NOTICE OF MEETING

Cabinet

TUESDAY, 11TH FEBRUARY, 2014 at 18:30 HRS – COUNCIL CHAMBER, CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillor Claire Kober (Chair), Councillor John Bevan, Councillor Joseph Ejiofor, Councillor Joe Goldberg, Councillor Alan Strickland, Councillor Bernice Vanier, Councillor Ann Waters and Councillor Richard Watson.

Please note:
This meeting may be filmed for live or subsequent broadcast via the Council's internet site - at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council.

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If you have any queries regarding this, please contact the Principal Committee Coordinator at the meeting (contact details at the bottom of the agenda).

AGENDA

1. APOLOGIES

To receive any apologies for absence.

2. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items of Urgent Business will be considered under the agenda item where they appear. New items of Urgent Business will be dealt with under Item 16 below. New items of exempt business will be dealt with at Item 22 below).

3. DECLARATIONS OF INTEREST

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

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

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

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

4. MINUTES (PAGES 1 - 8)

To confirm and sign the minutes of the meeting held on 16 January 2014 as a correct record.

5. DEPUTATIONS/PETITIONS/QUESTIONS

To consider any requests received in accordance with Standing Orders.

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

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

This agenda contains exempt items as set out at **Item 17 Exclusion of the Press and Public.** No representations with regard to these have been received.

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

7. FINANCIAL PLANNING 2014/15 -2016/17 (PAGES 9 - 52)

(Report of the Chief Financial Officer. To be introduced by the Cabinet Member for Finance, Employment and Carbon Reduction). The report seeks agreement from Cabinet, to recommend to Council on 26 February 2014, that it adopts the Revenue Budget for 2014/15, agrees the proposed Housing Rent increases and the Medium Term Financial Plan 2014 to 2017, as outlined in the report.

8. DELIVERY OF THE TWO YEAR OLD EARLY EDUCATION FREE ENTITLEMENT IN HARINGEY: AN UPDATE (PAGES 53 - 70)

(Report of the Deputy Chief Executive. To be introduced by the Cabinet Member for Children). The report seeks approval of a revised flat rate formula to fund all two year old programme places from April 2014.

9. BETTER CARE FUND (BCF): LOCAL HEALTH AND SOCIAL CARE INTEGRATION PLAN (PAGES 71 - 142)

(Report of the Deputy Chief Executive. To be introduced by the Cabinet Member for Health and Adult Services). The report seeks approval of the Better Care Fund Health and Social Care Integration Plan.

10. REPLACEMENT OF THE DOOR ENTRY AND CCTV TO JOHN KEATS AND THOMAS HARDY HOUSE (PAGES 143 - 150)

(Report of the Chief Operating Officer. To be introduced by the Cabinet Member for Housing). The report seeks approval of an award of contract to the successful tenderer for improvement works to the door entry and CCTV systems at 1 to 85 John Keats House and 1 to 85 Thomas Hardy House, Wood Green.

Exempt information pertaining to the report is set out at Item 19 of the agenda.

11. JOINT PROCUREMENT OF ADVOCACY SERVICES (PAGES 151 - 158)

(Report of the Deputy Chief Executive. To be introduced by the Cabinet Member for Health and Adult Services). The report seeks approval of an award of contract for the provision of statutory advocacy services.

Exempt information pertaining to the report is set out at Item 20 of the agenda.

12. DISABLED ADAPTATIONS FRAMEWORK AGREEMENT (PAGES 159 - 164)

(Report of the Deputy Chief Executive. To be introduced by the Cabinet Member for Health and Adult Services). The report seeks approval of a proposal to enter into a Framework Agreement for the provision of a disabled adaptations for one year as an interim arrangement.

Exempt information pertaining to the report is set out at Item 21 of the agenda.

13. WAIVER OF TENDERING REQUIREMENTS AND AWARD OF CONTRACT FOR BRINGING UNITY BACK INTO THE COMMUNITY (BUBIC) (PAGES 165 - 176)

(Report of the Deputy Chief Executive. To be introduced by the Cabinet Member for Health and Adult Services). The report seeks approval to waiver tendering requirements and to approve an award of contract for a period of two years.

14. MINUTES OF OTHER BODIES (PAGES 177 - 184)

To noted the minutes of the following:

- Corporate Parenting Advisory Committee – 19 December 2013
- Decision by the Leader – 14 January 2014

15. SIGNIFICANT AND DELEGATED ACTIONS (PAGES 185 - 196)

To note significant and delegated actions taken by Directors since the previous meeting.

16. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at Item 2 above.

17. EXCLUSION OF THE PRESS AND PUBLIC

Note from the Head of Local Democracy and Member Services

Items 18, 19, 20, 21 and 22, allow for the consideration of exempt information in relation to Items 4, 10, 11, 12 and 2 respectively.

RESOLVED:

That the press and public be excluded from the remainder of the meeting as the items below contain exempt information, as defined under paragraphs 3 and 5, Part 1, schedule 12A of the Local Government Act 1972.

18. MINUTES (PAGES 197 - 200)

To confirm the exempt Cabinet minutes of the meeting held on 16 January 2014 as a correct record.

19. REPLACEMENT OF THE DOOR ENTRY AND CCTV TO JOHN KEATS AND THOMAS HARDY HOUSE (PAGES 201 - 204)

To consider exempt information pertaining to Item 10 above.

20. JOINT PROCUREMENT OF ADVOCACY SERVICES (PAGES 205 - 206)

To consider exempt information pertaining to Item 11 above.

21. DISABLED ADAPTATIONS FRAMEWORK AGREEMENT (PAGES 207 - 208)

To consider exempt information pertaining to Item 12 above.

22. NEW ITEMS OF EXEMPT URGENT BUSINESS

To consider any items admitted at Item 2 above.

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Agenda Item 4

MINUTES OF THE CABINET
THURSDAY, 16 JANUARY 2014

Present: Councillor Claire Kober (Chair), Councillor John Bevan, Councillor Joe Goldberg, Councillor Joseph Ejiofor, Councillor Alan Strickland, Councillor Bernice Vanier, Councillor Ann Waters and Councillor Richard Watson

Also Present: Councillor Richard Wilson, Councillor Reg Rice.

MINUTE NO.	SUBJECT/DECISION	ACTION BY
CAB589.	**APOLOGIES** There were no apologies for absence given.	
CAB590.	**URGENT BUSINESS** There were no items of urgent business.	
CAB591.	**DECLARATIONS OF INTEREST** No declarations of interest were made.	
CAB592.	**NOTICE OF INTENTION TO CONDUCT BUSINESS IN PRIVATE, ANY REPRESENTATIONS RECEIVED AND THE RESPONSE TO ANY SUCH REPRESENTATIONS** There were no representations received.	
CAB593.	**DEPUTATIONS/PETITIONS/QUESTIONS** There were no deputations, petitions or questions.	
CAB594.	**MINUTES** **RESOLVED:** That the minutes of the meeting held on 17 December 2013 be confirmed as a correct record.	
CAB595.	**TACKLING UNAUTHORISED LIVING IN INDUSTRIAL AREAS** Cabinet considered a report, introduced by the Cabinet Member for Planning and Enforcement, which set out a proposed multi disciplinary approach to tackling unauthorised living in employment areas. It was noted that this was a growing problem, particularly in south Tottenham and that the Council needed to ensure that it had the right enforcement tools in place to address the issue appropriately.	

In response to a series of points raised by Councillor Wilson the Leader noted that a multi disciplinary approach was required in order to respond to this complex issue. The Council recognised that there were a number of people working in creative industries, who contributed to the local community and who lived in this type of accommodation and that the intention was not to penalise them, but to ensure that people at the other end of the spectrum, who were often living in very poor conditions, were not exploited by rogue landlords.

It was noted that there were also significant health and safety issues attached to living in unauthorised employment areas that the Council had a duty to address and protect people against. The approach proposed provided a range of tools to address this issue in a way that recognised that there were many different groups of people and types of accommodation that fell into this category and that a range of enforcement tools were needed to tackle this.

RESOLVED:

i. That the multidisciplinary approach to tackling unauthorised living in employment areas as set out in the report be noted and;

ii. That the project management approach that had been adopted to ensure proper governance and the timely delivery and reporting of project objectives be noted.

Alternative options considered
The possibility of an approach minimising enforcement action focussing on regularisation and management of existing uses on site was considered but was felt to be inappropriate, due to the complex planning and housing issues that present themselves, in particular with regard to the safety of occupants and departures from planning policy. The estimated rental income from these unauthorised uses is considerable, acting as a further disincentive to co-operate unless encouraged to do so through formal enforcement action. A more appropriate approach will include fraud investigation and close co-operation with external agencies notably the Fire Service and Police.

Reasons for decision
The existing unauthorised residential and live work uses are contrary to Planning Policy and continue to manifest themselves in buildings not intended for this use nor at the intensity is it currently present in the project area. The alternative option of managing this matter through regularisation through the Building and Housing acts is therefore considered to be undesirable.

Wide ranging enforcement action under the Planning Acts is considered to be necessary to not only require the cessation of these uses where they are inappropriate but to encourage dialogue and co-operation with the landowners with regard to future uses of these sites.

Given the complexity of this report and the associated issues that arises,

	the project will be required to be flexible and to be able to respond to change as and when it presents itself. It is for this reason that the proposed project is multi-disciplinary despite its core planning and housing improvement focus. The project ties in with key aspects of the Corporate plan and adds value to the existing Tottenham Regeneration Projects and the proposed additional licensing scheme.	
CAB596.	**SECTION 75 AGREEMENT FOR A POOLED FUND UNDER SECTION 75 OF THE NATIONAL HEALTH SERVICE ACT 2006 FOR THE COMMISSIONING AND DELIVERY OF SERVICES FOR RESIDENTS IN THE LONDON BOROUGH OF HARINGEY** Cabinet considered a report, introduced by the Cabinet Member for Health and Adult Services, which sought agreement to the Council entering into an agreement with NHS Haringey Clinical Commissioning Group (CCG), pursuant to Section 75 of the National Health Service Act 2006 and a Service Level Agreement between the Council, Barnet, Enfield and Haringey Mental Health NHS Trust and Whittington NHS Trust. **RESOLVED:** That approval be given to both agreements, under the auspices of the revised approach to the 'Section 75 Agreement', which enabled partners to establish and maintain a pooled fund to formalise and develop integrated services provided under the Haringey Learning Disability Partnership. **Alternative options considered** There are no alternative options. **Reasons for decision** The Learning Disabilities Partnership is a well established, comprehensively integrated service with multi-disciplinary teams and management structures. Joint approaches to assessments and information sharing are well established as is case coordination. The success of the partnership reflects the commitment of the Council and the CCG to integration as the best and proven method of supporting its important and complex user group. On this basis renewal of the partnership agreement is recommended.	
CAB597.	**LEA VALLEY TECHNOPARK: ACQUISITION OF TECHNOPARK AND SALE FOR EDUCATION USE** Cabinet considered a report, introduced by the Cabinet Member for Finance, Employment and Carbon Reduction, which sought approval to purchase the Head Leaseholder's interest in the Technopark site and to sell the freehold of the Technopark site to the Harris Federation. The report also sought approval for the additional capital cost of the purchase and any associated costs of vacant possession, to be added to the Council's capital programme and agreement to vacate the site in order to support the provision of a school.	

Prior to consideration of the report the Leader reminded Cabinet and other Members present that there was an exempt element of the report, which would be considered separately and that should not be discussed in the open part of the meeting.

The Cabinet Member for Finance, Employment and Carbon Reduction, Councillor Goldberg, noted that the proposals put forward represented an excellent opportunity to provide additional schools places in an area of high demand, whilst also allowing the Council to improve its financial position by ending its ongoing financial commitment to the Technopark.

In response to a series of questions from Councillor Wilson it was noted that the proposals in relation to the Technopark should be seen as a package that would be of benefit to the local community by providing additional school places and allowing the Council to end its financial commitment to the Technopark. The Leader reminded Cabinet that the Government had removed Council's ability to build or open new schools and that the Department for Education had determined that a new Free School should be built in the area. The proposals put forward provided a means of meeting this requirement.

Councillor Goldberg noted in the 1980's and 1990's the establishment of facilities such as the Technopark had formed part of a widely adopted approach by Councils and Government to foster small business and to encourage growth in areas like Tottenham where traditional industries had been lost. The approach required to encouraging growth and development in the area was different now and the proposals put forward reflected this and would form part of the Council's overall regeneration work in Tottenham. He concluded by noting that the package proposed represented good value to residents by providing additional schools places and enabling the Council to be released from its longstanding commitment to the Technopark.

In response to a question the Monitoring Officer advised that the information contained within the exempt part of the report referred was commercially sensitive information in particular in relation to negotiations with the Head Leaseholder and therefore could not be disclosed.

The Leader noted that during an email exchange earlier in the day with the Friends of Downhill Park she had given an undertaking that there would be consultation with them in relation to any new Multi Use Games Area (MUGA) and that Council officers would contact them as a matter of urgency following the meeting.

Cabinet considered exempt information pertaining to the report under agenda item 12.

RESOLVED:

i. That the current onerous leasing arrangement of Technopark and ongoing annual cost to the Council be noted;

ii. That the interest from the Harris Federation for the purchase of the Technopark site for the provision of an all through free school in the context of local projected demand for pupil places be noted;

iii. That the opportunity to reduce the financial liability of Technopark to the Council via the purchase of the Head Leasehold interest and then sale of the freehold to the Harris Federation to address projected pupil place demand in the local area be noted;

iv. That approval be granted for the Council to purchase the Head Leaseholder's interest in the Technopark site for a consideration not exceeding the purchase price detailed in the exempt section, Part B, of this report with delegated authority for the Section 151 Officer and the Director of Regeneration, Planning and Development Reduction to agree the final terms of the acquisition, following consultation with the Cabinet Member for Finance, Employment and Carbon Reduction;

v. That approval be granted to sell the freehold of the Technopark site to the Harris Federation, subject to the purchase of the head lease, for a consideration no less than the sale price detailed in the exempt section, Part B, of this report for the purpose of creating an all through free school on the site, and that authority be delegated to the Section 151 Officer and Director of Regeneration, Planning & Development, to agree the final terms of the acquisition, following consultation with the Cabinet Member for Finance, Employment and Carbon Reduction;

vi. That approval be granted to sell to the Harris Federation on the condition they would work in collaboration and partnership with Haringey Council to inspire high achievement and raise aspirations for students at this new Free School that will reach wider into the local community and beyond;

vii. That agreement be given to the addition of the capital cost of the purchase and any associated costs of vacant possession, as outlined in this report, be added to the Council's capital programme;

viii. That agreement be given to vacating the site in order to support the provision of the school. Tenants at Technopark will be given a minimum of 3 months notice and the Council will work with them to find alternatives sites within the Borough; and

ix. That it be noted that the sale of the freehold to Harris Federation was subject to the deal being agreed with the Head Leaseholder.

Alternative options considered

The Council appointed Deloitte to provide expert advice on the options available to the Council to exit the current lease and management arrangement. Further information on the options appraised is included in exempt part of the report.

The Council's Corporate Finance department has also undertaken a financial modelling exercise to compare the current position to a number of options for the future of the Technopark site in a cash flow form over a

	period of 40 years. Aside from the financial business case for options, other non economic factors and benefits have been considered such as the potential to support regeneration and address pupil place need. **Reasons for decision** The Technopark site is an onerous asset with a significant and ongoing annual net cost to the Council. Even with improved lettings and occupancy levels it is expected that the site will remain a financial liability due to lack of demand for office/ employment use. Expert advice, as to how best to exit the lease and management arrangement with the Head Leaseholder, has been sought which has recommended that the Council look to purchase the Head Leasehold interest in the Technopark site to secure control of the site and be able to consider and implement alternative options for the future of the site in order to reduce or remove the asset as a financial liability. The Head Leaseholder has been approached and has indicated they are willing to consider an offer for the Council to purchase their interest. Our advisors have indicated that this opportunity may not arise again in the short term and if the Council wishes to secure control of the site they should act now. The Education Funding Agency has identified the Technopark site as preferred for the provision of a new Harris Federation all through school. Should Harris not open a new school on the Technopark site or in the Tottenham Hale area, the Authority will have to consider alternative options to meet future pupil place demand in the area. This could result in the land acquisition and/or construction costs sitting with the Council to fund. The opportunity has therefore arisen for the Council to purchase the Head Leaseholder interest to secure control of the Technopark site and then sell the freehold for Technopark to Harris Federation for the conversion to an all through free school. Financial modelling confirms that this option represents a financially better option than a do-nothing scenario whilst also securing an attractive educational offer for Tottenham which addresses the pupil place demand in the Tottenham Hale area and alleviates the Authority of potential land acquisition and/or construction costs in the short term for the provision of a new or expanded school in this area of the borough.	
CAB598.	**NEW ITEMS OF URGENT BUSINESS** There were no new items of urgent business.	
CAB599.	**EXCLUSION OF THE PRESS AND PUBLIC** **RESOLVED:** That the press and public be excluded from the remainder of the meeting, as agenda Items 12 and 13 contained exempt information, as defined under paragraph 3, Part 1, Schedule 12A of the Local	

	Government Act 1972.	
CAB600.	**LEA VALLEY TECHNOPARK: ACQUISITION OF TECHNOPARK AND SALE FOR EDUCATION USE** Cabinet considered exempt information pertaining to the report.	
CAB601.	**NEW ITEMS OF EXEMPT URGENT BUSINESS** There were no new items of exempt urgent business.	

The meeting closed at 7.10pm.

COUNCILLOR CLAIRE KOBER

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Chair

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Agenda Item 7

Haringey Council

Report for:	**Cabinet -11 February 2014**	**Item Number:**	

Title:	**Financial Planning 2014/15 to 2016/17**

Report Authorised by:	 **Kevin Bartle, Assistant Director – Finance (CFO)**

Lead Officers:	**Neville Murton, Head of Finance** **Barry Scarr, Interim Head of Corporate Finance**

Ward(s) affected: All	**Report for Key decisions**

1 Describe the issue under consideration

1.1 To provide a Medium Tem Financial Plan (MTFP) covering the next three years to March 2017, with a revised assessment of the General Fund, Dedicated Schools Grant (DSG), the Housing Revenue Account (HRA) including the need to set rent levels and the Capital Programmes for both the General Fund and the HRA. The report sets out:

- The financial resources available to the Council;
- The cost of providing existing services; and,
- The overall level of savings that have been and still need to be identified to give a balanced, sustainable budget over the medium term planning period.

1.2 To consider the Cabinet's proposed budget package for 2014/15 and later years.

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2 Introduction by Cabinet Member for Finance, Employment and Carbon Reduction – Councillor Joe Goldberg

2.1 We were told in 2010 that this year's budget would see the last of the cuts handed to the residents of Haringey and this Council, but we are now told now that the funding reductions made by this Government are set to continue at least until 2018, with a further £60-70m probably needing to be found over that horizon.

2.2 I believe these cuts have gone too far and come too fast and the fact that the 10 poorest boroughs have faced 10 times the cuts as the 10 richest is simply iniquitous and unjust.

2.3 Far from delivering clarity over how local authorities are funded and certainty with which to plan their use of resources, the new Business Rate Retention Scheme, has in my view introduced more complexity that makes the system impenetrable for all but a few.

2.4 What I do know is that by implementing their cuts through the Revenue Support Grant (RSG) authorities with high deprivation indices, like Haringey, have suffered. At the beginning of the new system all authorities started with the same proportionate share of RSG yet barely 3 years into the system, by the end of 2015/16 Haringey will have suffered a 14.8% loss of RSG in comparison to Sutton and Richmond who have only lost 10.5% and 10.4% of their RSG respectively. That represents £4.7m Haringey residents can ill afford to lose.

2.5 However, I have always said that our job is to move this borough forward, to champion the needs of its people, to listen to their concerns and to work with them to sustain Haringey as one of the greatest places in London to live and work.

2.6 That is why 2014/15 will see for the 5th year in succession a proposed freeze to Council Tax, saving £125 for the average household over that period. This policy is supported by the majority of respondents to our consultation and will put money into our residents' pockets and help them with a cost of living crisis, which has seen the value of average wages in Haringey drop nearly £3,000.

2.7 Last year we significantly increased our investment in roads and pavements. We can see the difference this is making, not just to the look and feel of our communities, but making them safer for pedestrians and cyclists. This is why we continue to invest in our roads and street infrastructure, which we know is key to keeping business in the borough on the move, by maintaining the increased resources we put in this year, for a further year.

2.8 Creating One Borough continues to be a priority for us as we invest in the future of all of Haringey for the benefit of everyone that lives and works here, East and West. We have recognised the need to invest in strategically important sites to ensure that our regeneration plans come to fruition. We will target sustainable investment so that Haringey can grow and flourish in the future and ensure we secure a dividend for the people of our Borough from the growth we seek to create.

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2.9 The top priority identified in our consultation was Tackling Crime (including domestic Violence) with 85% saying that this was either very important or important to them. We have listened and we share concerns about cuts to our police force which is why we are setting aside resources to participate in a scheme to match fund police officers and deploy them in key areas to support our neighbourhood policing teams.

2.10 Finally we share the belief that we tackle the scandal of the legal loan shark industry by ensuring we support the alternative – namely the credit union. Since my predecessor launched the Credit Union in Haringey just five years ago it has grown from strength to strength. Our subordinated loan to help them serve a greater proportion of our residents has seen Haringey's members become the fastest growing contingent within the London Capital Credit Union. This budget goes further. I am extremely proud that from September 2014, every secondary school starter will have a credit union account opened in their name with a deposit of £20 each. This will not only help the credit union, but also help our schools incorporate work on financial management into their curriculum.

2.11 I commend the budget package to Cabinet for approval.

3 Recommendations

3.1 Cabinet is recommended to:

a) propose approval to the Council of the 2014/15 revenue budget and the Medium Term Financial Plan 2014 – 2017 including the consequent cash limits as set out in this report (Appendices 1 and 2);

b) propose approval to the Council of the new budget proposals set out in Section 9 and Appendix 3;

c) propose a General Fund budget requirement of £281.699m as set out in Appendix 1 but subject to the final decisions of the levying and precepting bodies and the final local government finance settlement;

d) propose a Dedicated Schools Budget at the level of the estimated Dedicated Schools Grant (DSG) of £228.755m (Appendix 4);

e) note the need for significant additional savings to be delivered in order to deliver a balanced budget in the years 2015/16 and 2016/17;

f) approve the responses made to the Overview and Scrutiny committee recommendations following their consideration of the draft budget proposals for 2014/15 (Appendix 7);

g) note the summary of the budget consultation responses (section 7 and separate report);

h) agree the proposed fee increase in relation to Commercial Waste collection services as set out in paragraph 8.25;

i) note the creation of a new earmarked reserve; the Labour Market Growth and Resilience Reserve, as set out in paragraph 9.10;

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j) agree the housing rent increases, of on average £4.90 (4.89%), as set out in paragraph 14.6 and Table 4;

k) agree the housing tenants' service charges set out in Table 7;

l) propose approval to the Council of the HRA budget for 2014/15 and the MTFP for 2014 -2017 as set out in section 16 and Appendix 5;

m) propose approval to the Council of the General Fund and HRA capital programme 2014 – 2017 of £294.393m summarised in Table 8 and detailed in Appendix 6;

n) note that this report will be considered by the Council at its meeting on 26 February 2014 to inform their final decisions on the 2014/15 budget and the associated Council Tax for that year; and,

o) delegate to the Chief Financial Officer any minor adjustments, up to £250k, that may be necessary to the 2014/15 budget as a result of the final Local Government Finance Settlement being announced by the government and/ or final grant figures notified by other bodies. This would impact on the recommendations set out above.

4 Other options considered

4.1 In accordance with legislation and the Council's constitution, this report proposes that Cabinet should consider draft proposals to deliver a balanced and sustainable MTFP 2014-2017, including the budget for 2014/15, and to make recommendations on those matters to the Council at its meeting on 26 February 2014. Accordingly, no other options have been considered.

4.2 Responses received to the Council's public consultation process together with the comments of the Overview and Scrutiny Committee are reflected in the proposals set out in this report.

5 Background information

5.1 The decisions taken by Cabinet at this meeting will inform the Council's consideration of the Budget 2014/15, MTFP 2014 - 2017, including the Capital Programme, and the level of Council Tax for 2014/15. In addition the Cabinet are being asked to agree the housing rent levels without further recourse to Council.

5.2 Cabinet has progressively developed its budget proposals over several months and has made a series of decisions at its meetings in June and December 2013. It should be noted that the majority of the proposals to balance the 2014/15 budget were approved by the Cabinet in June 2013 and that changes made since have not substantially altered the overall balanced position.

5.3 It is essential that the Council is provided with a comprehensive report setting out the totality of the Cabinet's proposals and recommendations on revenue and capital spending and financing, the DSG and the HRA.

5.4 In order to ensure that the Council is fully and properly advised, a report will also be considered by the Council on 26 February 2014. This report therefore includes some

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material that has been previously reported, amended and updated as appropriate to reflect a number of recent developments and the outcomes of work undertaken since December 2013.

5.5 In February 2013, the Council approved its Budget for 2013/14 and MTFP 2013-2016. However, the overall MTFP at that stage showed planned spending exceeding anticipated resources by £42.8m over the period 2014 - 2016.

5.6 Cabinet has continued to take action during 2013 designed to reduce planned spending and to review all key assumptions underpinning the forecasts of spending and resources. From April 2013 the government's localisation of Business Rates took effect which, together with the continuation of unprecedented reductions in central government support to Councils, has introduced a number of variables not present in previous financial settlements.

5.7 At its meeting in December 2013 Cabinet received a report and agreed a number of recommendations on the Council's 2014-2017 MTFP, including those elements of the Capital Programme not supported externally and the HRA.

5.8 This report sets out the latest position in relation to the Council's revenue and capital budgets for the period 2014 – 2017 in light of the provisional Local Government Finance Settlement, together with a number of other matters. The presentation is in a similar format to the report considered by Cabinet in December 2013, and proposes a budget package for the planning period to 2017, which is set out in the following paragraphs:

- Strategic approach;
- Consultation and Scrutiny;
- Financial resources;
- Revised budget proposals;
- Budget pressures;
- Budget and MTFP Revenue proposals;
- Risks and opportunities;
- Dedicated Schools Grant (DSG);
- Housing Revenue Account (HRA); and,
- Capital Programme.

6 Strategic Approach

6.1 As reported in December, the Council's plans for spending reductions have been framed by a need to ensure that priority services and outcomes for Haringey citizens were protected as far as possible. This has been at the core of the Council's strategic response to austerity and deficit reduction, encapsulated by the MTFP and reflecting the vision set out in the Council Plan.

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6.2 To reflect this approach, the Council has once again weighted savings plans so that front line services are protected as far as possible, and back office functions such as Finance, HR and IT have provided a proportionately larger share.

6.3 The government made the announcement of both the Autumn Statement and the provisional Local Government Finance Settlement in December. The lack of certainty over funding levels until this very late date means that adopting a strategic approach without an overall resource envelope as a reference point becomes more difficult. Differences between previous funding assumptions reported to December Cabinet and the results of the provisional settlement are set out in this report.

7 Consultation and Scrutiny

Consultation

7.1 The Council informed, consulted and engaged residents and businesses during December 2013 and January 2014.

7.2 The consultation asked questions about our plans and priorities, the services we provide and how we should be providing them. The outcome from the consultation has been reflected in the Council's proposed budget strategy.

7.3 We received strong support from 57% of respondents both to providing high quality education, safeguarding and support to families and also to deliver a strong local economy, high quality housing, excellent public services and confident communities. In priority order respondents ranked the following services most highly:

- Social care for vulnerable people (15.8%);
- Housing (12.8%); and,
- Education (11.8%).

7.4 Funding for Adult social care is increasingly being delivered in partnership with the Health Service, with the government indicating that it will be providing significant resources through the Better Care Fund in the future. The Council is proposing to allocate these resources in full together with its own investment to meet the costs of an increasing ageing population and the Health and Wellbeing Board will have a strategic oversight role in order to maximise efficiencies with our NHS partners.

7.5 The Council's Housing strategy is an integral part of this budget report and re-affirms the policy of rent convergence to support investment in our housing stock.

7.6 The Council has also recognised the benefits for pupils in areas as diverse as financial management and music by making specific investment proposals.

7.7 Respondents were asked to identify services or initiatives which are important to them regardless of whether or not the Council has to provide them by law; this identified Tackling Crime and Clean Streets (both with 84.6% support) as a high priority. The Council has reflected this through its proposed participation in the London wide scheme to increase the numbers of police officers on Haringey streets.

7.8 As in previous years, the consultation also sought views about the level of Council Tax; a majority of around a third of respondents agreed with the assertion that

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Council Tax should again be frozen.

7.9 Almost all respondents (91%) felt that the Council should be negotiating better with suppliers to improve value for money and we have therefore introduced a series of key targets to set benchmarks for efficient supplier management.

7.10 The final consultation report, which will be made available on the Council's website to coincide with the publication of this report, sets out the responses to the questions raised and also records any comments made which managers will be specifically asked to consider where they have relevance for their area.

Scrutiny

7.11 The Overview and Scrutiny Protocol sets out the process of Budget Scrutiny. This revised protocol was implemented for the first time in 2012. The budget this year was therefore scrutinised by each Scrutiny Review Panel, in their respective areas. Their reports were then provided to the Overview and Scrutiny Committee (OSC) for approval. The areas of the budget which are not covered by the Scrutiny Review Panels were considered by the main OSC.

7.12 The panels established are as follows:-

- Adults and Health;
- Children and Young People;
- Environment and Housing; and
- Communities.

7.13 The recommendations agreed by the Overview and Scrutiny Committee at its meeting on 23 January 2014, together with the responses of the Cabinet, are included at Appendix 7.

8 Financial Resources

8.1 The Council funds expenditure from a number of sources. The Government sets out details of its funding for Councils in the Local Government Finance Settlement, showing grant allocations. These in turn are derived from the Spending Review process and any relevant announcements in the Chancellor of the Exchequer's Autumn Statement.

The Autumn Statement

8.2 The Chancellor of the Exchequer made his annual Autumn Statement on 5 December 2013; this highlighted the following main points relating to Local Government funding:

- No further resource cuts for 2014/15 and 2015/16, over and above those previously announced for Local Government were made;
- A number of changes were proposed to the newly implemented Business Rates Retention Scheme including a 2% cap on the business rate multiplier, the

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extension of the Small Business Rate Relief Scheme and a commitment to resolving the majority of business rate appeals by July 2015; and

- Although elsewhere in the country the Chancellor removed the proposal to 'top-slice' the New Homes Bonus this was not the case for London where a £70m deduction will apply.

The Local Government Finance Settlement 2014/15 – 2015/16

8.3 2013/14 was the first year of the new Business Rates Retention Scheme and also saw the introduction of a number of Welfare Reforms including the localisation of Council Tax Benefit requiring Councils to design their own Council Tax Reduction Schemes.

8.4 The Provisional Local Government Finance Settlement for 2014/15 was announced on the 18 December 2013 with the Final Settlement, which generally only reflects the correction of any technical errors, scheduled for the end of January/ beginning of February.

8.5 A period of 2 – 3 weeks is required following the Autumn Statement announcement for the Department for Communities and Local Government to finalise the grant figures which significantly influences the ability of Councils to understand and propose final budget proposals to Members in good time.

8.6 In 2014/15 the core funding for the Council has been renamed as the 'Settlement Funding Assessment' (SFA) from the 'Start Up Funding Assessment' (SUFA) used last year and comprises Revenue Support Grant (RSG) and Baseline Funding.

8.7 The baseline funding is the Government's estimate of the Council's share of Business Rates. The Council's estimated business rates were calculated when the system was set up in 2013/14, and as this was considerably less than the baseline funding requirement, the Council is subject to a 'top-up' payment. The baseline funding is split between retained business rates and top up as follows:

Retained Business rates	£19.283m
Top up	£53.737m
Total	**£73.020m**

8.8 The Council's own estimate of business rates yield for 2014/15 is £19.816m, and this has been included in the MTFP. The difference is due to a drop in the estimated amount of backdated valuation appeals yet to be cleared. As a result, the 2013/14 business rates figures will also be slightly in excess of the original estimate, contributing £251k to the Collection Fund surplus.

8.9 The SFA for Haringey shows a **10.6%** reduction in 2014/15 compared to a 10% reduction for other Outer London Boroughs and an average 9.4% reduction in England. However, SFA is only partially (55% in 2014/15) funded by Revenue Support Grant with the remainder (45%) coming from assumed amounts of retained business rates and the top up. The extent to which business rates will match the levels assumed by the government will depend both on changes to the business

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rates taxbase and the associated collection rate.

8.10 In future the ratio of RSG to Baseline Funding will continue to rebalance both as government funding reductions fall wholly on the RSG element and as growth in business rates is assumed; for 2015/16 the ratio changes to 45:55 (RSG: Business rates) from the 55:45 set out above. It is important to note that Haringey is proportionately more dependent on RSG than other Councils due to high levels of deprivation.

8.11 Each year, the national multiplier for business rates (and the top-up) is increased by RPI, and SFA is reduced by an equivalent amount, meaning that Councils only benefit from growth in the base (i.e. new properties) and not rises in the rate. The Chancellor announced a 2% cap on the multiplier increase, compared to previous RPI projections of 3.2%. In order that the Council is not financially penalised by this decision, a Section 31 Grant of £775k has been awarded to the Council.

Council Tax

8.12 The Council will consider the Cabinet's MTFP and Budget recommendations at its meeting on 26 February 2014 and, informed by those recommendations, will determine the level of Council Tax for the financial year 2014/15 at that meeting.

8.13 The government has previously announced that a Council Tax Freeze Grant, equivalent to 1%, would be available for councils that do not increase their Council Tax in 2014/15 and 2015/16; additionally it has now also been confirmed that the Council Tax Freeze Grants, including those for 2014/15 and 2015/16 will be transferred into the baseline funding (RSG) from 2016/17. This removes a concern that they might have ceased at some future date resulting in a cliff edge funding loss for those councils whom previously benefitted.

8.14 For councils that decide to increase their Council Tax the government has the power to require a binding referendum where the rise proposed is above the level of a threshold set by them. For 2014/15 the level of the threshold has yet to be announced; the threshold for 2013/14 was 2% although professional commentators believe that the threshold is most likely to be reduced for 2014/15.

8.15 In considering the level of its Council Tax for 2014/15, the Council should have regard to:

- The level of non-Council Tax funding resources that will be available in the next three years;
- The ongoing demand for services;
- The views of residents, trade unions, business and other stakeholders;
- The level of efficiency savings and/or service reductions that can realistically be delivered;
- The likely restrictions on any proposed Council Tax increases and the level of grant being offered to freeze Council Tax;

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- The general economic climate and the additional financial burden any increase would have on Council Tax payers.

8.16 The MTFP 2014-2017 cash limits presented in this report at Appendices 1 and 2 assume, for planning purposes, no increase in Haringey's Council Tax in 2014/15, and the consequential receipt of Council Tax Freeze Grant in 2014/15 and 2015/16.

8.17 However, the tax base has grown during the year as a result of:

- new properties being built; and
- empty properties being brought back into use.

8.18 The reduction in empty properties has in the main been brought about by reducing discounts as part of the technical changes implemented by the localised support scheme reported to Full Council in January 2013.

8.19 The projected income from Council Tax in 2014/15 is £79.457m based on 67,091 Band D equivalent properties and a collection rate of 94%. This represents an increase of £4.2m over the 2013/14 figures.

8.20 It is unlikely that the reduction in empty properties will be repeated as the technical changes have now all been made, but there is a level of property development that will increase that tax base year on year. Therefore the 2015/16 and 2016/17 Council Tax yields have increased by £1.18m, representing an estimated increase of 1,000 properties per year.

Fees and Charges

8.21 Cabinet have agreed previously not to increase Fees and Charges generally in 2014/15, although there are a small number which are set by other bodies and, if changed, statutorily have to be ratified by the Council's Regulatory Committee.

8.22 The next meeting of the Regulatory Committee is scheduled for 3 March 2014 where those decisions will be made if required.

8.23 The Council is required to provide commercial waste collection services when requested to do so by a business in the borough. The service is provided in partnership with Veolia and a charge is made for the service.

8.24 Charges for commercial waste collection services have been held steady by the Council during the last two years. During this time the component costs involved in providing the service have increased; the most significant of these is waste disposal which, due to the Landfill Tax Escalator, has continued to rise at a much faster rate than general inflation. For this reason and in order to ensure that the costs of providing commercial waste collection services are recovered it is recommended that Cabinet agree an increase in the charges made for these services.

8.25 A number of options have been considered ranging from no increase to a variable increase for the different service types. If charges were not to be increased the estimated additional cost that the Council would have to bear would be £17.4k. The option which matches most closely a cost neutral position is **a 10% increase across all service types and this approach is recommended**. Tables 1 and 2 below set

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out the current and proposed charges based on this approach.

Table 1 - Commercial Refuse Collection Service, current and proposed charges

Container Type	Current charges	Proposed Charges
Sack – refuse	£0.99	£1.09
1100 litre bin – refuse	£14.00	£15.40
660 litre bin – refuse	£8.40	£9.24
360 litre bin – refuse	£4.80	£5.28

Table 2 - Commercial Recycling Collection Service, current and proposed charges

Container Type	Current charges	Proposed Charges
Sack – recycling	£0.75	£0.83
Cardboard bundle tape	£0.75	£0.83
1100 litre bin – recycling	£7.50	£8.25
660 litre bin – recycling	£4.50	£4.95
360 litre bin – recycling	£2.50	£2.75

9 Revised Budget Proposals

9.1 An update on the proposals approved by Cabinet in December is set out below.

Savings and Growth Proposals

9.2 A number of additional growth/investment proposals are included in the proposed budget for 2014/15 reflecting the Council's strategic priorities:

- Strategic Land Acquisition Fund – the council is committed to major regeneration and as such has identified a need to be in a position to acquire properties on sites which allow the council to facilitate future regeneration schemes to take place.
- Tottenham Regeneration– costs associated with the transformation of Tottenham have now been established and require funding.
- Planning – there is a small increase in the budget required to embed improvement to the quality and speed of the Development Management Service and ensure continued improvement. Performance has improved significantly in determining planning applications and the Council is on course to meet all corporate targets for the first time in many years. In particular, the service was

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well in excess of the threshold set by DCLG at which authorities would be at risk of being put into special measures.

- Financial Literacy – the Council is committed to improving the practical understanding of personal finance issues in secondary school pupils, starting in 2014/15 with year 7 pupils.
- Opportunities for Music – the Council wishes to make resources available to extend to pupils the range of musical opportunities.
- Additional resources, both in the revenue budget and the Capital Programme, have been made available to continue the investment made in 2013/14 to meet the need for enhancements to the borough's roads.
- The Mayor of London Office for Policing and Crime (MOPAC) has confirmed the offer to match resources provided by boroughs for additional policing which will enable more visible policing to be provided in those wards with the highest crime and anti-social behaviour.

9.3 These proposals are summarised in Appendix 3.

9.4 The Cabinet have also decided to make some revisions to their previously advised Capital Programme:

- Following a review, the proposed Alexandra Palace regeneration scheme (£950k over 2014 – 2017) has been removed from the proposed Capital Programme as the expenditure is not considered to be capital in nature. The scheme will continue as originally planned but will now be charged to revenue; the funding position is unchanged as revenue resources had been earmarked to fund the project initially.
- A new scheme has been added in respect of Parks Infrastructure (£400k) which is funded through revenue contributions generated from additional parks events. The works will include the demolition of two redundant buildings in Finsbury Park and Chestnuts Park and the improvement works at four parks depots.
- The Smart Working Programme aims to optimise the use of Council office space and reduce total costs of occupancy across the Council's office building portfolio via a reduction in the desk to employee ratio and through the establishment of flexible or SMART working practices. It also supports the Customer Services Transformation project by improving facilities for customers, service users and visitors.

  A revised scheme is proposed as part of the 2014/15 capital programme which aims both to accelerate the consolidation of staff into River Park House and Alexandra House, and to provide suitable spaces within those buildings to support wider organisational change by creating flexible work environments.

  The current smart working programme supports the overall Accommodation Strategy, which assumes the future release of other sites to achieve revenue savings and to support area regeneration.

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- The additional capital resources of £2.5m referred to above for investment in the borough's roads.
- An additional £2.5m expenditure on the school estate following confirmation of a revised schools' capital allocation from the Department for Education (DfE).

Grant related proposals

9.5 As the Local Government Finance Settlement was not available in time for the December Cabinet report, the following proposals relating to grant funding are now recommended:

New Homes Bonus - the Government notification of New Homes Bonus (NHB) is £917k greater than the estimate included in the December MTFP due to the reduction in empty properties referred to in section 8. It is proposed that this increase is used to fund the estimated cost of support for Tottenham Regeneration referred to above. This proposal amounts to £1.3m in 2014/15, and the increased NHB is £1.9m, therefore it is proposed to transfer the balance to a specific reserve in order to fund the programme in future years.

NHS Grant – this grant for Adult Social care is £1.1m more than the 2013/14 amount, due to an extra £200m being transferred to Local Government from the NHS. The grant is issued and monitored by the new Clinical Commissioning Groups, and certain outcomes are expected from the funding. It is proposed that the Adult Social Care cash limit is increased by £1.1m, and this grant is used to offset the additional costs. This money is to be applied to support early interventions.

Local Welfare Reform Grant – as part of the government's 2013/14 welfare reform programme, Councils were given responsibility, and grant funding, for administering a local fund that replaced community care grants and crisis loans for living expenses. It was announced in the provisional Local Government Finance settlement that the grant funding provided in 2013/14 and 2014/15 is to cease in 2015/16, despite no indication from the Department of Work and Pensions that this funding would not be provided on an ongoing basis. If the Council wants to continue this support at the same level, resources of c£1.3m a year will need to be found from 2015/16 onwards.

Better Care Fund – this is a pooled budget for adult social care made up of a national funding stream of £3.8bn. The provisional Local Government Finance Settlement identified that the Haringey share of this in 2015/16 would be £16.4m, however the following needs to be taken into account:

- This is not new money – the £16.4m includes the previous NHS grant transferred to the Council, and the rest of the money is already being commissioned by the NHS and CCGs.
- The way in which the resource will be allocated via a formula is being changed, consequently the £16.4m figure is likely to change.
- £1bn of the £3.8bn nationally (26%) will be performance related, 50% based on 2014/15 performance metrics. This represents a significant proportion of the grant and there is a clear risk that resources will be reduced if performance

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targets are not met.

As well as presenting risks, the fund represents opportunities to improve outcomes for local people. The full £16.4m grant has been included in 2015/16, and an equivalent expenditure budget has provisionally been added to the Adult Social Care cash limits.

Budget pressures / savings

Collection Fund

9.6 Previous budget and out-turn reports have identified that the collection fund has been generating a deficit since 2011/12 and action has been taken to move the fund into a surplus position. As a result, £2m was included in the December MTFP as a contribution from the Collection Fund.

9.7 Revised estimates of the Fund balance have shown that the surplus is greater than expected, mainly due to the changes in properties referred to in Section 8 above.

9.8 Given the recent fluctuations in the Collection Fund, and the increased risk of volatility with Business Rates, a specific reserve will be set up as a resource to equalise any future deficits.

Contributions to/from Reserves

9.9 The December Cabinet proposals relied on a £0.7m contribution from reserves to present a balanced position. As set out above the improved position on the Collection Fund means that a transfer will now be made to, and not from, reserves.

9.10 In addition to the £1.1m Jobs Fund balance currently held in Reserves, a further £900k will be transferred into a newly created ***Labour Market Growth and Resilience Reserve;*** giving a start-up balance of **£2m**. Alongside investment in enabling physical regeneration in Tottenham and effective leverage in developer investment to bring forward new jobs, this fund will be essential to assist across the Borough in labour market initiatives. A review of the Economic Development function of the Council is underway and will report in the next few months. Subject to the agreement of recommendations arising from the review, this new fund will enable effective delivery during 2014/15 and onwards.

10 Budget and MTFP Revenue Proposals - summary

10.1 The latest financial position for the two years 2014/15 to 2015/16 is summarised in the following table, and in more detail in Appendices 1 and 2.

Table 3 – Summary Budget Changes 2014 - 2016

	2014/15	2015/16	Total
	£m	£m	£m
MTFP Shortfall approved February 2013	**20.4**	**22.5**	**42.9**

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Changes to the Council's resource base	(4.0)	14.2	10.2
Service demand pressures and growth	1.6	2.1	3.7
Savings proposals	(22.3)	0.0	(22.3)
Re-profiling and revisions to savings	6.4	(1.4)	5.0
Changes to assumptions	(2.1)	(2.5)	(4.6)
Cabinet December 2013	**0**	**34.9**	**34.9**
Changes to assumptions	1.6	(0.4)	1.2
Changes to the Council's resource base	(6.2)	(0.9)	(7.1)
Investment proposals	4.6	(2.3)	2.3
MTFP Surplus (-) / shortfall (+)	**0**	**31.3**	**31.3**

2016/17

10.2 2016/17 allocations are subject to significant levels of uncertainty. However, the high level Office of Budget Responsibility (OBR) projections made at the time of the Autumn Statement indicate continuation of the Local Government Departmental Expenditure Limits (DEL) reductions of c£25bn which equates to a 10.6% cumulative fall in resources over the 3 years from April 2016.

10.3 A major change in 2016/17 will be the establishment of a care cap, limiting the amount of money that people will have to pay towards adult social care. The main features, contained in the Care Bill, are:

- An individual's contribution to eligible care will be capped at £72,000;
- People who develop needs at working age will have a lower cap, and those who have care needs when they turn 18 will have the cap set at zero;
- For adults in residential care, the upper means tested threshold will increase from £23,250 to £118,000. This means that people entering a care home with assets less than this value will not have to pay the full cost of their care;
- For adults in residential care, the lower means tested threshold will increase from £14,250 to around £17,000. People with assets less than this value will receive full support for their care costs.

10.4 The proposals are both front and back loaded – costs will rise in 2016/17 as the means tested thresholds are raised, and again three years later as the care cap kicks in. It is estimated that it will take 3.5 years to reach the cap in London.

10.5 The Government has calculated that the proposals will cost £1bn, and will be fully funded. However, London Councils has estimated that the costs will be nearer £1.5bn, and that London will be disproportionately affected due to:

- A relatively short time period to reach the cap (3.5 years);

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- A relatively high percentage (27%) of self funders who will hit the cap (15% nationally, 3% in the North East).

10.6 As a result, an additional £1m has been included in the MTFP for 2016/17 to recognise these factors. As more details are known, the estimate will be reviewed and updated.

10.7 Other material changes that could affect the Council's finances in 2016/17 are:

- Changes in core and specific grants;
- Inflation and interest rates;
- The outcome of the 2015 General Election;
- The general economic climate; and,
- The impact of Government legislation.

10.8 At the moment, it is estimated that there will be a further gap of **£22.8m** in 2016/17 based on current assumptions.

Three Year Plan

10.9 As the council faces the future financial challenges it will need to make investments in order to change the way it delivers services so that it can keep pace with the reducing financial envelope and increasing demands on services. Use of existing reserves are an integral part of that strategy and will continue to be utilised going forward. The use of programme budgets will be introduced to deal with time limited initiatives, such as Tottenham Regeneration, reserves will be used to manage the uneven profile of spend typically associated with this approach.

11 Transformation

11.1 Based on the above analysis the combined gap for 2015/16 and 2016/17 is £54.1m. This represents the 6th and 7th years of the Government's Austerity programme, and the Council will need to find additional efficiency savings towards these gaps. The Council is developing a transformational programme approach to take it forward to address the financial challenges in the years to come. The following corporate programmes are priorities:

- Haringey 54k;
- Tottenham Regeneration;
- Customer Services Transformation; and,
- Corporate Infrastructure Programme.

12 Risks and Opportunities

12.1 In constructing the draft MTFP, Directors have provided their best estimates of service costs and income based on the information currently available. However, there will always be factors outside of the Council's direct control that will vary key planning assumptions underpinning these estimates.

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12.2 There are a number of significant risks that could affect either the level of service demand (and therefore delivery costs), or its funding. In addition there are general economic factors, such as inflation and interest rates that can impact on the net cost of services.

12.3 Similarly there are opportunities either to reduce costs or increase income that have not, as yet, been factored into the planning assumptions. The main risks and opportunities are summarised below:

Risks

- Funding and political uncertainty post 2015/16
- Reduction in service standards/performance
- Increased demographic pressure
- Impact of government legislation and welfare reform
- Delay or non-delivery of savings proposals
- Volatility on the revenue base due to economic conditions
- Uncertainty over NHS joint funding arrangements including particularly the performance related element of the Better Care Fund
- Further Academy transfers and loss of funding/flexibility
- Under funding of the Care Cap

Opportunities

- Further synergies between Public Health and Children's and Adults Social Care
- Investment in the Housing stock as a result of business planning
- Growing the local economy through regeneration leading to increased business rate yield
- Improved service efficiency, and thus cost saving, as a result of the Council's corporate programmes.

13 Dedicated Schools Grant (DSG)

13.1 Cabinet previously approved in December 2013 changes to the Haringey Schools' Funding Formula and considered separately the estimated size of the DSG based on October 2013 pupil numbers (for the Schools' Block) January 2013 numbers (for the Early Years' Block) and the guaranteed unit of funding for each of the respective blocks. Both of the units of funding have been maintained in cash terms for 2014/15.

13.2 The government has now also confirmed its intention to remove schools from the Carbon Reduction Scheme and has, as a consequence, reduced resources of £299k from the 2014/15 DSG allocation.

13.3 The DSG on the basis of the above factors is now estimated at £228.755m which was presented to the Schools Forum on 16th January 2014. The DSG must be used fully in support of the Council's Dedicated Schools Budget (DSB) and Cabinet is asked to approve the DSB at this level.

13.4 Further changes to the numbers used in support of the Early Years block will be made once the January 2014 count data is available; there may therefore be final

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amendments relating to those changes or any subsequent data cleansing adjustments. The High Needs Block is also an estimated amount and may be subject to change following analysis of returns made to the government by all authorities on 23 December 2013.

13.5 The December Cabinet also received details of the proposed 2014/15 Pupil Premium amounts; the amount for eligible primary aged pupils had already been confirmed at £1,300 although confirmation of the Secondary aged pupil amount was only received at the time of the provisional settlement at £935 (per eligible pupil). This is substantially below the level originally projected and is only £35 per pupil above the 2013/14 level.

13.6 At its meeting held on 16th January the Schools Forum considered a report on those areas where the Council had put forward proposals to either retain budgets centrally (£2.84m) where it is allowed to do so, or seek de-delegation of resources (£0.95m) where it must initially delegate to all schools; these are areas where the final decision is for the Schools Forum to make annually.

13.7 The Forum agreed with the proposals made in relation to all cases with the exception of the proposal to seek de-delegation of the budget (£161k) to fund Trade Union facilities. In 2013/14 the Forum agreed to de-delegate this budget from Primary Schools only, but the School Forum has now decided that it should remain delegated to all schools from 2014/15. As a result the HR Service will be extending the arrangements to all schools to meet the costs of Trade Union representation for their staff through a Service Level Agreement or other 'trading' arrangement.

14 Housing Revenue Account (HRA)

14.1 Under the self-financing regime rents are the main source of income for the HRA and Cabinet is required to make decisions annually on the level of increases.

14.2 For several years it has been the Council's policy to set rent increases in accordance with government policy following the rent restructure guidance. This policy is based on gradually increasing council housing rents so that they converge with typical rent levels of other social landlords. This means that rents are increasing in real terms – above inflation. This is contributing significantly to the revenue surplus.

14.3 Although the Council is not required to follow rent restructuring, the calculations underpinning the self financing model assume that it will do so and it will not be possible to meet the investment needs of Haringey's stock without achieving this level of income. Setting lower rents will reduce the income available to the HRA and restrict the funding available for housing services and capital investment. This would be a permanent reduction to the HRA since rent increases in future years will be applied to a lower baseline.

14.4 It is therefore **recommended** that Cabinet continues to follow their established policy with target rent increases for 2014/15 reflecting the level of the September 2013 Retail Prices Index (RPI) which was 3.2%.

14.5 An exception to this policy was agreed for void properties. When a tenancy comes to

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an end and the property is re-let to a new tenant, the rent is raised immediately to the target rent thereby achieving convergence in advance of the main stock. The difference between this target rent and the existing rent varies but is typically £2.60 a week. The amount of additional income raised will be dependent on the properties that become vacant in year but is estimated to be in the region of £60k. It is **recommended** that this policy continue.

14.6 If Haringey continues to follow rent restructuring then the average weekly dwelling rent will increase by £4.90 or 4.98%. The average weekly rent will increase from £98.23 to £103.13. The additional income to the HRA from applying this increase is £4.0m a year.

14.7 Because rent restructuring takes into account individual factors for each property such as the existing rent and the capital value, there is considerable variation in the size of the increase for each dwelling. The tables below illustrate this range:

Table 4: Proposed weekly dwelling rents for 2014/15

Number of Bedrooms	Number Of Properties	Minimum Rent	Maximum Rent	Average Rent
		£	£	£
Bedsit	157	67.84	114.89	83.23
1	5624	57.68	136.38	88.24
2	5392	80.44	148.83	103.24
3	3984	76.34	155.57	118.48
4	616	88.47	167.14	134.04
5	102	104.64	169.69	154.52
6	10	134.79	177.79	161.79
7	2	137.05	174.44	155.75
8	1	176.32	176.32	176.32
All dwellings	**15,888**	**57.68**	**177.79**	**103.13**

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Table 5: Percentage increase in weekly dwelling rents for 2014/15

Number of Bedrooms	Minimum Increase	Maximum Increase	Average Increase
Bedsit	1.88%	6.85%	5.14%
1	1.57%	7.43%	4.96%
2	1.63%	6.35%	5.03%
3	2.61%	6.49%	4.94%
3+	0.61%	6.10%	4.86%
All dwellings	0.61%	7.43%	4.98%

Table 6: Range of changes

Potential Rent Increase	Number of properties	% of Total
Less than £4.00	3,492	21%
Between £4.00 and £5.00	5,364	34%
Between £5.00 and £6.00	5,077	32%
Between £6.00 and £7.00	1,675	11%
Between £7.00 and £9.00	280	2%
Total	**15,888**	**100%**

14.8 Were the Cabinet not to implement the full increase the loss of rent would be £810k per annum for each 1% of reduced increase. This would reduce the revenue contribution to the capital funding available for the Decent Homes programme and is not recommended for that reason.

14.9 The Cabinet is **recommended** to agree the rent increases detailed in paragraph 14.6 and set out in Table 4 above.

14.10 In subsequent years, the national rent policy is likely to change to be based on an increase against the Consumer Prices Index (CPI) +1%. The rent projections for 2015/16 and 2016/17 have been calculated on this basis.

15 Service charges

15.1 In addition to rents, tenants need to pay separate charges for specific services that they receive. The Council's policy has been to set charges to match budgeted expenditure unless this would result in an increase of more than the limits used in rent restructuring in which case charges are increased by RPI + 0.5%. For 2014/15 this is equal to 3.7%.

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15.2 The table below shows the proposed changes in service charges calculated according to this policy.

Table 7 – Summary of Tenant's Service Charge Income.

Tenant's Service Charges	No of Tenants	Current Charge	Proposed Charge	% Change	Projected Income
Concierge	2,010	£14.43	£14.96	3.7%	£1,549,100
Grounds Maintenance	8,134	£2.95	£3.02	2.4%	£1,265,500
Caretaking	7,708	£5.58	£4.16	-25.4%	£1,651,900
Street Sweeping	8,133	£3.55	£3.67	3.4%	£1,537,700
Bin & Chute Cleaning	8,088	£0.15	£0.16	6.7%	£66,700
Integrated Reception Service (Digital TV)	9,093	£0.77	£0.77	0.0%	£360,700
District Heating Scheme - BWF (p/KWh)	193	£0.0567	£0.06	0.0%	£131,800
Estates Road maintenance	9,390	£0.46	£0.48	4.3%	£232,200
Communal Lighting	7,911	£2.15	£2.28	6.0%	£929,200
Heating (Average charge)	637	£12.25	£12.92	5.5%	£424,000
Tenants' Service Charges (Excluding water rates)					**£8,148,800**
Water	16,876	£6.77	£7.32	8%	£6,437,600
Total Tenants' Service Charges					**£14,586,400**

15.3 As the table shows, tenants will benefit from a net reduction in the cost of caretaking achieved by Homes for Haringey as part of their efficiency programme and other increases have been kept as low as possible. The largest increase in absolute terms is for heating which is mostly externally driven.

16 HRA Revenue Budget and MTFP 2014-2017

16.1 As part of the Council's budget strategy to generate efficiency savings, Homes for Haringey have been asked to reduce the portions of their Company Budget within their full control, that is excluding charges made by the Council, by £3.2m. Further details on their proposals for meeting this target are given below. Further reductions of 5% are planned for 2015/2016 and 2016/2017.

16.2 In order to make the necessary staffing reductions, Homes for Haringey will incur transition costs, including redundancy and early retirement costs. Cabinet approved a call on reserves of up to £3m at the December 2013 meeting.

16.3 Homes for Haringey are an admitted body in the Local Government Pension

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Scheme. Following a recent revaluation of the risks and liabilities on their part of the fund, the actuary recommends that the employer contribution should rise and this will cost around £1.1m a year. This has been added into the Medium Term Financial Plan as an unavoidable growth pressure.

16.4 Charges made by the Council for corporate and support services will rise by inflation.

16.5 Costs of £170k will be transferred to the HRA from the General Fund following a review of charges between accounts. This includes £100k for the waste management costs for the disposal of goods and furniture etc from void properties, £25k increase in the charge for the Grounds Maintenance service and £45k for the Fuel Poverty officer post who will now work mostly with HRA tenants rather than the general population.

16.6 There is also £1.035m new investment growth for activity to support the HRA Investment and Estate Renewal Strategy reported to Cabinet in November. This is made up of a contribution to the Regeneration team of £235k for HRA specific activity in relation to Tottenham and £150k for work on small and medium sized estates, £150k for feasibility studies and master planning and £500k for tenant and resident consultations and communications.

16.7 Within the managed accounts there is a need to make an increased provision for bad debts. The level of bad debt has been increasing over recent years and this is expected to continue to worsen following Welfare Reform Act changes including the benefits cap, the under occupation penalty and the payment of housing support to the tenant rather than the landlord under Universal Credit.

16.8 There is also £4.54m of funding that has been transferred from the capital programme to revenue within the managed account. This is not new spending but is a change in classification following a review of capitalisation and has a net nil overall impact.

16.9 The net result of these changes is a revenue surplus of £10.432m. This together with £4.6m of the brought forward balance on the HRA reserve will be invested into the expanded HRA programme. It is **recommended** that Cabinet agree the MTFP as set out in Appendix 5a to this report.

17 2014-15 Homes for Haringey Efficiency Savings.

17.1 Homes for Haringey have brought forward £2.6m of savings proposals, against a target of £3.2m, in order to meet their efficiency target. These are shown as at Appendix 5b to this report.

17.2 Around half the savings will be found within the Repairs Service (£1.1m). These will be achieved by a mixture of efficiency improvements and stopping services that are in excess of normal landlord responsibilities.

17.3 The other fifty percent of savings will be found from efficiency improvements within the back office (£0.98m, 31%) and closer working with the Council and the consequent reduction of duplicate work (£0.504m).

17.4 £570k of the £3.1m total savings target is still, however, to be identified and will be

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considered early in the new financial year.

18 Capital Programme

18.1 The December 2013 Cabinet meeting received details of, and agreed for recommendation to full Council, draft proposals for the capital programme 2014 – 2016 which were to be funded from the Council's own resources (as opposed to externally funded schemes) to be recommended to the Council.

18.2 Since then a number of changes in both spending and financing have been identified including adding those schemes funded from external contributions. The main changes made have been set out in Section 9 of this report; updated proposals which constitute the full capital programme for 2014- 2017 are now summarised in Appendix 6.

18.3 Cabinet is **recommended** to approve the complete programme for consideration by the Council at its meeting on 26 February 2014.

Housing Revenue Account

18.4 The proposed Housing capital programme for 2014/15 is £64.02m; within this £5.42m is included for the Small Sites infill programme. This is the second year of a £15m programme to build around 100 affordable homes making use of empty or under utilised HRA land. This programme is still at the planning stage and further details will be brought back to Cabinet in 2014. The programme is part funded from retained RTB receipts unless GLA grant is secured under the Mayor's Covenant scheme.

18.5 In order to ensure maximum flexibility for the Council in advance of completion of the Stock Options Appraisal it is proposed that the capital programme for 2014/15 relies solely on internally generated funds.

18.6 Should any of the works cover leasehold properties the costs will be recoverable from the leaseholders and will not be a charge on the Council's resources. Leaseholder contributions are shown as a funding line to the programme.

18.7 Since the Housing Capital Programme was last presented to Cabinet in December, a number of refinements to the estimates have been made. These include reductions in the professional fees, lift and boiler programmes, an increase in the Supported Living Programme and the estimated cost of the stock condition survey and the creation of two specific new programmes for estate roads and pavements and flooring and alarm systems in sheltered schemes.

18.8 A summary of the proposed General Fund and HRA Capital Programme is set out below in Table 8 together with the associated funding sources.

18.9 Further changes to these figures may occur as grant notifications from Transport for London and the Department for Education are finalised.

Table 8 – 3 Year Proposed Capital Programmes 2014 - 2017

Haringey Council

Expenditure	Proposed Budget 2014/15	Indicative Budget 2015/16	Indicative Budget 2016/17	Total
	£'000	£'000	£'000	£'000
Place & Sustainability	35,968	20,059	13,003	**69,030**
Children & Young People	6,891	10,342	12,128	**29,361**
Adults & Housing	2,036	2,036	2,036	**6,108**
HRA	64,020	63,938	49,870	**177,828**
Other	3,718	3,122	5,226	**12,066**
Total Capital Programme	**112,633**	**99,497**	**82,263**	**294,393**

Draft Capital Funding				
Government Grants	32,307	10,978	11,717	**55,002**
Other Grants	9,896	9,589	8.478	**27,963**
Capital Receipts	9,116	13,679	12,757	**35,552**
Section 106	153	0	0	**153**
Reserves & Revenue	42,804	37,271	35,413	**115,488**
Prudential Borrowing	18,357	27,980	13,898	**60,235**
Total Capital Financing	**112,633**	**99,497**	**82,263**	**294,393**

19 Indicative HRA 2015-2017 Programme

19.1 The Housing Investment and Estate Renewal Strategy was presented to Cabinet at the second November Cabinet meeting. At this stage the strategy is fairly high level and further work is required to finalise the details. The 2015/16 and 2016/17 Capital Programme should therefore be considered as purely indicative until this work is carried out and a further report taken back to Cabinet.

19.2 The indicative programme continues the increased level of investment in the housing stock and provides funding for a successor programme to the Decent Homes programme. This will be informed by the refresh of the stock condition survey planned for 2014/15 and consultation with tenants. Due to the high level of investment needs it is likely that internal resources will no longer be sufficient and the Council will have to consider increasing its HRA borrowing.

20 Treasury Management Strategy

20.1 The Treasury Management Strategy Statement (TMSS) for 2014/15 will be brought to the meeting of the Council on 26 February 2014.

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20.2 The TMSS has been formulated by the Corporate Committee and scrutinised by the Overview & Scrutiny Committee. The TMSS sets out the proposed strategy for the Council's borrowing, investment of cash balances and the associated monitoring arrangements.

21 Comments of the Chief Finance Officer and financial implications

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

22 Head of Legal Services and legal implications

22.1 The Local Authorities (Standing Orders) (England) (Regulations) 2001, as provided for in the Budget and Policy Framework Procedure Rules at Part 4 Section E of the Constitution, set out the process which must be followed when the Council sets its Budget. It is for Cabinet to approve the proposals and submit the same to the Full Council for adoption in order to set the budget. However the setting of rents and service charges for Council properties is an executive function to be determined by the Cabinet.

22.2 The Cabinet will need to ensure that where necessary, consultation is carried out and equalities impact assessments are undertaken and that the outcomes of these exercises inform any final decisions. The Council will need to ensure that any finalised proposals do not result in the Council being unable to comply with its statutory duties.

23 Equalities and Community Cohesion Comments

23.1 Equality Impact Assessments are being carried out on the budget proposals and outcomes will be included in the relevant Cabinet reports as appropriate.

24 Head of Procurement Comments

24.1 Not applicable

25 Policy Implication

25.1 The Medium Term Financial Plan represents the resource framework for delivery of Council Policy and objectives.

26 Use of Appendices

26.1 Appendix 1 – Summary of the MTFP 2014/15 to 2016/17

26.2 Appendix 2 – Directorate Cash Limits

26.3 Appendix 3 – New Budget proposals

26.4 Appendix 4 – Dedicated Schools Grant

26.5 Appendix 5 – Housing Revenue Account MTFP 2014-17

26.6 Appendix 6– Capital Programme

26.7 Appendix 7 – Scrutiny recommendations and Cabinet responses

27 Local Government (Access to Information) Act 1985

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

- Financial Planning 2013/14 to 2015/16 - Cabinet 12 February 2013
- Financial Planning 2014/15 to 2016/17 - Cabinet 18 June 2013
- Financial Planning 2014/15 to 2016/17 - Cabinet 17 December 2013

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

HARINGEY COUNCIL MEDIUM TERM FINANCIAL PLAN TO MARCH 2017

Appendix 1

	2013/14 Revised Base Budget £'000	Pre-Agreed Growth £'000	New Growth £'000	Pre-Agreed Savings £'000	New Savings £'000	Funding Adjustments £'000	Slippage £'000	2014/15 Revised Base Budget £'000	Pre-Agreed Growth £'000	New Growth £'000	Pre-Agreed Savings £'000	Funding Adjustments £'000	Slippage £'000	2015/16 Revised Base Budget £'000	New Growth £'000	Funding Adjustments £'000	Slippage £'000	2016/17 Revised Base Budget £'000
Service Areas (excluding Corporate Recharges and Capital Financing Costs)																		
Total Strategy and Performance	5,213	0	0	(129)	(636)	0	0	4,448	(130)	0	(60)	0	0	4,258	0	0	0	4,258
Total Adults and Housing	92,055	650	995	(1,200)	(3,058)	1,153	710	91,305	950	12,120	(365)	0	(710)	103,300	2,720	0	0	106,020
Total Place & Sustainability	44,209	(462)	4,960	(1,750)	(2,928)	0	1,070	45,099	0	(2,460)	(200)	0	(130)	42,309	(700)	0	(940)	40,669
Total Public Health	17,815	592	0	0	(820)	0	0	17,588	0	0	0	0	0	17,588	0	0	0	17,588
Total Children & Young People's Services	59,833	0	520	(3,785)	(1,407)	0	480	55,641	0	722	0	0	(480)	55,883	(1,122)	0	0	54,761
Sub-Total	219,125	780	6,475	(6,864)	(8,849)	1,153	2,260	214,080	820	10,382	(625)	0	(1,320)	223,337	898	0	(940)	223,295
Corporate Services																		
Total Corporate Resources	7,479	(330)	0	(455)	(780)	0	0	5,914	0	0	0	0	0	5,914	0	0	0	5,914
Total Chief Executive	22,046	310	150	(845)	(1,826)	0	91	19,926	(410)	250	0	0	(91)	19,675	0	0	0	19,675
Total Non Service Revenue	27,189	4,850	1,900	0	(3,338)	(3,559)	0	27,042	5,530	1,023	0	(5,530)	0	28,065	2,800	0	0	30,865
Total Contingencies and Provisions	12,237	6,000	4,000	0	(7,500)	0	0	14,737	5,000	500	0	0	0	20,237	5,500	0	0	25,737
Sub-Total	68,951	10,830	6,050	(1,300)	(13,444)	(3,559)	91	67,619	10,120	1,773	0	(5,530)	(91)	73,891	8,300	0	0	82,191
Total Funding Requirement	**288,076**	**11,610**	**12,525**	**(8,164)**	**(22,293)**	**(2,406)**	**2,351**	**281,699**	**10,940**	**12,155**	**(625)**	**(5,530)**	**(1,411)**	**297,228**	**9,198**	**0**	**(940)**	**305,486**
Funding Sources																		
Core Grants	29,992	0	0	0	0	2,623	0	32,615	0	16,473	0	(6,938)	0	42,150	0	(2,286)	0	39,864
New Homes Bonus	3,095	0	0	0	0	1,986	0	5,081	0	0	0	(722)	0	4,359	0	1,084	0	5,443
Revenue Support Grant	107,662	0	0	0	0	(19,675)	0	87,987	0	0	0	(25,927)	0	62,060	0	(16,049)	0	46,011
Returned New Homes Bonus	800	0	0	0	0	(356)	0	444	0	0	0	194	0	638	0	389	0	1,027
Council Tax	75,240	0	0	0	0	4,217	0	79,457	0	0	0	1,180	0	80,637	0	1,180	0	81,817
Retained Business Rates	18,577	0	0	0	0	1,239	0	19,816	0	0	0	994	0	20,810	0	666	0	21,476
Top Up	52,710	0	0	0	0	1,027	0	53,737	0	0	0	1,510	0	55,247	0	1,552	0	56,799
Surplus/(Deficit) on Collection Fund	(3,570)	3,570	0	0	0	7,519	0	7,519	0	0	0	(7,519)	0	0	0	0	0	0
Contribution from/(to) Reserves	3,570	(3,570)	400	0	0	(5,357)	0	(4,957)	0	286	0	4,671	0	0	0	(1,084)	0	(1,084)
Total Available Funding	**288,076**	**0**	**400**	**0**	**0**	**(6,777)**	**0**	**281,699**	**0**	**16,759**	**0**	**(32,557)**	**0**	**265,901**	**0**	**(14,548)**	**0**	**251,353**
Budget Gap	**0**							**0**						**31,327**				**54,133**

Appendix 2

Business Unit Cash Limits	2014/15
	Cash Limit £000
Organisational Development & Committee	740
Local Democracy	832
Policy, Intelligence & Partnerships	1,998
Communications	878
Director of Strategy and Performance	0
Total Strategy and Performance	**4,448**
Director of Adults & Housing	744
Adults and Community Services	74,041
Community Housing Services	16,520
Total Adults and Housing	**91,305**
Director of Place & Sustainability	754
Single Front Line Services	28,950
Planning, Regeneration & Economy	2,697
Tottenham Team	2,086
Property	6,127
Leisure Services	915
Culture, Libraries & Learning	3,489
BSF Revenue/Direct Services	81
Total Place & Sustainability	**45,099**
Director of Public Health	17,588
Total Public Health	**17,588**
Director of Corporate Resources	201
Corporate Finance	4,253
Corporate Procurement	1,460
Total Corporate Resources	**5,914**
Prevention and Early Intervention	10,013
Children & Families	44,686
Director's Budget	942
Total Children & Young People's Services	**55,641**
Chief Executive	2,168
Electoral Service	619
Human Resources	1,879
Revenues, Benefits & Customer Services	6,553
Legal services	-1,665
Information Technology	10,372
Total Chief Executive	**19,926**
Non Service Revenue	**41,779**
TOTAL FUNDING REQUIREMENT	**281,699**

These Business Unit cash limits will be re-allocated into the Council's new organisational structure before the start of the new financial year.

New Investment Proposals

Ref		Description	2014/15 £'000	2015/16 £'000	2016/17 £'000	Total £'000	Further information
	Children and Young People						
1		Enhancement of secondary school pupils' personal finance skills	**60**			**60**	Provision in conjunction with the Haringey Credit Union of resources to educate pupils in management of personal finances -year 7 pupils only and with provision to access only after 2 years
2		Extend free music tuition to year 6 pupils	**35**			**35**	Children in Years 4 and 5 currently receive whole class instrumental tuition and Year 5 the continuers programmes; Year 6 Parents are currently charged for these programmes. The proposal is to extend current provision into Year 6 which will benefit an estimated 700 children.
3		Saturday Morning Music Centre at Gladesmore	**25**			**25**	Expand the provision at Gladesmore to set up bands for children who have progressed well through the free whole class lessons in schools programme but are unable to attend the after-school sessions we run at the Music Centre. This funding would maintain and expand the provision next term, benefitting around 160 children and young people.
Total Children's Services			**120**	**0**	**0**	**120**	

Ref		Description	2014/15 £'000	2015/16 £'000	2016/17 £'000	Total £'000	Further Information
	Place & Sustainability						
4		Strategic land and property acquisition	**1,900**			**1,900**	The revenue effects of an estimated £50m fund to acquire strategically important development sites associated with regeneration activities.
5		Tottenham Programme	**1,300**	**600**	**(700)**	**1,200**	Creation of Programme budget for resources to support the Tottenham regeneration programme. Profile of spend likely to flex.
6		Buy one get one free police resource offer in addition to the Local Policing Model (LPM)	**200**			**200**	Funding for additional police officers which would offer increased flexibility and visibility and have the benefit of offering additional impact. These officers would be deployed to specific wards to enhance support to the existing neighbourhood policing teams e.g. Noel Park and Harringay including parks and open spaces within the same, e.g. Duckett's Common.
7		Roads/Pothole Repairs	**360**	**(360)**		**0**	This funding will maintain the 2013/14 levels of investment into 2014/15 continuing the improvement programme.
8		Planning/ Development Management	**200**			**200**	Resources to support the level of planning applications being received.
Total Place & Sustainability			**3,960**	**240**	**(700)**	**3,500**	
GRAND TOTAL			**4,080**	**240**	**(700)**	**3,620**	

Dedicated Schools Grant (DSG) 2013-14 and 2014-15 (Indicative) **Appendix 4**

	Notes	Pupil Numbers	Funding Rate	Schools Block	Early Years Block	High Needs Block	Total
			£	£	£	£	£
DSG 2013-14 (July 2013)	1						
Schools Block - Base		30,589	5,878.44	179.816			
Early Years Block - Base	2	2,358	5,345.46		12.605		
Higher Needs Block - Base						29.920	
2 Yr Old Funding					3.699		
3 Yr Old Transition					0.900		
Induction of NQTs				0.047			
Former Non Maintained Special Schools						0.023	
Reported to Forum September 2013				179.863	17.204	29.943	**227.009**
DSG 2014-15 (December 2013)	1						
Schools Block - Base		30,707	5,878.44	180.509			
Early Years Block - Base	2	2,358	5,345.46		12.605		
Higher Needs Block - Base						29.920	
2 Yr Old Funding					5.048		
3 Yr Old Transition							
Induction of NQTs				0.047			
Net increase in post 16 funding						0.903	
Former Non Maintained Special Schools						0.023	
Removal of Carbon Reduction Funding	3			-0.258	-0.025	-0.016	
				180.298	17.628	30.830	**228.755**

Notes:

1. DSG allocations are before academy recoupment.
2. The two Early Years' Blocks use the January 2013 pupil count and will be updated when the January 2014 count is availa
3. The Carbon Reduction Commitment no longer applies to schools and education funding has been reduced to compensate the Treasury for this loss of funding.

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Appendix 5a

HRA Summary	2013/14	2014/15		2015/16		2016/17	
	Current Budget £000s	Increase / (Decrease) £000s	Draft Budget £000s	Increase / (Decrease) £000s	Draft Budget £000s	Increase / (Decrease) £000s	Draft Budget £000s
Rental Income	(82,048)	(1,864)	(83,912)	(1,986)	(85,898)	(2,226)	(88,124)
Non Dwelling Rents	(2,396)	(32)	(2,428)	(42)	(2,470)	(42)	(2,512)
Leasehold Service Charge Income	(6,350)	(626)	(6,976)	(701)	(7,677)	(106)	(7,783)
Tenant Service Charge Income	(10,113)	450	(9,663)	(210)	(9,873)	(221)	(10,094)
Miscellaneous Income	(5,994)	(598)	(6,592)	(706)	(7,298)	(785)	(8,083)
Housing Management Costs & NNDR	5,909	491	6,400	621	7,021	691	7,712
Repairs & Maintenance	0	4,540	4,540	0	4,540	0	4,540
Bad Debt Provision	1,524	735	2,259	50	2,309	55	2,364
Service Charge Costs	6,791	387	7,178	185	7,363	166	7,529
Total Managed Accounts	**(92,677)**	**3,483**	**(89,194)**	**(2,789)**	**(91,983)**	**(2,468)**	**(94,451)**
Temporary Accommodation	(1,233)	24	(1,209)	(12)	(1,221)	(12)	(1,233)
Community Alarm & Supported Housing	399	(31)	368	4	372	4	376
Other Property Costs	2,314	(649)	1,665	83	1,748	87	1,835
HIERS/RegenerationTeam	225	385	610	0	610	0	610
Feasibility Studies of Estate Renewal	550	150	700	0	700	0	700
Consultation and comms re Estate Renewal		500	500	0	500	0	500
Place and Sustainability Recharges	941	170	1,111	0	1,111	0	1,111
Housing GF + CDC Recharges	2,912	13	2,925	44	2,969	40	3,009
Bad Debt Provision - Hostels	62	2	64	2	66	0	66
Pension Contributions Increase		1,100	1,100	0	1,100	0	1,100
Capital	35,048	(22)	35,026	1,186	36,212	575	36,787
Homes for Haringey Management Fee	34,855	(3,187)	31,668	(1,583)	30,085	(1,504)	28,580
Homes for Haringey Overheads	4,131	103	4,234	106	4,340	109	4,449
Total Retained Accounts	**80,204**	**(1,442)**	**78,762**	**(171)**	**78,592**	**(702)**	**77,890**
TOTAL HOUSING REVENUE ACCOUNT	**(12,473)**	**2,041**	**(10,432)**	**(2,960)**	**(13,391)**	**(3,170)**	**(16,561)**

Planned Opening HRA Balance	**(19,002)**		**(17,808)**		**(13,164)**		**(10,555)**
In Year Surplus	(12,473)		(10,432)		(13,391)		(16,561)
Capital Programme	10,667		15,076		16,000		16,500
Funding for Staff Redundancies (if required.)	3,000						
Planned Closing Balance	**(17,808)**		**(13,164)**		**(10,555)**		**(10,616)**

Appendix 5b

Housing Revenue Account - Proposed Savings

Item	Proposed Efficiency Saving	2014-15 over 2013-14	Total	Posts Affected (FTE)	Impact on Performance (Service Delivery)
		£'000	£'000		
1	Restructure of Corporate Services	787	**787**	19.2	The restructure will eliminate duplication and support improvements in co-ordination, planning and strategy development
2	Restructure of Surveying Function	227	**227**	7	Largely a reduction in duplication of tasks between teams. Minimal impact on performance
3	Change from scheduled inspection of windows to reactive repair.	400	**400**	0	A communication campaign will make tenants aware of the need to report defective windows
4	Temporary Accommodation + Adaptations Works	194	**194**	0	The volume of work has been falling. No impact on the standard of work
5	Other HRS Efficiencies	541	**541**	36 (note 1)	The HRS improvement plan is achieving cost reductions in staffing, materials and subcontracting. This is an efficiency improvement and there is no impact on performance
6	Unifying the Housing Service	277	**277**	4.5	By working more closely with LB Haringey it will be possible to reduce duplication and remove posts
7	Contingency/Central Costs	191	**191**	0	No impact on services
8	To Be Identified	570	**570**	0	
			0	0	
	Sub-Total	**3,187**	**3,187**	**67**	

Appendix 6

Draft Capital Programme 2014/15 to 2016/17			Total Planned Expenditure Budget			
Ref. No.	Name of Capital Scheme	Business Unit	Proposed Original Budget 2014/15 £'000	Indicative Original Budget 2015/16 £'000	Indicative Original Budget 2016/17 £'000	Total £'000
Place and Sustainability						
1	TfL - Corridors/Neighbourhood/Smarter Travel	Single Frontline	2,173	2,198	2,198	**6,569**
2	TfL - Local Transport	Single Frontline	100	100	100	**300**
3	TfL - Principal Road Maintenance	Single Frontline	571	571	571	**1,713**
4	TfL - Bridges	Single Frontline	1,539	3,227	2,765	**7,531**
5	TfL - Wood Green Town Centre	Single Frontline	2,449	0	0	**2,449**
6	TfL - Cycling Programme	Single Frontline	315	350	359	**1,024**
7	Northumberland Park Accessibility and Parking	Operational Services & CS	97	1,143	485	**1,725**
8	Myddleton Road PSICA - English Heritage	Strategy and Regeneration	190	0	0	**190**
9	Western Road Depot	Single Frontline	300	0	0	**300**
10	Tottenham Regeneration	Tottenham Regeneration	500	4,800	0	**5,300**
11	Street lighting investment programme	OS&CS Single Front Line	400	400	400	**1,200**
12	Planned carriageway and footway works	OS&CS Single Front Line	4,500	500	500	**5,500**
13	Road safety and structures	OS&CS Single Front Line	150	150	150	**450**
14	Parking infrastructure	OS&CS Single Front Line	300	300	300	**900**
15	Tree planting programme	OS&CS Single Front Line	65	70	75	**210**
16	Bruce Castle	OS&CS Leisure	0	141	849	**990**
17	Council buildings condition works	OS&CS Asset Mgt	660	750	750	**2,160**
18	Capital programme delivery	Property & Capital Projects	50	50	50	**150**
19	Stroud Green - Finsbury Park	Strategy and Regen	50	20	0	**70**
20	Smart Working Project	Property & Capital Projects	1,575	17	0	**1,592**
19	Reprovision of civic functions	Property & Capital Projects	100	1,000	1,900	**3,000**
20	Hornsey Town Hall	Property & Capital Projects	1,784	2,672	1,451	**5,907**
21	Dilapidations	Property & Capital Projects	300	0	0	**300**
22	Asset disposals	Property & Capital Projects	100	100	100	**300**
23	Parks Infrastructure	OS&CS Single Front Line	400	0	0	**400**
24	Technopark	Property & Capital Projects	17,300	1,500	0	**18,800**
Total Place and Sustainability			**35,968**	**20,059**	**13,003**	**69,030**

Children & Young People's Service						
1	Hornsey School Sports Hall Roof	CYPS	600	0	0	**600**
2	Fortismere - Outdoor football pitch drainage	CYPS	100	0	0	**100**
3	Other secondary school lifecycle	CYPS	200	200	200	**600**
	Sub-total Programme		**900**	**200**	**200**	**1,300**
4	Rhodes Expansion Phase 3	CYPS	84	0	0	**84**
5	Welbourne Expansion	CYPS	622	0	0	**622**
6	Alexandra Expansion	CYPS	28	0	0	**28**
7	Future permanent expansions	CYPS	1,090	5,040	4,720	**10,850**
8	Future temporary expansions	CYPS	500	500	0	**1,000**
9	Provision for 2 year olds	CYPS	737	0	0	**737**
	Sub-total Primary and Pre-School Programme		**3,061**	**5,540**	**4,720**	**13,321**
	Planned Asset Improvement					
10	Planned asset improvement -primary estate	CYPS	620	1,852	1,753	**4,225**
11	Planned asset improvement - Belmont Infant Windows	CYPS	150	100	0	**250**
12	School Kitchen enhancments	CYPS	200	200	200	**600**
13	Electrical rewires - Campsbourne	CYPS	10	0	0	**10**
14	Electrical rewires - Muswell Hill	CYPS	250	0	0	**250**
15	Electrical rewires - Stroud Green	CYPS	250	0	0	**250**
	Sub-total Planned Asset Improvement		**1,480**	**2,152**	**1,953**	**5,585**
16	Programme Delivery costs	CYPS	800	800	800	**2,400**
17	Carer Home Adaptations	CYPS	100	100	100	**300**
18	Contingency	CYPS	0	1,000	3,805	**4,805**
	Sub-total		**900**	**1,900**	**4,705**	**7,505**
	Devolved School Capital	CYPS	550	550	550	**1,650**
Total Children & Young People			**6,891**	**10,342**	**10,875**	**29,361**

Adults and Housing						
1	Major Adaptations in Non Council Owned Properties	Adult Services	1,536	1,536	1,536	**4,608**
2	Compulsory Purchase - empty properties Funding to	Housing	500	500	500	**1,500**
Total Adults and Housing			**2,036**	**2,036**	**2,036**	**6,108**
Housing Services (Housing Revenue Account (HRA))						
1	Mechanical & Electrical	Homes for Haringey	2,500	3,500	3,500	**9,500**
2	Asbestos Removal	Homes for Haringey	160	160	160	**480**
3	Boiler Replacements	Homes for Haringey	5,000	5,000	5,000	**15,000**
4	Lift Improvements	Homes for Haringey	2,000	1,000	1,000	**4,000**
5	Structural Works	Homes for Haringey	200	200	200	**600**
6	Capitalised Repairs and Minor Works	Homes for Haringey	420	420	420	**1,260**
7	Extensive Void Works	Homes for Haringey	500	500	500	**1,500**
8	Professional Fees	Homes for Haringey	1,790	1,790	1,790	**5,370**
9	Decent Homes Works	Homes for Haringey	37,980	32,938	0	**70,918**
10	Successor Programme	Homes for Haringey	0	0	25,000	**25,000**
11	Disabled Adaptations	Homes for Haringey	1,200	1,200	1,200	**3,600**
12	Estate Improvements	Homes for Haringey	1,000	1,000	1,000	**3,000**
13	Energy Conservation	Homes for Haringey	100	100	100	**300**
14	Security/CCTV	Homes for Haringey	500	1,000	1,000	**2,500**
15	Stock Survey	Homes for Haringey	700	0	0	**700**
16	Fire Safety	Homes for Haringey	1,000	3,000	3,000	**7,000**
17	Planned Preventative Maint	Homes for Haringey	2,000	2,000	4,000	**8,000**
18	Internal Communal Flooring	Homes for Haringey	200	800	800	**1,800**
19	Estate Roads & Pavements	Homes for Haringey	50	50	50	**150**
20	Sheltered Flooring & Alarms	Homes for Haringey	50	50	50	**150**
21	Supported Living	Homes for Haringey	650	500	500	**1,650**
22	Conversions/ Employment	Homes for Haringey	600	600	600	**1,800**
23	Infill New Build	Homes for Haringey	5,420	8,130	0	**13,550**
Total Housing Services (Housing Revenue Account)			**64,020**	**63,938**	**49,870**	**177,828**
Corporate Resources & Assistant Chief Executive						
1	IT capital programme	IT	250	250	250	**750**
2	ReFit energy efficiency programme	Central Procurement Unit	968	0	0	**968**
3	Customer Service Transformation	Transformation	2,000	1,080	600	**3,680**
4	Alexandra Palace annual Infrastructure programme	Alexandra Park & Palace	500	500	500	**1,500**
5	Alexandra Palace (HLF)	Alexandra Park & Palace	0	1,292	3,876	**5,168**
Total Corporate Resources & Assistant Chief Executive			**3,718**	**3,122**	**5,226**	**12,066**
Total Capital Programme			**112,633**	**99,497**	**82,263**	**294,393**

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	Reference	Recommendation	Reason for recommendation	Cabinet response
1	Cabinet Budget Report (June 2013) Adults & Housing Directorate - Proposed efficiency saving: **Item 11 - Community Housing Staffing Efficiencies (£77,000)**	It is recommended that the proposed saving does not go ahead.	The Environment and Housing Scrutiny Panel noted that this related to the deletion of two front-line posts one of which was in the Private Sector Housing Management Team and the other in the Vulnerable Adults team. <u>The panel indicated that it could not support this savings proposal because:</u> It conflicted with other financial proposals in the Medium Term Financial Plan (i.e. growth proposal relating to 'increased resources allocated to HMO licensing due to rise in private sector renting in the borough'); There was an evident need to develop and expand enforcement within private rented sector in Haringey; The retention of the post in the Private Sector Housing Management Team may potentially increase enforcement income; The post in the Vulnerable Adults team relates to advice provided to vulnerable adults who are homeless and the deletion of this post may significantly impact on the work of the remaining team; Officers indicated that there may be likely an over-achievement of procurement savings in relation to Item 12 (Housing Related Support – contract efficiencies) which could be off-set against this and	This is a saving proposal that was presented to Cabinet in June 2013 that was approved. Cabinet were satisfied then, and indeed are now, that it can be implemented without a detrimental impact on the front line. The main risk surrounding the deletion of these posts is that insufficient capacity would result within the teams. However, the remaining team size should be adequate for the known workload in 2014/15. Additionally, there is a housing transformation programme planned that will ensure any service risk is mitigated.

			negate the need for the deletion of both these posts.	
2	Paragraph 12.14, Cabinet Report - **Early Years block**	That the Cabinet be recommended to approve an increase in the hourly rate for providers of the two-year-old early entitlement to £6.00 per hour	The Children and Young People Scrutiny Panel made this recommendation because: Other boroughs were currently paying a higher hourly rate than Haringey and there was a danger that insufficient providers would participate if an increase was not made; The Cabinet Member reported that the Schools Forum was recommending that the hourly for the two-year-old early entitlement offer be increased to £6.00 per hour and that this recommendation was due to go to Cabinet in January.	The Cabinet is considering the increase to £6 per hour under a separate agenda item at this meeting.
3	Cabinet Budget Report (June 2013) Adults & Housing Directorate - Proposed efficiency saving: **Item 7 – Finance Teams – streamline and centralise (£180,**	It is recommended that a process be put in place in order to make interim payments should there be any delays in processing payments beyond the current three day turnaround.	Whilst the Adults & Health Scrutiny Panel were assured that the centralisation of the Finance team would not have an adverse effect on payments being made within a three day turnaround the Panel was concerned about the possibility of delays due to the transition, and possibility of human error more generally and felt that this could possibly have a significant adverse effect on a service user waiting for payment.	Cabinet notes this concern but understands that as part of the centralisation there is access to a broader pool of staff to accommodate peaks and troughs in demand.

	000)			
4	Cabinet Budget Report (June 2013) Adults & Housing Directorate - Proposed efficiency saving: **Item 8 – Care & Placement Budget (£1,420,000)**	It is recommended that feedback from service users on the impact of service changes as a result of savings should be an integral part of this piece of work.	The Adults and Health Scrutiny Panel were reassured that savings to the Care & Placement Budget won't adversely impact on service users needs, however the Panel would like reassurance that there will be full involvement of service users, carers and families throughout the transition.	The Cabinet expects that this will be achieved through better commissioning arrangements. Individuals and Families are always involved in their care planning and this will continue to be the case.
5	General – **Mental Health**	That it be recommended that the Cabinet Member lobby to ensure that public mental health becomes a prominent and individual area on the Public Health spend category.	The Adults & Health Scrutiny Panel noted that public Mental Health is not included on the national Public Health spend category guidance as an individual line, but that it is listed under 'miscellaneous'. The Panel felt that more emphasis should be placed on public mental health.	This recommendation has been brought to the attention of the Cabinet Member for Health and Adult Services.
6	General – **Mental Health**	Further increases in investment in public mental health are recommended, in line with the Health and Wellbeing Strategy Outcome 3 over the coming years.	The Adults & Health Scrutiny Panel are encouraged that the public mental health budget allocation has increased substantially, however note that this only represents just over 1.3%. The Panel also noted that Mental Health is one of the Health and Wellbeing Strategies stated outcomes.	The Cabinet understands that the Director of Public Health is currently finalising the allocation of the 2014/15 budget and will be asked to take this point into consideration when doing so.

7	General - **Integration**	The examples given on better coordination and working together are welcomed, however it is recommended that further work is done around integrating services.	The Adults & Health Scrutiny Panel and the Overview and Scrutiny Committee noted that integration of services was a recurring theme – perhaps the move to zero-based budgeting in the future would show what could be done in this area.	The service will be asked to do further work in this area and report back to Overview and Scrutiny.
8	General – **Haringey People**	It is recommended that renewed efforts are made to increase amount of advertising income from Haringey People with a focus on local businesses.	The Overview and Scrutiny Committee received the income figures for advertising in Haringey People: 10/11 11/12 12/13 £22,952 £52,148 £33,000 The Committee feels that more effort should be made to exploit what could be a very valuable income stream to support the activities of the borough.	The advertising income target for Haringey People has been increased to £40,000 in this financial year. It is believed that this is a challenging target given the magazine needs to maintain the balance between editorial content and advertising from suitable organisations. In 11/12, Haringey People was published 10 times a year, currently it is produced 6 times a year.

General comments/observations

	Reference	Observation/Comment	Cabinet Response
1	Medium term Financial Plan (November 2013) Growth Proposal Adults & Health (Item 2) **The provision of £995,000 to meet cost pressures and the impact of Welfare Reform**	The Panel noted the increasing cost of temporary accommodation in supporting local residents to respond to welfare reforms. The panel wished to highlight the possible use of Cumberland Road (or other soon to be vacant office buildings) for temporary accommodation. The Panel suggested that should similar accommodation become available, this be should be considered for use as temporary accommodation within the planned Property Review currently being undertaken.	The Council considers all possibilities for the reduction of temporary accommodation costs. Cumberland Road would not be suitable without significant refurbishment costs and would not, therefore, represent a cost effective solution.
2	Cabinet Budget Report (June 2013) Place and Sustainability Directorate - Proposed efficiency saving: **Item 18 – Efficiencies in Veolia Contract and reduction of ad hoc contractual**	The panel were unclear how the proposed contract variation would impact on local waste and recycling provision. It was noted that this variation was still being negotiated with Veolia, and it was agreed that the outcome would be communicated to the panel.	It is agreed that the outcome should be communicated to the panel.

	spend (£250,000)		
3	**Communications**: Reductions in supplies and services budgets	The Communications budget needed to be open to more robust scrutiny and demonstrate that the department were capable of generating more income.	Currently the communications team has only two potential income streams – Haringey People (dealt with above) and lamp post banners. The only potential to increase the income on the latter is to increase the number of banners which is not thought to be easily possible given the need to maintain the street environment. Other possible income streams are kept under regular review.
4	**General** – property portfolio	More information should be made available on what council properties were being disposed of, and should be part of the scrutiny process.	It would not be operationally efficient for all proposed asset disposals to be considered by Overview and Scrutiny; however a paper will be taken to the Committee during 2014 setting out the Council's disposals policy.

Agenda Item 8

Haringey Council

Report for:	**Cabinet - 11 February 2014**	**Item Number:**	

Title:	**Delivering the Two Year Old Early Education Free Entitlement in Haringey: An Update**

Report Authorised by:	LISA REDFERN **Lisa Redfern, Director, Children's Services (Acting)**

Lead Officer:	**Ngozi Anuforo, Early Years Commissioning Manager** Contact 020 8489 Email: ngozi.anuforo@haringey.gov.uk

Ward(s) affected: All	**Report for Key Decision**

1. Describe the issue under consideration

1.1 The Council's corporate priority Outstanding for All, enabling all Haringey children to thrive, will be most effectively underpinned by a strong foundation in early years. Evidence and best practice shows that rounded development in the early years will support children and young people to achieve their full potential. An Early Years Review has been carried out by the Corporate Delivery Unit and the findings of this review are now being implemented.

1.2 One strand of developing effective provision in early years is ensuring access to early education for two to four year olds and this element is the focus of this report. From September 2013, all local authorities in England have had a statutory duty to secure early years free entitlement places for the most disadvantaged two year olds using nationally prescribed criteria. The purpose of this entitlement is to improve educational outcomes for children from the most deprived backgrounds and to ensure more children are school ready.

1.3 Free entitlement places offer each eligible child 15 hours per week of early education, up to a maximum of 570 hours per year. Places can be funded in maintained schools, academies, children's centres, private, voluntary and independent (PVI) providers and childminders. Local authorities need to be in a

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position to ensure a place is available to every eligible child whose parent/carer wishes to take up the entitlement.

1.4 To meet this duty and improve outcomes for the most disadvantaged children, the Council has developed a plan built around the three core pillars of sufficiency, quality and access. It is now implementing this plan to offer sufficient places, which are of high quality and which are accessible to those families entitled to them.

1.5 For example, the Council is working to develop the market for childcare and is proactive in identifying sites which can be used for new or expanded provision. Quality is a prime consideration and officers continue to support the improvement of provision across Haringey's diverse early education and childcare market. There are a number of barriers to access which are being addressed through targeted work with families and communities and by ensuring that provision meets a wide range of need.

1.6 In addition to this, each local authority is expected to implement a funding formula which provides a rate that will be used to fund early education and childcare providers for providing places for eligible two year old children.

1.6 In July 2013, Cabinet agreed an Early Years Single Funding formula to fund two year old programme places in Haringey. This funding formula introduced a flat funding rate of £5.18 for all types of early education and childcare providers offering two year old free entitlement places. The agreed rate was below the hourly funding rate paid to Haringey of £5.28 and reflected a modest top slice of 2% on the £5.28 rate to meet administrative costs of the delivering the programme. The funding formula rate of £5.18 has been applied to all new two year old programme places delivered since September 2013.

1.7 The two year old programme is growing to deliver the projected number of places required – 882 places from September 2013 and a further 908 places from September 2014. However, the need has now arisen for the funding formula to be reviewed to help the Council achieve the full number of high quality places within the required timeframe.

1.8 This report proposes an increase in the current single funding formula rate for two year old free entitlement places from **£5.18 per hour** to **£6.00 per hour** from **April 2014** in order to support the Council's wider plans for meeting its statutory duty.

1.9 The report also provides an update on implementation of the programme in the borough setting out how the Council is addressing the challenges of sufficiency, quality and access. This report outlines the work underway to support place development and increase the provision of two year old early years free entitlement places within the borough by encouraging greater participation in the two year old programme by existing and potential early education and childcare providers. The proposed changes to the funding formula will support the delivery of good quality early education places in the areas where they are needed most.

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2 Cabinet Member introduction

2.1 I fully support these recommendations as it is essential that we give Haringey children the opportunity to have the very best start in life and ensure school readiness. It is also important that parents are able to be supported to return to work as soon as they wish to, but with the confidence that their children are receiving outstanding childcare. Additionally, the successful delivery of the two year old free entitlement programme is important for Haringey's local economy; creating employment opportunities and supporting parents to engage in training and work.

3 Recommendations

This report recommends that:

3.1 Cabinet approves a revised flat rate formula of £6.00 per hour to fund all two year old programme places from April 2014.

3.2 Cabinet notes the Schools Forum decision to identify the additional resources required to sustain the £6.00 per hour funding rate from April 2016 within the Early Years Block of the Dedicated Schools Grant (DSG).

4 Alternative options considered

4.1 A number of options have been considered but, at the moment, there is such a pressing need to augment the number of places within a very short timescale that this appears to be the most appropriate medium term solution, until the market is further developed. Also this is a statutory requirement under the **Childcare Act 2006.**

5 Background information

5.1 Funding for the two year old free entitlement is provided by the Department for Education (DfE) on a notional basis through the Early Years Block within the Dedicated School Grant (DSG) funding. It is for local authorities, working with their School Forums, to decide how this is distributed locally, through the implementation of a single funding formula.

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6 Sufficiency of Places

6.1 Place Development

6.1.1 The DfE estimated that in Haringey, **882** two year olds would become eligible for a place from September 2013 to August 2014. From September 2014, it has been estimated this number would increase to approximately **1,790** children.

6.1.2 By January 2014, **665** places will have been established for eligible two year olds, short of the 882 places estimated would be required in Haringey from September 2013. Whilst demand for places has grown steadily it has not reached the level where we have been unable to place eligible children. However, some providers have indicated that the £5.18 funding rate has been a barrier to their participation in the two year old programme.

6.1.3 Working with existing providers within the borough, it is clear that access to business support has been, and continues to be, key to providers incorporating two year old programme places into their childcare service delivery model.

6.1.4 The announcement by the Government in September 2013 of the introduction of additional eligibility from September 2014 means that the additional eligibility criteria to be applied from September 2014 are:

- Families receiving Working Tax Credit and have annual gross earnings of no more than £16,190 a year;
- Children receiving a current statement of special educational needs (SEN) or an education, health and care plan;
- Children attracting Disability Living Allowance; and
- Children leaving care through special guardianship or through an adoption or residence order.

6.1.5 In order to meet the volume of places likely to be required, plans to develop the childcare market in the borough will be implemented in early 2014; proposals include the commissioning of additional places and the establishment of cross-borough protocols.

6.2 Take up of Two Year old programme places

6.2.1 Whilst the aspiration is that all eligible children take up their two year old programme place, DfE anticipate that 80% of all eligible children will take up a place.

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Table 1: Expected take up rates for the 2 year old free entitlement.

Age	*2 year olds	Minimum take up rate (DfE)	Minimum number of children expected to participate
Estimated eligible population 2013-14	882	80%	706
Estimated eligible population 2014-15	1,790	80%	1,432

*DfE estimates for eligible 2 year olds

6.2.2 The expansion of the two year old programme has seen places for the number of children taking up 15 hours of free early education increase from **266** at the end of the pilot to **423** by December 2013. Take up has been increasing steadily and reflects patterns of take up being seen in other Local Authority areas, as parents become more aware of the programme and begin to participate more fully.

6.2.3 In anticipation of the extended eligibility criteria from September 2014, Haringey will be developing our own eligibility checking process for all non income-related criteria as this will not be possible through DfE provided mechanisms.

6.2.4 It is recognised that there is a need to actively engage some parents and children; enabling more children to benefit from their free entitlement. Planned programmes of marketing and awareness-raising will continue and will be further supported by the development of targeted outreach support and brokerage.

7 Strategy and Plan for the Expansion of Current Levels of Provision

7.1 Current delivery of the two year old programme has highlighted that some key challenges for Haringey remain in meeting DfE's expectations.

7.2 Place Development – achieving sufficiency and improving quality

7.2.1 Ensuring there are sufficient **Outstanding** or **Good** quality places to meet our statutory responsibilities. The majority of the places secured so far are in provision rated as **Good** by Ofsted.

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Table 2: Quality of places profile – as at 1st September 2013

Number of providers rated as 'Good'	*Number of providers rated as 'Satisfactory' or 'Require Improvement'	New providers – not yet subject to inspection
51	7	3

*this figure will include providers who have children already taking up a place and have moved from 'good' to 'requires improvements'

7.2.2 It is important that Haringey offers a comparable and competitive market rate formula that encourages provider participation, secures an increasing number of places and be sustainable within the agreed financial settlement in order to maximise the number of children able to take up their free entitlement.

7.2.3 Also, there is a need to work proactively with providers to identify suitable sites for the development or expansion of 2 year old place provision. We are taking a market development approach in order to shape the new or expanded provision to the needs of the borough.

7.3 Increasing Access

7.3.1 Ensuring high levels of participation in the programme is critical to its successful implementation. Early indications are that we need to strengthen our brokerage role and professional pathways into the programme to ensure that children, particularly those facing the most disadvantage, are enabled to take up the place they are eligible for and parents are supported to place their children in an appropriate setting.

7.3.2 The provision of free part-time early education places for eligible two, three and four year olds is amongst the statutory responsibilities placed on the local authority. For parents, however, there is no legal requirement for them to take up the place for their child. To this end, we know that reaching all eligible two, three and four year olds may not be possible if their parents choose not to engage in early education services.

7.3.3 For some children, there may be more complex barriers preventing them from benefitting from the free entitlement and enabling any needs they may have to be identified. Therefore, enabling the identification of children's needs at the earliest opportunity is a key contribution of the two year programme to early help. We are strengthening multi-agency working through having robust systems for sharing information appropriately, in place and supporting the identification of, and response to families in greatest need.

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8 Supporting the most vulnerable two year olds

8.2 Local discretionary criteria

8.2.1 In delivering the two-year old programme, the government has given local authorities the option to extend the national eligibility criteria for a free early education to include groups of children who they consider would benefit from the programme.

8.2.2 Work has been undertaken with key partners to identify the local eligibility criteria which we would expect to ensure that our most vulnerable two-year old children are able to access an early education place.

Local discretionary criteria for Haringey could include:

- Children with a Child Protection (CP) plan
- Children in Need (CiN)
- Children whose parents have been supported through the Family Nurse Partnership Programme (FNP)
- Children in families meeting the criteria for Haringey Families First
- Children living in temporary accommodation.

8.2.3 The introduction of participation-led funding in April 2015 will mean that only children meeting the national eligibility criteria for a two year old programme place at the time of the January 2015 Census will be included in the calculation of funding for April 2015 onwards.

8.2.4 If Haringey Council decides to introduce its own discretionary criteria, the cost of funding a two year old place for those children who meet the discretionary criteria, but who may not meet the national eligibility criteria, will need to be met by the Council. Work to establish the likely costs of introducing discretionary criteria has begun.

9 Proposal to revise the two year old funding formula

9.1 2013-2014 funding

The DSG Early Years Block funding for the Two Year Old Free Entitlement in 2013-14 comprises:

- £2.656 million revenue funding for statutory place provision; and
- £1.043 million one-off trajectory funding to support the expansion of the programme.

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In July 2013, Cabinet supported the Schools Forum's decision to ring-fence the two year old funding within Haringey's DSG allocation.

9.2 Haringey's place funding for 2013-14 was allocated for a full financial year, although the statutory programme began mid-year in September 2013. Since September 2013, take up of the entitlement has been steadily increasing but will not have reached DfE estimated levels by January 2014. This position has contributed to a projected under spend within the 2013-14 financial year of £1.127m, details of which are set out in **Appendix 1.**

9.3 The widening of the national eligibility criteria from September 2014 is likely to increase projections for the number of children who will require a two year old programme place in Haringey.

9.4 The DfE's plans to move to participation-led funding from April 2015 have significant implications for future levels of DSG funding. Mitigation against any potential reduction in funding levels will be through maximising the take up of two year old places by eligible children. This is a strategic priority within the Council's Corporate Plan 2013-2015 which set out a target take up rate of 80%.

9.5 **2014-2015 funding**

In December 2013, DfE announced the 2014-15 funding for the Two Year Old Free Entitlement**.** The funding will be provided through the DSG Early Years Block and comprises of:

- £4.489 million revenue funding for statutory place provision; and
- £557,000 trajectory funding to support the expansion of the programme.

These allocations are based on an indicative

891 eligible children for the summer term (April to August 2014)
1790 eligible children for the autumn and spring terms (Sept 2014 – March 2015).

9.6 Our initial budget forecasts for 2014 -15 were based on previous DfE notifications and funding arrangements in 2013-14. Based on an indicative number of 1700 children, a projected revenue funding allocation for 2014-15, for statutory place provision, of £5.119 million was expected. These initial budget forecasts have now been revised in line with the DfE 2014-15 projections and are set out in **Appendix 1**.

9.7 Funding allocations are based on estimates for children meeting the economic criteria only (i.e. children from families meeting the benefits-related criteria also used for free school meals or children whose parents are in receipt of working tax credits and earning under £16,190).

9.8 Numbers used to calculate funding allocations do not include children eligible under non-economic criteria (i.e. looked after children, children with special

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educational needs, children from asylum seekers, adopted children). DfE's expectation is that funding for those children meeting the non-eligibility criteria is provided through the allocation of trajectory funding.

9.9 **Funding rate issues**

9.9.1 Since reporting to Cabinet in July 2013, 2 year old programme delivery to date has highlighted that the £5.18 rate proposed to Cabinet was below the level needed to encourage the maximum participation in the programme by providers.

9.9.2 A review of funding rates in other London local authorities undertaken in September 2013 suggested a typical flat rate of £6.00 per hour. In additional to this, although response rates were low, feedback from the consultation undertaken with providers in Haringey in summer 2013 suggested that a similar rate to £6.00 per hour would encourage higher levels of participation in the programme by local providers.

9.9.3 Council officers, working with an Early Years Working Group of Schools Forum members, considered the financial implications of a proposal to increase the single funding formula rate from £5.18 to £6.00 per hour.

9.9.4 A significant implication of increasing the hourly funding rate for providers from £5.18 to £6.00 will be the introduction of a provider funding rate that exceeds the £5.28 per hour rate DfE pay to Haringey. To this end, implementation of a higher rate in the medium term will need to include planning for the longer term sustainability of an increased rate within the anticipated DSG Early Years Block funding envelope.

9.9.5 The current estimate is that the cost of increasing the hourly funding rate from £5.18 to £6.00 from April 2014 could be met fully for the financial years 2014/15 and 2015/16 from the existing ring-fenced funding allocation for the two year old programme within the DSG's Early Years Block.

9.9.6 For 2016/17, if the estimated take up levels of 1,790 children are achieved by January 2015, maintaining a funding rate of £6.00 per hour would require an additional £285,000. From April 2017, this would increase to an additional £862,000 per financial year.

Appendix1 provides an exemplar of the financial implications of an increased rate for expected participation rates.

9.9.7 In order to meet this additional funding requirement, the Schools Forum will need to review the discretionary element of the early years funding block in order to identify the financial resources required to meet the costs of delivering the programme at £6.00 per hour from April 2016 onwards.

9.9.8 Haringey's Schools Forum was consulted on the proposal to increase the single funding formula rate on 2 December 2013. The outcome of this consultation was:

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- that Schools Forum recommends to Cabinet a change in the funding formula for the two year old programme that will introduce an increase in the funding rate for providers of the two year old programme from £5.18 to £6.00 per hour from April 2014;
- that Schools Forum agrees that the additional resources required for sustaining a £6.00 per hour funding rate from April 2016 will be identified within the Early Years Block by March 2015

9.10 It is now proposed that the Council adopt a revised single funding formula from April 2014 which incorporates an increase in the flat rate for all types of providers from £5.18 to £6.00 per hour.

9.11 **Planning**

9.11.1 Over the next two financial years, there will need to be some robust financial planning and preparation for 2016/17. This may involve rationalising the early years single funding formula across the 2, 3 and 4 year old free entitlement. As part of this work, consideration would need to be given to:

- the targeted nature and higher cost basis of 2 year old programme places; particularly for children with disabilities and special educational needs; and
- the requirement that the Council must have a deprivation supplement in any single funding formula for 3 and 4 year olds.

9.11.2 The Council's future strategy for childcare will need to consider how best to maximise the benefits for children and ensure that our most vulnerable and disadvantaged children are supported to access good quality provision.

10 Comments of the Chief Finance Officer and financial implications

10.1 The DfE funds the extension of the entitlement to free early education for vulnerable two year olds through a specific allocation of Dedicated Schools Grant (DSG). Endorsed by Cabinet, Schools Forum has ring-fenced the funding to early education for vulnerable two year olds. The following table includes the funding for 2013-14 and 2014-15.

	2013-14	2014-15
	£'000	£'000
Place Led Funding	2,656	4,490
Trajectory Funding	1,043	557
Total Revenue Funding	3,699	5,047

Funding from 1 April 2013 to 31 March 2015 is provided on places, based on DfE estimates of eligible two year olds assuming 80% participation. This is supplemented by trajectory funding to support local authorities to secure the significant numbers of places required. With effect from 1 April 2015, funding for

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eligible two year olds will move to a participation basis (comparable to the funding basis for three and four year olds). The numbers of two year olds participating in the programme in January 2015 will be a critical factor in determining 2015-16 funding.

10.2 Haringey, in common with all local authorities, was required to set a funding formula for two year olds. In July 2013, Cabinet approved an hourly rate of £5.18 per hour. This rate took into account that Haringey is funded by the DfE at an hourly rate of £5.28 per eligible two year old. The DfE issued guidance stating that a consistent rate should be set and, since a survey of providers gave inconclusive guidance of differential cost bases, this approach was recommended. The £5.18 per hour rate approved by Cabinet would also be sustainable once funding moves to a participation basis from 1 April 2015.

10.3 Since the rate was set, it has become clear that providers are unwilling to participate at the rate set and that neighbouring local authorities are able to attract providers through setting a higher hourly rate.

10.4 As a result of low participation in the two year old programme, projections are that there will be significant underspends of the ring-fenced two year old funding in both 2013-14 and 2014-15.

10.5 In order to encourage providers to establish sustainable places in Haringey, this report recommends increasing the hourly rate to £6 per hour from 1 April 2014. This is comparable to rates in neighbouring authorities. Projections are that this rate will be sustainable during 2014-15 and 2015-16 as a result of carrying forward underspends on place and trajectory funding.

10.6 Assuming progressive take-up levels (90% by January 2015; 100% by January 2016), the increased rate will be sustainable into 2016-17. Based on the projected take-up rates, there will be a shortfall of £285k in 2016-17 and in a full year (2017-18) this increases to £862k. These financial implications have been presented to Schools Forum which is responsible for making decisions on the allocation of the DSG. In addition to recommending the increase in the hourly rate, Schools Forum has committed to identifying how the part year shortfall in 2016-17 and full year impact in 2017-18 will be funded from the DSG.

10.7 Increased participation in the three and four year old programme would contribute to funding the gap. Each three / four year old attracts £5.63 per hour and the average hourly payment is £4.27. In a full year, therefore, every 100 additional three or four year old participating would generate £77,520 towards funding the gap.

10.8 The Chief Financial Officer supports the increase in the hourly rate to £6 an hour for nationally eligible two year olds. This proposal will ensure that future funding is maximised to enable Haringey to ensure the best start for eligible two year olds. This early help should also enable reduced future costs in respect of these

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children and contribute to future savings in the Children and Young People's Service.

10.9 As stated in the body of the report, the financial implications of extending the free entitlement by establishing additional, local criteria are currently being assessed. Once the financial implications have been clarified, the relative priority of introducing local criteria in the current financial climate will be clearer.

11. Head of Legal Services and legal implications

11.1 From 1st September 2013 as a result of section 7 of the Childcare Act 2006 and the Local Authority (Duty to Secure Early Years Provision Free of Charge Regulations 2012, the Council has had the duty to secure for all eligible two year olds in its area free early education for 570 hours a year over no fewer than 38 weeks of the year. Children are eligible for such education if they are looked after by a local authority or if they come within the criteria used to determine eligibility for free school meals. One of the aims of the proposed increase in the current single funding formula is to ensure that the Council continues to be in a position to comply with that duty in the face of projected increases in the number of children eligible for such education by increasing the provision of places by local providers.

11.2 The School and Early Years Finance (England) Regulations 2013 require the Council to fund early education places in all sectors for the 2014-2015 financial year by using a funding formula determined by the Council. The formula can be composed of either a single base rate for all providers (as is proposed) or a number of base rates differentiated by type of provider according to unavoidable cost differences. Before a funding formula previously fixed by the Council can be changed the Council must consult its schools forum, schools maintained by it and relevant early years providers in its area. It appears that such consultation has taken place in respect of the proposal to increase the funding rate from £5.18 to £6.00 per hour for all two year old free entitlement places from April 2014. The Regulations require the funding formula for 2014-2015 to be fixed before 1st April 2014 and do not permit the formula for that period to be changed during the 2014-2015 financial year.

12. Equalities and Community Cohesion Comments

12.1 A full equality impact assessment was carried out on the original proposal presented to Cabinet in July 2013. That assessment found that:

- The Two Year old single funding formula will benefit all eligible two year olds whose families meet the free school meals criteria, or are looked after children.
- Children will disabilities will be included in the scheme from September 2014, as part of the planned expansion. The council has designated places for children with complex needs. Targeted funding ensures that appropriate places are available for all children with a disability who are known to the Local Authority.

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- The experience of the current programme shows that there is a high take up across ethnic minority groups, which will continue to be monitored through collection of ethnic data on take-up.

- There is a proportional balance between boys and girls accessing the current two year old programme.

- The application of the formula will be common across all participating settings including denominational and faith based settings in both maintained and PVI settings.

- Sexual orientation, gender reassignment, marriage and civil partnership are all not relevant factors and have not been considered in the assessment.

12.2 Since reporting to Cabinet in July 2013, it has become apparent that the £5.18 rate proposed to Cabinet was below the level needed to encourage the maximum participation in the programme by providers and that a more effective rate would be £6.00 per hour. Whilst this proposed increase rate does not affect the findings of the July EqIA, implementing the higher rate would need to involve planning for the longer term sustainability of the scheme within the anticipated DSG Early Years Block funding envelope.

12.3 It is not possible at this stage to say how this may impact on 2 year olds who possess any the relevant protected characteristics. However, as paragraphs 9.7.1 and 9.7.2 of the report indicate, any future arrangements, including the Council's future strategy for childcare will need to consider how best to maximise the benefits of the single funding formula to ensure that children with disability and Special Educational Needs and other vulnerable and disadvantaged children continue to receive the quality services they need.

13. Head of Procurement Comments

13.1 The review of funding undertaken has shown that the recommended £6 is being used by other London Boroughs, in order to stimulate the market and develop the maximum number of places.

13.2 The move to participation-led funding from April 2015 has significant implications for future levels of DSG funding. Mitigation against any potential reduction in funding levels will be through maximising the take up of two year old places by eligible children and this recommendation will support the development of the market to enable this.

13.3 The Head of Procurement supports the recommendation.

14. Policy Implication

14.1 The introduction of section 7 of the Childcare Act 2006 and the Local Authority (Duty to Secure Early Years Provision Free of Charge) Regulations 2012 means

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the Council has a duty to secure for all eligible two year olds in its area free early education for 570 hours a year over no fewer than 38 weeks of the year. The duty has been introduced by government to improve the outcomes for all children at early years foundation stage and to even out the significant differences between children in terms of school readiness. The focus initially is on responding to the needs of the most disadvantaged children in a local authority area through focus on those who meet national criteria.

14.2 For Haringey, the policy is in line with the Corporate Plan and Health and Wellbeing Strategy objectives to give children growing up in Haringey the best start in life, delivering high quality services which offer children the chance to thrive. By working in partnership with health, private and voluntary sector partners and schools to support children up to the age of five and their families, the Council believes it can dramatically improve their outcomes. Through focusing on the three pillars of sufficiency, quality and access, the Council can ensure that provision for free early education for two year olds contributes to a solid foundation in early years which will stay with a child throughout their life.

14.3 The introduction of a revised funding formula will have implications for the early years block of the DSG in the longer term. Whilst it is expected that the decision to increase the rate will improve participation of a wide range of providers in the delivery of two year old programme places, over the next two years consideration will need to be given to how the overall funding allocation is deployed in order to accommodate the financial implications of a higher two year old funding rate from April 2016.

14.4 Maximising access to two year old places is central to the successful delivery of the two year old free entitlement programme; ensuring the most disadvantaged children are able to benefit from access to good quality early education and, through high levels of participation, securing future DSG funding. The decision to increase the rate will support the development and sustainability of a sufficient capacity of two year old places as participation rates continue to grow. Improvements to three and four year old participation rates, and associated funding, are also anticipated.

14.5 Introducing a local discretionary eligibility criteria could widen access to the two year old programme for some of our most vulnerable children; ensuring that those identified groups of children are able to benefit from good quality early education, as part of a range of support that may be in place for them and their parents/carers. This decision will also establish the two year old programme as a key contributor to the early help offer in Haringey.

15 Reasons for Decision

15.1 Haringey Council has a statutory duty under the Childcare Act 2006 to fund free early education for all eligible children from the term after they turn two. In meeting this duty, the Council is also required to have in place a formula for funding these early education places. Haringey introduced a single funding formula in September

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2013. The outcome of the decision will be an updated single formula to be implemented from April 2014.

16 Use of Appendices

16.1 **Appendix 1** Exemplar: Delivery of the Statutory Free Entitlement for Eligible Two Year Olds: Place and Trajectory funding

17 Local Government (Access to Information) Act 1985

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Appendix 1 Exemplar: Delivery of the Statutory Free Entitlement for Eligible Two Year Olds: Place and Trajectory funding - Progressive 80% to 100% take up levels

Place Funding	2013-14			2014-15			2015-16*			2016-17*			2017-18*		
	Number	£hr	£	Number	£hr	£	Number	£hr	£	Number	£hr	£	Number	£hr	£
Place Funding Available															
Balance Brought Forward			0			1,126,909			1,560,038			577,402			- 0
				891	5.28	917,912									
Number of Two Year Old Places Funded	882	5.28	2,656,026	1790	5.28	3,546,281	1611	5.28	4,851,312	1790	5.28	5,390,347	1790	5.28	5,390,347
Additional place funding						557,734									
Total Resources		5.28	2,656,026		5.28	6,148,836		5.28	6,411,350		5.28	5,967,749		5.28	5,390,347
Estimated Use of Place Funding.															
Places funded summer term (Apr - Aug)	266	5.74	297,734	891	6.00	1,042,470	1611	6.00	1,884,870	1790	6.00	2,094,300	1790	6.00	2,094,300
Filled Places Autumn Term (Sept - Dec)	266	5.74	297,734	1432	6.00	1,675,440	1611	6.00	1,884,870	1790	6.00	2,094,300	1790	6.00	2,094,300
Filled Places Autumn Term	91	5.18	91,919	0	6.00	-	0	6.00	-	0	6.00	-	0	6.00	-
Retained Places Autumn Term	216	5.18	218,182	0	6.00	-	0	6.00	-	0	6.00	-	0	6.00	-
Filled Places Spring Term (Jan - Mar)	266	5.74	274,831	1611	6.00	1,739,880	1790	6.00	1,933,200	1790	6.00	1,933,200	1790	6.00	1,933,200
Filled Places Spring Term	91	5.18	84,848	0	6.00	-	0	6.00	-	0	6.00	-	0	6.00	-
Retained Places Spring Term	283	5.18	263,869	0	6.00	-	0	6.00	-	0	6.00	-	0	6.00	-
Estimated Costs			1,529,117			4,457,790			5,702,940			6,121,800			6,121,800
Balance			1,126,909			1,691,046			708,410			- 154,051			- 731,453
Fixed Costs															
Programme Coordination (1FTE)						40,188			40,188			40,188			40,188
Administrator (1FTE)						27,992			27,992			27,992			27,992
FE Funding Administrator (0.5)						21,913			21,913			21,913			21,913
Brokerage Officer (0.5)						19,307			19,307			19,307			19,307
Business Support (0.33)						14,608			14,608			14,608			14,608
Annual IT maintenance (approx)						7,000			7,000			7,000			7,000
Estimated costs			0			131,008			131,008			131,008			131,008
Balance Remaining			**1,126,909**			**1,560,038**			**577,402**			**- 285,059**			**- 862,461**
Additional funding required												**285,059**			**862,461**
Trajectory Funding			1,042,700												
Balance Brought Forward			0			839,750			-			-			-
Additional Development grant						245,747									
Total			1,042,700			1,085,497			-			-			-
Funding Applied															
Project Management			114,700			38,961									
						0									
Finance Support			12,000			0									
Start up funding			0			575,747									
Quality improvement			65,000			65,000									
IT System upgrade			7,000			10,000									
Promotion and communication			4,250												
Contingency for further expansion						395,789									
Total Applied			202,950			1,085,497			0			0			0
Trajectory Balance Remaining			839,750			-			-			-			-

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Agenda Item 9

Haringey Council

Report for:	**Cabinet 11 February 2014**	**Item Number:**	

Title:	**Better Care Fund: Local Health and Social Care Integration Plan**

Report Authorised by:	**Mun Thong Phung, Director Adult Social Services**

Lead Officer:	**Beverley Tarka, Acting Deputy Director, Adult Social Services**

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

1. Describe the issue under consideration

> *"To improve outcomes for the public, provide better value for money, and be more sustainable, health and social care services must work together to meet individuals' needs. The Government will introduce a £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people. The NHS will make available a further £200 million in 2014-15 to accelerate this transformation".*
>
> Spending Review (26/6/13), HM Treasury

1.1 This report presents for consideration and approval of Haringey's proposed Better Care Fund (BCF) Health and Social Care Integration Plan, hereafter referred to as the 'Integration Plan', prior to its dispatch to NHS England on 14th February 2014, for initial scrutiny. If required, a revised final version of this Plan must be submitted for ministerial sign-off no later than 4th April 2014.

1.2 The Integration Plan – see Appendix 1 - has been jointly produced by the Council (Adult Social Care) and Haringey CCG.

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2. Cabinet Member introduction

2.1 I am delighted to present this report to the Cabinet, which is dedicated to the proposition that the integration of health and social care will produce better results for local people and significantly improve their experiences of services while increasing value for money. The BCF and our Integration Plan are transformational. They are catalysts for change which, in an extremely tough public spending environment, will allow damaging reductions in service volume and quality to be minimised. The BCF provides a real opportunity to reshape and join-up provision across health and social care and the Plan describes the shared approach it is proposed to take to this task.

2.2 However, changing services and spending patterns will take time and the Integration Plan should be regarded as a two year operational plan, covering 2014/16, that forms part of a larger five year strategy for health and social care. The interests of Haringey's residents will, at all times, be at the heart of integration. There will be a relentless focus on the creation of real and robust integrated services leading to real benefits for people over which they will be able to exercise control, as far is practical and reasonable. The Integration Plan is designed to ensure that the BCF delivers these important objectives and to sustaining a well integrated and vibrant care economy that delivers great services for local people.

3. Recommendations

It is recommended that Cabinet:

3.1 approve the Integration Plan at set out at Appendix 1 in readiness for its submission to NHS England on 14th February 2014;

3.2. note that Haringey Clinical Commissioning Group's Governing Body has considered and approved the Integration Plan as set out at Appendix 1 on 30th January 2014;

3.3 note that the Health and Wellbeing Board has considered and approved the Plan at its meeting earlier today (11th February 2014).

4. Alternative options considered

4.1 National guidance makes clear that if Haringey is to access the BCF and realise the benefits of integration for local people it must produce and implement an Integration Plan. As a result no alternative option to the Integration Plan is presented. Maintenance of the status quo will perpetuate current inefficiencies in the provision of health and social care, fail to realise value for money gains and not improve people's experience of service provision. Moreover, it will place Haringey in breach of an important national policy initiative and result in the loss an exciting opportunity to reshape services through the use of the Fund.

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5. Background information

5.1 Closer integration of health and social care has been a recurrent goal of public policy for at least the past 40 years. Different solutions have been proposed including full structural integration into a single system. Other models are geared to overcome barriers and facilitate closer joint working and sharing of resources to give a seamless service. The successful integration of health and social care offers three potential benefits:

a) better outcomes for people, e.g. living independently at home with maximum choice and control;
b) more efficient use of existing resources by avoiding duplication and ensuring people receive the right care, in the right place, at the right time, and;
c) improved access to, experience of, and satisfaction with health and social care services.

5.2 The Coalition Government has taken up the challenge of integrating health and social care and wants the barriers between them swept away over the next five years. In the context of the intense financial and demographic challenges facing both services the BCF incentivises a decisive move towards integration. However, it is important to be clear what integration means.

Defining Integrated Care

5.3 In 2010 the Department of Communities and Local Government observed that people want joined up services and that it can be a source of great frustration when this does not happen. Integration means different things to different people but it has at its centre the building of services around individuals, not institutions. Work undertaken by National Voices confirms this view and it has formulated a definition of integrated care for which there is a strongly supportive national consensus. This definition holds that, from an individual's perspective, integrated care means:

> *"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me".*
> http://www.nationalvoices.org.uk/defining-integrated-care-agreeing-narrative

5.4 This is the definition used in the preparation of Haringey's Integration Plan. It is explicitly person centred, has a good fit with personalisation and takes forward choice and control for individuals over their services. The definition also emphasises that integration is not about organisational arrangements; it concerns the experience of people who receive services. Consequently, the main organising principle of integration must be the personal perspectives of service users and patients.

Funding The Integration Plan – Details of the BCF

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5.5 The June 2013 Spending Review set out the details of the BCF, which is to be used to Fund the Integration Plan as follows:

2014/2015

a) £200m transfer from NHS to social care, in addition to;
b) £900m transfer already planned.

2015/16

a) £3.8bn pooled budget to be deployed locally on health and social care through pooled budget arrangements composed of:
   i. £1.9bn NHS funding;
   ii. £130m Carers Break funding;
   iii. £300m CCG Reablement funding;
   iv. £354m capital funding (including c.£220m of Disabled facilities Grant), and;
   v. £1.1bn existing transfer from health to social care.

5.6 It is emphasised that the money invested in the BCF is not new with the majority of the Fund consisting of a financial transfer from health into the Fund. As a result, the BCF cannot be regarded as a *'windfall'*. It will create challenges within the health economy which will have to switch its pattern of investment with some of the funds placed in hospital provision having to be redirected into community based alternatives. This will have significant implications for the acute sector which are discussed in paragraphs 6.22 to 6.29, below.

5.7 In addition, the national guidance indicates that the BFC is to be subject to ringfencing to cover the new duties and associated costs imposed on local authorities by the Care Bill. £135m of revenue monies is tied to funding new entitlements for carers, the introduction of a national minimum eligibility threshold, the provision of better information and advice, advocacy, safeguarding and other measures. A further £50m of capital funding has been earmarked for the capital costs (including IT) associated with transition to the capped cost system. Advice received from the Local Government Association indicates that once we are informed of the impact ringfencing will have on Haringey the Integration Plan will have to be adjusted to reflect this in its section dealing with *'protecting social care services.'* This will not occur before the submission of the current iteration of the Plan.

5.8 However, the BCF cannot be characterised as a prop for social care. It, more accurately, reflects the need to provide help to people at home and earlier, before crises arise. The BCF is about using resources differently and more effectively by building on the range of existing integrated services that Haringey already has in place and establishing new ones.

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Haringey's Allocation of the BCF

5.9 In 2014/15 Haringey's allocation of the BCF funding will be £957,000, which will take the form of a Section 256 transfer from Haringey CCG to the Local Authority. This takes the total value of transfers for that year to £5.07m. This funding will be added to the existing Section 256 agreement with NHS England that was agreed by Cabinet at its meeting of 15 October 2013.

5.10 In 2015/16 the value of the BCF rises sharply to £18,061m consisting of:

	£000
Disabled Facilities Grant	£949
Social Care Capital Grant	£639
Transfer from CCG to BCF	£16,473
Total (2015/16)	**£18,061**

5.11 Guidance makes clear that the 2015/16 BCF allocation must be paid into a pooled budget. This will be by way of a one large or a series of Section 75 agreements. It will be important for the Council and CCG to commence negotiations on pool early in 2014/15, to ensure that these are in place when required. Before the Council can enter into any Section 75 agreements, Cabinet agreement will be required.

Our Approach To Integration - Stakeholder Engagement.

5.12 Led by Adult Social Care and Haringey CCG, the Integration Plan has been co-produced with service users, carers, professional groups, staff and NHS and care providers. In total, 211 service users, potential services users and professionals participated in a comprehensive engagement exercise. This avoided a one-size fits all approach consisting of workshops, focus groups and semi-structured one-to-one interviews. As a result, in line with the National Voices work we have been able to use the views expressed to construct a series of locally generated *'I'* and *'We'* statements – see Appendix 2. These summarise, respectively, what people want/need and how we propose to respond. The statements have informed the identification of the outcomes integration must deliver and thinking about the actions agencies will take to this end.

5.13 The establishment of reference groups (one has already been established under the auspices of the Older People's Forum) will embed on-going engagement at the heart of integration. Further details on the engagement exercise can be found in the Integration Plan at Appendix 1.

Our Approach To Integration – Building On What We Have Achieved.

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In addition, the Integration Plan reflects a commitment to build on the integrated services Haringey already has in place, schemes worth approximately £5.91m which are making a valuable contribution to health and wellbeing in the Borough. However, while the Plan is unashamedly practical it is also aspirational. It spells out a strong, clear vision which describes how services will be taken forward and reshaped to offer local people the integrated services they tell us they want and need. In so doing the Plan is cognisant of the outputs from the CCGs Value Based Commissioning work which is designed to place the outcomes people value most at the heart of the commissioning process.

6. The Integration Plan

6.1 The presentation of the Integration Plan is restricted by the limitations imposed by the NHS England templates which must be used for its completion. The following synopsis of the Plan is provided in terms of the main headings of these templates.

Scope - The Service User and Patient Cohort

6.2 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 Collaboratives 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 the groups for whom integration will have the greatest and most immediate impact.

Vision for Transformation and Integration of Health and Social Care in Haringey

6.3 Haringey's Integration Plan is transformational. It calls for the reorientation of health and social care provision away from reactive to proactive services with the aim of providing people with the right care, in the right place and at the right time through a significant expansion of care in community settings. In so doing our intention is to reduce the need for acute interventions and, where such interventions become necessary, to return people to their homes as quickly and safely as possible. This is reflected in our vision which states:

> *"We want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible."*
>
> (Haringey's Vision for Integration)

6.4 This vision is consistent with our definition of integrated care and to support it realisation the Integration Plan proposes a set of high level aims which will be operationalised through a series of interrelated objectives.

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Aims and Objectives

6.5 The aims of the Integration Plan are:

a) ***Aim – Seamless Care and Support:*** To join-up systems for providing health and social care so that those receiving care and support experience seamless provision, regardless of who is providing it.

b) ***Aim – Person Centred and Personalised Services:*** To wrap care around service users and or patients, as unique individuals, with their wishes at the centre of care packages and pathways - they will be empowered to have their voices heard.

c) ***Aim – A Caring Community:*** To build the community's capacity to support its members, surrounding them with networks of support that combat loneliness and isolation.

d) ***Aim – The removal of organisational barriers:*** To remove organisational boundaries ensuring that they do not act as barriers to care, and are not noticed by service users.

e) ***Aim – The maximisation of Health and Wellbeing***: To maximise the health and wellbeing of individuals they will, wherever possible, be provided with integrated care and support in their own homes.

6.6 Collectively, these aims articulate partners' shared ambition to improve the results health and social care achieve for local people and their experiences of these important services. The objectives of the Integration Plan flow from its aims and are brief statements of the things we will do to realise its ambitions and to make its vision a reality.

6.7 In the language of the National Voices work, the objectives of the Integration Plan are expressed as a series of *'We'* statements:

a) ***Objective – Outcome focused:*** We will identify the outcomes that matter most to people and measure their attainment to learn and drive continuous improvement.

b) ***Objective – Policies, procedures and practices*****:** We will put in place policies, procedures and practices that enable, not hinder, the provision of integrated care with providers assuming joint accountability for achieving a person's outcomes and for showing how this delivers efficiencies across the system.

c) ***Objective – Monitoring attainment*****:** We will ensure that care is planned with individuals. Commissioners will monitor whether, or not, people are being successfully supported to attain the outcomes that they have set for themselves.

d) ***Objective – Integrated care plans:*** We will produce integrated care plans**,** cutting across health and social care, for all who need them. These plans will be accessible to their subjects and to the professionals they choose to share them with.

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e) ***Objective – Prevention and proactive case management:*** We will undertake, by default, proactive and joined up case management to avoid unnecessary admissions to hospitals and care homes and to enable people to regain their independence as soon as possible after episodes of ill-health. This demands an emphasis on prevention and will result in services that are much more efficient, effective and more responsive to individuals' needs.

f) ***Objective – Prevention and increased support in the home and community:*** We will refocus services to offer increased support in the home and community to maximise the independence of people and enable them to self-manage their own health and wellbeing. This means responding proactively to the needs of individuals with, as above, an emphasis on prevention and working with the Third Sector to grow the range of community based solutions to people's needs.

g) ***Objective - Better information sharing:*** We will put in place better information sharing system that will allow key information about individuals' health care and support needs to be available to the social and health care professionals, subject to service users'/patients' consent.

h) ***Objective - Integrated community teams:*** We will introduce integrated community teams of social workers, nurses and therapists working closely with GPs and others to deliver joined-up care, reduce duplication and make the best use of skills and resources. Some of these teams will be based around groups of GP practices, while others operate across the borough and within hospitals in more specialist roles.

i) ***Objective - A single point of access***: We will put in place a 7 day week, 24 hour day single point of access to receive and respond to referrals from people living in the community, GPs and local organisations. The single point of access will streamline and make more accessible health and social care, offer signposting and meet the reasonable information needs of all who contact it.

j) ***Objective – Collaboration with GPs:*** We will work as closely as possible with GP practices and localise services, aligning them with Haringey's four GP Collaboratives.

Cultural Change and Challenge

6.8 Partners in Haringey recognise that the success of integration (the realisation of its aims and objectives) demands cultural change across the local health and social care system. To work well together health and social care organisations must develop a deeper mutual understanding and appreciation of the contributions they each make to the health and wellbeing of local people. They must also understand that they are parts of one whole integrated local health and social care economy and system.

6.9 Therefore, the integration of health and social care demands behavioural change as much as it requires organisations to adopt different ways of working. A shared culture has to be developed that allows the diverse professionals within health and

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social care to work together efficiently and effectively. To this end the development of integrated teams, joint assessments, case coordination across disciplines and multi-disciplinary training are cornerstones of the Integration Plan.

Description of Planned Changes – A System Wide Transformation

6.10 6.10 The vision underpinning the Integration Plan is about nothing less than a systems wide transformation of health and social care in Haringey and the changes described are the means by which this transformation will be delivered. A multi-faceted change programme will identify priority areas for change that will be the subjects of immediate action. In addition we will commit to working on and developing other areas for action over the next 2 – 5 years, a period which aligns with the Coalition Government's medium and long-term agendas on integration.

6.11 This is an exciting, but complex challenge, but we have a clear sense of direction that is provided by the Integration Plan's vision, aims and objectives. We will use the BCF to establish a range of new integrated services and to enhance those already in place. In so doing we will focus on reducing hospital and care home admissions, promoting timely discharges, preventing dependency and maintaining independence and improving individuals' experience of services.

6.12 Furthermore, Haringey is able to base transformation on the solid bedrock of experience that health and social care partners already have of integrated services. The Integration Plan reflects our determination to learn from and make best use of this experience as we embark on a programme of change that broadens and widens the scope of integration, making integrated services the default form of provision. To reach this destination requires that health and social care undertake a journey that starts out by recognising where we are today, and where we will be in 2014/15 and 2015/16. These matters are considered in the next three sub-sections.

Building On What We Have Achieved - Where We Are Today

6.13 Haringey has already moved away from traditional service models that are segregated in terms of a health and social care divide. Services have increasingly been integrated across health and social care (called horizontal integration) and between different health care services (called vertical integration). Examples of these forms of integration are provided in Figure 1. The BCF provides health and social care partners with an opportunity to build on their shared achievements by extending the range of integrated services available to local people.

6.14 In the course of 2014/15 we will review the integrated services already in place and undertake the detailed planning that will underpin the enhancement of some of these services and the launch of new initiatives focusing on frail older people, end of life care, discharge planning and self-management. Work on shared information systems and joint assessment will also be carried forward. In all these areas we expect to see substantial progress in 2014/15 and new service options coming on stream with an increased emphasis on services for adults with mental health needs.

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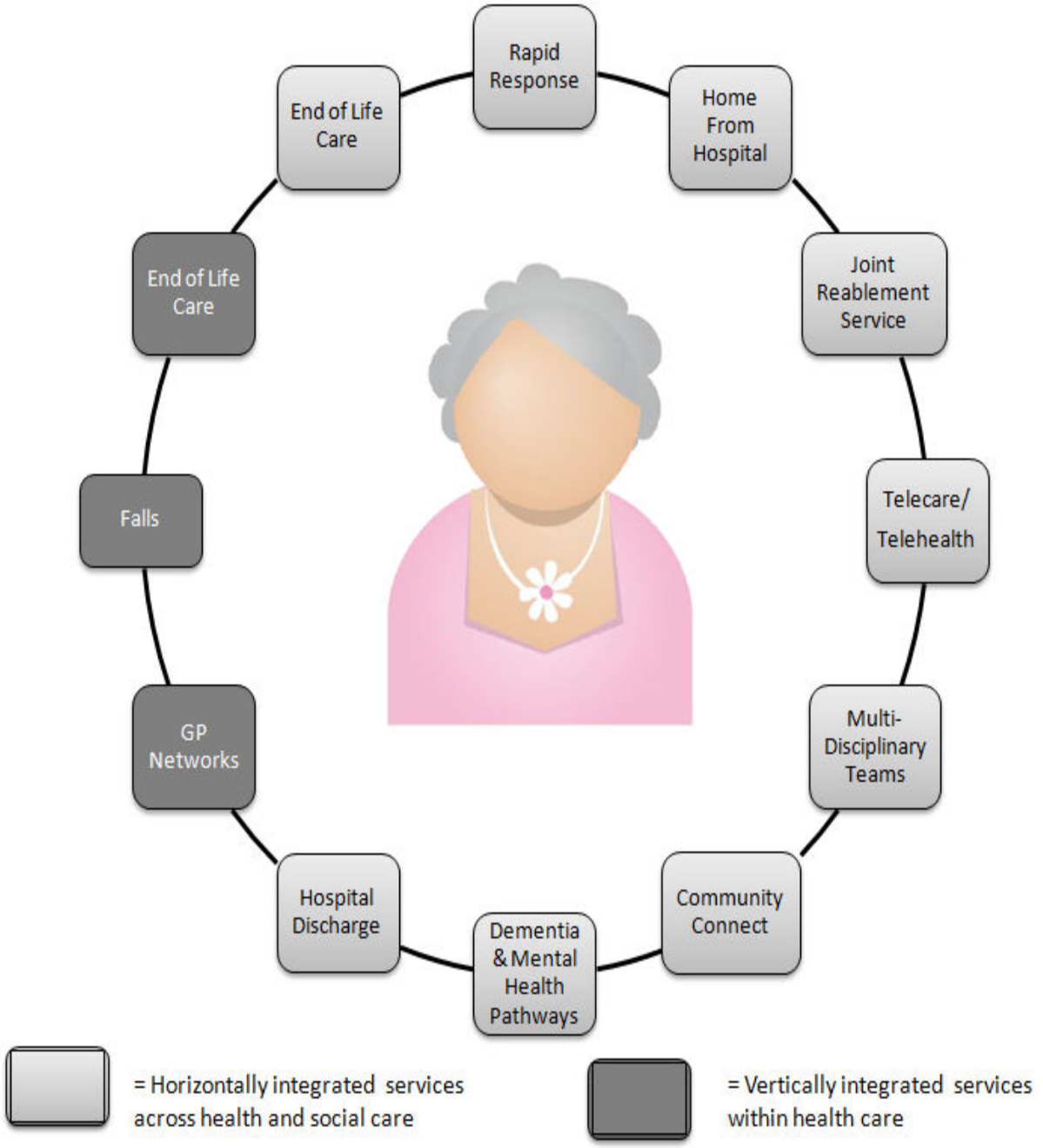
Figure 1. Example of Services That Are Already Integrated



Building on What We Have Achieved - where we will be tomorrow, 2014/15

6.14 In the course of 2014/15 we will review the integrated services already in place and undertake the detailed planning that will underpin the enhancement of some of these services and the launch of new initiatives focusing on frail older people, end of life care, discharge planning and self-management. Work on shared information systems and joint assessment will also be carried forward. In all these areas we

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expect to see substantial progress in 2014/15 and new service options coming on stream with an increased emphasis on services for adults with mental health needs.

Building On What We Have Achieved - Where We Will Be Tomorrow, 2015/16

6.15 By the end of 2015/16 our default form of provision for most service users and patients will be will be integrated services. The proposed new service model is illustrated in Figure 2. The services described in this model will work alongside and complement those integrated services outline in Figure 1 with the key new service developments being:

a) ***Integrated Community Teams.*** These will have a core membership of social workers, community nursing staff and therapists and be based upon groups of GP practices.
b) ***A Single Point of Access*** (not shown in Figure 2) across health and social care for people living in the community.
c) ***Integrated Hospital Discharge Teams*** to promote and make arrangements for the safe discharge of people from hospital to their own homes or other settings. An important aspect of the teams' work will be ensuring that discharge procedures work well for people, as well as hospitals.
d) ***An enhanced Integrated Rapid Response Team*** to promote hospital discharges and prevent admissions by offering support in the home including respite to carers, at short-notice.
e) ***Specialist teams*** some of which will be integrated while other will not. These teams will operate on a pan-borough basis, supporting people with complex needs.

6.16 Collectively the integrated services, referenced above at Figure 1 and below at Figure 2, will provide a whole systems response to intermediate care, hospital discharge, urgent care, and community rehabilitation. They will also contribute to prevention and ensure that people are cared for at home, or close to their homes. The intention is for Haringey's residents to remain as independent as possible for as long as possible with a good quality of life.

Figure 2. What the Proposed Model Looks Like.

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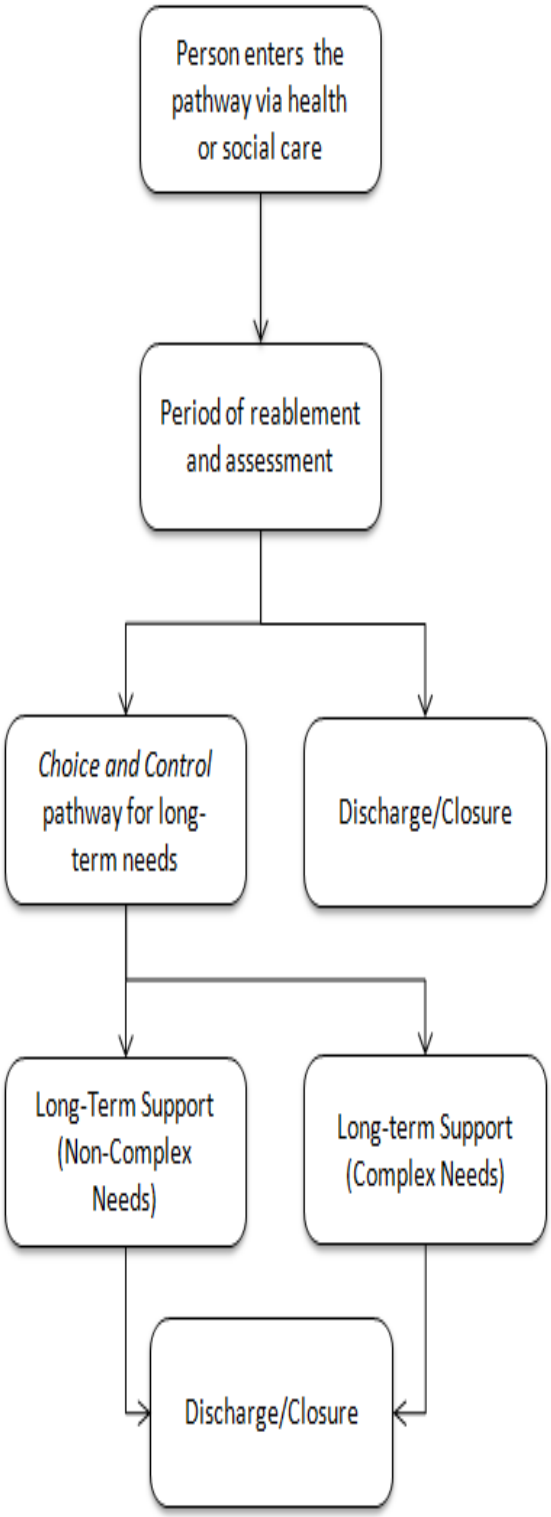

Integrated Teams

Integrated Community Teams: Rehabilitation, therapies, nursing and social care linked to and working with home reablement and primary care.

Enhanced Rapid Response: Fast, immediate responses to prevent hospital admissions and urgent social care referral, respite for carers.

Integrated Hospital Discharge Teams: Speedy and smooth discharge to intermediate and social care

Specialist Teams (Examples)

- Falls prevention
- Neuro – rehabilitation
- Wheelchair service.
- Community Learning Disabilities.
- Palliative care.
- Diabetes
- COPD
- Heart failure
- RAID
- IAPT
- Community Mental Health

Establishing Ways of Working That Support Transformation – The Enablers

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6.17 Alongside the development of new services will be the development of new ways of work which will support and enable change. Previous discussion of the importance of cultural change provides a good example of such an enabler. However, this needs to be accompanied by changes to the health and social care infrastructure that will also take forward change. In addition, a robust governance structure (see paragraph 6.30 below) to superintend integration will be required, performance monitoring and the development of open information technology and information systems that support case coordination and joint assessment are vital. Work has commenced in these areas while the construction of joint commissioning strategies, shared procedures and processes and the development of other enablers will be actively pursued.

Timescales (Estimated)

6.18 **August - December 2013:**

a) Establish programme management approach and structure to the delivery of the integration of health and social care in Haringey.

b) Brief the Health and Wellbeing Board and CCG Governing body on the implications of integrations and the requirements of the BCF.

c) Commence engagement process, including providers, service users, patients, carers and public.

d) Agree service model and associated commissioning intensions.

e) Agree BFC investment intentions.

f) Adopt NHS numbers as primary identifier and commence discussions on shared IT solution for better data sharing.

6.19 **January - March 2014:**

a) Conclude engagement process.

b) Draft local integration plan completed.

c) Detailed joint commissioning strategy produced.

d) Reports to Health and Wellbeing Board, Haringey's Cabinet and Haringey CCG's Governing Body seeking their support of the local integration plan.

e) Submit first and final drafts of parts 1 and 2 of Haringey's Integration Plan.

6.20 **April 2014 – March 2015**

a) Complete detailed planning to implement concepts developed during co-design phase to achieve our aim and objectives.

b) Monitor financial flows to evaluate financial impact of possible models on different providers and on total cost to commissioners.

c) Review and roll forward existing Section 256 winter pressures schemes.

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d) Manage the implementation and benefits tracking for the newly integrated services that are "live" and developing our next tranche of joint commissioning plans in line with local needs and the whole systems approach.

e) Plans to build on existing integrated schemes finalised (estimated May 2014).

f) Enhanced Rapid Response Team launched (estimated Oct 2014).

g) Revised and updated delivery plan for 2015/16 agreed (estimated Feb 15).

h) Negotiate and present to Cabinet and the CCG's Governing Body the Section 75 agreements in readiness for the 2015/16 pooled budgets.

6.21 **From April 2015**

a) Single point of access launched (estimated Apr 2014).

b) Roll-out of Integrated Community Teams commences (estimated Apr 15).

c) Roll-out Integrated Hospital Discharge Teams (estimated Apr 15).

d) Introduce regular annual customer satisfaction surveying to develop our baseline for user experience.

Implications for the Acute Sector

6.22 Haringey CCG is the Lead Commissioner for the North Middlesex Hospital. The majority of acute services for Haringey residents are provided by the North Middlesex Hospital and Whittington Health Integrated Care Organisation, which also provides community services.

6.23 Since 2011/12 there has been detailed dialogue between commissioners and acute Trusts focused on schemes, initiated both by Trusts and by commissioners, to reduce unplanned hospital admissions and A&E attendances. Projected changes in activity patterns have been detailed in Quality Productivity and Prevention (QIPP) Programmes produced by the CCG. Transformation Boards have been in place since 2012, at the level of Chief Officer and CEO of partner organisations, to enable strategic focus on these programmes of work.

6.24 The impact of the Better Care Fund on the delivery of NHS services will be greater focus from a joint commissioning perspective on the linkages between:

a) NHS community services including; district nursing, community matrons, integrated care and therapies and community palliative care
b) Services commissioned by Local Authorities including: reablement, social care assessment, domiciliary care provision and residential care
c) Services provided by acute Trusts with a focus on reducing unplanned admissions such as ambulatory care, facilitated early discharge, older people's assessment unit and day hospitals

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6.25 The focus on pro-active case management, locality based services and 7 day/wk care will enable NHS savings to be achieved through:

a) Reduction in unplanned hospital admissions, releasing CCG spend and capacity within acute trusts. Acute capacity will translate into improved efficiency; improvements in performance on Referral to Treatment Time (RTT) and A&E 4hr target and reduced spend on ad hoc capacity to manage peaks in demand
b) Reductions in length of stay, representing savings to acute providers through improved efficiency, ability to manage peaks in demand and opportunities to repatriate patients
c) Reduced duplication of care provision if there are areas of overlap between community and social care provision addressed through common assessment and co-location of service
d) Reduced outpatient demand: better care planning and an emphasis on enabling self-management will aim to streamline, where appropriate, the numbers of outpatient appointments that patients are attending

6.26 There is high value to both acute providers and to commissioners of delivering on the Better Care Fund with its focus on preventative community provision, enablement and maximising efficiency between community providers.

6.27 How will the savings be realised:

a) Development of a shared transformation programme with identified savings targets for NHS commissioners and providers; and
b) Shared PMO monitoring of transformation schemes.

6.28 Risks associated with failure to deliver:

a) Continued upward pressure on CCG budgets with rise in unplanned admissions; and
b) Continued risk to Trusts' ability to manage peaks in emergency attendances and admissions.

6.29 If the Integration Plan fails to deliver improvements some of the Fund may need to be used to alleviate the pressure on hospital services. Our plans in this regard are outlined in the contingency plan contained in part 2 of this Plan.

Governance

6.30 Figure 3, describes the governance structure that will be put in place to maintain oversight of the Integration Plan and to ensure that it delivers required outcomes. The key features of this structure are:

a) ***Executive oversight and policy direction:*** Executive oversight and policy direction will be the responsibility the Health and Wellbeing Board, the Governing Body of Haringey Clinical Commissioning Group and the Local

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Authority's Cabinet as the senior executive bodies of the partners responsible for the integration of health and social care in the Borough. Ultimate responsibility for the delivery of this Integration Plan rests with the Health and Wellbeing Board which has, in line with guidance, been briefed on the BCF. The chair of the Health and Wellbeing Board will receive briefings in the course of monthly meetings with senior managers and the Director of Public Health will assist the Health and Wellbeing Board to discharge its governance responsibilities.

b) ***Strategic oversight:*** The Integrated Management Board is the senior health and social care commission group responsible for maintaining strategic oversight of integration, including strategic commission. It will plan spend, set priorities, monitor the delivery of key outcomes and make recommendations to the executive level bodies (the Health and Wellbeing Board, the Cabinet and the CCG's Governing Body), as appropriate. It is also the forum to which problems, that cannot be resolved operationally, can be escalated for solution. The Integrated Management Board will meet on an, at least, monthly basis, receive regular monitoring reports and be co-chaired by the Chief Officer of the Clinical Commissioning Group and Director of Adult Social Care

c) ***Operational oversight:*** The Operational Integration Board will maintain day-to-day oversight of business units (services). It will have an internal and external provider focus and work with them to identify and trouble shoot problems, ensure consistency of practice, promote learning and to progress service plans. In this way the Operational Management Board's oversight of micro commissioning will allow it to inform the strategic commissioning intentions framed by the Integrated Management Board.

d) **Business Units:** These are the integrated services providing people with care and support. They will be responsible for the services designated to them in keeping with good practice, policy and statutory requirements. Managers of business units will link to the Operational Management Board and provide such reports that may be reasonably asked of them.

e) ***Performance Management:*** This function will gather and coordinate performance data from the Business Units and Operational Management Board and distribute it across the entire governance structure. The data will provide that structure with the intelligence needed to inform decision making, policy formation, commissioning and the proactive management of integration. Performance Management will support excellence in data gathering and use by putting in place the systems and processes needed to capture and analyse required data, transforming it into useful information.

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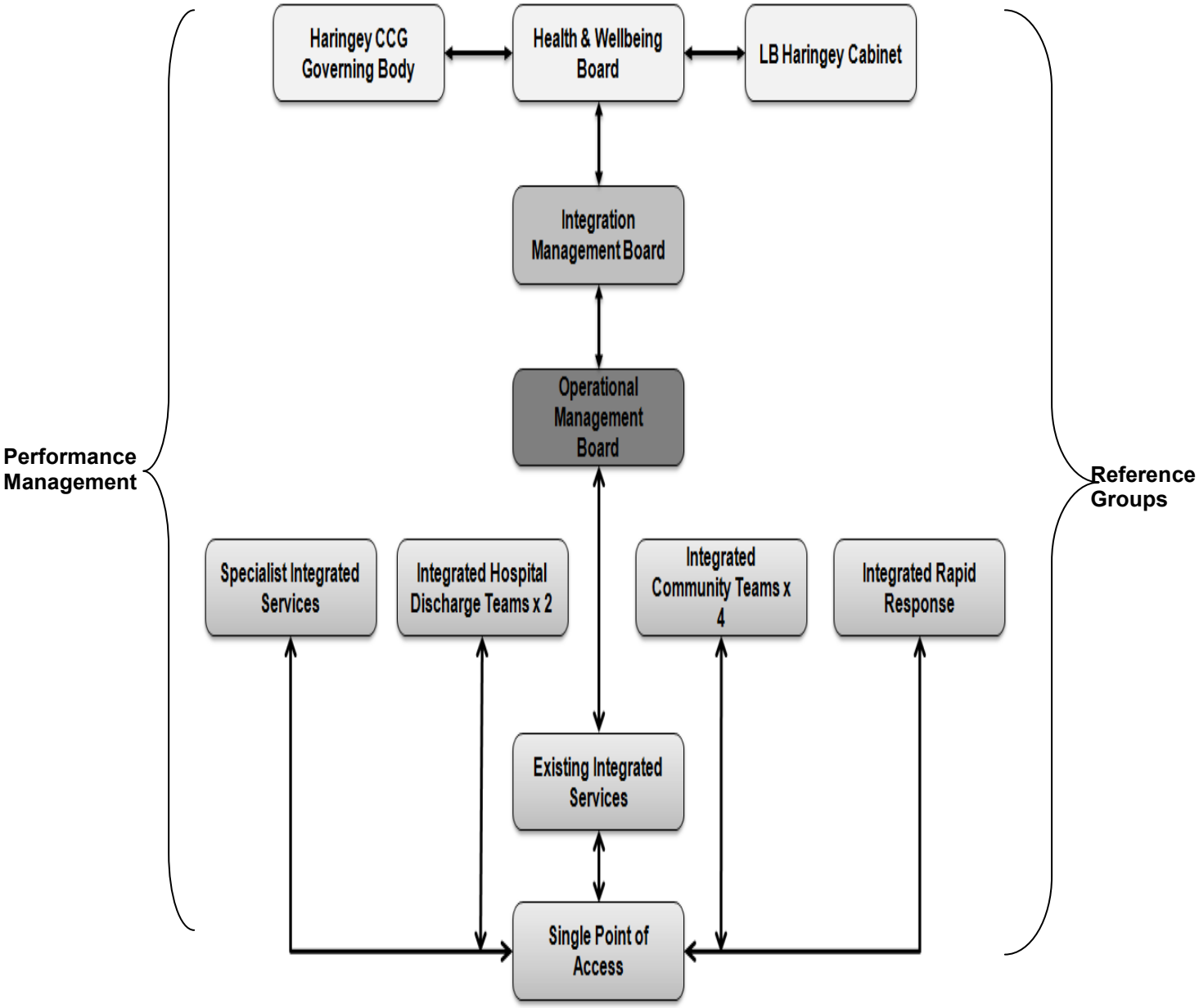

Executive oversight and policy direction

Strategic commissioning and oversight body.

Operational oversight body

Business units

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f) ***Monitoring performance:*** All business units including the single access point, will be responsible for collecting their own monitoring data with the assistance of performance management colleagues. This will promote organisational and professional learning and support continuous improvement

g) ***Reference Groups:*** These groups, which will include Haringey's Older People's Forum, carers, third sector etc, will ensure that the voices of services users, patients, carers and other key stakeholders are heard and able to influence the governance and development of integrated health and social care provision in Haringey. They will also expose the thinking of statutory agencies to a valuable external constructive critical challenge. This will help quality assure our approach to integration while providing a conduit of communication between local people, professionals, the Third Sector and community organisations.

h) ***Two way communication:*** Good governance demands excellent and systematic two way communications between the different layers of the governance structure to 1) ensure information exchange: 2) enhance clarity of understanding across the system; 3) escalate issues and bring about their resolution, and; 4) avoid silo working.

6.31 It is important to note the role of Haringey Healthwatch, the representative of patients and the public, in the governance structure. Healthwatch will be in a position of significant influence as its Chief Executive is a member of the Health and Wellbeing Board and so able to feed into its discussions of the BCF and the ongoing integration of health and social care. It is envisaged that Healthwatch will also play an important role in establishing reference groups whose views it can represent to the Healthwatch and Wellbeing Board.

6.32 All parts of the governance structure are multi-disciplinary, bringing together an integrated health and social care approach to the governance of the Integration Plan and to the delivery of required outcomes. This is a pre-requisite for a vibrant integrated health and social care economy dedicated to delivering excellence to local people.

National Conditions

6.33 To access the BCF the Integration Plan must show how Haringey has or will meet prescribed national conditions:

a) ***Plans to be agreed jointly****:* This condition demands that the content of the Integration Plan be agreed between the Council and Haringey CCG. As a result the Plan has been prepared by officers of the Council and the CCG and must be agreed by Cabinet, the CCG's Governing Body and the Health and Wellbeing Board.

b) ***Protecting Social Care:*** Adult Social Care and the CCG have agreed a process that confines eligibility for protection to services health and social care partners agree delivers health and social care benefits. As a result the protection of eligible services is in the interests of both parties (i.e. health and social care) and builds on their considerable their experience of s256 transfers.

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It will be a matter of negotiation to determine which eligible service will actually be protected.

c) ***7-Day Services To Support Discharge:*** All services commissioned through the use of the BCF will operate on a 7 day week basis. It will also be used mainstream some short-term funded 7 day week services (e.g. Rapid Response).

d) ***Data Sharing:*** The Integration Plan demonstrates Haringey's compliance with this condition by making clear that we have 1) adopted NHS Number as the primary identifier across health and social care; 2) that we are committed to adopting systems that are based upon Open APIs and Open Standards (i.e. secure email standards, interoperability standards, and; 3) that required information governance controls are in place.

e) ***Joint-Assessments And Accountable Lead Professional:*** Health and social care partners in Haringey are committed to joint assessments and care planning with accountable lead professionals being allocated to ensure that all service users/patients receiving services from health and social care have a joint plan whose implementation is well coordinated. This function will be undertaken by appropriate health and social care professionals, as determined by the needs of individual service users/patients, using a common IT system and be supported by the use of a joint assessment tool to identify risk and required care and support. This tool has been developed and reflects established practice in our already integrated learning disabilities and reablement services. Care co-ordination and the allocation of accountable lead professionals will be part of our basic integrated service offer.

f) ***Agreement on the consequential impact on the acute sector –*** Paragraphs 6.22 to 6.29 above outline the ongoing work that is taking place with the acute sector to deal with any unwanted implications the BCF may have for the sector. The contingency plan, a sub-set of the Integration Plan, specifies the measures that will be taken should the need arise to protect the acute sector The view of the sector are important and meetings have taken place with its representatives and will continue to take place with them over the life-time of the Plan.

Outcomes and Metrics

6.34 The Integration Plan template sets out the metrics that will be used monitor impact of the Plan. The measurement of the metrics used (at least initially) should not be too demanding as it will rest on the use of data that is already collected. They are:

a) Delayed transfers of care (a nationally prescribed metric);
b) Emergency admissions (a nationally prescribed metric);
c) Effectiveness of reablement (a nationally prescribed metric);
d) Admissions to residential and nursing care (a nationally prescribed metric);
e) Patient and service-user experience (a nationally prescribed metric); and
f) Injuries due to falls in people aged 65 and over (a locally selected metric).

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6.35 The Integration Plan provides full year delivery projections for each metric for 2013/15 and 2015/16. Health and social care partners' are collaborating to ensure the collection of the required data and to monitor against these targets.

Finance

6.36 Details of the financial aspects of Haringey's BFC Integration Plan can be found at part 2 of the Plan. Attention here is drawn to the summary of proposed expenditure of the BCF, provided in Tables 1.

Table 1. Summary of Proposed BCF Expenditure 2014/16: Estimated Spend

BCF Investment	Lead provider	2014/15 spend		2015/16 spend	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent
Older People and Dementia Pathway	London Borough of Haringey	475,000		475,000	
Mental Health Recovery Pathway	London Borough of Haringey	580,000		580,000	
Winterbourne Response	London Borough of Haringey	50,000		50,000	
Joint Commissioning	London Borough of Haringey/CCG	135,000		200,000	
Development and Enabling (Programme Management, Facilitating Integrated Locality Team Development, Initiating Integrated Care Planning, Staff Development, Scoping of Single Point of Access)	London Borough of Haringey/CCG		225,000	150,000	335,000
Integrated Locality Teams (Re-ablement, District Nursing, Community Matrons, Locality based social work teams)	London Borough of Haringey/Whittington Health			10,744,200	
Rapid Response - 7 days/wk	Whittington Health	340,000		500,000	
Step Down Care	London Borough of Haringey	625,000			
Reablement	London Borough of Haringey	2,450,000			
Reducing Delayed Discharges from hospital (Step-Down Care, Integrated Hospital Discharge Teams, Home from Hospital, Social Workers based in Hospitals 7 days/wk)	London Borough of Haringey	150,000		3,857,904	
GP Case Management and 7 day access	CCG	1,371,430		1,371,430	
Integrated End of Life Care Service	Whittington Health			1,379,389	
Additional Third Sector Investment	London Borough of Haringey	26,067		75,000	
Promotion of self management, measurement of patient engagement/activition, community development (Community Development Workers and Good Neighbours)	London Borough of Haringey	120,000		770,000	
Community Capacity Grant Schemes	London Borough of Haringey			639,000	
Promoting independence for people with disabilities	London Borough of Haringey			949,000	
Total		6,322,497	225000	21,740,923	335000

Note: benefits are put against the main contributor, but all schemes benefit

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6.37 Table 1 provides an overview, by scheme and year of the planed expenditure and associated benefits of the BCF. The total spend must be equal to or more than Haringey's total BCF allocation which may be supplemented by any financial additions health and social care partners, including the Council, wish to make.

6.38 Approximately 25% of the BCF in 2015/16 is paid for improving outcomes. If the planned improvements are not achieved a contingency plan is required that specifies how this funding will be used to alleviate the pressure on other services. Table 2 shows the amounts of the BCF required to support these services to achieve the Integration Plan's key outcomes if targets are not fully met.

Table 2. Contingency Plan for Maintaining Services if Planned Improvements Are Not Achieved.

Contingency plan:		**2015/16**	**Ongoing**
Outcome 1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)	527,862	527,862
	Maximum support needed for other services (if targets not achieved)	527,862	527,862
Outcome 2 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Planned savings (if targets fully achieved)	177,476	177,476
	Maximum support needed for other services (if targets not achieved)	177,476	177,476
Outcome 3 Delayed transfers of care from hospital per 100,000 population (average per month)	Planned savings (if targets fully achieved)	94,110	94,110
	Maximum support needed for other services (if targets not achieved)	94,110	94,110
Outcome 4 Avoidable emergency admissions (composite measure)	Planned savings (if targets fully achieved)	412,282	412,282
	Maximum support needed for other services (if targets not achieved)	412,282	412,282
Outcome 5 Patient / service user experience	Planned savings (if targets fully achieved)		
	Maximum support needed for other services (if targets not achieved)		

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Outcome 6 Injuries due to falls in people aged 65 and over	Planned savings (if targets fully achieved)	61,230	61,230
	Maximum support needed for other services (if targets not achieved)	61,230	61,230

6.39 The relationship between the proposed investment of the BCF and the delivery of the outcomes as specified in tables 1 and 2, respectively, is summarised in Appendix 3.

Note: Awaiting national data to complete row for outcome 5.

6.39 The relationship between the proposed investment of the BCF and the delivery of the outcomes as specified in tables 1 and 2, respectively, is summarised in Appendix 3.

Making Integration and Whole Systems Transformation Happen

6.40 This report and the Integration Plan outline an exciting but very challenging, large and complex programme of change. Whole systems change of the type described is not easy and its accomplishment will require a highly focused and well managed approach with excellent partnership working between the Council and CCG.

6.41 The importance of good and effective partnership working between the Council and CCG is amplified by the extremely tight timescales attached to the BCF. These demand that we *'hit the ground running'* in 2014/15 in order to review existing integrated services and make all necessary arrangements for the launch of an expanded integrated service offer in 2015/16. There is no time to waste and if this is not done Haringey will not receive its full BCF allocation and will fail to deliver on a key government priority (i.e. the integration of health and social care that has all party support).

6.42. Therefore, a programme management approach is suggested to carry through the task of transformation and the Council and CCG will be appointing to a joint post to provide additional programme management capacity. Key areas of activity will be:

a) the establishment of the governance structure;
b) the development and agreement of a comprehensive programme plan;
c) the agreement of a method by which to deliver better information sharing with all technical and information governance issues solved;
d) the review of existing integrated services – see Figure 1;
e) the completion of plans to in place integrated teams – see Figure 2 - and launch of the single point of access;
f) the agreement of a joint commissioning strategy;
g) the update of the current Section 256 and agreement of a Section 75 pooled budget into which the 2015/16 tranche of the BFC must be paid, and;
h) the ongoing engagement with all stakeholders, but especially service users and patients and their carers and NHS and social care providers.

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6.43 In addition to the above priority areas of change health and social care partners in Haringey will commit to working on and developing other areas over the next 2 to 3 years.

6.44 Accompanying the integration of health and social care will be the development and implementation of a comprehensive communications strategy. This will assist the Council and CCG to respond to and manage the considerable media, public and professional interest the integration will generate.

Risks

6.45 It is acknowledged that whilst the BCF represents a tremendous opportunity to integrate and transform health and social care provision for the benefit of local people it also carries risks. These are listed in the risk log, below, together with their treated RAG ratings and mitigating actions. No risks are rated red, which would have the potential to seriously compromise delivery of the Integration Plan. All risks are rate amber and while all require attention none are considered insurmountable.

6.46 The risk log is a living document and will be kept under regular review to ensure that existing, new and emergent risks are actively managed to minimise the impact they might have otherwise have on the realisation of the benefits of integration.

Risk Log

Risk	Risk Rating (Treated)	Mitigating Actions
IF delays occur in launching BCF funded services THEN targets may not be achieved and outcomes realised.	Amber (Medium)	We will create and appoint to a joint (CCG and LA) post to provide the dedicated project management capacity need to plan and coordinate the launch of services.
IF political and organisational will across partner agencies cannot be aligned THEN integration will not take place.	Amber (Low)	We will brief and ensure that the HWB support proposals for integration. Health and social care leadersto champion and provide energetic support for integration. Work on integration to be joined-up across health and social care.
IF funding is not available to fund double running THEN gaps in service provision may appear as	Amber (Medium)	We will ensure that commissioning plans for new integrated services are fully funded and take

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the transition is made to new integrated ways of working		into account decommissioning costs.
IF behavioural and cultural changes do not accompany efforts at integration THEN service provision across health and social care will not be seamless.	Amber (Low)	We will bring diverse staff groups together to build a new integrated professional identity reinforced by physical collocation, joint management structures and shared training.
IF we shift resources to fund new integrated services THEN current service providers, particularly in the acute sector may be destabilised	Amber (Medium)	• Our current plans are based on engagement with providers who are, broadly, supportive of the proposals to integrate health and social care in Haringey. • The development of our plans for 2014/15 and 2015/16 will be conducted within a whole system approach allowing for a holistic view of impact across the provider market with an emphasis on jointly defining the ultimate destination of transformation.
IF the BCF runs out before integration is completed THEN we will be unable to complete this task without more resources and disrupting provision to patients and service users.	Amber (Low)	We will impose strict financial monitoring to ensure the best and most efficient use of Haringey's BCF allocation
IF the introduction of the Care Bill results in a significant increase in the cost of care provision from April 2016 onwards that is not currently fully quantifiable THEN the sustainability of current	Amber (High)	• We undertake an initial impact assessment of the effects of the Care Bill and will continue to refine our assumptions around this as we develop begin to deliver integrated services

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social care funding and plans will be impacted upon.		• We believe there will be potential benefits that come out of this process, as well as potential risks.
IF we fall to achieve the level of performance against the metrics contained in the BCF Plan THEN part payment of the BCF will be withheld.	Amber (Medium)	We will invest in business analyst capacity to ensure that the performance of all BCF funded schemes are robustly monitored allowing under-performance to be identified and proactively managed.

7. Comments of the Chief Finance Officer and financial implications

7.1 The Better Care Fund was announced by the Chancellor in the Autumn Statement and indicative allocations to Local Authorities were provided in December 2013. However the 2015-16 figures should not be regarded as confirmed as some aspects of the funding distribution formula may change. In addition we know that £1bn of the £3.8bn awarded nationally will be top-sliced and used to provide an element of performance award. Further guidance about the implications of this will be provided by the Department of Health at a later date.

7.2 It is important to be aware that the first half of the money is likely to be awarded on the basis of performance in 2014-15. Although we have no reason to believe that performance in Haringey will not be satisfactory, the targets are likely to be challenging and so there is some risk to the funding. Delivery of milestones and performance against targets will need to be closely monitored in year and action taken to redress any weaknesses in a timely fashion.

7.3 £4.1m of health funding was allocated to Adults in the 2013-4 budget and the expenditure plan was approved by Cabinet in October. It has been assumed in the MTFS that the additional £957k in 2014 will also be allocated to Adults. Plans to spend this money in order to meet the objectives of the funding have been discussed with the CCG and an initial high level allocation is set out above.

7.4 Further work between LBH and the CCG is needed to finalise some of the details for the 2015-6 fund but the high level areas for investment are set out above.

7.5 It is very important to understand that this is not new money but a realignment of existing budgets across the two organisations. Where new services are created or existing services extended (for example in the further use of 7 day working) then this can only be funded through disinvestment elsewhere including the reduction or stopping of existing health and social care services.

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8. Head of Legal Services and legal implications

8.1 This report seeks the Cabinet's agreement to the Integration Plan for the Better Care Fund, in readiness for its submission to NHS England by 14 February 2014.

8.2 In formulating the Plan, certain conditions must be met including the requirement to have regard to the Joint Strategic Needs Assessment for the local population and existing commissioning plans for both health and social care. Further, there are national conditions which must be met as set out at paragraph 6.33 of this report; and both national and local metrics for measuring success which will result in the release of further funding in 2015/16.

8.3 The Plan must be able to demonstrate patient service user, public and service provider engagement and how this consultation has taken place. A summary of the consultation that has been undertaken is provided at paragraph 5.12 of this report. An equalities screening tool has been undertake on the proposals addressed within the Plan which has concluded that there was no requirement for a full equalities impact assessment to be undertaken.

8.4 Funding in 2014/15 will take the form of a 'Section 256 transfer' from Haringey CCG to the Local Authority. Section 256 National Health Service Act 2006 permits NHS England to make payments to local authorities towards expenditure incurred or to be incurred by it in connection with any social services functions. The funding transfer is subject to a written agreement between the Council and the NHS England which is referred to as a Section 256 Agreement. This funding will be added to the existing Section 256 agreement with NHS England that was agreed by Cabinet at its meeting of 15 October 2013.

8.5 NHS England has set out that funding in 2015/16 will be by way of 'Section 75' pooled budgets. Section 75 National Health Service Act 2006 permits NHS bodies and local authorities to establish pooled funds for the provision of health-related functions. This funding transfer will be subject to further written agreement(s) between the Council and the NHS England, referred to as a Section 75 Agreement. These 'Section 75' pooled fund arrangements will require the approval of the Cabinet. These matters will be brought to the Cabinet for decision in advance of the 2015/16 tranche of funding, expected to be in the Spring of 2015. The CCG and the Council are free to extend the scope of their pooled budget funds beyond the allocation from NHS England.

8.6 The use of all funds provided under the Better Care Fund must meet the requirements of the guidance from the Department of Health to NHS England of 19 December 2012 (Gateway Reference: 18568). This includes the condition that the local authority agrees with its local heath partners how the funding is best used within social care and the outcomes expected from this investment, through a jointly agreed Plan. It is indicated that the Health and Wellbeing Board is the natural place for these discussions. This is further supplemented in both the letter from NHS

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England and the Local Government Association (LGA) to the NHS and local government in August 2013; as well as in the Better Care Fund Planning Guidance issued by NHS England in December 2013, both of which state that plans for the use of the pooled monies will need to be developed jointly by CCGs and local authorities and signed off by each of these parties and the local Health and Wellbeing Board.

8.7 Both the CCG and the Health and Wellbeing Board have agreed the Plan, on 30th January 2014 and 11th February 2014 respectively, and the Cabinet is now asked to approve the Plan in order that it may be submitted for scrutiny by NHS England.

9. Equalities and Community Cohesion Comments

9.1 The proposed Better Care Fund Plan is designed to provide health and social care services that produce better results and a better experience for all local people. As a result it serves the interests of all protected groups, whose health and wellbeing it promotes, and is aligned with the Council's commitment to equalities. The Equalities Impact Assessments Screening Tool has been completed which indicates that a full Equalities Impact Assessments is not required at this time for the following reasons, as recorded in the in the Tool:

9.2 *"The BCF represents a fantastic opportunity to transform health and social care services for local people. Our aim is to use the fund to improve the results these important services achieve for local people and their experiences of using them. This means that the organising principle of transformation will be the personal perspectives of people.*

9.3 *Our intention is to use the Fund to ensure that health and social care provide a comprehensive seamless service offer with services being much more accessible and available to individuals when they need them. As a corollary of this 7 day week services will be established which place emphasises on prevention, reablement, the maintenance of independence, reducing delayed discharges and admissions to care homes and closer working with GPs. In addition integrated community health and social care and hospital discharge teams will be put in place as a 24/7 single point of access. These measures will lead to significant improvements in the efficiency, economy and effectiveness of services.*

9.4 *The BCF Plan stresses that at all times partners (the LB of Haringey and Haringey CCG) will be relentlessly person focused and seek to provide services which are personalised, offer choice and control and respect personal dignity at all times. It is a commitment that is, particularly, relevant to all protected groups and honouring their right to equality and excellence in service provision. Services currently being provided are not being reduced in any way and are in fact being enhanced and intended to produce positive outcomes for all service users without any detriment to any protected characteristics. On this basis, we do not think a full equality impact assessment is require"*

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10. Head of Procurement Comments

10.1 There are no current procurement issues within to the Integration Plan for the Better Care Fund, in readiness for its submission to NHS England by 14 February 2014.

11. Policy Implication

11.1 Policy on the Better Care Fund is being set out jointly by NHS England and the LGA. It is expected this funding will be used to significantly affect the pattern of local services, shifting resource and demand away from acute services focused on treatment and towards community based services, focused on prevention. The plan has the potential to have a positive impact on integration. While it is not all new money, pulling it together may well ensure better use of current funding.

11.2 This plan for the Better Care Fund is based on the work Haringey's CCG and the Council which have undertaken jointly to develop integrated commissioning and integrated services. The work supports the strategic approach adopted in Haringey's Health and Wellbeing Strategy: ' *A Healthier Haringey: We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.*

11.3 The plan should be read together with the following documents:

a) Joint Strategic Needs Assessment

b) Haringey's Health and Well-being Strategy 2012-15 and delivery plans

c) Improving the health and wellbeing of people in Haringey: Clinical Commissioning Group (CCG)prospectus 2013

Key documents
NHS Guidance on Better Care Fund http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

12 Reasons for Decision

12.1 To maximise value for money (efficiency, economy and effectiveness) and deliver the best possible range of integrated health and social care service to local people and local communities in compliance with Haringey's Health and Wellbeing Strategy

13. Use of Appendices

Appendix 1a and 1. BCF Health and Social Care Integration Plan
Appendix 2. *'I'* and *'We'* Statements
Appendix 3. The Relationship Between Proposed Investments and the Delivery of Outcomes

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14. Local Government (Access to Information) Act 1985

14.1 Not applicable

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Appendix 1a
Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**London Borough of Haringey**
Clinical Commissioning Groups	**Haringey Clinical Commissioning Group**
Boundary Differences	**None - boundaries are co-terminus**
Date agreed at Health and Well-Being Board:	**11/02/2014**
Date submitted:	**12/04/2014**
Minimum required value of ITF pooled budget: 2014/15	**£0.00**
2015/16	**£18,061,000**
Total agreed value of pooled budget: 2014/15	**£0.00**
2015/16	**£0.00**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	
By	Sarah Price
Position	Chief Officer
Date	<date>

Signed on behalf of the Council	
By	Mun Thong Phung
Position	Director Adult Social Services
Date	<date>

Signed on behalf of the Health and Wellbeing Board	
By Chair of Health and Wellbeing Board	Councillor Bernice Vanier
Date	<date>

c) Service provider engagement
Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Haringey's Better Care Fund (BCF) Plan, hereafter referred to as the Integration Plan, has been developed by Haringey Council and Clinical Commissioning Group (CCG) in partnership with health and social care providers. The Plan is dedicated to nothing less than the whole systems transformation. It is an unequivocal statement of health and social care partners' determination to unite and make fundamental changes the services they offer local people through the integration of health and social care.

Therefore, Haringey's Integration Plan sets the course for the ongoing integration of health and social care which will extend beyond the lifetime of the BCF. This Plan should be regarded as an operational plan that provides a platform from which the strategic objective of transformation through integration will be realised, reflecting the intent and direction of the strategic documents referenced below and in the joint commissioning strategy the Council and CCG are proposing to develop in coming months.

The approach taken to the development of Haringey's Integration Plan has relentlessly focused on identifying how the BCF and integrated services can deliver better results and an improved experience for patients and service users while boosting the sustainability of the system through services that are more efficient, effective and economic. Engagement with providers has played a pivotal role in shaping this Plan to this end.

Health Providers

Local acute providers confront high demand and operate at, or near to, full capacity at all times. It is acknowledged that demand will not diminish, nor will the discharge process improve without transforming the way in which health and social care are delivered. All parties regard the BCF as a valuable transformational opportunity and are determined to realise the potential that it presents.

The investment of the BCF and the accompanying integration of health and social service, as specified in section 2 of this Plan, are positive responses to the challenges confronting local NHS providers. They are supportive of our proposals which have been presented to them at the Transformation Boards of the Whittington and North Middlesex Hospitals. The contribution the proposals make to preventing unnecessary admissions and to reducing delayed discharges have been, particularly, welcomed by providers. Local GPs have had an opportunity to influence the proposals contained herein. They are an important stakeholder group and at a recent conference, convened by Haringey CCG, were invited to comment on what they hope integration will achieve for their patients. There was considerable unanimity with most GPs believing that integration will allow them to access a greater range of service much more quickly, make available better information about provision and allow increasingly holistic responses to individuals' needs.

Engagement indicated that GPs experience of participating in Haringey's Multi-disciplinary Teams, which allow them to review patients with a range of health and social care colleagues, means that their support for integration is grounded in their experience

of this way of working.

In addition, detailed discussions are taking place with Haringey's community health provider, Whittington Health. It is an enthusiastic and highly valued partner that has made an important contribution to the development of this Plan and is playing a central role in recently commenced work to introduce community based integrated teams, joint assessments and better data sharing across health and social care. This work will be taken forward in coming months and be completed in time for the launch of the teams in March 2015.

Social Care Providers

A total of 32 social care providers, many of whom work in the Third Sector, have participated in Haringey's engagement process. They provide a wide range of services to adults and older people, with all forms of disabilities, in institutional and community settings. Providers are generally supportive of integration and want to play an on-going part in work to this end. This is welcomed and their wealth of experience and knowledge will be important assets to this enterprise.

Haringey is fortunate in having a social care providers' forum which will allow the voices of providers to be heard and to be influential as we integrate services. An undertaking has been given to the forum that reference to it will be made to it on a regular basis.

d) Patient, service user and public engagement
Please describe how patients, services users and the public have been involved in the development of this plan, and the extent to which they are party to it

Our vision for whole systems integration in Haringey is based on the experiences of local people and what they tell us is important to them and reflects the output of Haringey CCG's *Value Based Commissioning* engagement. Avoiding a *'one size fits all'* approach, we have combined large and small group meetings, focus groups, semi-structured interviews and workshops. Through this process and in collaboration with our Third Sector we have engaged directly with 211 patients, service users, their carers and professionals. This has allowed us to paint a rich picture of people's experiences of health and social care. We have generated a list of local *'I'* statements which articulate the priorities for change of users/patients/carers. This is translating into the outcomes that matter most to patients and services users which commissioners will use when contracting with providers.

The outputs from this engagement have been distilled in a number of cross-cutting themes that summarise what local people want from an integrated health and social care service offer. In no particular order of importance, they encompass:

a) **Services that are easy to access:** A key outcome of engagement is the indication provided of the routes into health and social care as being confused and confusing. As a result, there is uneven, often only partial, knowledge about what services are available and a lack of clarity about which of a plurality of access points should be used to obtain services. In short, there is a demand for the pathway into health and social care to be clearer and shorter with less '*hand-offs'*.
b) **Services that are well managed and provided by competent professionals and staff:** This theme is related to the confidence people have in their health and social care services and how safe they feel in their hands. The following comments were received:
    - *"Social workers should really know what they are doing and be sufficiently*

qualified."
- *"Mangers need training too."*
- *Services should be monitored and take stock of where we are and where we are going."*
- *"I must have confidence that the people who care for me are well managed."*

c) **Service must respect dignity and promotes choice and control:** This translates theme translates**,** in the words of one respondent, into:
- *"being treated decently and with kindness".*
- In a similar vein a carer stated:
- *"I want good basic customer care - a smile, a greeting, eye contact as I enter the ward."*

Many respondents emphasised that their care and support are intensely personal services and the ways in which they are delivered have a direct impact on, not only, the quality of their experiences, but also, on their general sense of wellbeing. This means that health and social care must be person centred and provide services that are highly personalised to ensure that that they value the experiences and views of patients and service users, uphold their sense of self worth and offer them as much choice and control as is possible and reasonable.

d) **Good and timely information:** To exercise choice and control individuals need information and respondents repeatedly identified their need for high quality up-to-date information which identifies available services and how to access them. They also stressed the need to protect their personal information and for it to only be shared with their consent.

e) **Services the enable individuals to do things for themselves.** People do not want services that take-over and do things for them, thereby, creating avoidable dependency. People are worried about being a *'burden'* on carers. They want to maximise the amount of time spent in good health and want services that support them to do things for themselves, promoting their independence. This places a clear emphasis on the importance of prevention and reablement.

f) **Services the work together as one team** whose members talk to each other, with the service user/patient being the key team member. In the words of one members of the public:
- "I want *people to speak to each other* – pick-*up the old telephone instead of unnecessary paperwork".*

g) **Services that promote wellbeing and reduce loneliness** with older people commenting that:
- "*I want to see people, to have companionship, to have someone to talk to."*
- *"I want to be able to meet others and have places to go"*.

The ongoing engagement of local people and organisations will be central to the success of Haringey's integration journey and its accompanying transformation of health and social care. To ensure that their views continue to inform the development and implementation of integration and to expose our proposals to ongoing constructive external challenge reference groups will be established and one already has. These will help ensure that the views of patients, service users and the public remain at the heart of this important work.

e) Related documentation
Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Underpinning the development of this Integration Plan are the documents referred to below. We regard it as imperative that our approach to the integration of health and social care is consistent with what local strategic documents tell us about the health and social care needs of local people, now and in the future, with commissioning plans and reflects key national documents.

Document or information title	Synopsis and links
LB Haringey (2012), *"Joint Strategic Needs Assessment (JSNA)".* http://www.haringey.gov.uk/index/social_care_and_health/health/jsna.htm	Joint local authority and CCG assessments of the health needs of the local population in order to improve the physical and mental health and well-being of individuals and our communities.
LB Haringey (2012), *"Joint Health & Wellbeing Strategy (JHWS)"* http://www.haringey.gov.uk/hwbstrategy	The Joint Health and Wellbeing Strategy sets out the priorities and actions which the Health and Wellbeing Board are planning to carry out in the period 2013 to 2016.
LB Haringey (2013), *"GP Collaborative Profiles."*	Public Health analyses of the populations and their health needs of each of Haringey's four GP Collaboratives.
Barnet, Enfield and Haringey CCGs (2013), *"Barnet, Enfield and Haringey Clinical Strategy."* **http://www.barnetccg.nhs.uk/about-us/beh-clinical-strategy.htm**	Describes the planned changes to local healthcare services with emphasis on the future of hospital services.
LB Haringey (2011), *"Haringey Ward Profiles"* **http://www.haringey.gov.uk/index/council/how_the_council_works/fact_file/wardprofiles.htm**	These ward profiles examine the demographic, social and economic, health, housing and labour market characteristics of the 19 Haringey wards and are based on Census 2011 data from the Office of National Statistics.
A Khaladi (undated), *"A Question of Behaviours,"* iMPOWER	A report which addresses the increasing dependency on

http://www.impower.co.uk/en/a-question-of-behaviours-the-latest-report-from-impower-453.html	acute settings and urgent care, particularly for the elderly and the positive agenda to integrate care in home and community settings. The thesis of the paper is that big system change alone will not work if it is not accompanied by changes in the behavioural norms of professionals and the public.
London Borough of Haringey (2013), *"2013/14 Commissioning Plan – Section 256 Social Care Funding."*	A commissioning proposal outlining proposals for the use section 256 funding to purchase or contribute to the costs of a wide range of social care services producing positive health outcomes.
National Collaboration for Integrated Care and Support *(May 2013)* "*Integrated Care and Support: Our Shared Commitment"* **https://www.gov.uk/government/publications/integrated-care**	Presents a shared vision for integrated care and support to become the norm in the next five years combined with a call for a sustained national collaborative programme to help organisations find local solutions.
NHSE (July, 2013), *"The NHS belongs To The People: A Call To Action"* **http://www.england.nhs.uk/2013/07/11/call-to-action/**	Sets out these challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remains flat and rising expectation of the quality of care. The document says clearly that the NHS must change to meet these demands and make the most of new medicines and technology and that it will not contemplate reducing or charging for core services.
LB Haringey and Haringey CCG (2014), *"Dementia Joint Commissioning Strategy and Delivery Plan"*	Maps existing and future demand for dementia

	services in Haringey, identifying future service options and associated costs in order to deliver sustainable service provision that reflect best practice and which will underpin a better quality of life for people with dementia, their carers and others effected by their condition.

2) VISION AND SCHEMES

a) Vision for health and care services
Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The Haringey Vision

Haringey's Integration Plan is transformational. It calls for the reorientation of health and social care provision away from reactive to proactive services with the aim of providing people with the right care, in the right place and at the right time through a significant expansion of care in community settings. In so doing our intention is to reduce the need for acute interventions and, where such interventions become necessary, to return people to their homes as quickly and safely as possible. This is reflected in our vision which states:

> *"We want people in Haringey to be healthier and to have a higher quality of life for longer. We want everyone to have more control over the health and social care they receive, for it to be centred on their needs, supporting their independence and provided locally wherever possible."*

We believe that this vision is entirely consistent with the person centred definition of integrated care arising from the National Voices work:

> *"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."*
>
> National Voices

Our vision builds on the definition of integrated care and commits partners to ensuring that we will:

a) adopt the personal perspectives of service users and patients as the key organising principle of service provision, to improve their experiences of services and the results achieved for them;

b) empower people, as far as possible and reasonable, to direct their care and support and to receive the care they need in their homes;

c) ensure that health and social care work seamlessly together and focus on people as individuals;

d) require staff to work around and with individual service users and patients as integrated teams bringing together the skills, experience and expertise of diverse disciplines and organisations;

e) build the community's capacity to support its members, surrounding them with networks of support that combat loneliness and isolation;

f) identify the outcomes that matter most to people and measure their attainment to

drive organisational learning and continuous improvement, and;

g) enable, not hinder, the provision of integrated care with providers assuming joint accountability for achieving a person's outcomes and for showing how this delivers efficiencies across the system.

In practice, our vision means that we will relentlessly concentrate on people's experiences of health and social care and the results achieved for them. We are dedicated to enabling people in Haringey to live long, healthy and fulfilling lives through improved access to safe, well co-ordinated, high quality and person centred services that provide great results and a tremendous experience of care. These services will, at all times, respects individuals' dignity and seek to maximise choice and control in line with the requirements of personalisation. People will be helped to remain healthy and independent for long as possible and be supported to build lives beyond illness and disability.

We will work to understand and map the experiences, capabilities, needs and wants of local people and engage with them, as partners, to develop our service offer to address priority areas. This is not limited to looking at people in terms of the cost of their care or the types of interactions they currently have with local services, but encompasses a real commitment to understanding the challenges individuals face in their lives and how these can be converted into more positive experiences and outcomes in the future. We know from the engagement that this will mean putting in place a new and transformational service model based on integrated multi-disciplinary teams working closely with primary care and specialist services. It also means that we will place a strong emphasis on speed of response, enabling independence, self-management, prevention and providing services in people's own homes.

Changes in the Pattern and Configuration of Services

The realisation of our vision means that the way in which health and social care are delivered in Haringey will be transformed. Currently, pockets of services are integrated and jointly commissioned. By 2015/16 a significant proportion of the community health and social care services used by frail older people will be jointly commissioned. Local pilot schemes targeted towards *'admissions avoidance'* and *'improving discharge'* will have been mainstreamed and upscaled. The strong and unifying focus will be on enabling independence; reducing duplication, avoiding crises that result in admissions and building people's ability to manage at home following hospitalisation.

By 2018/19 we expect integrated services to be the norm across a broad swathe of local health and social care provision. Integration will take place at the operational and strategic levels with integrated teams, integrated management and integrated governance structures combining to provide local people with the high quality services they need, want and deserve while delivering significantly improved value for money (i.e. efficiency, economy and effectiveness). We will re-orientate service away from hospital and institutional provision towards care at home; from reactive to proactive preventative interventions, and; from disjointed and inefficient service responses to joined-up and efficient responses with services working together as a consolidated whole. These developments will be accompanied by the growth of our, already, important Third Sector which is ideally positioned to provide flexible and fast preventative responses at the levels of communities and neighbourhoods.

What Difference will this Make to Patient and Service User Outcomes

Our vision strikes a balance between being aspiration and pragmatism. The desire to achieve as highly as possible for local people must be tempered by recognition that we

must also be realistic about what is possible. We cannot and will not make promises that we cannot keep.

Partners in Haringey are hugely committed to making integration a success and our vision articulates the most basic difference we are determined it will make to patients and service users who will be able to say:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

The attainment of this goal will be contingent on delivering the outcomes and themes identified in the course of patient, service user and public engagement – see above. To this end we have developed a new service offer that commits health and social care partners to:

a) Work together as a unified multi-disciplinary team which includes the patient or service user.
b) At all times respect and defend individuals' dignity and give them as much choice and control over their services as is possible – we will not define people by their illnesses or disabilities.
c) Enable the proactive management of long term conditions and complex needs so that people can remain as independent as possible for as long as possible.
d) Bring together existing components in primary, community, social and acute care into one comprehensive and cohesive framework.
e) Work alongside the Third Sector as an equal partner, building community capacity and caring networks.
f) Focus all parts of system on admission avoidance to hospital and care homes, the reduction of delayed discharges and A&E attendances while developing community options that promote prevention and care closer to home.
g) Support the families and friends of services users and patients so that they can continue to care.
h) Do our best to ensure that people who use health and social care have a good experience and feel decently treated at all times.

To achieve all this we will work with the Third Sector to ensure that those not yet experiencing acute needs, but are beginning to require support are helped to remain healthy, independent and well. We will invest in empowering people through advocacy, care navigation and peer support to maximise their independence and wellbeing to combat isolation and loneliness. We will also and work with those who use services, and health and social care providers in addition to community and voluntary groups to co-produce models of care and support. These models will resonate to and meet people's aspirations and needs.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The aims of this Integration Plan are:

a) ***Aim – Seamless Care and Support:*** To join-up systems for providing health and social care so that those receiving care and support experience seamless provision, regardless of who is providing it.

b) ***Aim – Person Centred and Personalised Services:*** To wrap care around service users and or patients, as unique individuals, with their wishes at the centre of care packages and pathways - they will be empowered to have their voices heard.

c) ***Aim – A Caring Community:*** To build the community's capacity to support its members, surrounding them with networks of support that combat loneliness and isolation.

d) ***Aim – The removal of organisational barriers:*** To remove organisational boundaries ensuring that they do not act as barriers to care, and are not noticed by service users.

e) ***Aim – The maximisation of Health and Wellbeing***: To maximise the health and wellbeing of individuals they will, wherever possible, be provided with integrated care and support in their own homes.

Collectively, these aims articulate partners' shared ambition to improve the results health and social care achieve for local people and their experiences of these important services. The objectives of the Integration Plan flow from its aims and are brief statements of the things we will do to realise its ambition and to make its vision a reality.

In the language of the National Voices work, the objectives of the Integration Plan are expressed as a series of *'We'* statements:

a) ***Objective – Outcome focused:*** We will identify the outcomes that matter most to people and measure their attainment to learn and drive continuous improvement.

b) ***Objective – Policies, procedures and practices*****:** We will put in place policies, procedures and practices that enable, not hinder, the provision of integrated care with providers assuming joint accountability for achieving a person's outcomes and for showing how this delivers efficiencies across the system.

c) ***Objective – Monitoring attainment*****:** We will ensure that care is planned with individuals. Commissioners will monitor whether, or not, people are being successfully supported to attain the outcomes that they have set for themselves.

d) ***Objective – Integrated care plans:*** We will produce integrated care plans**,** cutting across health and social care, for all who need them. These plans will be accessible to their subjects and to the professionals they choose to share them with.

e) ***Objective – Prevention and proactive case management:*** We will undertake, by default, proactive and joined up case management to avoid unnecessary admissions to hospitals and care homes and to enable people to regain their independence as soon as possible after episodes of ill-health. This demands an emphasis on prevention and will result in services that are much more efficient, effective and more responsive to individuals' needs.

f) ***Objective – Prevention and increased support in the home and community:*** We will refocus services to offer increased support in the home and community to maximise the independence of people and enable them to self-manage their own health and wellbeing. This means responding proactively to the needs of individuals with, as above, an emphasis on prevention and working with the Third Sector to grow the range of community based solutions to people's needs.

g) ***Objective - Better information sharing:*** We will put in place better information sharing system that will allow key information about individuals' health care and support needs to be available to the social and health care professionals, subject to service users'/patients' consent.

h) ***Objective - Integrated community teams:*** We will introduce integrated community teams of social workers, nurses and therapists working closely with GPs and others to deliver joined-up care, reduce duplication and make the best use of skills and resources. Some of these teams will be based around groups of GP practices, while others operate across the borough and within hospitals in more specialist roles.

i) ***Objective - A single point of access***: We will put in place a 7 day week, 24 hour day single point of access to receive and respond to referrals from people living in the community, GPs and local organisations. The single point of access will streamline and make more accessible health and social care, offer signposting and meet the reasonable information needs of all who contact it.

j) ***Objective – Collaboration with GPs:*** We will work as closely as possible with GP practices and localise services, aligning them with Haringey's four GP Collaboratives.

We recognise that the attainment of our aims and their accompanying objectives means that the way in which we think about, design, commission and deliver services must change. This will create challenges. However, Haringey already has considerable experiences of integrating services across learning disabilities, mental health and reablement. Integration is a journey we have begun and are keen to progress to its conclusion in coming years. We will learn from and build on these experiences.

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

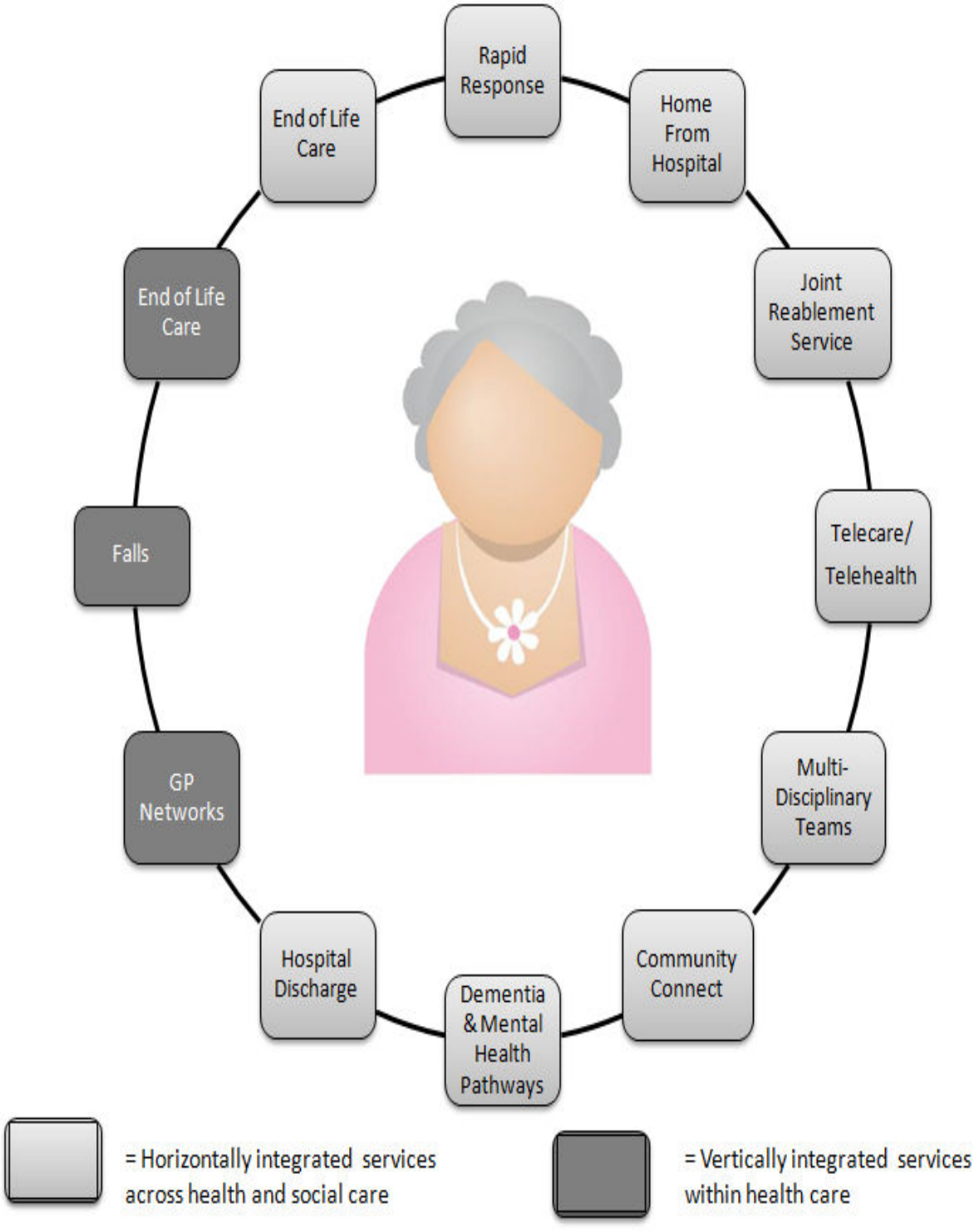
- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

Health and social care in Haringey will take advantage of the BCF to establish a range of new integrated services and to enhance those already in place. We will focus on reducing avoidable hospital admissions, promoting timely discharges, reducing admissions to care homes, the provision of effective preventative services (including rehabilitation and reablement) and improving individuals' experience of services. We will develop a series of outcomes that allow the whole system to concentrate on delivering those outcomes that matter most to people.

Building On What We Have Achieved - Where We Are Today

Haringey has already moved away from traditional service models that are segregated in terms of a health and social care divide. Services have increasingly been integrated across health and social care (called horizontal integration) and between different health care services (called vertical integration). Examples of these forms of integration are provided in Figure 1. The BCF provides health and social care partners with an opportunity to build on their shared achievements by extending the range of integrated services available to local people.

Figure 1. Example of Currently Integrated Services



Building on What We Have Achieved - where we will be tomorrow, 2014/15

In the course of 2014/15 we will review the integrated services that already in place and undertake the detailed planning that will underpin the enhancement of some and the launch of new initiatives focusing on frail older people, older people with dementia, end of life care, discharge planning and self-management. Work on shared information systems and joint assessment will also be carried forward. In all these areas we expect to see substantial progress in 2014/15 and new service options offered people.

More specifically, Haringey will take forward the development of:

a) the Integrated Community and Joint Reablement and Rapid Response services, provided 7 days a week, to maximise independence, prevent avoidable admissions to hospital and care homes, promote hospital discharges and provide carers with respite;

b) Telehealth and Telecare, provided 7 days a week, to enable people to remain in their own homes with an increased sense of security while providing carers with reassurance that their loved ones are being monitored;

c) our Community Development (Community Connects) scheme to build community engagement and volunteering for and with older people and people with disabilities to reduce social isolation, provide signposting and promote wellbeing;

d) the Mental Health Recovery and Dementia Pathways, provided 7 days a week, to help people remain independent within the community and functioning as successfully as possible while offering carers respite;

e) improved pathways and services, provided 7 days a week, for people with other long term conditions, such as diabetes and COPD;

f) the extension of Multi-Disciplinary Team working in the community, using teleconferences where teams review high risk cases, better identify individuals support needs and take proactive actions to avoid crises;

g) the Home From Hospital service, provided 7 days a week, to ensure that the homes of patients, especially those of people living alone, are ready to receive them on discharge;

h) the GP Networks, operating 7 days a week, around which integrated teams can offer a coordinated response to the health and social care needs of patients and service users.

i) A single point of access for people living in the community.

Building On What We Have Achieved - Where We Will Be Tomorrow, 2015/16

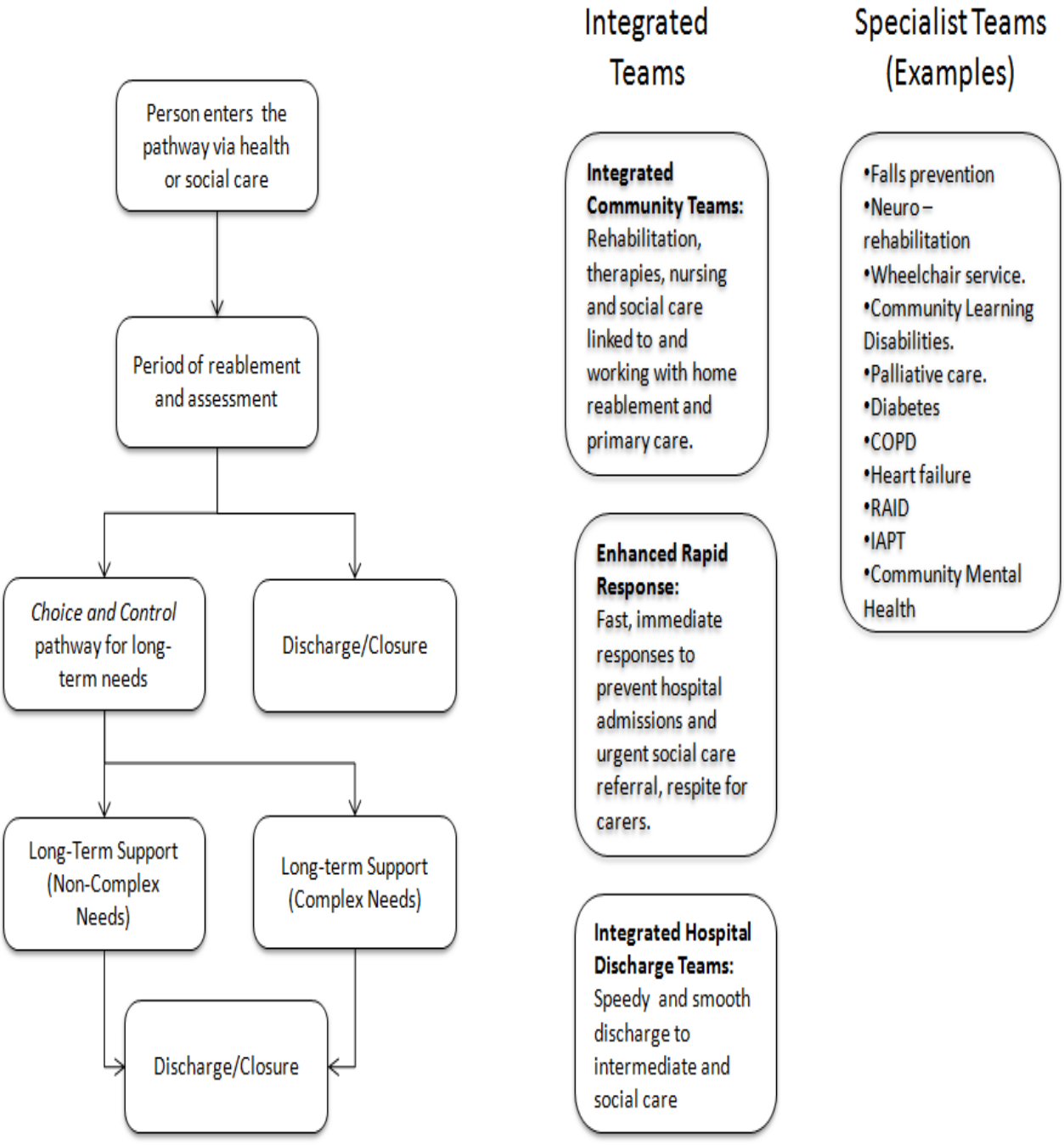
By the end of 2015/16 our default form of provision for most service users and patients will be will be integrated services. The proposed new service model is illustrated in Figure 2. The services described in this model will work alongside and complement those integrated services outline in Figure 1 with the key new service developments being:

a) ***Integrated Community Teams.*** These will have a core membership of social workers, community nursing staff and therapists and be based upon groups of GP practices.
b) ***A Single Point of Access*** (not shown in Figure 2) across health and social care

for people living in the community.

c) ***Integrated Hospital Discharge Teams*** to promote and make arrangements for the safe discharge of people from hospital to their own homes or other settings. An important aspect of the teams' work will be ensuring that discharge procedures work well for people, not just hospitals.
d) ***An enhanced Integrated Rapid Response Team*** to promote hospital discharges and prevent admissions by offering support in the home including respite to carers, at short-notice.
e) ***Specialist teams*** some of which will be integrated while other will not. These teams will operate on a pan-borough basis, supporting people with complex needs.

Figure 2. What the Proposed Model Looks Like.



Collectively the integrated services, referenced above, will to provide a whole systems response to intermediate care, hospital discharge, urgent care, and community rehabilitation. They will also contribute to prevention and ensure that people are cared for in their homes. The intention is for Haringey's residents to remain as independent as possible for as long as possible with a good quality of life.

Key Success Factors - Outline of Process

Haringey's approach to shaping integration is robust, but simple. It is informed by our understanding of the health and social care needs of residents, the views of providers and carers and is responsive to important local and national policy imperatives (e.g. personalisation, prevention and choice and control) that exist alongside the integration agenda.

The integration of health and social care will be managed through a transparent governance process, described below, in which work on integration is overseen by Haringey's Health and Wellbeing Board with reports also being submitted to the Governing Body of Haringey Clinical Commissioning Group and the Cabinet of Haringey Council. The overarching objective of this process is to ensure that integration provides people with better results and a better experience of health and social care. To provide constructive external challenge and ensure that the people who use services with influence over the process a Service Users and Carers Reference Group has been established and more will follow.

Key Success Factors – Cultural Change

Partners in Haringey recognise that the success of integration (the realisation of its aims and objectives) demands cultural change across the local health and social care system. This is the key to establishing ways of working that support integration and transformation. To work together well health and social care organisations must develop a deeper mutual understanding and appreciation of the contributions they each make to the health and wellbeing of local people. They must also understand that they are parts of one integrated local health and social care economy.

Therefore, the integration of health and social care demands behavioural change as much as it requires organisations to adopt different ways of working. A shared culture has to be developed that will allow the diverse professionals within health and social care to work together efficiently and effectively. To this end the development of integrated teams, joint assessments, case coordination across disciplines and multi-disciplinary training are cornerstones of this Integration Plan.

Key Success Factors - Enablers

Alongside the development of new services will be the development of new ways of working which will enable change. Previous discussion of the importance of cultural change provides a good example of such an enabler. However, this needs to be accompanied by changes to the health and social care infrastructure that will also enable change. In addition, a robust governance structure (see below) to superintend integration will be required, performance monitoring and the development of open information technology and information systems that support case coordination and joint assessment are vital. Work has commenced in all these areas while the construction of joint commissioning strategies, shared procedures and processes and the development of other enablers will be actively pursued.

Key Success Factors - End Points and Time Frames for Delivery

An overview of the overall estimated timeline to be followed by Haringey is provided below. Where services can be rolled-out earlier than the dates shown this will be done.

6.18 **August - December 2013:**

a) Establish programme management approach and structure to the delivery of the integration of health and social care in Haringey.

b) Brief the Health and Wellbeing Board and CCG Governing body on the implications of integrations and the requirements of the BCF.

c) Commence engagement process, including providers, service users, patients, carers and public.

d) Agree service model and associated commissioning intensions.

e) Agree BFC investment intentions.

f) Adopt NHS numbers as primary identifier and commence discussions on shared IT solution for better data sharing.

6.19 **January - March 2014:**

a) Conclude engagement process.

b) Draft local integration plan completed.

c) Detailed joint commissioning strategy produced.

d) Reports to Health and Wellbeing Board, Haringey's Cabinet and Haringey CCG's Governing Body seeking their support of the local integration plan.

e) Submit first and final drafts of parts 1 and 2 of Haringey's Integration Plan.

6.20 **April 2014 – March 2015**

a) Complete detailed planning to implement concepts developed during co-design phase to achieve our aim and objectives.

b) Monitor financial flows to evaluate financial impact of possible models on different providers and on total cost to commissioners.

c) Review and roll forward existing Section 256 winter pressures schemes.

d) Manage the implementation and benefits tracking for the newly integrated services that are "live" and developing our next tranche of joint commissioning plans in line with local needs and the whole systems approach.

e) Plans to build on existing integrated schemes finalised (estimated May 2014).

f) Enhanced Rapid Response Team launched (estimated Oct 2014).

g) Revised and updated delivery plan for 2015/16 agreed (estimated Feb 15).

h) Negotiate and present to Cabinet and the CCG's Governing Body the Section 75 agreements in readiness for the 2015/16 pooled budgets.

6.21 **From April 2015**

a) Single point of access launched (estimated Apr 2014).

b) Roll-out of Integrated Community Teams commences (estimated Apr 15).

c) Roll-out Integrated Hospital Discharge Teams (estimated Apr 15).

d) Introduce regular annual customer satisfaction surveying to develop our baseline for user experience.

Aligning Activity the JSNA, JHWS, CCG Commissioning Plan And Local Authority Plans For Social Care

As stated above, Haringey's approach to integration is premised on the strategic documents cited in section 1e. these have played a critical role in defining our service user cohort. Integrated health and social care will be available to all adults living in Haringey but, based on an analysis of the JSNA and GP Collaboratives profiles, we will prioritise frail older people and older people with dementia in 2014/ and adults (of all ages) with mental health needs in 2015/16. These are the groups for whom integration will have the greatest and most immediate impact.

Our approach to integration also resonates to the priorities of *Haringey's Health and Wellbeing Strategy* as it relates to *Improving Health and Wellbeing:*

- Prevention and early intervention
- Think family
- Choice, control and empowerment
- Partnership working

Finally, this plan reflects Haringey CCG's vision of: *"Enabling the people of Haringey to live long and healthy lives with access to safe, well co-ordinated and high quality services"* and pulls together the commissioning plans from across health and social care. There is no disconnect between the integration of health and social care in Haringey and other key strategic drivers. Integration is based on these drivers. It is responsive to and works with them.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Haringey CCG is the Lead Commissioner for North Middlesex Hospital. The majority of acute services for Haringey residents are provided by North Middlesex Hospital and Whittington Health Integrated Care Organisation, which also provides community services.

Since 2011/12 there has been detailed dialogue between commissioners and acute Trusts focused on schemes, initiated both by Trusts and by commissioners, to reduce unplanned hospital admissions and A&E attendances. Projected changes in activity patterns have been detailed in Quality Productivity and Prevention (QIPP) Programmes produced by the CCG. Transformation Boards have been in place since 2012, at the level of Chief Officer and CEO of partner organisations, to enable strategic focus on these programmes of work.

The impact of the Better Care Fund on the delivery of NHS services will be greater focus from a joint commissioning perspective on the linkages between:

a) NHS community services including; district nursing, community matrons, integrated care and therapies and community palliative care
b) Services commissioned by Local Authorities including: reablement, social care assessment, domiciliary care provision and residential care
c) Services provided by acute Trusts with a focus on reducing unplanned admissions such as ambulatory care, facilitated early discharge, older peole's assessment unit and day hospitals

The focus on pro-active case management, locality based services and 7 day/wk care will enable NHS savings to be achieved through:

a) Reduction in unplanned hospital admissions, releasing CCG spend and capacity within acute trusts. Acute capacity will translate into improved efficiency; improvements in performance on Referral to Treatment Time (RTT) and A&E 4hr target and reduced spend on ad hoc capacity to manage peaks in demand
b) Reductions in length of stay, representing savings to acute providers through improved efficiency, ability to manage peaks in demand and opportunities to repatriate patients
c) Reduced duplication of care provision if there are areas of ovelap between community and social care provision addressed through common assessment and co-location of service
d) Reduced outpatient demand: better care planning and an emphasis on enabling self-management will aim to streamline, where appropriate, the numbers of outpatient appointments that patients are attending

There is high value to both acute providers and to commissioners of delivering on the Better Care Fund with its focus on preventative community provision, enablement and maximising efficiency between community providers.

How will the savings be realised

a) Development of a shared transformation programme with identified savings targets for NHS commissioners and providers
b) Shared PMO monitoring of transformation schemes

Risks associated with failure to deliver:

a) Continued upward pressure on CCG budgets with rise in unplanned admissions
b) Continued risk to Trusts' ability to manage peaks in emergency attendances and admissions

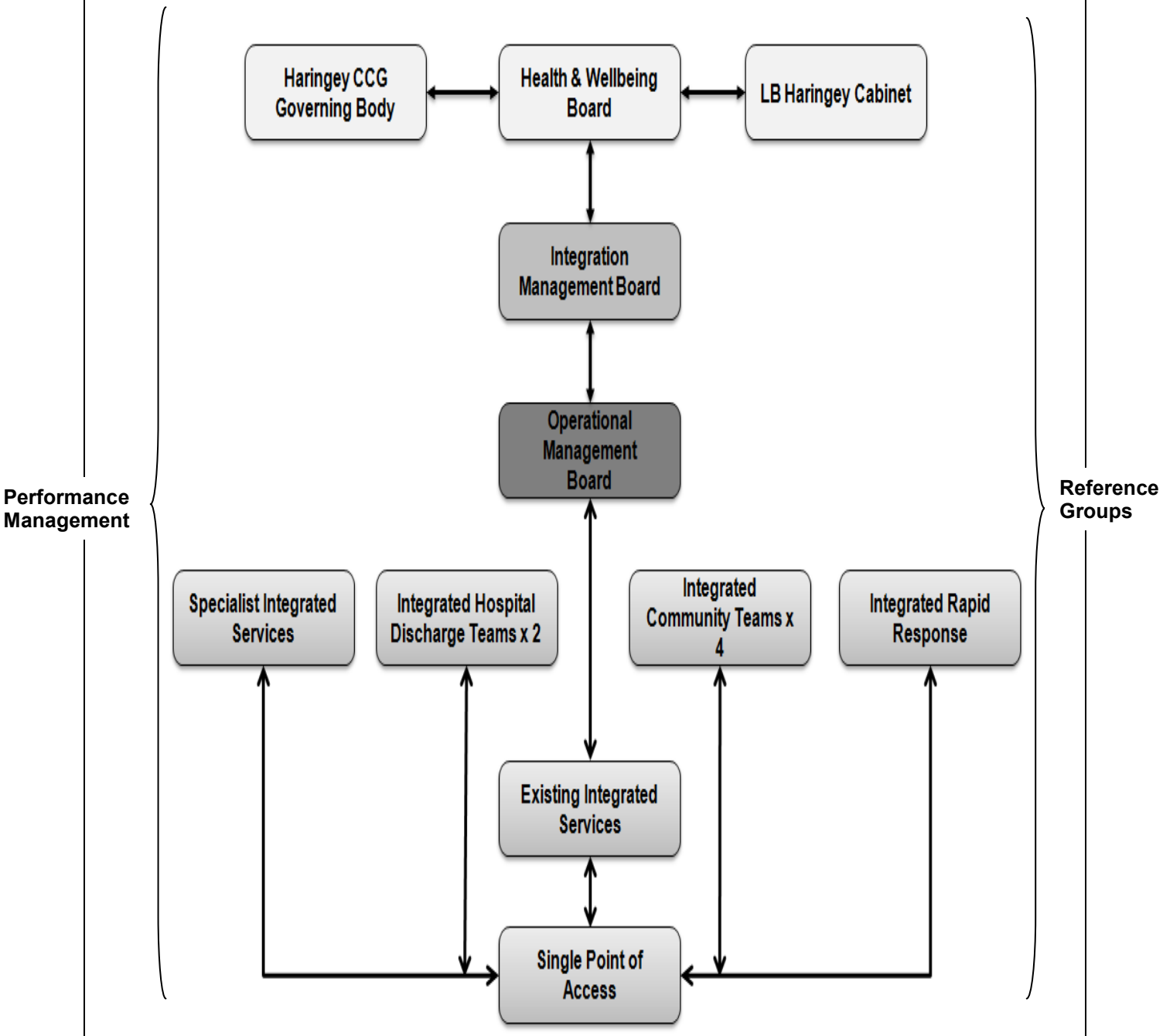
If the BCF Plan fails to deliver improvements some of the Fund may need to be used to alleviate the pressure on hospital services. Our plans in this regard are outlined in the contingency plan contained in part 2 of this Plan.

e) Governance
Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Figure 3, describes the governance structure that will be put in place to maintain oversight of the Integration Plan and to ensure that it delivers required outcomes. The key features of this structure are:

a) ***Executive oversight and policy direction:*** Executive oversight and policy direction will be the responsibility the Health and Wellbeing Board, the Governing Body of Haringey Clinical Commissioning Group and the Local Authority's Cabinet as the senior executive bodies of the partners responsible for the integration of health and social care in the Borough. Ultimate responsibility for the delivery of this Integration Plan rests with the Health and Wellbeing Board which has, in line with guidance, been briefed on the BCF. The chair of the Health and Wellbeing Board will receive briefings in the course of monthly meetings with senior managers and the Director of Public Health will assist the Health and Wellbeing Board to discharge its governance responsibilities.
b) ***Strategic oversight:*** The Integrated Management Board is the senior health and social care commission group responsible for maintaining strategic oversight of integration, including strategic commission. It will plan spend, set priorities, monitor the delivery of key outcomes and make recommendations to the executive level bodies (the Health and Wellbeing Board, the Cabinet and the CCG's Governing Body), as appropriate. It is also the forum to which problems, that cannot be resolved operationally, can be escalated for solution. The Integrated Management Board will meet on an, at least, monthly basis, receive regular monitoring reports and be co-chaired by the Chief Officer of the Clinical Commissioning Group and Director of Adult Social Care.
c) ***Operational oversight:*** The Operational Integration Board will maintain day-to-day oversight of business units (services). It will have an internal and external provider focus and work with them to identify and trouble shoot problems, ensure consistency of practice, promote learning and to progress service plans. In this way the Operational Management Board's oversight of micro commissioning will allow it to inform the strategic commissioning intentions framed by the Integrated Management Board.
d) **Business Units:** These are the integrated services providing people with care and support. They will be responsible for the services designated to them in keeping with good practice, policy and statutory requirements. Managers of business units will link to the Operational Management Board and provide such reports that may be reasonably asked of them.
e) ***Performance Management:*** This function will gather and coordinate performance data from the Business Units and Operational Management Board and distribute it across the entire governance structure. The data will provide that structure with the intelligence needed to inform decision making, policy formation, commissioning and the proactive management of integration. Performance Management will support excellence in data gathering and use by putting in place the systems and processes needed to capture and analyse required data, transforming it into useful information.

Figure 3. Oversight and Governance Structure



f) .***Monitoring performance:*** All business units including the single access point, will be responsible for collecting their own monitoring data with the assistance of performance management colleagues. This will promote organisational and professional learning and support continuous improvement.

g) ***Reference Groups:*** These groups, which will include Haringey's Older People's Forum, carers, third sector etc, will ensure that the voices of services users, patients, carers and other key stakeholders are heard and able to influence the governance and development of integrated health and social care provision in Haringey. They will also expose the thinking of statutory agencies to a valuable external constructive critical challenge. This will help quality assure our approach to integration while providing a conduit of communication between local people, professionals, the Third Sector and community organisations.

h) ***Two way communication:*** Good governance demands excellent and systematic two way communications between the different layers of the governance structure to 1) ensure information exchange: 2) enhance clarity of understanding across the system; 3) escalate issues and bring about their resolution, and; 4) avoid silo working.

It is important to note the role of Haringey Healthwatch, the representative of patients and the public, in the governance structure. Healthwatch will be in a position of significant influence as its Chief Executive is a member of the Health and Wellbeing Board and so able to feed into its discussions of the BCF and the ongoing integration of health and social care. It is envisaged that Healthwatch will also play an important role in establishing reference groups whose views it can represent to the Healthwatch and Wellbeing Board.

All parts of the governance structure are multi-disciplinary, bringing together an integrated health and social care approach to the governance of the Integration Plan and to the delivery of required outcomes. This is a pre-requisite for a vibrant integrated health and social care economy dedicated to delivering excellence to local people.

3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Haringey's agreed definition of protecting social care services consists of two inter-related parts. The first describes the criteria which must be met for a service to be eligible for protection. The second concerns the identification of those eligible services that will be protected.

Part 1. Eligibility Criteria.

The first part of the proposed definition of protecting social care services focuses on the selection of those criteria used to identify social care services which are eligible for protection. In this regard the *"Next Steps on Implementing the Integration Transformation*

Fund" guidance and that issued by the Department of Health to NHS England on 19 December 2012 on funding transfers from NHS to social care in 2013/14[1] are helpful. They both stress that, in 2014/15:

> *"The funding must be used to support adult social care services in each local authority, which also has a health benefit".*

Therefore, eligibility for protection is restricted to those social care services which health and social care partners jointly consider deliver health, as well as, social care benefits. As a result the protection eligible services is in the interests of both parties (i.e. health and social care) and builds on their considerable experience of section 256 transfers.

Part 2. Identifying Those Eligible Services To Be Protected.

The criteria, discussed above, identify social care services which may be protected but does not identify those that will be protected. This is to be the subject of negotiation and future decision taking over the life-time of the BCF but might include, for the purposes of illustration:

a) Intensive social care reablement services that promote independence, reduce reliance on health services and the need for long-term social care support.

b) Mainstreaming telecare/telehealth.

c) Care Home placements including step-up and step-down provision.

d) Rapid response services to promote hospital discharge and prevent avoidable admissions.

e) The maintenance of social work capacity in integrated teams.

f) Community development to build prevention through community engagement and volunteering for and with elderly and disabled people; reducing social isolation, signposting and preventative work.

Conclusion

A simple approach to the defining social care services that will be protected has been offered which is aligned with current section 256 practices and assures both the CCG and Council that they will be able to influence decisions about what services will actually be protected.

It is noted that, the national guidance relating to the Care Bill indicates that the BFC is to be subject to ringfencing to cover new duties and associated costs imposed on local authorities by the Bill. Advice received from the Local Government Association indicates that once we are informed of the impact ringfencing will have on Haringey the Integration Plan will have to be adjusted to reflect this in its section dealing with *'protecting social care services'.* This will not occur before the submission of the current iteration of the Plan.

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

Please explain how local social care services will be protected within your plans.

Haringey agreed definition of protecting adult social care services, as outlined immediately above, incorporates a description of the process that will allow those services to be protected to be identified and agreed between partners. This process is modelled on our tried and tested section 256 procedure.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

Haringey's Strategic Commitment To 7 Day Services

This Integration Plan reflects our commitment to the continuance of those 7 day week services already in place and to using the BCF to commission new and enhanced services. Our intention is to ensure that this 7 day week services are always available to support hospital discharges and can be accessed by people when they need them.

Our strategic commitment to the extension and normalisation of 7 day working is unambiguously demonstrated by the ownership taken of this plan by Haringey's Health and Wellbeing Board. Hosted by the local authority, the Board is a top level strategic body that brings together the NHS, public health, adult social care and children's services, including elected representatives and Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health. It is central to our vision and work to create a more integrated approach to health and social care.

The support given to 7 day week working by the Health and Wellbeing Board is backed-up by the support Haringey's Joint Health and Wellbeing Strategy gives to putting in place services that promote hospital discharges. For example, it commits local partners to:

"Continue to implement the new joint reablement pathway that offers intensive support after hospital discharge or prevents hospital admissions in patients with LTCs, particularly those who are vulnerable".

This statement makes no reference to, but is entirely consistent with 7 day working. Our Plan recognises that the intensity of support referred to can only be offered on whole week (i.e. 7 day) basis. This we are committed to providing.

Local Plans for Implementing 7 Services

Haringey will roll out 7 day services in two phases in the period of the BCF. These are:

- ***2014/15:*** Existing 7 day Section 256 services that support discharges will be funded and similar services receiving short-term winter pressures money will be mainstreamed (e.g. Home form Hospital, Rapid Response, Community Reablement). This will give Haringey a solid foundation of 7 day week services covering health and social care, enhancing our Rapid Response and Community Reablement Capacity.
- **2015/16:** A range of new 7 day week services will come on stream throughout the year, earlier where possible. These will include a Single Point of Access for people living in the community, Integrated Hospital Discharge Teams, and Integrated

Locality Teams. The whole week availability of these teams combined with the range of expertise they offer means that will prove an asset to patients, service users, their carers and professionals in hospital and community settings.

Haringey is confident that it can put into place a comprehensive 7 day week service offer and is determined to do so. This is an important national and local strategic imperative which Haringey is already delivering on. This Plan signals our intention to use the BCF to make 7 day week services the norm, available to all who need them and to reduce delayed discharges.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All health and care systems will use the NHS Number. To ensure the use of NHS numbers as primary identifiers Haringey Council (Adult Social Care) has issued instructions to all staff members requiring them to routinely record these numbers for all service users and has modified its Framework-I (service user database) interface to make this requirement clear. Use has been made of MACS to insert NHS numbers into the Framework-I record where these are missing.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

N/A

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK)

In the procurement of new systems we are committed to looking for systems that have open API's and open standards but they are only one of a number of elements that would be assessed in our search for a value for money solution. We already operate a secure e-mail exchange via the GCSX network.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

We are committed to ensuring that our Information Governance controls are of the highest standard. Overall responsibility for Information Governance rests with the Council's Information Governance Board, chaired by the Council's Senior Information Risk Officer. We have a comprehensive range of policies and procedures in place to ensure compliance with relevant legislation such as the Data Protection Act. Haringey Council's information security policies are certified to this standard to the ISO 27001 International Standard for Information Security Management. Haringey Council has a valid Information Governance Toolkit Assessment as is required to access the NHS N3 secure network.

d) Joint assessment and accountable lead professional
Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

Haringey employs the *Health Intelligence* risk stratification tool which predicts the likelihood of a person having an unscheduled hospital admission within the next 12 months. The algorithm used references a number of variables but the most important are age, types and number of long-term conditions (LTCs) and the number of A&E attendances and unplanned admissions in the past 12 months.

Table 1. Risk Stratification: Haringey CCG Patients Over 65 Years

Risk Level	Over 65 With an LTC (one or more)	Over 65 Without an LTC	Total over 65	% of patients 65 and over with one or more LTC	% of patient 65 and over without LTC
Very High Risk	876	35	911	96%	4%
High Risk	3,768	239	4,007	94%	6%
Moderate Risk	12,136	2,520	14,656	83%	17%
Low Risk	3,739	3,498	7,237	52%	48%
Total	20,519	6,292	26,811	77%	23%

Report run 3rd October 2013

Table 1 reflects Haringey's focus on understanding health risks of people aged over 65 years and shows that of this group 4,918 (18%) are classified as being at a very high or high risk of hospital admission in the next 12 months. With a further 14,656 (55%) of over 65's identified as being at moderate risk, up to 73% of this age group in Haringey are at some level of risk of admission.

However, while the risk stratification tool supports service planning and case finding it measures potential, not actual, demand for admissions. It is our intention to use the BCF to ensure that actual demand always falls short of potential demand. We will do this by enhancing and introducing services designed to prevent dependence, promote wellbeing and maintain people in the community while taking forward initiatives to squeeze down delayed discharges out of the system and reduce A&E attendances.

To translate this intention into meaningful action for individuals our basic service offer commits health and social care partners to ensuring that all who need a joint assessment and care plan receive them and that their care and support is coordinated by a named accountable professional. Working with Whittington Health we have already started developing a joint assessment and care planning tools and commenced discussions about the development of a shared IT system (a shared information portal) that will support the use of the tools and, more widely, joint working and the work of accountable

professionals.

Nevertheless, not everyone identified as being at very high, high or moderate risk will require a joint assessment/care plan or need an accountable lead professional. To estimate those who will the number of Haringey's residents, requiring large care packages (i.e. packages costing > £150 or >21 hours per week) has been identified to give an annualised total of, approximately, 700 adults and older people which is equivalent to 0.4% of the local population over 19 years of age.

A pragmatic approach will be taken to the identification of accountable lead professional which is defined as a function, not as a discrete role, that can be performed by any member of an integrated team. The allocation of this function will be dependent on a combination of the needs of the service user or patient, the predominant type of service required (health or social care) and the views of the individual and his/her carers. This approach is modelled on that which has been taken by Haringey successful Learning Disability Partnership.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

It is acknowledged that whilst the BCF represents a tremendous opportunity to integrate and transform health and social care provision for the benefit of local people it also carries risks. These are listed in the risk log, below, together with their treated RAG ratings and mitigating actions. No risks are rated red, which would have the potential to seriously compromise delivery of the Integration Plan. All risks are rate amber and while all require attention none are considered insurmountable.

The risk log is a living document. It will be jointly managed and shared by social care partners through the programme management structure, which will implement integration. This will allow all risks will be kept under regular review and ensure that existing, new and emergent risks are actively managed to minimise the impact they might have otherwise have on the realisation of the benefits of integration.

Risk	Risk Rating (Treated)	Mitigating Actions
IF delays occur in launching BCF funded services THEN targets may not be achieved and outcomes realised.	Amber (Medium)	We will create and appoint to a joint (CCG and LA) post to provide the dedicated project management capacity need to plan and coordinate the launch of services.
IF political and organisational will across partner agencies cannot be aligned THEN integration will not take place.	Amber (Low)	We will brief and ensure that the HWB support proposals for integration. Health and social care leaders to champion and provide energetic support for integration. Work on integration to be joined-up across health and social

		care.
IF funding is not available to fund double running THEN gaps in service provision may appear as the transition is made to new integrated ways of working	Amber (Medium)	We will ensure that commissioning plans for new integrated services are fully funded and take into account decommissioning costs.
IF behavioural and cultural changes do not accompany efforts at integration THEN service provision across health and social care will not be seamless.	Amber (Low)	We will bring diverse staff groups together to build a new integrated professional identity reinforced by physical collocation, joint management structures and shared training.
IF we shift resources to fund new integrated services THEN current service providers, particularly in the acute sector may be destabilised	Amber (Medium)	• Our current plans are based on engagement with providers who are, broadly, supportive of the proposals to integrate health and social care in Haringey. • The development of our plans for 2014/15 and 2015/16 will be conducted within a whole system approach allowing for a holistic view of impact across the provider market with an emphasis on jointly defining the ultimate destination of transformation.
IF the BCF runs out before integration is completed THEN we will be unable to complete this task without more resources and disrupting provision to patients and service users.	Amber (Low)	We will impose strict financial monitoring to ensure the best and most efficient use of Haringey's BCF allocation
IF the introduction of the Care Bill results in a significant increase in the cost of care provision from April 2016 onwards that is not currently fully quantifiable locally THEN the sustainability of current social care funding and plans will be impacted upon.	Amber (High)	• We undertake an initial impact assessment of the effects of the Care Bill and will continue to refine our assumptions around this as we develop begin to deliver integrated services • We believe there will be potential benefits that come out of this process, as well as potential risks.

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Association

Finance - Summary

For each contributing organisation, please list any spending on BCF schemes in 2014/15 and the minimum and actual contributions to the Better Care Fund pooled budget in 2015/16.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
Local Authority #1	Yes	5,066,000	6,654,000	9,079,200
CCG #1	Yes	1,371,430	11,407,000	12,996,723
BCF Total		**6,437,430**	**18,061,000**	**22,075,923**

Approximately 25% of the BCF is paid for improving outcomes. If the planned improvements are not achieved, some of this funding may need to be used to alleviate the pressure on other services. Please outline your plan for maintaining services if planned improvements are not achieved.

Contingency plan:		2015/16	Ongoing
Outcome 1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Planned savings (if targets fully achieved)	527,862	527,862
	Maximum support needed for other services (if targets not achieved)	527,862	527,862
Outcome 2 Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Planned savings (if targets fully achieved)	177,476	177,476
	Maximum support needed for other services (if targets not achieved)	177,476	177,476
Outcome 3 Delayed transfers of care from hospital per 100,000 population	Planned savings (if targets fully achieved)	94,110	94,110

Please list the individual schemes on which you plan to spend the Better Care Fund, including any investment in 2014/15. Please expand the table if necessary.

BCF Investment	Lead provider	2014/15 spend		2014/15 benefits		2015/16 spend		2015/16 benefits	
		Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent	Recurrent	Non-recurrent
Older People and Dementia Pathway	London Borough of Haringey	475,000		131,966		475,000		263,931	
Mental Health Recovery Pathway	London Borough of Haringey	580,000				580,000			
Winterbourne Response	London Borough of Haringey	50,000				50,000			
Joint Commissioning	London Borough of Haringey/CCG	135,000				200,000			
Development and Enabling (Programme Management, Facilitating Integrated Locality Team Development, Initiating Integrated Care Planning, Staff Development, Scoping of Single Point of Access)	London Borough of Haringey/CCG		225,000			150,000	335,000		
Integrated Locality Teams (Re-ablement, District Nursing, Community Matrons, Locality based social work teams)	London Borough of Haringey/Whittington Health			61,230		10,744,200		61,230	
Rapid Response - 7 days/wk	Whittington Health	340,000		158,178		500,000		206,141	
Step Down Care	London Borough of Haringey	625,000							
Reablement	London Borough of Haringey	2,450,000		88,738				177,476	
Reducing Delayed Discharges from hospital (Step-Down Care, Integrated Hospital Discharge Teams, Home from Hospital, Social Workers based in Hospitals 7 days/wk)	London Borough of Haringey	150,000		58,580		3,857,904		94,110	
GP Case Management and 7 day access	CCG	1,371,430		158,178		1,371,430		206,141	
Integrated End of Life Care Service	Whittington Health					1,379,389			
Additional Third Sector Investment	London Borough of Haringey	26,067				75,000			
Promotion of self management, measurement of patient engagement/activition, community development (Community Development Workers and Good Neighbours)	London Borough of Haringey	120,000		131,966		770,000		263,931	
Community Capacity Grant Schemes	London Borough of Haringey					639,000			
Promoting independence for people with disabilities	London Borough of Haringey					949,000			
Total		**6,322,497**	**225000**	**788835**	**0**	**21,740,923**	**335000**	**1,272,960**	**0**

Note: benefits are put against the main contributor, but all schemes benefit

Association England

Outcomes and metrics

For each metric other than patient experience, please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

In line with advice received this section provides details of how Haringey's BCF plans will enable it to achieve the target attached to each metric, and how their attainment will be measured.

Permanent Admissions of Older People

This target will be achieved through increased and enhanced reablement services, the development of integrated health and social care community teams able to address the health and social care needs of individuals in the round (holistic provision). In addition, investment in building community capacity will surround frail older people with local networks of support that will help sustain their independence, thereby, delaying or preventing the need for institutional care. We also intend to investment in falls prevention which will make a particularly significant contribution to reducing the permanent admissions of older people as falls are a primary causes of these admissions. To monitor the benefits of these schemes all will be performance managed and work to SMART outcome orientated service specifications.

For the purposes of measuring overall performance against this metric we will apply the following algorithm:

• Description: rate of council-supported permanent admissions of older people to residential and nursing care.

• Numerator: Number of council-supported permanent admissions of older people to residential and nursing care, excluding transfers between residential and nursing care (aged 65 and over). This is from the ASC-CAR survey.

• Denominator: Size of the older people population in area (aged 65 and over). This is the ONS mid-year estimate.

Adult Social Care Outcomes framework http://www.hscic.gov.uk/article/2021/Website-Search?q=Measures+from+the+Adult+Social+Care+Outcomes+Framework&go=Go&area=both)

Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Haringey's BFC Plan proposes a significant additional investment in our successful integrated reablement services. This will play an important role in equipping people with the skills and providing them with the confidence to manage independently, within their own homes, following a period of illness and/or hospitalisation. Our experience of reablement shows that most people who receive this service require less support than otherwise would have been the case. Supplementing reablement services will be arranged of other supports purchased through the BCF. Our home from hospital service ensures that the homes of older people living alone are ready to receive them on discharge from hospital, whilst our use of the third sector will be expanded to provide a range of flexible and highly personalised support that will help people maintain their independence as long as possible.

The same approach will be taken to measuring outcomes as that described above and the following algorithm will be applied:

• Description: The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services.

• Numerator: The number of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting) who are at home or in extra care housing or an adult placement scheme setting three months after the date of their discharge from hospital. This excludes those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months.

• Denominator: The number of older people aged 65 and over offered rehabilitation services following discharge from acute or community hospital.. Alongside this measure is the requirement that there is no decrease in the proportion of people (aged 65 and over) discharged alive from hospitals in England between 1 October 2012 and 31 December 2012 (including all specialities and zero length stays) that are offered this service.

Adult Social Care Outcomes framework (HSCIC: http://www.hscic.gov.uk/article/2021/Website-Search?q=Measures+from+the+Adult+Social+Care+Outcomes+Framework&go=Go&area=both)

For the patient experience metric, either existing or newly developed local metrics or a national metric (currently under development) can be used for October 2015 payment. Please see the technical guidance for further detail. If you are using a local metric please provide details of the expected outcomes and benefits and how these will be measured, and include the relevant details in the table below

For each metric, please provide details of the assurance process underpinning the agreement of the performance plans

For each metric the same assurance process applies. This is designed to deliver high achievemnet and performance through the use of the BCF and consists of the following:

1, The development of a commissioning strategy which encompasses contracting. All contracts will contain SMART specifications whose delivery will be monitored and measured.

2, The appointment to joint commissioning and data analyst posts that will be responsible fore developing quality assurance and performance measurement tools. These posts will work with providers to ensure that they have in place the processes required to gather required performance data. Our expectation is that providers will return reports on, at least, a quarterly basis.

3. The joint commissioning and data analyst posts will aggregate this information to produce performance reports. Performance monitoring reports will be fed into the governance structure (see Part 1 of Haringey's BCF Plan) where it will be presented to the Operational Management Board, the Integrated Programme Management Board, Haringey's Cabinet, the Governing Body of our CCG and the Health and Wellbeing Board.

4. The lessons arising from examination of the performance data will be learnt with under-performance being addressed with providers and good parctice shared across the provider community.

We want to use the assurance process as a learning, as well as, a performance to

We believe that the steps outlined above give confidence that Haringey's approach to assuring the process underpinning the agreements of the performance plans is both robust and accountable.

If planning is being undertaken at multiple HWB level please include details of which HWBs this covers and submit a separate version of the metric template both for each HWB and for the multiple-HWB combined

Metrics		Current Baseline (as at....)	Performance underpinning April 2015 payment	Performance underpinning October 2015 payment
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	*Metric Value*	458.2	N/A	396
	Numerator	106		95
	Denominator	23,134		23,967
		(April 2012 - March 2013)		(April 2014-March 2015)
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	*Metric Value*	88.4	N/A	94
	Numerator	76		81
	Denominator	86		86
		(April 2012 - March 2013)		(April 2014-March 2015)
Delayed transfers of care from hospital per 100,000 population (average per month)	*Metric Value*	255	246	238
	Numerator	4182 (over 8 months)	4,612	2,967
	Denominator	204,609	207,901	207,901
		(April 2013 - November 2013)	(April - December 2014)	(January - June 2015)
Avoidable emergency admissions (composite measure)	*Metric Value*	1564.2	1501.7	1447
	Numerator	4050	3942 (full year effect)	3848 (full Year effect)
	Denominator	258912	262506	265929
		(April 2012 - March 2013)	(April - September 2014)	(October 2014 - March 2015)
Patient / service user experience [for local measure, please list actual measure to be used. This does not need to be completed if the national metric (under development) is to be used]		National metric to be used (currently under development)	N/A	
Social care related quality of life				
Proportion of people who use services who have control over their daily life				
Injuries due to falls in people aged 65 and over	*Metric Value*	461	446.0	431.0
	Numerator	38.4		35.9
	Denominator	27765		27765

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APPENDIX 2. Local *'I'* and *'We'* Statements

'I' and 'We' Statements

A series of locally generated *'I'* and *'We'* statements are juxtaposed to compare what service users and patients want and need (the *'I'* statements) with responses agencies feel they must make (the *'We'* statements). For ease of reference both sets of statements have been organised in terms of a series of overlapping summary themes.

Theme 1. Information	
***'I'* Statements**	***'We'* Statements**
• I want) good high quality signposting.	• (We will) make sure that if someone calls our agency they will get through to the right person with one transfer (we will minimise *'hand-offs'*)
• (I want) information that is regularly updated and remains current.	• (We will) be informative about services available for service users.
• (I want) the people who provide support have access to good information.	• (We will) ensure we have access to up-to-date information on local services.
• (I want) information the enables choice.	
• I want information on what services are available for people	
• I want clear pathways.	
• (I want) good information about eligibility.	
• I want clear governance and accountability – good information about who is responsible for what.	
• (I want) my information to be shared when it needs to be and protected when it needs to be.	
• (I want) to be supplied with contact numbers.	
• (I want) clear information available as and when needed.	
Theme 2. Control	
***'I'* Statements**	***'We'* Statements**
• I want to have professional to have in-depth knowledge of my needs and future and to work with me.	
I want to be given the confidence to cope with my situation, not to be	

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harassed and for somebody to be there when I need them.	
Theme 3. Services That Work Together As One Team	
'I' Statements	***'We' Statements***
• (I want) a system that really works with everyone who is part of it all working together.	• We will give) care co-ordination a high priority.
• (I want) better communication between agencies.	• (We will) employ suitably qualified managers who have a collective vision of what integration means.
• (I want) a common assessment.	• (We will) have one computer system.
• (I want) a clinical team that listens to the provider.	
• (I want) to have confidence that my care team is well managed.	
• *(I want) people to speak to each other – "pick-up the old telephone instead of unnecessary paperwork".*	
Theme 4. Continuity	
'I' Statements	***'We' Statements***
• (I want) single responsible person managing my care plan.	• (We will) ensure that that one person is responsible for each service user (e.g. a keyworker).
• (I want) continuity of care.	• (We will) provide continuity of care.
	• (We will) have one person to do assessments.
Theme 5. Accessible Services	
'I' Statements	***'We' Statements***
• I want) easy access (to services).	
• (I want) a single point of access.	
• (I want) clearer pathways.	
• (I want) access to good quality services (e.g. new social workers visits every 2 weeks and another never seen).	
• (I want) someone to help me navigate my way.	
Theme 6. Wellbeing	
'I' Statements	***'We' Statements***
• I want) befriending.	
• (I want) to see people, to have companionship, to have someone to talk to.	
• (I want) to live in a safe environment – a home I know and understand.	

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• (I want) drop-in centres.	
• (I want) to meet others.	
• (I want) to be socially included.	
Theme 7. A Clearly Defined Service	
***'I'* Statements**	***'We'* Statements**
• (I want) a responsive service.	• (We will) ensure that one authority is accountability (relates to need for accountability to be clear).
• (I want) a well defined support	• (We will) integrate the NHS – very fragmented.
Theme 8. A Personalised Service That Respects Dignity And Promotes Choice And Control	
***'I'* Statements**	***'We'* Statements**
• (I want) a high quality.	• (We will) focus on the individual need, not costs – we will be needs led.
• (I want) a reliability.	• (We will) be bold, innovate and challenge the stigmatisation of older people.
• (I want) respect.	• (We will) be flexible in outlook, open minded and not *'tick boxes'*
• (I want) dignity.	
• (I want) choices (e.g. food, environment, staff).	
• (I want) kindness.	
• (I want) services that are responsive to people's needs.	
• (I want) timely diagnostic service and interventions.	
• (I want) service to be informed (about me).	
• (I want) my experience valued.	
• I want to be asked what I want.	
• (I want) support, professional advice and advocacy to manage personalisation.	
• (I want) to feel *'equal'*, to feel valued.	
• (I want) to be treated with dignity and recognised as a person	
• (I want) good basic customer care e.g. a smile, greeting, eye contact as I enter the ward, to be treated decently.	
• (I want) services that reflect my	

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needs and maintain my dignity.	
• (I want) to be treated with compassion and dignity.	
• (I want) my care to feel personal.	
• (I want) to feel satisfied and keep happy, safe and worthy.	
Theme 9. Advocacy	
***'I'* Statements**	***'We'* Statements**
• I want) investment in advocacy. Need good advocates, but currently mainly voluntary. Need to be salaried to get consistency and quality. If you do not have advocacy will go to legal aid – another cost on government/taxpayer.	
Theme 10. Prevention	
***'I'* Statements**	***'We'* Statements**
• (I want) preventative services.	• (We will) invest in prevention.
• (I want) timely help to avoid crises.	
Theme 10. Competence	
***'I'* Statements**	***'We'* Statements**
• (I want) social workers who really know what they are doing and who are sufficiently qualified.	• We will) learn from failure
• (I want) good managers/training.	• (We will) work harder and be dedicated.
• (I want people to) stop, reflect and take stock of who we are and where we are going.	• (We will) employ suitably qualified managers who have a collective vision of what integration means.
• (I want) robust monitoring and review processes in place to follow the tendering and commissioning stage.	• (We will) stop and take stock of where we are and where going. Frontline staff are overwhelmed by the pace of change.
Other	
***'I'* Statements**	***'We'* Statements**
• (I want) transport as part of integration	• (We will give) Adult Safeguarding the importance it deserves.
• (I want) better use of telecare and telehealth I want better use of telecare and telehealth.	

APPENDIX 3

	Outcome 1 Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	**Outcome 2** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Outcome 3** Delayed transfers of care from hospital per 100,000 population (average per month)	**Outcome 4** Avoidable emergency admissions (composite measure)	**Outcome 5** Patient / service user experience	**Outcome 6.** Injuries due to falls in people aged 65 and over
Integrated Locality Teams	X	X	X	X	X	X
Hospital Based Admissions Avoidance (Ambulatory Care, Older People's Assessment Unit, UCC)	X	X	X	X	X	X
Reducing Delayed Discharges from hospital (Integrated Hospital Discharge Teams, Home from Hospital, Social Workers based in Hospitals 7 days/wk)			X		X	
Integrated End of Life Care Service					X	
	Outcome 1	**Outcome 2**	**Outcome 3**	**Outcome 4**	**Outcome 5**	**Outcome 6.**

	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Delayed transfers of care from hospital per 100,000 population (average per month)	Avoidable emergency admissions (composite measure)	Patient / service user experience	Injuries due to falls in people aged 65 and over
RAID				X	X	
Older People and Dementia Pathway	X		X	X	X	
Mental Health Recovery Pathway			X	X	X	
Joint Commissioning	X	X	X	X	X	X
Winterbourne Response					X	
Additional Third Sector Investment	X	X	X	X	X	X
Information Technology & Better Data Sharing	X	X	X	X	X	X
Step Down Care			X			
GP Case Management and 7 day access	X	X	X	X	X	X
Psychiatric Liaison Service				X	X	
Dementia Services	X		X	X	X	
Reablement	X	X	X	X	X	X
	Outcome 1	**Outcome 2**	**Outcome 3**	**Outcome 4**	**Outcome 5**	**Outcome 6.**

	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Delayed transfers of care from hospital per 100,000 population (average per month)	Avoidable emergency admissions (composite measure)	Patient / service user experience	Injuries due to falls in people aged 65 and over
Community Development Workers + expansion of Good Neighbours scheme	X	X		X	X	
Mental Health Recovery Pathway				X	X	
Home From Hospital			X		X	
Information Technology & Better Data Sharing		X		X	X	
Single Point of Access				X	X	

The Table is intended to provide a guide to the relevance of the proposed investments of the BCF to the delivery of key outcomes, as expressed by the metrics attached to Haringey's Integration Plan. It will be noted that all proposed investments, with the exception of the investment in Winterbourne response, are cross-cutting, contributing to the delivery of more than one outcome. However, this investment will contribute to reducing the permanent admission of younger adults with learning disabilities to institutional care and support them to live independently in the community.

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Haringey Council

Report for:	Cabinet on 11 February 2014	Item number	

Title:	Replacement of the Door Entry and CCTV to John Keats & Thomas Hardy House

Report authorised by :	Tracie Evans, Interim Chief Operating Officer Signed: Date: 31/1/14

Lead Officers:	Phil Harris, Deputy Director for Community Housing Services Tel: 0208 489 4338 E-mail phil.harris@haringey.gov.uk David Sherrington Director of Asset Management Tel: 0208 489 3272 E-mail david.sherrington@homesforharingey.org

Wards affected: Bounds Green	Report for: Key Decision

1. Describe the issue under consideration

1.1 This report seeks approval of the contract award, to the successful tenderer, for the Door Entry and CCTV Improvement Works at 1-85 John Keats House and 1-85 Thomas Hardy House, Wood Green.

2. Introduction by Cabinet Member for Regeneration and Housing

2.1 Improving the Council's housing stock is a high priority, and it is important that work continues to ensure that the stock complies with current standards.

2.2 I welcome and support this contract award as a means of improving the door entry and CCTV systems at John Keats and Thomas Hardy House. The new system will help to prevent unauthorised access to the blocks and

associated damage to services such as the electrical supplies and integrated reception systems (IRS).

2.3 The enhanced colour images that the new CCTV system provides will enable improved identification of individuals when required.

3. Recommendations

3.1 It is **recommended** that Cabinet:

(a) Approves the award of the contract for Door Entry and CCTV works to SCCI Alphatrack Ltd in the ward of Bounds Green for the tender sum of £361,201.67 (and a client side provisional sum set out in paragraph 3.3 of the exempt part of the report) in accordance with Contract Standing Order (CSO) 9.07.1 (b) and 9.07.1 (d).

(b) Approves professional fees for this contract in the sum of £34,595.89.

4. Alternative options considered

4.1 Although consideration was given to the option of maintaining the existing door entry and CCTV equipment, this option was not feasible because the systems are at the end of their useful life. Components are increasingly likely to fail and replacement parts are becoming difficult to source.

4.2 Recurrent problems with the systems will result in a loss of service and reduced security for the residents affected.

5. Background information

5.1 To ensure that assets are in good working order, the Council has a programme of door entry and CCTV renewals. The controlled entry systems to these blocks are outdated, break down frequently and are becoming increasingly difficult and expensive to maintain.

5.2 The CCTV cameras and monitoring system are old and outdated, the image quality of the recorded material is poor, and the working environment in the concierge area needs to be improved in order to accommodate the new monitoring equipment.

5.3 Unauthorised access to the roof space by pirate radio stations has had an adverse effect on the blocks. Electrical supplies have sometimes been tampered with and communal extract fan systems and aerial/ Integrated Reception Systems (IRS) have been damaged, costing large sums of money to repair. It is therefore important that the necessary measures are put in place to prevent further damage to Council property.

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5.4 The security doors that are due to be replaced have exceeded their expected life and the improvement works will enhance security and reduce maintenance costs.

Procurement Process

5.5 Competitive tenders were invited from six contractors (named in the exempt report) – were selected from 'Constructionline', a government managed UK register of pre-qualified construction services – to tender for the work on the basis of a fixed price contract for a period of 25 weeks. Three out of six of the contractors submitted a tender.

5.6 The tenders were assessed on quality (60%) and price (40%). A quality and price assessment was conducted by an evaluation panel. The panel was made up of three officers from Homes for Haringey, one member of staff from Frankhams (a multi discipline design consultancy) and one from Stace (a quantity surveying consultancy). The panel assessed the responses to questions that were sent with the tender documents. The following table summarises the evaluation process:

Tenderer	Price Points Awarded*	Quality Points Awarded	Total Points Awarded (out of 100)
SCCI	36.80%	54.75%	91.55%
Supplier B	40.00%	45.90%	85.90%
Supplier C	24.19%	33.53%	57.72%

5.7 Further details of the procurement process are contained in paragraph 3 of the exempt part of the report.

5.8 It is anticipated that the contractors will start on site in April 2014 and that the duration of the contract will be 25 weeks. The contract is due to be completed by October 2014.

Properties within the Project

5.9 There are 170 dwellings in this project that will benefit from the works described in this report and they are listed below:

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Block	Property numbers	No of floor levels	No of units
John Keats House	1-85	14	85
Thomas Hardy House	1-85	14	85
Total number of units			**170**

Communication and consultation

5.10 Homes for Haringey sent out detailed newsletters to residents, Council Officers and Ward Members to inform them about the planned works.

5.11 When the contractor is appointed, a further newsletter will be sent out to residents to provide the full contact details of the contractor, their operatives and Homes for Haringey's Project Team.

Leaseholder Implications

5.12 In accordance with the Service Charges (Consultation Requirements) (England) Regulations 2003, the Notifications of Estimates (second consultation notices) have been issued to leaseholders by Homes for Haringey's Home Ownership Team.

5.13 The second consultation notices described the proposed works, provided leaseholders with three estimates for the cost of the proposed works and invited leaseholders to make observations on the estimates.

5.14 The statutory consultation period under the second notices ended on 31st January 2014. The total amount estimated to be recovered from 31 leaseholders is £52,426.66. A notice of intention and a notice of estimates were issued to the leaseholders affected by the works, and these provided a description of the proposed works and details of the anticipated cost.

5.15 The Council received no observations from leaseholders to the Notice of Estimate.

6. Comments of the Chief Financial Officer and Financial Implications

6.1 The tender evaluation process has resulted in recommending the second lowest tender. However this supplier scored significantly higher on quality making it the Most Economically Advantageous Tender. The price quality ratio used for the evaluation was 40:60. (The rankings remain unchanged until the ratio is adjusted as far as 65:35.)

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6.2 If the Council awards the contract to the successful contractor, the cost of the project will be £395,798 including fees. The project is scheduled to start and complete in 2014/15 and the profile for drawdown of the funding is as shown below:

Financial Year	Works	Fees	Total
	£	£	£
2013/14	0	9,000	9,000
2014/15	352,172	24,731	376,903
2015/16	9,030	865	9,895
Total	361,202	34,596	395,798

6.3 A sum of £52,427k will be recoverable from leaseholders.

6.4 The 2014/15 HRA Capital Programme is scheduled for approval in the February Cabinet. Financial provision exists for this project within the programme.

7. Head of Legal Services and Legal Implications

7.1 The Head of Legal Services is satisfied that the leaseholder statutory consultation conducted to date has been carried out in accordance with the requirements of the relevant Regulations.

7.2 The value of the contract referred to in paragraph 3 is below the EU threshold for works. Therefore it has not been necessary to undertake an OJEU tendering process.

7.3 Contractors were selected from Constructionline and invited to tender. On 16 September 2010 the Procurement Committee approved the use of Constructionline (pre-qualified list for specialist works).

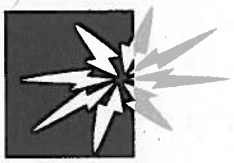
7.4 The recommendation is to award the contract on the basis of the most economically advantageous tender in accordance with CSO 9.07.1(b).

7.5 In accordance with CSO 9.07.1(d) because the value of the contract is over £250,000 the award may only be made by the Cabinet.

7.6 The Head of Legal Services confirms there are no legal reasons preventing the Cabinet from approving the recommendations set out in the report.

8. Equalities and Community Cohesion Comments

8.1 Homes for Haringey's Asset Management Strategy 2010-17 covers all investment in the Council's housing stock, including door entry and CCTV improvement.



Haringey Council

8.2 In compliance with the Council's public sector equality duty, an Equality Impact Assessment was undertaken as part of drawing up the Strategy.

8.3 The findings have been incorporated into Homes for Haringey's planning processes for delivering improvement programmes. This includes ensuring that all residents receive the standard of work that is consistent with the improvement policy, and that consideration of specific language and other needs are identified and addressed when drawing up the programmes of work.

8.4 The proposed works will benefit all residents living in these dwellings and visitors to the blocks. It will improve security by preventing unauthorised access to the buildings and allow efficient monitoring.

8.5 The tender and selection process for this contract was carried out in line with the Council's procurement policy and guideline which have equalities considerations at all the key stages.

9. Head of Procurement Comments

9.1 The contractors have been selected from Constructionline (a government managed UK register of pre-qualified construction services database).

9.2 The tender has been prepared and tendered on a Quality (60%) price (40%) basis for this award.

9.3 The Head of Procurement recommends the award as stated in paragraph 3.1a as value for money.

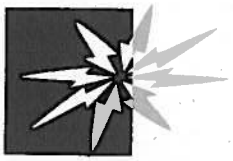
10. Policy Implications

10.1 Homes for Haringey has in place an Asset Management Strategy 2010-17 which provides a strategic framework for the delivery of the Door Entry and Security programme.

10.2 The objectives of these strategies are closely linked to the Council's Corporate Plan.

10.3 These improvement programmes will contribute to the achievement of the Council's Corporate Plan:

- Ensuring that everyone has a decent place to live by managing and maintaining the Council's housing stock by way of a 30 year business plan;
- Striving for excellent value for money.



Haringey Council

11. Reasons for decision

11.1 The door entry and CCTV systems that are serving 1-85 John Keats House and 1-85 Thomas Hardy House require replacement because they have reached the end of their useful life, break down frequently and are becoming increasingly difficult and expensive to maintain.

11.2 The award of this contract will enable the systems to be replaced with modern door entry and CCTV systems that are more efficient and will provide residents with enhanced security.

12. Use of Appendices

12.1 Appendix A is the exempt element of the tender evaluation report.

13. Local Government (Access to Information) Act 1985

13.1 This report contains exempt and non exempt information. Exempt information is contained in Appendix A of this report and is **NOT FOR PUBLICATION.** The exempt information is under the following category (identified in the amended Schedule 12A of the Local Government Act 1972): Information relating to the financial or business affairs of any particular person (including the authority holding that information).

Agenda Item 11

Haringey Council

Report for:	Cabinet - 11 February 2014	Item Number:	

Title:	Joint Procurement of Advocacy Services

Report Authorised by:	Mun Thong Phung Director of Adult Social Services

Lead Officer:	Charlotte Pomery Interim Assistant Director, Commissioning

Ward(s) affected: All	Report for Key Decisions:

1. Describe the issue under consideration

1.1. This report seeks approval for award of contract for provision of statutory advocacy services for Independent Mental Capacity Advocates (IMCA), Independent Mental Health Advocates (IMHA), and Deprivation of Liberty Safeguards (DoLS) Releveant Person Paid Representatives to the successful provider VoiceAbility Advocacy.

2. Cabinet Member Introduction

2.1. The Cabinet is asked to agree that the Council enter into agreement with Barnet and Enfield in relation to commissioning and procuring statutory advocacy services across the three boroughs. These services support some of the most vulnerable people to maintain independence and dignity whilst using mental health provision.

2.2. As Cabinet Member for Health and Adult Services I support these recommendations for the award of contract and arrangements for joint commissioning of this set of services which will support effective and efficient service delivery to vulnerable people.

3. Recommendations

3.1. Cabinet is asked to give approval for award of the contract and arrangements for joint commissioning of statutory advocacy services for Independent Mental

Haringey Council

Capacity Advocates (IMCA), Independent Mental Health Advocates (IMHA), and Deprivation of Liberty Safeguards (DoLS) Paid Representatives.

3.2. Subject to approval being granted, London Borough of Haringey shall enter into contractual arrangement jointly with London Borough of Barnet, London Borough of Enfield and award the contract to VoiceAbility Advocacy.

3.3. The contract shall run for a period of 3 years with an option to extend for a further period of one year plus one year.

4. Alternative options considered

4.1. The following options were considered:

4.1.1. Procurement of Haringey only services for Independent Mental Capacity Advocates (IMCA), Independent Mental Health Advocate Services (IMHA), and Deprivation of Liberty Safeguards (DoLS) Paid Representative.

4.1.2. Procurement of individual services separately with potentially different providers for each.

4.1.3. Procurement jointly with the three boroughs of Barnet, Enfield and Haringey for all three services of Independent Mental Capacity Advocates (IMCA), Independent Mental Health Advocates (IMHA), and Deprivation of Liberty Safeguards (DoLS) Paid Representatives.

4.2. The third procurement option for commissioning of the three services across the 3 boroughs of Barnet, Enfield and Haringey was chosen. This is because there is a robust market and a good range of providers with experience and the necessary infrastructure in place to be able to deliver cost effective, quality and efficient service across three boroughs. The arrangements offer efficiency to each of the partners, enabling greater leverage over a single provider to deliver a high quality service. Each of the three boroughs have worked together with regard to some of these services previously and commission the Barnet, Enfield and Haringey Mental Health Trust to deliver mental health services with the opportunity to improve access to statutory advocacy.

5. Background information

5.1. The Mental Capacity Act 2005 requires local authorities to appoint Independent Mental Capacity Advocates (IMCA) to represent individuals who may lack capacity to make decisions regarding their health or social care as a result of their disability, illness such as dementia or brain injury or mental health problems.

5.2. The Mental Capacity Act 2005 (MCA) further requires that anything done to, or on behalf of, someone who lacks the capacity to make their own decisions must

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be in their best interests. Under the terms of the MCA, every person deprived of their liberty must have a representative to protect their interests throughout the process. Where no friend or family member is willing or eligible to act in this role, a paid representative will be appointed and this is the service offered through the DoLS Paid Representative provision.

5.3. The services for appointing Independent Mental Capacity Advocates (IMCA) and (DoLS) Paid Representatives have been provided jointly across Barnet, Enfield and Haringey for the last 4 years with Barnet acting as the lead borough.

5.4. The recent Health & Social Care Act 2012 transferred the duty to provide Independent Mental Health Advocate Services (IMHA) from the NHS and Department of Health (DH) to local authorities in April 2013. An IMHA is a specialist mental health advocate, who helps qualifying patients understand the legal provisions to which they are subject under the Mental Health Act 1983 Act and the rights and safeguards to which they are entitled, and helps those patients exercise their rights through supporting participation in decision-making. IMHAs are an important safeguard that will help and support patients to understand and exercise their legal rights.

5.5. When the responsibility first transferred, Haringey continued with the arrangements for provision of IMHA which Haringey Clinical Commissioning Group had put in place to allow sufficient time for consideration of alternative options.

5.6. All three contracts, IMHA, IMCA and (DoLS) Paid Representative, will end on 31st March 2014.

5.7. Following consideration of alternative options, commissioning teams from Barnet, Enfield and Haringey agreed that the most efficient and cost effective services would be to jointly procure all three services for the 3 boroughs.

5.8. A procurement process was led by London Borough of Enfield in line with their Contract Procedure Rules, however all 3 boroughs were involved in developing the tender documents (including Pre-Qualification Questionnaire (PQQ)), evaluation criteria and assessing the PQQ and tender submissions.

5.9. The procurement exercise was carried out by using the Restricted Tendering process. This is 2 stage process;

5.9.1. Stage-1 potential organisations were invited to submit Pre- Qualification Questionnaire and following the evaluation top 5 scoring bidders were invited to submit their tender.

5.9.2. At Stage-2 the organisation's submitted tenders were assessed by using Most Economically Advantageous method and the total 1050 points were broken down as:

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- Quality (400 points);
- Price (600 points); and
- Interview by service users (50 points).

5.10. The tender evaluation criteria and weighting were set out in the tender documents and clarified during the tendering process

5.11. The table below shows the detail of the winning tenderer:

Tenderers	Quality Points Scores Out of 400	Price/Cost Points Scores Out of 600	Service Users points Scores Out of 50	Total points Scores Out of 1050	Tender Price for 3 Years
VoiceAbility Advocacy	250	600	25	875	£548,653.00
Company A	263	560	35	858	£588159.00
Company B	293	515	35	843	£639,805.00
Company C	313	504	25	842	£653,741.33

5.12. See Part B for exempt information

5.13. **Transition and Contract Management**

5.13.1. Contract management will be incorporated into the Contract. Key Performance Indicators and Method of Measurements are integrated within the service specification and will be monitored through contract monitoring meetings and reports.

5.13.2. Monitoring meetings will be held monthly for the first 3 months and quarterly thereafter. The purpose of monthly monitoring meetings will be to examine the implementation of the service, monitor delivery of the service at an operational level and to foster partnership working to facilitate early resolution.

6. Comments of the Chief Finance Officer and Financial Implications

6.1. The report is seeks approval for award of contract for provision of statutory advocacy services for Independent Mental Capacity Advocates (IMCA), Independent Mental Health Advocates (IMHA), and Deprivation of Liberty Safeguards (DoLS) Relevant Person Paid Representatives to the successful provider VoiceAbility Advocacy.

6.2. The tenders were assessed by using Most Economically Advantageous method and broken down into Quality, Price and Interview by service users. The

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successful bidder scored highest for price and received overall highest score for the three criteria's being measured.

6.3. This is a joint tender for services to clients in Barnet, Enfield and Haringey for a 3 year contract (plus option to extend for 1 further year plus 1). The funding for this is through Local Reform Community Voices and the grant amounts are only known for 2013/14 and 2014/15. Thereafter the funding is expected to be rolled into the council's Revenue Support Grant. To ensure this does not become a financial pressure beyond 2014/15 the funding implications will be built into Adults budgets within the MTFP.

6.4. The total budget available for this tender between the three authorities is £264,541 in 2014/15 (Haringey £90,320, Enfield £77,406 and Barnet £96,815). The tender bid is £180,716 and therefore there is a saving for each authority.

7. Head of Legal Services and legal implications

7.1 The Head of Legal Services notes the contents of the report.

7.2 The services are not considered priority services so there was no requirement for the Council to follow a European tendering exercise under the Public Contracts Regulations 2006 (as amended).

7.3 London Borough of Enfield was the lead authority and a tender process was followed in accordance with their Contract Standing Orders (CSOs). Haringey's CSOs allow for the CSOs of another authority to be followed where the Council is contracting with a contractor as part of a group of public sector bodies (see CSO 7.01 (a)).

7.4 Cabinet has power to approve the recommendations under CSO 9.07.1 (d) (contracts valued at over £250,000).

7.5 The award of the contract is a Key Decision and as such needs to be included in the Council's Forward Plan in accordance with CSO 9.07.1 (e). The Directorate has confirmed that this has taken place.

7.6 The Head of Legal Services confirms that there are no legal reasons preventing Members from approving the recommendations.

8. Equalities and Community Cohesion Comments

8.1. Equalities principles were incorporated within the procurement process. Also the organisations equalities policy and procedures were evaluated at the PQQ stage.

8.2. Equalities monitoring are incorporated as a requirement of the contract and the contract also states that access to the service must be available to the diverse community of the borough and any imbalances must be addressed.

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9. Head of Procurement Comments

9.1. This service is a Part B residual service and therefore it was not necessary to advertise this requirement in the Official Journal of the European Union (OJEU). This contract opportunity was published on CompeteFor, Delta portal, London tender portal and all 3 boroughs external website.

9.2. A tendering and evaluation process was followed in compliance with the Procurement Code of Practise. Evaluation of the tenders using the Most Economically Advantageous method included a weighting of 60% for Price and 40% for Quality. The process has ensured that Value For Money is achieved.

9.3. Contract management has been put in place with Key Performance Indicators to ensure contract compliance and to mitigate the risk of poor performance.

10. Policy Implication

10.1. These are statutory services which are linked to the Adult Service Business Plan and to the following Council Plan Priorities including A Safer Haringey, A Healthy, Caring Haringey and Delivering High Quality, Efficient Services.

10.2. The proposed contract award supports Haringey's policy objectives and fulfils Haringey's statutory responsibilities as set out in the Mental Capacity Act 2005 and the Health & Social Care Act 2012.

11. Reasons for Decision

11.1. The current contracts for services expire on 31st March 2014. It was therefore necessary to tender these services in order to set in place a new contract and avoid any break in services. To achieve value for money, the commissioning and procuring of these services has been carried out jointly across Enfield, Barnet and Haringey.

11.2. As a result of the procurement process, which has been carried out in line with the Council's Contract Standing Orders and the Procurement Code of Practice, it is necessary to award the contract to the successful tenderers in accordance with CSO 9.7.1(d).

12. Use of Appendices

12.1. Exempt information is set out in Appendix A.

13. Local Government (Access to Information) Act 1985

13.1. This report contains exempt and non exempt information. Exempt information is contained in Part B and is not for publication. The exempt information is under the following category: (identified in the amended schedule 12 A of the Local

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Government Act 1972 (3)) information in relation to financial or the business affairs of any particular person (including the authority holding that information.

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Agenda Item 12

Haringey Council

Report for:	**Cabinet - 11 February 2014**	**Item Number:**	

Title:	Disabled Adaptations Framework Agreement

Report Authorised by:	Mun Thong Phung, Director of Adult Social Services

Lead Officer:	Pauline Walker-Mitchell, Head of Occupational Therapy and Adaptations Service. Tel: 020 8489 1655. E-mail Pauline.walker-mitchell@haringey.gov.uk

Ward(s) affected: All	**Report for: Key Decision**

1 Describe the issue under consideration

1.1 To seek Cabinet approval to enter into a Framework Agreement for the provision of disabled adaptations with a single contractor for a period of one year as an interim option whilst the Council's Corporate Procurement Unit (Construction Procurement Group), as part of the London Construction Programme, formulate a strategy for construction projects for all of London. Part of this strategy is for the setting up of London-wide specialist procurements of which Adaptations is one. As this is a protracted exercise, it is envisaged that the new London wide framework for adaptations will not be in place after the current one expires in January 2014.

1.2 Effectable Construction Services and Mullaley and Company Limited are the current framework providers for the existing Disabled Adaptations Framework.

2 Cabinet Member introduction

2.1 The Council established a Framework Agreement for the provision of disabled adaptations by means of conducting a procurement process which was compliant with European procurement legislation (the Public Contracts Regulations 2006). The Framework Agreement came into effect on 23rd January 2009.

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2.2 The Framework Agreement was awarded for a period of two years with the option to extend for a further two years on an annual basis, subject to satisfactory performance of the contractors.

2.3 The Framework Agreement ran successfully and was extended for a further three years. This Framework was used until 22nd January 2014. Since then projects are awarded through the Council's Minor Works Framework Agreement.

3 Recommendations

3.1 That as allowed under Contract Standing Order (CSO) 9.07 (contracts over £250,000), Members approve the proposal to enter into a Framework Agreement for the provision of disabled adaptations with a single contractor Effectable Construction Services Limited, for one year for a total estimated value of £3,000,000 as an interim arrangement to Corporate Procurement's Unit's (Construction Procurement Group's) Pan London strategy on disabled adaptations.

4 Alternative options considered

4.1 As part of the London Construction Programme, Haringey is formulating a strategy for construction projects for all of London. Part of this strategy is for the setting up of London-wide specialist procurements of which Disabled Adaptations is one of these. However, as a Pan-London Adaptations Framework for the Less Able will not be in place until late 2014 at the earliest, this option is not yet available.

4.2 Another option considered is to continue to use the Minor Works Framework as an interim measure until the London-wide framework can be put in place. However using the Minor Works Framework requires constantly running mini competitions to call off new work orders as they are needed. Apart from being labour intensive, this creates a time delay in carrying out required adaptations and would be detrimental to prompt delivery of service to users. On the other hand, the use of a single contractor will offer prompt delivery with a good level of service and is therefore the recommended option.

5 Background information

5.1 The Disabled Adaptations Framework Agreement was awarded in January 2009 for a period of 2 years, with the option to extend for up to a further 2 years subject to satisfactory performance.

5.2 Cabinet Procurement Committee agreed to an initial 1 year extension of the Framework Agreement in December 2010. Under CSO 10.02.2, Director's approval was given for a second 1 year extension in December 2011. The final extension to the framework until 22nd January 2014 was given under Leader Approval in January 2013

Haringey Council

5.3 The Framework Agreement has significantly reduced the time taken from referral to occupational therapy to the provision of a disabled adaptation (end to end process), enhancing the service provided for the residents of Haringey living in Council and non-Council properties.

5.4 The performance of the contractors has been satisfactory throughout the duration of the Framework Agreement.

6 Procurement Process

6.1 Competitive tenders were invited from four contractors who were selected from Constructionline, (a government managed UK register of pre-qualified construction services database) One company declined to tender. Three companies submitted a tender which were based on a 60% quality and 40% price bid. The tender returns were based on a hypothetical throughput of work for a year. This was based on previous year's actual work outputs.

6.2 A Quality Assessment was conducted by an Evaluation Panel, comprising of the Adaptations team. A pre agreed list of questions relevant to this project was included as part of the Qualitative Delivery Proposals (QDP).

6.3 The recommended tender bid scored the highest marks for both cost and quality.

6.4 The recommended tender submission is considered to offer good value for money.

6.5 A summary of the tender submissions evaluation matrix is set out in the table below:

Tenderer	Price Points Awarded	Quality Points Awarded	Total Points Awarded (out of 100)
Effectable Construction Services Limited	40.00%	53.40%	93.40%
Supplier B	29.77%	24.60%	54.37%
Supplier C	23.92%	29.40%	53.32%

*Neither Supplier B or C achieved the minimum quality score.

A query was raised with Effectable Construction Services Limited to confirm the deliverability of its tendered pricing. In response Effectable Construction Services Limited confirmed that they can comply with the terms of the tender.

7 Comments of the Chief Finance Officer and financial implications

7.1 The report is seeking Members approval to enter into a Framework Agreement for the provision of disabled adaptations with a single contractor Effectable Construction Services Limited, for one year for a total estimated value of £3,000,000.

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7.2 The alternative option would be to use the Minor Works Framework, however it is noted that this would be more labour intensive and may cause disruptions to clients

7.3 The price points in paragraph 6.5 provide assurance that Effectable Construction Services Limited provides the best price at the best quality compared with the other tenderers.

7.4 The Adaptations budgets for Disabled Facilities and Council adaptations are £2736k and funded through a mixture of HRA and general fund capital. The estimated value of the contract is £3m and this provides the council some flexibility if there is a requirement to spend more.

8 Head of Legal Services and legal implications

8.1 The framework agreement to which this report relates is for constructions works with an estimated value of £3,000,000. As this is below the applicable threshold for EU tendering, the EU procurement regime does not apply to this procurement. However the Council's Contract Standing Orders still apply and the framework agreement was tendered in accordance with them.

8.2 Contractors were selected by the Council's Construction Procurement Group from Constructionline and invited to tender. The use of 'Constructionline' as a pre-qualified list for specialist works was approved by the Procurement Committee on 16 September 2010.

8.3 This report is recommending award of the framework agreement to the contractor selected based on the most economically advantageous tender.

8.4 As the total estimated value of the contracts to be awarded under the framework agreement is likely to exceed £250,000, the proposed award must be approved by Cabinet pursuant to CSO 9.07(1).

8.5 The award of this framework agreement is a Key Decision and as such must be included in the Forward Plan. The Adaptations Service has confirmed that has been done.

8.6 The Head of Legal Services sees no legal reasons preventing Members from approving the recommendations in paragraph 3 of the report.

9 Equalities and Community Cohesion Comments

Haringey Council

9.1 In procurement as in all the other functions of the Council, the public sector equality duty applies. Compliance to this duty is enshrined in the Council's Procurement Code of Practice - Guide to Procurement – November 2013.

9.2 The procurement process described in this report and used to select the preferred bidder is broadly in line with that Guide which has equality considerations embedded at the key stages of the procurement process.

10 Head of Procurement Comments

10.1 The interim one year Disabled Adaptations Framework Agreement contract will ensure a steady state of service delivery with regards Disabled Adaptations, whilst a Pan London procurement strategy is initiated and which is due to be advertised in this year (2014). The tenderers were selected from Constructionline, (a government managed UK register of pre-qualified construction services database, and four contractors were invited to tender.

10.2 That the Pan London procurement process will take between 9 -12 months to conclude. The decision to procure a one year interim framework is in the Council's overall best interest.

11 Policy Implication

11.1 Adaptations in the home enable people to live independently and inter-dependently, maximising their "independence, choice and control" over their lives. This is a key criteria of Think Local, Act Personal.

11.2 This is in line with the Government's current agenda for personalisation and integration, the provision of adaptations will sustain individuals in their own homes as opposed to going into long term care. The Disabled Facilities Grant for major adaptations forms part of the Haringey Better Care Fund for the integration of health and social care. This integration plan will be submitted to NHS England on 14th February 2014.

11.3 As part of the 'One Borough Focus' all those residents requiring an adaptation will receive a high quality service which improves their life style, enables them to do more for themselves with the potential to reduce overall costs to the Council.

12 Reasons for Decision

12.1 The proposed single contractor framework agreement for disabled adaptations is required to allow time to enable Haringey to set up a new Pan-London Adaptations contract.

13 Use of Appendices

Haringey Council

13.1 Exempt Information - Appendix A.

14 Local Government (Access to Information) Act 1985

14.1 This report contains exempt and non-exempt information. The exempt information is set out in Appendix A and is not for publication as it contains information classified as exempt under Schedule 12A of the Local Government Act 1972 in that it contains information relating to the financial or business affairs of any particular person (including the authority holding that information).

Haringey Council

Report for:	Cabinet 11th February 2014	Item Number:	

Title:	Waiver of Tendering Requirements and Award of Contract for Bringing Unity Back Into the Community (BUBIC)
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health
Lead Officer:	Marion Morris, Drug and Alcohol Strategy Manager Public Health

Ward(s) affected: All	Report for: Key Decision

1. Describe the Issue Under Consideration

1.1. Bringing Unity Back into the Community (BUBIC) is an effective peer-led substance misuse service with knowledge and understanding of local substance misuse issues and communities and forms an integral part of the wider integrated substance misuse prevention and treatment system in Haringey.

1.2. This report proposes a waiver of the Contract Standing Orders for this contract (allowed under CSO 10.01.2 (d) which states that 'a waiver may be agreed after considering a written report that demonstrates: 'the nature of the market for the works to be carried out or the goods or services to be provided has been investigated and is such that a departure from the requirements of Contract Standing Orders is justifiable'.

1.3 The BUBIC service is a bespoke service (reasons for this are given in the body of this report) and delivers well against the required outcomes. No other organisations in London are providing a similar service. Any new provider would need a significant amount of time to develop the community knowledge and networks to fulfil the role required. This would account for much of the proposed length of the contract extension and would therefore not represent good value for money to the council.

Haringey Council

2. Cabinet Member Introduction

2.1. BUBIC (Bringing Unity Back into the Community) was set up in 2003 by a group of black male Tottenham residents who had been through drug treatment in Haringey and wanted to give something back to the community. They have been commissioned (by the NHS) to provide peer support services in the borough since 2007.

2.2. As part of the transfer of public health into the local authority all existing substance misuse contracts have been re-tendered or are in the process of being re-tendered. The BUBIC contract is one of these contracts.

2.3. The service works to improve the lives of those affected by substance misuse and the wider community by, for example, working in partnership with the police and the council's Anti-Social Behaviour Team to identify problem premises and 'hotspots' and offer back-up support/access to treatment. It also supports the council in its role of reducing health inequalities and protecting and improving the health of the wider community by accessing people into substance misuse treatment.

2.4. I support the recommendations as outlined in section 3.

3. Recommendations

It is recommended that Cabinet:

a) Approves the waiver of the tendering requirements of Contract Standing Order 9.01 (requirement to tender) as allowed under Contract Standing Order10.01.2 (d)

b) Approves the award of contract for a period of two years to Bringing Unity Back in the Community (BUBIC) to the value of £330,000 from April 2014 to March 2016.

c) That it be noted that award of contract is contingent upon BUBIC developing a business model which puts them in a position to undergo a competitive tender process by February 2015.

d) That the service be tendered during 2015 resulting in a new contract being in place by April 2016.

Haringey Council

4. Alternative Options Considered for BUBIC

4.1. The existing NHS contract comes to an end in April 2014. The option of not renewing this contract and/or undertaking an open tender process for this service was considered but was discounted on the grounds that:

a) The service is an important component in the effectiveness of the wider integrated substance misuse treatment system acting as an outreach and engagement service to Black and minority ethnic communities, providing peer support, and re-engaging those who have dropped out of treatment.

b) The service is unique. This is because the service was developed by Tottenham residents who have overcome their drug addiction problems who wanted to give something back to the community. The outcomes it delivers are largely attributable to the fact that this is a service developed by local ex-service users who know the local "scene" and are able to access sections of the community that mainstream services have difficulty in accessing or engaging.

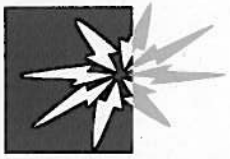
c) Two credible independent external sources: Public Health England's Regional Substance Misuse lead, who has oversight of substance misuse provision in London, and the Senior Policy Advisor of the London Drug and Alcohol Policy Forum were contacted and confirmed that there are no similar providers in London.

4.2. On this basis, it was decided that a standard procurement process was not appropriate at this point in time. However, it should be noted that the service will be tendered during 2015 in order to ensure that the market has been fully tested and that the council is achieving maximum value for money in going forward. BUBIC will effectively have a year in which to develop their business model.

5. Background Information

5.1. Needs assessment is an integral part of the annual drug and alcohol treatment planning and commissioning process. Apart from assessing the prevalence of substance misuse problems it is also important to identify if there are any 'under-served' groups, be this by geographical area, gender or ethnicity.

5.2. A needs assessment undertaken in 2006 identified that younger African Caribbean men were not accessing traditional drug treatment in the borough. They were also over-represented in the Criminal Justice system.



Haringey Council

5.3. A different model was needed; one that would proactively and assertively engage this group into treatment and ensure the borough could meet its main performance target of 'successful drug treatment'.

5.4. In 2007 BUBIC were initially commissioned to improve access, engagement retention and peer support services within the black community; in recent years this has extended to the many different communities within Haringey. For example 77% of the service users are from black and minority ethnic communities and over one in three is female, which is a higher proportion than in traditional treatment services.

5.5. The high level aims that BUBIC were commissioned to deliver are:

- To promote a self-help model of recovery
- To reduce/prevent illegal drug use amongst at risk communities
- To tackle stigma associated with substance misuse and make recovery visible and possible
- Develop peer support in priority neighbourhoods
- Support a peer led group for families and friends
- Reduce crime and re-offending
- Reduction of drug related community safety issues e.g. open drug use, discarded needles.
- Delivery of outreach and engagement services across the borough in key locations e.g. Northumberland Park.

5.6. This is a peer-support model with local residents who have overcome addiction helping others become drug and/or alcohol free. It also provides a much needed route into volunteering and employment for those who might otherwise find it difficult to access employment. Peer support is recognised as a key contributor to recovery from substance misuse and an essential part of a successful treatment system, National Institute for Clinical Excellence (NICE).[1]

5.7. BUBIC also provide a "community based, visible recovery champions role" – a key factor in effective drug treatment systems as identified by the National Treatment Agency and now by Public Health England.[2]

5.8. BUBIC are exploring setting up aspects of their work (such as the Balance Cafe – a series of engagement and aftercare initiatives which promote health and wellbeing) as a self- funding and self-sustaining Social Enterprise.

5.9. The success of Haringey's local drug treatment system is evidenced by Haringey having one of the highest successful drug treatment completion

[1] NICE QS23 Drug use Disorders November 2012

[2] Commissioning for Recovery: Available at: www.nta.nhs.uk/uploads/**commissioning_for_recovery**_january_2010.pdf

rates in London and lower re-offending rates for drug using offenders than the England and London rates. The services offered by BUBIC have made a significant contribution to this success by bringing people into treatment and encouraging them to stay in treatment. BUBIC have been particularly effective in re-engaging criminal justice clients, achieving a 54% re-engagement rate.

5.10. A brief description of services to be provided can be found at Appendix 1, headline budget figures are included at Appendix 2 and outcomes at Appendix 3.

5.11. Performance is monitored via quarterly contract monitoring meetings and a more detailed workbook. All targets have been met or exceeded. In 2014/15 we will work with BUBIC to further improve on performance and business competence and support them towards becoming a self-sustaining social enterprise.

6. Comments of the Chief Financial Officer and Financial Implications

6.1. The proposed two year contract is a renewal of an existing contract with the same supplier for the same annual cost of £165,950. The cost of the contract is within the Service budget provision and is funded by the Public Health Grant.

6.2. Although the grant is ring fenced for a further two years from this year the level of total grant cannot be guaranteed for the whole period. However the Service will make provision for this contract sum within their total available resources.

6.3. Although this contract has not been subjected to tender the Service has confirmed that the proposed local supplier is currently providing a unique service that is value for money and that no alternative suppliers exist (Section 4 of this report).

7. Head of Legal Services and legal Implications

7.1. The services are not categorised as priority services under the Public Contracts Regulations 2006 and there is therefore no requirement to carry out a European tendering exercise.

7.2. Public Health Directorate requests a waiver of Contract Standing Order 9.01 (requirement to tender) as allowed under CSO 10.01.2 (d) (i.e that it is in the Council's overall interest).

7.3. Because of the value of the contract, the waiver may be approved by Cabinet in accordance with CS0 10.01.1 (a) (contracts valued over £100,000).

7.4. Subject to approval of the waiver, an award of contract to BUBIC is recommended as allowed for under CSO 9.07.1 (d) (contracts valued over £250,000).

7.5. The Head of Legal Services confirms that there are no reasons preventing Members from approving the recommendations in this report.

8. Equalities and Community Cohesion Comments

8.1. Policy and Equalities have been consulted in the preparation of this report and they have commented as follows:

8.2. The contract for Bringing Unity Back into the Community (BUBIC) will provide a substance misuse service to some of the most marginalised groups in Haringey, most of whom possess some of the characteristics protected by sections 4 – 12 of the Equality Act 2010 and to whom the Council owes the section 149 duty of that Act, to among other things, have due regards to advance equality of opportunity to them by having due regard to their needs.

8.3. In regard to procurement, its Equal Opportunities policy commits the Council to use procurement as a strategic tool for advancing equality of opportunity including opportunity to access to Council contracts by opening up the Council's supply chains. Ordinarily, this would have required that opportunity be available to all providers who are eligible and interested to bid for the Bringing Unity Back into the Community contract.

8.4. However, as paragraph 1.3 of this report makes clear, a market analysis has concluded that no other provider in the market could effectively provide this service in Haringey. In this unique circumstance, a re-tendering exercise would be pointless as it could not produce a different outcome and no other providers have been disadvantaged by the waiver.

9. Head of Procurement Comments

9.1. This recommendation is in line with the Procurement Code of Practice.

9.2. Although this contract has not been subjected to tender, it has been externally verified that the proposed local supplier is currently providing a unique service that is value for money and currently no alternative suppliers exist (section 4 of this report).

9.3. Contract management is in place to ensure that the service continues to provide quality outcomes.

Haringey Council

10. Policy Implication

10.1. The award of the BUBIC contract will assist the council in meeting key outcomes in the Corporate Plan of 'Safety and wellbeing for all' and 'Opportunities for all' and is congruent with the principles of promoting equality and empowering communities which underpin the vision of a 'One Borough', 'One Future'.

11. Use of Appendices

11.1. Appendix 1 breakdown of services, appendix 2 budget and appendix 3 Outcomes.

Haringey Council

Appendix one: Breakdown of Service

1.1 Aims and Objectives of the Service

The service aims to meet the objectives of the Public Health Outcomes Framework and the National Drug and Alcohol Strategies along with key priorities in the Council Corporate Plan – ('Safety and Wellbeing for all' and 'Opportunities for all').

Objectives of the service are as follows, the figures in brackets represent domain outcome within Public Health Outcomes Framework met

- Support service users to achieve freedom from dependence on drugs or alcohol (2.15)
- Improve mental and physical health and wellbeing; (2.23, 2.11, 2.12, 2.22))
- Minimise harm whilst working towards freedom from dependence
- Prevent preventable drug related deaths and the spread of blood borne viruses;(4.3 3.4, 4.8, 4.9)
- Reduce crime and re-offending 1.12, 1.13)
- Reduction of domestic violence (1.11)
  Reduction of community safety issues i.e. open drug use, discarded needles (1.19)
- Support good parenting and the reduction of child poverty (1.1)
- Improve relationships with family members, partners and friends

- Support service user to enter meaningful activity and access into sustained employment;(1.8)
- Preventing homelessness and assisting service users into settled accommodation;(1.6)
- Preventing hospital admissions resulting from self harm (2.10)

The Principles of the service are:

- To tackle stigma and make recovery visible through the promotion and understanding of issues of substance misuse within the community by members of the community who have overcome substance misuse problems
- To promote a self help model of recovery were peers are trained to support their own community
- To prevent illegal drug use amongst at risk communities

2. Eligibility

2.1. The service is open to anyone with a Haringey connection who has a concern regarding drug misuse.

Haringey Council

3. Description of the service

- Working in partnership with voluntary and statutory agencies to support those with drug or alcohol problems into recovery
- Reaching out to users in the community i.e. outreach and satellite services for e.g. YMCA
- Offering assessments as a first point of entry into drug treatment
- Facilitating rapid access into treatment for those at high risk
- Providing peer support which work alongside treatment
- Providing peer support for those who do not want to enter treatment
- Promotion of health and wellbeing within the community
- Providing clients with volunteer mentors who offer advice, guidance and support
- Re-engaging those who drop out of treatment
- Peer support for those seeking or that are in recovery, (recovery support as defined by the NDTMS)
- Providing and developing peer support sessions in priority neighbourhoods.
- Taking public health substance misuse messages into the community, schools and colleges
- Supporting a Peer led group for friends and families
- Organising health and wellbeing events in the Balance Café in partnership with public health, Tottenham Hotspur
- Training of Peer mentors.

Haringey Council

Appendix Two: Budget

Service /Post	Value Per Annum
Peer Support, community engagement, volunteer training	£142,950
Outreach Post	£16,000
Carers support group	£4,140 £2,860
Total of Funding	**£165,950**

Haringey Council

Appendix three: Outcomes

	To provide outreach, engagment and peer support sessions to 1000 residents per annum 50% of which should be from BME communities.	1000
	To assess 50 clients for drug treatment per annum	50
	Percentage of those assessed that enter treatment	90%
	Percentage of clients referred into treatment by BUBIC that are retained in treatment for a minimum of 12 weeks (national drug target)	80%
	Percentage of clients engaged with BUBIC that successfully complete treatment (national drug target)	40%
	To extend the peer mentor scheme by training up 10 new peer mentors per year	10
	To deliver 10 substance misuse awareness training sessions per annum to community groups	10
	To bring 50% of those who have disengaged back into treatment	50%
	To work with the wider Drug Intervention Programme and IOM team to ensure that Haringey meets its target for reducing re-offending among drug using offenders	21% down to 10% over 4 years (MOPAC target).
	To deliver a minimum of 12 support sessions for carers per annum	12

MINUTES OF THE CORPORATE PARENTING ADVISORY COMMITTEE
THURSDAY, 19 DECEMBER 2013

Councillors Allison, Brabazon, Dogus, Reece, Solomon and Stennett

Apologies Councillor Waters

Also Present: Lisa Redfern, Chris Chalmers, Marion Wheeler, Tracy Hutchings, Paul McCarthy, Denise Gandy.

MINUTE NO.	SUBJECT/DECISION	ACTON BY
TEX270.	**APOLOGIES FOR ABSENCE (IF ANY)** Apologies for absence were received from the Chair, Cllr Waters. Cllr Brabazon was elected to chair the meeting.	
TEX271.	**URGENT BUSINESS** There were no items of urgent business put forward.	
TEX272.	**DECLARATIONS OF INTEREST** There were no declarations of interest put forward.	
TEX273.	**MINUTES** The minutes of the meeting held on the 03rd October were agreed for accuracy. <u>Matters Arising</u> Agreed that information is gathered by the Virtual School on how the Looked after children element of the pupil premium grant is spent across schools . This is to inform a report to the Committee on the 6th March 2014. <u>Outsourcing of Fostering recruitment Activities</u> The Children's service has gone out to the market and are seeking possible organisations that can work with the council in increasing the number of internal foster carers. The tenders of potential providers would be ready for assessment at the end of January , earlier than expected , with an organisation expected to be recruited by this time. The Committee were pleased to note, that there were already 15-20 new foster carers in the pipeline for recruitment following past council recruitment activities. It was noted that the council team will continue to provide the newly recruited foster carers with support and supervision. Agreed a brief report back come to the meeting in March.	**Tracy Hutchings** **Paul McCarthy**

	Joint meeting of Children's Safeguarding Policy and Practice Committee 05th November 2013. It was felt that the minutes had not captured the agreement for all SCR's, involving the council, to be considered by the Children's Safeguarding Policy and Practice Committee when published and by a special meeting of this Committee if necessary. Agreed that the minutes be updated to reflect this. Noted that the quarterly performance figures on care orders was not ready for this meeting and would be ready for consideration at the next Committee meeting on the 6th March. This information would be accompanied by the findings of the quality assurance activity, requested by the Joint Committee, to understand the quality of reports going forward to court and whether they were meeting the requirements of the public law outline.	**Clerk** **All to note**
TEX274.	**MATTERS ARISING** • Agreed to add a report on the Pupil Premium Grant to March 06th meeting. • Agreed to add an update report on the work to recruit an external provider to recruit and increase the number of internal foster carers.	**Tracy Hutchings** **Paul McCarthy**
TEX275.	**ENTITLEMENTS INQUIRY SUMMARY REPORT** This report was put forward the findings of the All Party Parliamentary group inquiry into the entitlements of children in care and care leavers. It was noted that Haringey provided the full £2000 award of bursary to their young people leaving care, even if they were not going onto university. Overall, the Committee found the report easy to read and the findings provided an insight into the amount and consistency of information given to foster carers and young people leaving care .For example, it was ascertained that a significant amount of information is given to the young person or foster carer in the entry to care but it is questionable if this continues at the same level, in their journey through care. The Committee commented that it was essential to ensure information is passed through effectively to children in care and care leavers about their rights and entitlements . For example the council has implemented a free leisure pass scheme for children in care and subsidised scheme for care leavers but use of this entitlement will depend on the communication of its availability. In relation to recommendation 6, accessible and relevant information provided to children in care council about entitlements, the Head of the Young Adults team indicated that there was a new document ,accessible for young people in care and care leavers, which summarised their financial entitlements. This was complete and would be put forward for sign off by the senior team. The Committee urged for this work to be	**Chris**

	completed as soon as possible. Councillors spoke about anticipating and providing information in 'bite sized chunks' at the appropriate time in a young person's or care leaver life so they are best placed to act on the information given and seek their entitlement. There was also a need to keep in mind the range of ages of children in care and care leavers and ensure correspondence was designed accordingly . Agreed that the recommendations, at page 19 of the parliamentary report, be used as part of a self evaluation tool to understand whether young people in care and leaving care are accessing the full benefits of their entitlements. This exercise will also help identify the particular groups of young people more work needs to be done with to raise awareness of their entitlements..	**Chalmers** **Chris Chalmers** **Chris Chalmers**
TEX276.	**HOUSING PROVISION, YOUNG ADULTS SERVICE** The Head of the Young Adults Service provided a brief overview of the arrangements in Haringey to meet the housing needs of care leavers and young people facing homelessness. Key information noted: • There is a social housing quota of 60 properties a year allocated to care leavers [There are 15 properties provided in each quarter of the year and young people need to attend a tenancy workshop, as part of the arrangement, for receiving the accommodation] • Care leavers studying, outside London ,at university are still entitled to come back to the borough and be placed in Band A for housing. • A property in Conway Road N17 had been identified for the council to covert into a shared living space for care leavers. They would be supported by a permanent support worker living in the property. • Some supported lodgings for young people being taken forward by the YMCA. • The work with care leavers who have no recourse to public funds • Current procurement of semi independent accommodation • The legal legislation which the council in following in terms of housing young people. Members reported back the following issues raised by Aspire in the previous meeting: • Lack of two bedroom accommodation included in the quota, • The poor quality of semi independent accommodation , • Lack of inspection of shared housing and semi independent accommodation before provision to a young person	

	• The need to timetable placement checks to ensure the landlord is keeping the property clean and in a suitable condition for young people living there. • Consistent, continued support from a personal adviser to the young person living in shared or semi independent accommodation. Officers asked Committee Members to keep in mind that there were young people that chose to live in semi independent accommodation as they did not want to remain in foster care . So, there was a need to provide these young people with accommodation, as placing the young person in a residential care home was also not acceptable. Members raised concerns about the quality of the accommodation being procured and there was a need to ensure checks were carried out before the properties were agreed. Aspire had offered to complete visits to the properties to provide an idea, to the council, of the quality of accommodation and this offer should be taken up. Members noted that properties provided to 16-18 years olds were not regulated, centrally, by government and therefore the responsibility lay with the local authority and ultimately social workers and contract officers to determine their standards. Some councillors shared their own personal experiences of dealing with young people who have been living in shared and semi independent accommodation and felt there was a duty of care to the young people to ensure that the accommodation they were being given met certain standards. The interim Director for Children's services mentioned the Adults safeguarding protocol which could be examined to understand if any elements can be applied to safeguarding young people in care. The Chair felt that the quality of accommodation for care leavers was a national issue as well as a local one. Councils were funding accommodation for young people and seemed to have little choice in the quality of the provision due to the demand for places. However, landlords needed some standards to follow to ensure that the living conditions were appropriate, especially for younger care leavers going into accommodation from the ages of 16-17. There was a significant gap in the regulation of these properties and this was an issue which should raised by local MP's and taken up with government ministers in the DFE. The Committee agreed with the Interim Director's suggestion to consider the Adults safeguarding protocol, at the next meeting. This would help the Committee provide an input into which elements of the protocol that can be applied to further take forward the council's responsibility for the standard of accommodation for young people in care and care leavers. The Committee established that there are 55 [16-17] year olds[10% of the total number of LAC in the borough] not living with a family ,in separate accommodation, and they felt it would be important to look at this group separately . Agreed that a report is compiled which is focused	**Paul McCarthy** **Interim Dir CS/Chris Chalmers/ Adults services**

	on this group of young people and sets out the council's support to them and how this compares to other local authorities, working with a similar cohort.	**Chris Chalmers**
TEX277.	**BRIEF UPDATE REPORT ON THE IMPACT OF THE GOVERNMENT'S WELFARE REFORMS ON SPECIAL GUARDIANS AND FOSTER CARERS** The Committee wanted to ensure that foster carers, special guardians were not adversely affected by the reforms and were able to continue looking after the children placed in their care. The report indicated that, to date, the reforms have only had a minor impact on Haringey's Foster carers and Special Guardians.	
TEX278.	**PERFORMANCE MANAGEMENT : CHILDREN AND FAMILIES** The report set out performance data and trends for an agreed set of measures relating to looked after children for the period ending in October. Committee Members asked for the following information to be included in the report to Committee in March: IRO reviews - It would be important for Members to understand how many children/ young people were present at these meetings and the efforts being made to seek the child's / young person's participation. The Assistant Director agreed that this information was extractable and could be added to the next report. In terms, of the young people that were coming into the care of the council following a court decision to place them on remand, there was a need for the committee to be aware of the offers being made to the judiciary beforehand i.e. seeking bail . Agreed that the forthcoming report, from the court manager, include information on how the council is being proactive in its permanency planning before issuing care proceedings and also contain comments on how the council is working to reduce the number of children that need to become subject to care proceedings.	**Chris Chalmers/ Margaret Gallagher** **Chris Chalmers/ Margaret Gallagher** **Eileen Flavin/ Chris Chalmers**
TEX279.	**REVIEW OF PROGRESS TO DATE APRIL - OCTOBER 2013** Committee Members received a 6 monthly update on the key area of progress and achievement for safeguarding and social care elements of the children and Young People's service. They considered the recent downward trend in the number of children subject to a child protection plan, the performance for completing assessments and visits and suggested officers look at this information as a whole, together with the age breakdown of children, to understand if there are any areas for concern. Suggested that the Children's service budget could be a further item for consideration in March Committee meeting. This would help the	I**nterim Dir CS** I**nterim Dir CS**

	Committee understand the focus and spend of the service for the coming financial year. Members noted the imminent departure of Marion Wheeler, the Assistant Director for the Children's service . The Committee placed on record their thanks and appreciation to Marion for all her hard work for the children's service, over the last 5 years. The Committee placed on record their thanks and congratulations to the Virtual school team for the excellent number of looked after children in higher education.	
TEX280.	**CORPORATE PARENTING QUESTIONS FOR COUNCILLORS** Noted.	
TEX281.	**NEW ITEMS OF URGENT BUSINESS** Noted.	
TEX282.	**EXCLUSION OF THE PRESS AND PUBLIC**	
TEX283.	**EXEMPT BUSINESS** Noted.	
TEX284.	**ANY OTHER BUSINESS** The next meeting was due to take place on the 6th March at 6.30pm. This meeting would be followed by a joint meeting with the Children's Safeguarding Policy and Practice Committee on the same night at 7.30pm.	

Cllr Zena Brabazon

Chair

MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 14 JANUARY 2014

Present: Councillor Claire Kober, Leader of the Council

In Attendance: Xanthe Barker, Zina Etheridge, Sanjay Mackintosh.

MINUTE NO.	SUBJECT/DECISION	ACTION BY
HSP49.	**URGENT BUSINESS** There were no items of urgent business.	
HSP50.	**HARINGEY 54,000 PROGRAMME - AWARD OF STRATEGIC PARTNER CONTRACT** The Leader of the Council considered a report, previously circulated, which outlined the procurement process undertaken to identify a strategic partner to deliver the Haringey 54,000 Programme and that also sought approval to an award of contract to the winning bidder. **RESOLVED:** That the award of contract to the preferred bidder iMPOWER, for the sum of £2,000,000 to deliver phases 3 to 5 of the Haringey 54,000 Programme, be approved. **Alternative options considered** Two further suppliers were considered as part of the procurement process. The scores for both of these bidders are outlined in Table 3 as detailed in the report. The option to 'do nothing' was explored and evaluated as not viable. This option would not have provided a suitable or safe enough platform to deliver children and young people's services from for the foreseeable future. **Reasons for decision** The Haringey 54,000 Programme is underway and this decision is critical to ensuring continuity of delivery.	Deputy Chief Executive
HSP51.	**EXCLUSION OF THE PRESS AND PUBLIC** **RESOLVED:** That the press and public be excluded from the remainder of the meeting, as agenda Item 4 contained exempt information, as defined under paragraph 3, Part 1, Schedule 12A of the Local Government Act 1972.	

MINUTES OF THE CABINET MEMBER SIGNING
TUESDAY, 14 JANUARY 2014

HSP52.	**HARINGEY 54,000 PROGRAMME - AWARD OF STRATEGIC PARTNER CONTRACT** Exempt information pertaining to the report was considered.	

Agenda Item 15

Haringey Council

Report for:	Cabinet – 11 February 2014		

Title:	Delegated Decisions and Significant Actions

Report authorised by :	Nick Walkley, Chief Executive

Lead Officer:	Xanthe Barker (Tel. 020 8489 2957)

Ward(s) affected: Not applicable	**Report for Key/Non Key Decision:** For information

1. **Describe the issue under consideration**

   To inform the Cabinet of delegated decisions and significant actions taken by Directors.

   The report details by number and type decisions taken by Directors under delegated powers. Significant actions (decisions involving expenditure of more than £100,000) taken during the same period are also detailed.

2. **Cabinet Member Introduction**

   Not applicable

3. **Recommendations**

   That the report be noted.

4. **Other options considered**

   Not applicable

5. **Background information**

Haringey Council

To inform the Cabinet of delegated decisions and significant actions taken by Directors.

The report details by number and type decisions taken by Directors under delegated powers. Significant actions) decisions involving expenditure of more than £100,000) taken during the same period are also detailed.

6. **Comments of the Chief Financial Officer and financial Implications**

Where appropriate these are contained in the individual delegations.

7. **Head of Legal Services and Legal Implications**

Where appropriate these are contained in the individual delegations.

8. **Equalities and Community Cohesion Comments**

Where appropriate these are contained in the individual delegations.

9. **Head of Procurement Comments**

Where appropriate these are contained in the individual delegations.

10. **Policy Implications**

Where appropriate these are contained in the individual delegations.

11. **Use of Appendices**

The appendices to the report set out by number and type decisions taken by Directors under delegated powers. Significant actions (decisions involving expenditure of more than £100,000) taken during the same period are also detailed.

12. **Local Government (Access to Information) Act 1985**

Background Papers

The following background papers were used in the preparation of this report;

Delegated Decisions and Significant Action Forms
Those marked with ♦ contain exempt information and are not available for public inspection.

The background papers are located at River Park House, 225 High Road, Wood Green, London N22 8HQ.

Haringey Council

To inspect them or to discuss this report further, please contact Xanthe Barker on 020 8489 2957.

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CORPORATE RESOURCES, ASSISTANT CHIEF EXECUTIVE AND STRATEGY & PERFORMANCE

Significant decisions – Delegated Action 2013/14 – November 2013

♦ denotes background papers are Exempt

No	Date approved by Director	Title	Decision
1.	21.10.13	Award of contract under CSO 9.07 and 7.02 re: Haringey 54k transformation programme: phase 2 extension resourcing	For the Director of Strategy & Performance to award the contract for 'Haringey 54k transformation programme: phase 2 extension resourcing' in the sum of £131,510.
2.	27.11.13	Approval for award of contract under CSO 9.07 re: Award of NHS shared business framework for translation services	For the Director of Strategy & Performance to award the contract for the overspill of interpreting request in the sum of £120,000 to £140,000.

Delegated Action			
Type			**Number**
Request for waiver of CSO 8.02 under CSO 10.01	Typing and transcribing services Assistant Chief Executive 04.11.13	£28,000	
Request for waiver of CSO 8.02 under CSO 10.01 in addition the approval to award a contract under CSO 9.07 (c)	Panacea project management system and online booking system Director of Strategy & Performance 27.11.13	£96,000	

Submission authorised by:

Tracie Evans
Interim Chief Operating Officer

Date: 2/1/14

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CHIEF OPERATING OFFICER AND ASSISTANT CHIEF EXECUTIVE

Significant decisions – Delegated Action 2013/14 – December 2013/January 2014

♦ denotes background papers are Exempt

No	Date approved by Director	Title	Decision
1.	27.01.2014	Implementation of CSO 10.02. London Contract Supplies Group (LCSG) – Grocery Food Framework Contract	For the Interim Chief Operating Officer to agree to extend the use of the LCSG framework contract for grocery food to schools and other Council establishments for a period of two years from 1 March 2014. (Council wide spend 2012-13 was £311,324)
2.	27.01.2014	Implementation of CSO 10.02. London Contract Supplies Group (LCSG) – Frozen Food Framework	For the Interim Chief Operating Officer to agree the use of the LCSG framework contract for frozen foods to schools and other Council establishments for a period of two years from 1 March 2014. (Council wide spend for 2012-13 was £442,093)
3.	27.01.2014	Approval for award of contract under CSO 9.07. London Contract Supplies Group (LCSG) – Fruit and Vegetable Framework	For the Interim Chief Operating Officer to agree the use of the LCSG framework contract for green groceries to schools and other Council establishments for up to two years from 1 March 2014. (Council wide spend 2012-13 was £174,000)

Delegated Action			
Type			**Number**
Approval for award of contract under CSO 9.07	Contract for Provision of Mobile Device Management System Assistant Chief Executive 18.12.13	£69,500	
Approval for award of contract under CSO 9.07	Segmentation validation research (Phase 2): Britain Thinks Deputy Chief Executive (acting)	£73,500	

Submission authorised by:

Tracie Evans
Interim Chief Operating Officer **Date:** 28/1/14

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DIRECTOR OF REGENERATION, PLANNING AND DEVELOPMENT

Significant decisions - Delegated Action 2013/14

♦ Denotes background papers are Exempt.

No	Date approved by Director	Title	Decision

Delegated Action

Date approved by Director	Decision	Number
04.11.13	Extend Community Safety Project Officer contract by 10 months	1
15.11.13	Recruit to the following posts within the Operational Services and Community Safety Business unit: 1 x Project Officer 2 x Service Improvement Project Officers	2
28.11.13	Appointment of temporary Business Lounge Project Manager to oversee the refurbishment and IT upgrade at Wood Green Library. Post will be funded through an award from Arts Council England.	3
21.01.14	Grant funding of £2.7m has been obtained from DECC Green Deal Communities fund. The funding must be spent by 31st December 2014 and requires two new posts to deliver the project. A temporary Housing Retrofit Officer is required to manage the project. A Housing Outreach Officer is required to co-ordinate promotional activity.	4

Submission authorised by:

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DIRECTOR OF ADULT SOCIAL SERVICES

Significant decisions - Delegated Action –December 2013

♦ denotes background papers are Exempt.

No	Date approved by Director	Title	Decision
1.		NIL	
2.			
3.			

Delegated Action	
	Number
23.12.13: WG23 Winkfield Estate – Decent Homes Programme – additional works	

Submission authorised by: _____

Mun Thong Phung - Director of Adult Social Services

Date: __6th January 2014_____

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