERVICE (HALS) STRATEGY

Robert Bennett, the Head of HALS, reported on recent developments in HALS and the strategy for the service. He stated that funding arrangements were subject to regular change and were complicated. There was a cut of 14% in the Adult Skills Budget in the forthcoming year and the service was currently looking at future models for delivery. There was currently a greater emphasis on employability as an outcome and the service was strongly linked to the regeneration agenda.

The biggest demand was for ESOL classes, which was one of the Skills for Life courses, together with numeracy and literacy. Family Learning was delivered through Children's Centres. Nearly 50% of service users were new to adult learning. The highest level of courses offered was now Level 2. This was because the government had introduced loans for Level 3 courses and above. A growing number of courses were now sub-contracted. The Panel noted that Different Strokes, which currently received funding from HALS, had been funded prior to Public Health becoming part of the Council. The service worked with a wide range of services, including the JAN Trust and Mind.

It was noted that the service rarely received visits from Members and suggested that reference be made to it should another "Freshers Fayre" of Council services be arranged for new Councillors as part of the induction process.

Mr Bennett reported that fees were increasingly dictated by the funding that was provided for them. Courses were generally moving towards outcome

measures determined by their success in getting people into work. In terms of ESOL, fees were currently very low and courses effectively ran at a loss.

The Chair stated that HALS was a service that he did not have a comprehensive understanding of and it was a matter of concern that it appeared to have a low profile amongst Members as a whole. The service appeared to be very valuable, particularly in view of its role within regeneration. It was especially important that residents were in a position to take advantage of plans to develop Tottenham. The Panel noted that that 13.1% of residents had no educational qualifications and the development of skills was therefore very important. If the attainment of parents was not high, there was a high risk that their children would also underperform.

AGREED:

1. That a breakdown of the areas of the borough where service users came from be circulated to Panel Members;

2. That HALS be included within the induction programme for new Councillors following the local government elections; and

3. That adult learning be suggested as a possible issue for an in-depth piece of work by the Panel and that the Interim Assistant Director for Regeneration be requested to draft an outline of particular areas that could be included within this.

CSP117. TRANSFORMING REHABILITATION - A STRATEGY FOR REFORM

Gareth Llywelyn-Roberts, the Integrated Offender Management Strategic Lead, reported on changes to Probation Services. He stated that, under the current arrangements, individuals sentenced to over 12 months imprisonment were regarded as “statutory offenders” and released under licence. They could be recalled if they breached the terms of their licence. For sentences of under 12 months, no such controls currently applied. The government’s proposals addressed this issues and extended supervision to low and medium risk offenders. In order to facilitate this, supervision of low to medium risk offenders would be going out to tender. In addition, a new National Probation Service would be created to supervise high risk offenders or be responsible for taking action where lower level offenders breached the terms of their licence or community order.

Medium and low risk offenders would be dealt with through community rehabilitation and moved closer to home to resettlement prisons as they came close to release. Supervision would be based on payment by results. The Panel noted that this could possibly lead to offenders being regularly sent back to prison in order to ensure that providers were able to meet their targets.

There was currently no real control over offenders who had received sentences of under 12 months. This could preclude interventions to address a range of issues, such as housing or substance misuse. There was currently a lack of detail concerning the role of community rehabilitation contractors and there appeared to be potential for sub-contracting of contracts. It was possible that

contracts could be sub-contracted to multiple providers, each with their own services and delivered at the lowest cost in order to hit targets.

Shadow Community Rehabilitation Centres (CRCs) were already in place. The split between CRCs and the National Probation Service was due to happen formally from June. There were already two Assistant Probation Officers covering the borough. This was starting to cause a fragmentation of supervision which would be exacerbated if contracts were split between multiple providers.

The Panel noted that the procurement had been a national process and there had been no opportunity for issues regarding the contract specification to be fed into it. The Cabinet Member for Communities had already fed back concerns about the process.

AGREED:

That the Chair of the Panel be requested to write to the Cabinet Member for Communities to express the Panel's concern at the lack of clarity in regarding the contract specification for community rehabilitation providers, recommending that he persevere with his efforts to ensure that the new arrangements do not impact adversely on the borough's Integrated Offender Management scheme and requesting that relevant correspondence be shared with the Panel.

CSP118. INTEGRATED GANGS UNIT HARINGEY

Gareth Llywelyn-Roberts, the Integrated Offender Management Strategic Lead, reported on the work of the integrated gangs unit. There were 11 clearly defined gangs operating within the borough and 2 organised criminal networks. Many of these were long established. The bulk of members were in their mid-teens.

Partnership activity to address gangs focussed on disruption and gang exit work, which aimed to move young people out of the gang lifestyle. It was a difficult process and they were at risk both from members of their own gang and others. A range of support was provided including drug interventions, training, help with benefits, victim support and relocation. The young people were often not part of gangs out of choice but victims of circumstance. There were high rates of ADHD, low educational attainment and school exclusion amongst gang members. Gangs tended to be very organised and most were based around drugs.

Addressing drug dealing could be difficult as most gangs would not store drugs at home and knew where to hide them. Whilst they could be arrested, this did not solve the problem.

The Panel noted that Haringey was being used as an example of best practice in MOPACS Gangs and Integrated Offender Management Guidance which will be published early in the New Year and congratulated officers on this.

Ms Hawken reported that HAVCO were arranging a seminar on child sexual exploitation and the work of the MsUnderstood project within the borough would be linked into this.

The Panel welcomed the initiative and wished it every success.

AGREED:

That a report on progress be made to the Panel in a years time.

CSP119. COMMUNITY SAFETY AND MENTAL HEALTH

The Panel noted that the draft final report had already been circulated to the Panel and any comments or observations would be very welcome. It was due to be submitted to the Overview and Scrutiny Committee on 10 April for approval.

CSP120. ISSUES FROM AREA COMMITTEE CHAIRS

None.

CSP121. WORK PLAN

AGREED:

That, with the addition of the issues added during the meeting, the ongoing list of items be approved.

CSP122. VOTE OF THANKS

It being the last meeting of the Panel for the current Municipal Year, the Chair was thanked by the Panel for his work as Chair. The Chair thanked Members and officers for their kind assistance and co-operation.

Cllr David Winskill

Chair