

Overview and Scrutiny Committee

THURSDAY, 26TH MARCH, 2015 at 18:00 HRS – CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adje, B Blake, Connor (Vice-Chair) and Hearn

Co-Optees: Ms Y. Denny, Mr C Ekeowa and Mr K Taye.

AGENDA

1. WEBCASTING

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.

Generally the public seating areas are not filmed. However, by entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

If you have any queries regarding this, please contact the Committee Clerk at the meeting.

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at item 15 below).

4. DECLARATIONS OF INTEREST

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

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

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

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

5. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR ECONOMIC DEVELOPMENT, SOCIAL INCLUSION AND SUSTAINABILITY

An opportunity to question the Cabinet Member for Economic Development, Social Inclusion and Sustainability , Councillor Joe Goldberg, on his portfolio.

7. ST ANN'S REDEVELOPMENT UPDATE

To receive a Powerpoint presentation from the Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust updating on the redevelopment of the St Ann's Hospital site.

The Powerpoint presentation is available by email or in hard copy, please contact the clerk: Natalie.layton@haringey.gov.uk

8. LIBRARIES REVIEW (PAGES 1 - 26)

To receive a presentation on the Council's Libraries Review, from the Assistant Director for Customer Services, Revenues & Benefits Customer Services Business Unit.

9. SCRUTINY REVIEW UPDATE - UNDER OCCUPATION IN SOCIAL HOUSING (PAGES 27 - 50)

To note an update from the Chief Executive of Homes for Haringey following the scrutiny review of under occupation in social housing completed in April 2014.

10. SCRUTINY REVIEW - COUNCIL'S ROLE IN HOUSING DEVELOPMENT

To receive a verbal update on progress.

11. SCRUTINY REVIEW - JOB SUPPORT MARKET

To receive a verbal update on progress.

12. SCRUTINY REVIEW - TRANSITION FROM CHILD MENTAL HEALTH SERVICES TO ADULT MENTAL HEALTH SERVICES (PAGES 51 - 94)

To receive the final Adults and Health Scrutiny Panel project report on Transition from Child Mental Health Services to Adult Mental Health Services.

13. SCRUTINY REVIEW - YOUTH TRANSITION

To receive a verbal update on progress.

14. SCRUTINY REVIEW - VIOLENCE AGAINST WOMEN AND GIRLS

To receive the final Environment and Community Safety Scrutiny Panel project report on Violence Against Women and Girls.

TO FOLLOW

15. NEW ITEMS OF URGENT BUSINESS

16. REFLECTION ON THE PAST YEAR

To receive a presentation from the Scrutiny Support Team. This is an opportunity for the Committee to reflect on the work of Overview and Scrutiny over the past year, to agree a process for work programme development for 2015/16, and to discuss any topics to be taken forward.

17. SCRUTINY PANEL MINUTES (PAGES 95 - 126)

To receive and note the following Scrutiny Panel minutes and approve any recommendations:

- a. Adults and Health Scrutiny Panel – 22 January 2015
- b. Children and Young People's Scrutiny Panel – 22 January 2015
- c. Housing and Regeneration Scrutiny Panel – 22 January 2015
- d. Environment and Community Safety Scrutiny Panel – 27 January 2015

18. MINUTES (PAGES 127 - 146)

To approve the minutes of the meeting held on 26 January 2015 and the Special Call-in meeting held on 20 February 2015.

19. FUTURE MEETINGS

To be confirmed

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

Natalie Layton
Principal Committee Co-Ordinator
Tel: 020-8489 2919
Fax: 020-8881 5218
Email: Natalie.layton@haringey.gov.uk

Wednesday 18 March 2015

Libraries Review - moving forward

Summary and next steps

Overview & Scrutiny Committee

March 2015

Content...



- Triggers to the 2014 Library review
- Approach
- Key facts from the review
- Key findings
- The future
 - Roles
 - Integrating Service offer
 - Learning from others
- Cabinet decision making timelines
- Plan for wider engagement

In the beginning...



- Long term trend of fewer people visiting libraries and borrowing stock
- Rapid increase in digital services, e-books, using libraries for IT access
- Aspiration for libraries to be 'community hubs'
- Ever increasing budget pressures for the council but commitment to keep all libraries open
- What should libraries look like in the future?

Consultation



Contributors:

- Nearly a thousand users and non-users, through survey, focus groups and interviews
- Friends' groups, through workshops
- Library managers and staff, in 13 workshops
- Members of the Council
- Senior managers
- Partners organisations including HAVCO

Co-creation through workshops



Together we explored the themes:

- Why do we need a review?
- What do we need to change about our service?
- How can libraries make a difference to lives?
- What outcomes should libraries be aiming for in future?
- What libraries might be in future and what we can learn from others?

What our users think



Most important aspects of the service are:

- 91% said range of books
- 87% liked friendly and helpful staff
- 79% liked the proximity to home
- 69% liked attractive and well maintained buildings

Why non-users don't use libraries



Three main reasons

- I buy books so don't borrow
- I use the internet at home
- I am too busy
- Only 14% felt restricted by our opening hours

What do non-users want?



- 46% interested in art, music and culture
- 43% in adult education
- 42% would like cafe facilities
- 40% wanted a better selection of books

Key findings



- Library buildings – improve, update, rebrand
- ICT infrastructure – better managed and part of corporate IT
- Stock – under-invested, out of date, poorly presented
- Opening hours - review, explore options for sharing space with other services to optimise
- Staffing – restructure completely
- Branding – develop the vision for the service within the Council and use as basis to transform

First steps



- Taken recommendations from the review and translated into this year's Business Plan
- Already in progress:
 - Improvements to stock including promotion, weeding and investment
 - Refurbishment of Wood Green & Muswell Hill
 - First staff away day in a generation to continue engaging with our staff
 - Programme of furniture replacement complete
 - Restructure planned & ready to commence in March

Libraries of the Future



- All our libraries offer a rich variety of books and other materials and encourage people of all ages to share the joys of great writing and of our other resources.
- Our new, **tenth 'Library Online'** provides a lively new resource for the borough.
- All our larger libraries offer the following services:
 - Our **learning centres** provide a wealth of learning opportunities for all ages.
 - Our **arts centres** showcase great culture and art and encourage people to express their own creativity.
 - Our **business centres** offer small business space and networking and information on business and employment opportunities.

Libraries of the Future



- Our **advice centres** provide information on people’s rights and how to look after their health.
- Our **customer centres** enable people to do business with the council and other public services.
- Our **meeting centres** provide great places for the whole community to meet and work together.
- Our **cafes** and vending machines provide wholesome, value-for-money food and drink.
- Our smaller libraries will offer some of these additional services where space and demand allow.

This means ...



- Supporting children's learning, at every age, from rhyme times to homework help
- Offering space for community organisations to enable communities to come together
- Working with organisations like HALS, the Police and others to develop new approaches to services and reach more people
- Providing support and information to emerging businesses
- Supporting access to free IT to get people on line and connected
- Delivering face to face customer services
- Understanding the role of libraries as a champion of culture, learning etc - positively encouraging others

This means ...



- Understanding the ‘campaigning’ role of libraries as champions of cohesion, culture etc
 - Coombes Croft hosts an array of sessions – but largely in isolation from the Council
 - Hornsey is the best Council gallery - what is its role in driving culture?
 - Wood Green is home to Wise Thoughts – but we had no LGBT History Month
 - Alexandra Park has a children’s activity every morning with 50 kids – no children’s services colleagues ever attend ...

The Integrated Face to Face Offer

Libraries & Customer Services

CSC Service offer

- Menu of services
- Mediated self service support
- Co-delivery with Tier 3 support
- Integrated partner services

Location

- Wood Green Library
- Marcus Garvey Library
- Hornsey Library

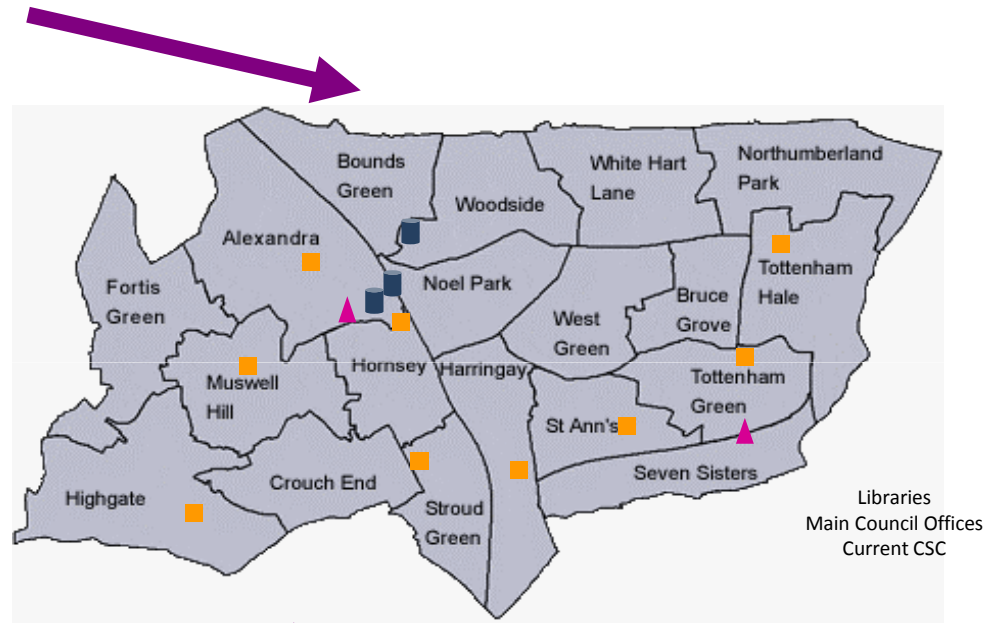
Customer information points

Service offer

- Self service access and support
- Signposting to web based services and information

Location

6 x smaller community libraries



Learning from others



- Learning – Tower Hamlets
- Southwark – Culture
- Customer services – Newham and Barking & Dagenham
- Children and young people - Richmond
- Reaching communities – Lambeth
- Co-locating – Waltham Forest

Learning from others



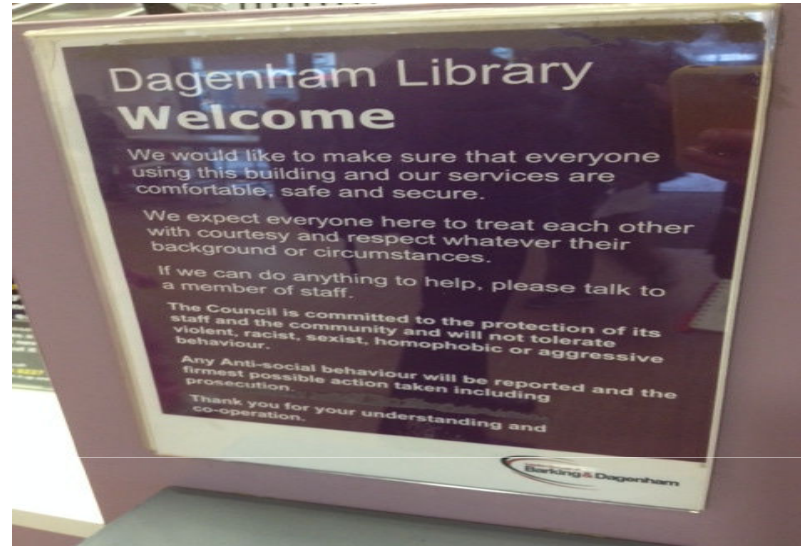
Learning from others



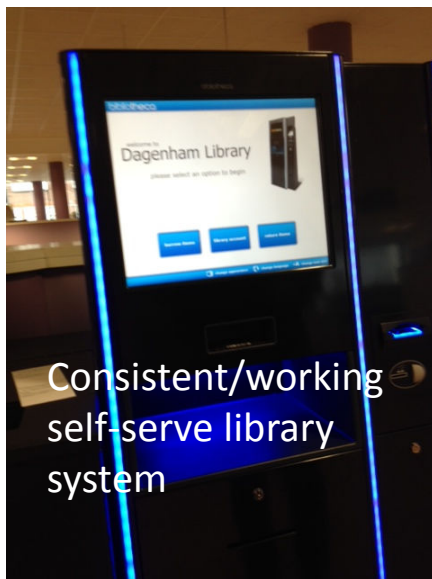
We will have resources in place to encourage and support 'right first time'



Photo Booth



Self-serve PCs
mixed between
Peoples Network
& Council business



Consistent/working
self-serve library
system

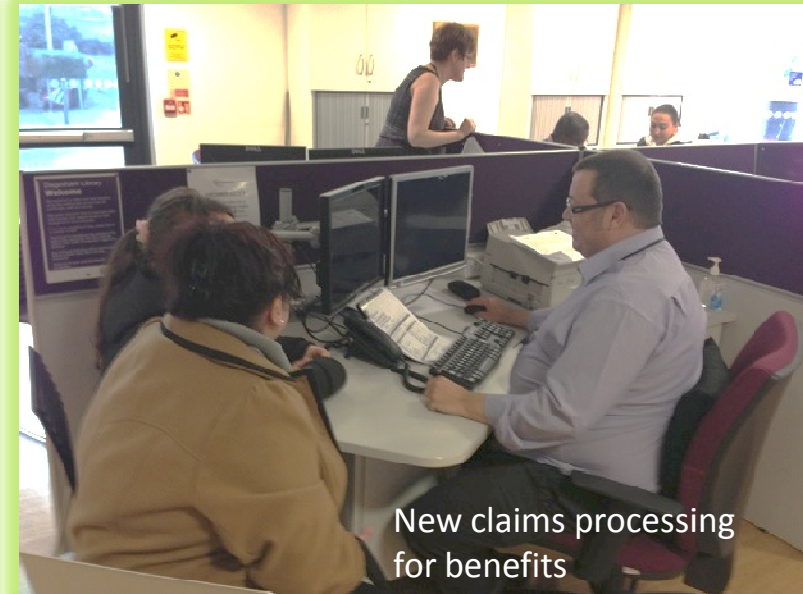


Defibrillator

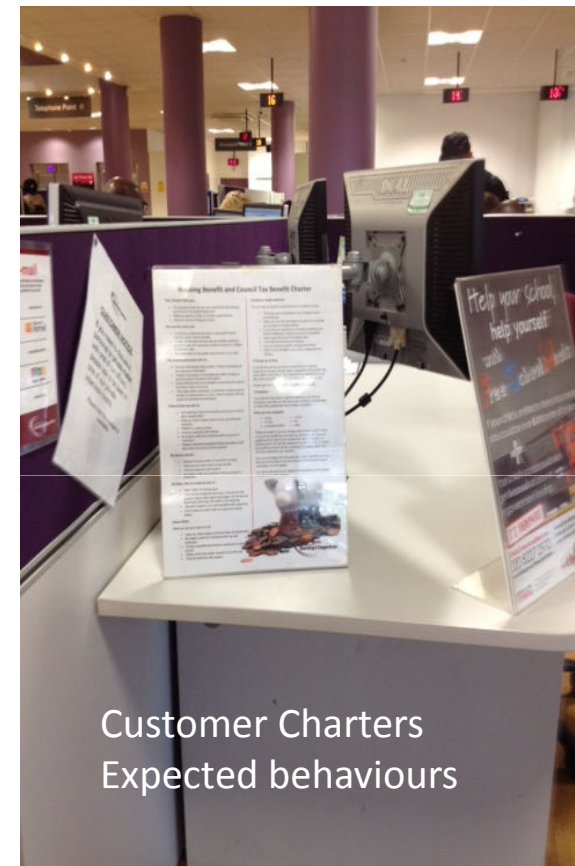


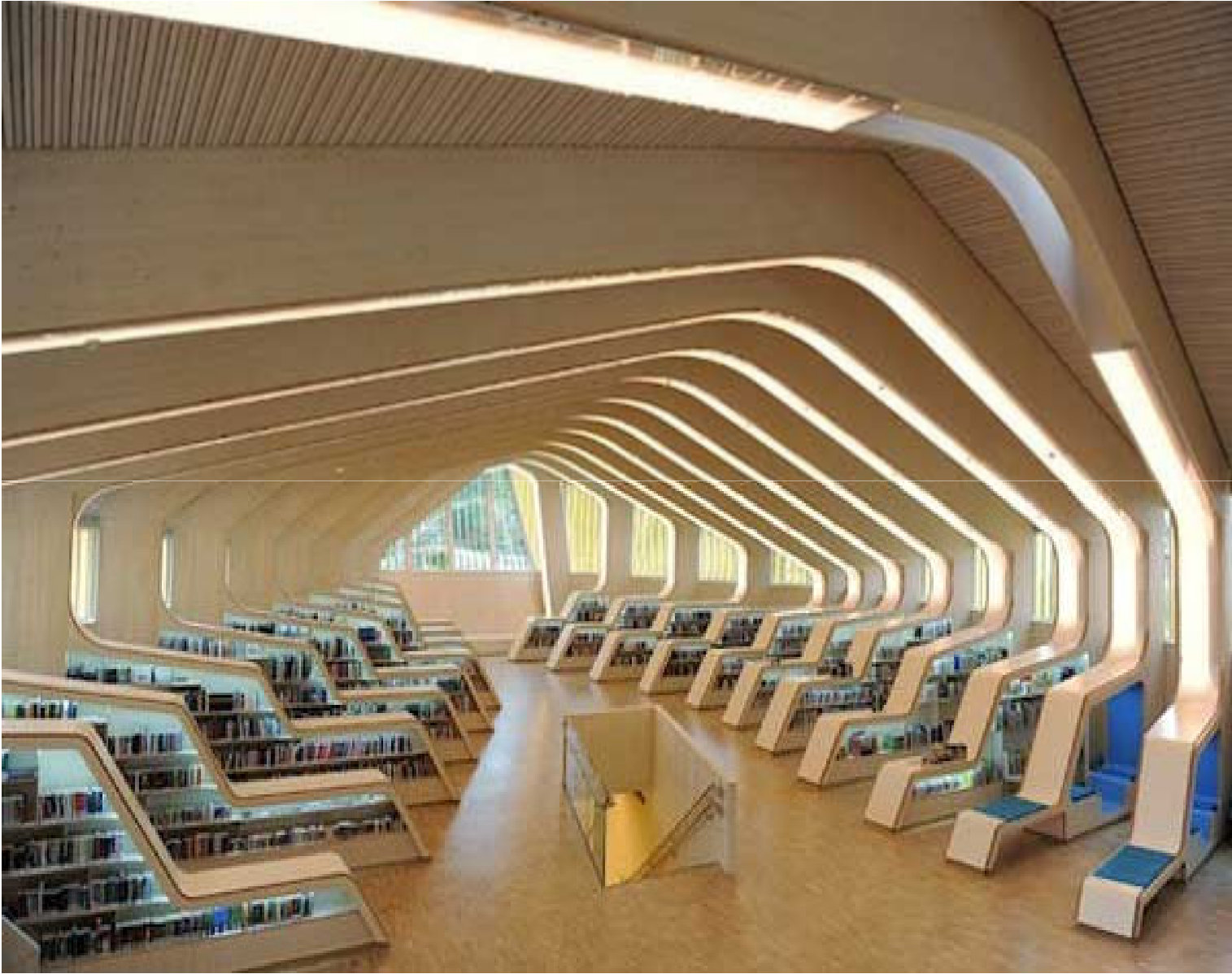
Discreet
cash/card payment

Our staff will be helping people to help themselves



Which has clear and visible signage







To get us there ...



- Now that the budget is agreed for the Council ...
 - Cabinet report in March looking at Wood Green and Marcus Garvey Libraries
 - Cabinet report in Sept / October looking at IT and other libraries
- So by the end of 2015 we should have :
 - Redeveloped Wood Green & Marcus Library
 - Know what is happening with Muswell Hill
 - Launched the online portal in August 2015
- By the end of 2016
 - Painted & decorated all libraries
 - Installed new IT to all of the libraries

As we start to engage ...



- What are the questions we should go out and discuss?
 - Do the priorities sound right?
 - What other services or organisations should libraries work with?
 - How do we link better with Friends and the community?
 - Opening hours – are they effective – and efficient?
 - Customer services offer in community libraries – ideas?

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Haringey Council

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| Report for: | Overview and Scrutiny Committee | Item Number: | 9 |
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|---------------|---|
| Title: | Updated service responses in relation to the report from the Overview & Scrutiny Committee on “Under occupation of Social Housing and Housing Benefit Entitlement” |
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| Report Authorised by: | Tracie Evans, Chief Operating Officer |
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| Lead Officer: | Andrew Billany, Managing Director, Homes for Haringey |
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| | |
|------------------------------|--|
| Ward(s) affected: All | Report for Key/Non Key Decisions: |
|------------------------------|--|

1. Describe the issue under consideration

- 1.1.** This report is an update in relation to the service responses contained in the Cabinet report of the 16 September 2014 (in response to the Overview & Scrutiny Committee report of the 10 April 2014).

2. Cabinet Member introduction

- 2.1.** The Committee’s report was concerned with the impact of the ‘bedroom tax’, how to mitigate its effects and the long term policy implications. Although the bedroom tax only affects a relatively small number of the Council’s tenants (about 1,500), the problems of downsizing and hence the loss of between £18 and £33 per week often makes it very difficult for them to avoid building up quite large arrears of rent. This has the potential to have a significant impact on the housing revenue account.



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- 2.2. The updated responses from the services (in appendix A) indicate that the matters the Committee has raised continue to inform the work being undertaken by the Council.

3. Recommendations

- 3.1. The Overview and Scrutiny Committee is requested to note the updated responses to the recommendations as set out in the table in Appendix A.

4. Alternative options considered

- 4.1. Not applicable

5. Background information

- 5.1. The government's under occupation policy introduced size criteria whereby social housing tenants have their benefit reduced by 14% or 25% if they are deemed to have a spare bedroom or bedrooms in their home. This reduction known as the 'bedroom tax' or under occupation penalty has reduced the incomes of over 2,000 social housing tenants in the borough (of whom about 1,500 are council tenants) by between £18 and £33 per week. This has resulted in an annual loss of housing benefit to them of about £2.25 million every year. The Council assists tenants in exceptional need through Discretionary Housing Payments (DHP).

6. Update on the recommendations

- 6.1 The current position regarding the Committee's recommendations (contained in appendix A) can be summarised as follows:
- 6.2 Recommendation 1: Supporting tenants to swap and mutual exchange. In addition to existing policies HfH is drawing up plans for enhanced promotional materials, downsizing events undertaken and scheduled for 2015/16
- 6.3 Recommendations 2-6: Discretionary Housing Policy (DHP) payments – prioritising tenants facing legal action. In view of the 40% reduction in DHP, Revenues Benefits and Customer Services (RBCS) will continue to sustain tenancies under tightened criteria.
- 6.4 Recommendation 7: Rent arrears policy – the possible impact of court orders and evictions by Homes for Haringey and RHPs should be fully assessed prior to court action. HfH has appointed 2 visiting officers within the existing headcount to maximise contact with tenants in difficulties
- 6.5 Recommendations 8, and 9 - Partnerships. Revised partnership agreement in place.
- 6.6 Recommendation 10: improved financial advice and support to tenants. Work ongoing.
- 6.7 Recommendation 11: Bedroom tax' loopholes (tenants lose benefit as a result of defects in the primary legislation). RBCS completed work on this previously.



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- 6.8 Recommendation 12: Front line services – improvements in training and procedures. Revised sensitivity criteria implemented and training planned for welfare changes. New visiting officers trained in revised criteria.
 - 6.9 Recommendation 13: Referring tenants to related support programmes – more advice and information. Plans proposed for more referrals to the Council’s providers of employment and training.
 - 6.10 Recommendation 14: Customer Service Transformation Project – problems for vulnerable tenants in accessing information and advice. HfH has conducted a survey to improve records of vulnerable tenants
 - 6.11 Recommendation 15: Core strategy – planning is required to ascertain the likely future size requirements of social housing units. Strategic Housing Market Assessment will be used to inform future housing needs
 - 6.12 Recommendation 16: Vulnerable adults – more work to identify them and support them access the best options. Tenancy Management is visiting all tenants who have not ordered a repair in the last 2 years to improve records.
7. Possible effects of the Affordable Homes Bill.

In preparing the follow up the Chair has requested that some indication is given as to how the provisions of the Affordable Homes Bill might impact on Haringey.

- 7.1 The Bill proposes that the following categories of tenant currently subject to the bedroom tax should be exempted from it:
 - i. certain disabled occupiers in adapted accommodation;
 - ii. certain disabled occupants in receipt of Disability Living Allowance (DLA) or Personal Independence Payment (PIP) who are not able to share a bedroom;
 - iii. all claimants where their landlord or local authority has not made a reasonable offer of alternative accommodation.
 - 7.2 The third category is the most significant. Any projections are inevitably rather speculative given that the Bill is very unlikely to go forward in the current session of Parliament. There would be two main consequences for the Council’s tenants if the Bill were to be adopted in its current form, that is on their future rent arrears and on the amount of the Discretionary Housing Payments they would receive.
8. Rent arrears
- 8.1 At present 1,075 tenants are subject to the bedroom tax. The Bill requires a reasonable offer of alternative accommodation. Tenants will only be eligible to receive an offer of alternative accommodation if they apply to the Council. The number of under occupying tenants who have currently submitted applications for alternative accommodation is 158 so under the terms of the Bill they would be exempted from the bedroom tax until they received a reasonable offer of alternative accommodation.



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- 8.2 Tenants subject to bedroom tax have incurred additional arrears of £8,697.00. So if there was no change in the number of applications, these arrears would have been reduced by the amount of £1,278.25 under the provisions of the Bill. (It should be noted that the reduction in arrears would not be backdated.)
- 8.3 However it is likely that the majority of tenants affected by the bedroom tax would apply for alternative accommodation (if the Bill became law) in order to achieve exemption from the bedroom tax. The reason for this is that the total number of tenants affected by the bedroom tax for whom the Council can provide alternative accommodation is very low, approximately 60 each year. So the probability of the tenant obtaining somewhere else to live is very low.
- 8.4 Under these circumstances most of these tenants would be exempt from the bedroom tax if they applied to the Council for alternative accommodation so most of the arrears of £8,697.00 would not have been incurred under the provisions of the Bill.
9. Discretionary Housing Payments
- 9.1 In the current financial year 2014/15 there were 97 bedroom cases in receipt of £60,548 DHP. Hence under the provisions of the Bill most of this money would have been released for other people in need, though not necessarily council tenants. However it should also be borne in mind that the government funding for DHP is being reduced – by 40% in the next financial year.
10. Comments of the Chief Finance Officer and financial implications
- 10.1 The updated recommendations seek to support tenants affected by the ‘bedroom tax’ in accessing more affordable accommodation. They also seek to support and prioritise vulnerable tenants who may otherwise incur rent arrears. Although current figures show that additional arrears due to the ‘bedroom tax’ amount to only £8,697 per year, it should be noted that £60,548 of Discretionary Housing Payments (DHP) were applied to tenants’ rent accounts to meet shortfalls in their ability to pay the additional rent due. Any success in moving tenants to properties with the appropriate number of bedrooms will reduce the potential rent arrears falling on the Housing Revenue Account and release DHP for other tenants.
- 10.2 It is not yet possible to fully assess the financial impact of the Affordable Homes Bill. One of the provisions included in the Bill is that where a tenant who is currently subject to bedroom tax and makes a claim to their landlord for alternative accommodation will be exempted if the landlord has not made a reasonable offer. The current proposals contained in the Bill would suggest that in these cases the council will be able to charge the full rent that will be met by Housing Benefit. This would direct the council to a policy of encouraging all tenants caught by the ‘bedroom tax’ to make a claim for alternative accommodation. It is important to closely monitor the provisions of the Bill as it progresses through parliament so that the optimal policy can be adopted.



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

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

12. Equalities and Community Cohesion Comments

Not applicable

13. Head of Procurement Comments

Not applicable

14. Policy Implication

The recommendations are broadly in line with the Council's existing policies and objectives.

15. Reasons for Decision

The report seeks approval of the responses to the recommendations set out in Appendix A

16. Use of Appendices

Appendix one – Summary of the Scrutiny Committee's recommendations and the service responses

17. Local Government (Access to Information) Act 1985



Haringey Council Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee's report on the Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax')

| SCRUTINY COMMITTEE RECOMMENDATION 10/04/2014 | SERVICE RESPONSE 16/09/2014 | COMMENTARY / ACTION / RESPONSIBILITY – SERVICE RESPONSES (CABINET REPORT 16/09/2014) | UPDATE - CURRENT PROGRESS – 06/03/2015 |
|---|--|--|--|
| | | | |
| <u>TRANSFERS AND MUTAL EXCHANGES</u> | | | |
| <p>1. In order to successfully tackle under occupation and overcrowding, the Council should work with Homes for Haringey and Registered Providers to develop, publish and promote a comprehensive programme of support that makes it as easy as possible for tenants affected by the 'bedroom tax' to move to accommodation that has fewer rooms.</p> | <p>Partly agreed</p> | <p>The Council's Strategic Housing Service already provides an Under-Occupation Officer who supports tenants under occupying by one or more bedrooms to move to smaller accommodation. There is a comprehensive range of information on the Council's website for those seeking opportunities to downsize their home.</p> <p>HFH also provides information on its website for tenants wishing to engage in mutual exchanges (MEX). It has an internal mutual exchange board and is planning to increase the use of this. It is preparing promotional materials to encourage tenants to move. More comprehensive programmes of support can be developed in due course (as required) when additional resources become available.</p> | <p>The Mutual Exchange (MEX) Project is managed by HFH Tenancy Management Team. Plans are being drawn up for the creation of links and promotional material on the website in due course. Consideration is being given to the appropriate MEX promotional materials to be designed.</p> <p>Preparatory meetings are also going to be scheduled with Tenancy Management / the MEX Team and the Communications Team.</p> <p>There have been several successful downsizing events organised by HFH (the last one being in December). In advance of resources for a more extensive support programme, HFH is working closely with the Under Occupation Team and is also actively signposting tenants to the Home Swapper and Home Finder UK web sites.</p> |
| <p>The programme, underpinned by a review of social landlords housing allocations arrangements and supported by written</p> | | | |



Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee's report on the Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax')

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| <p>advice on the full range of options available to tenants, should include the following:</p> | | | |
| <ul style="list-style-type: none"> Borough wide and localised events that bring together under occupiers and over-crowded tenants across Haringey (to include a programme of published events held by Council, Homes for Haringey and other Registered Providers) | <p>Noted</p> | <p>Homes for Haringey held 2 events in 2013 for under-occupying tenants and are planning a further event this year with details of overcrowded tenants available as possible exchanges. It is also proposed to follow this with a matching event for overcrowded tenants in Council properties with details of under-occupying tenants. Resources to be considered for a programme of published events from 2015/16 for under-occupiers and overcrowded tenants by the Council, HFH and other registered providers.</p> | <p>In relation to a matching event for overcrowded tenants HFH Financial Inclusion Team organised a downsizing event at Commerce road on 3rd December 2014 at which 60 residents attended.</p> <p>There were information stalls from the Under Occupation Team, HFH internal mutual exchange Team, Moneywise, Energy advice, Job Centre Plus, Home Swappers and the Haringey Employment and Skills Team.</p> <p>The next event is being planned for mid May 2015 at the Civic Centre and will be targeting tenants that are affected by the Benefit cap and/or are under occupying.</p> <p>HFH Mutual exchange Team (MEX) organised an event at Commerce road on Saturday 15th December 2014 for all registered tenants that were either under or over occupying, with a view to bringing tenants together to view each other's properties.</p> |
| <ul style="list-style-type: none"> Collect, review and publish details of financial incentives (to downsize), allowances (e.g. removals) that support housing | <p>Partly agreed</p> | <p>The Council's Strategic Housing Service lead on this, to provide up to date information on their website such as the "Money to move" leaflet. The "Home Connections" service (and website) is amongst a number of options for tenants wishing to downsize which the Council publicises on its website. The</p> | <p>The Council and HFH are actively promoting incentives and opportunities to tenants to move. These are prominently advertised on the Council's and HFH's websites including 'Money to move' incentives. These services are also promoted at downsizing events organised by HFH</p> |



Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee's report on the Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax')

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| <p>transfers and exchanges (across Homes for Haringey and other Registered Providers);</p> | | <p>Council and HFH plan to promote this type of service more in future. Links are provided to both these options on the HFH website. It is not considered that it would be cost effective at the present time to introduce new financial incentives to downsize.</p> | <p>Financial Inclusion Team and the Mutual exchange event arranged by Tenancy Management.</p> |
| <ul style="list-style-type: none"> Explore the possibility of developing a rent guarantee for downsizers (which ensure that the rent that tenants are charged for their new home does not exceed the rent that they have been charged for the home they are leaving) | <p>Not agreed</p> | <p>Potentially long term financial subsidies would not be a viable financial option even for the few cases which might arise. The situation would only be an issue for HFH tenants wishing to move to the private sector or other RHP with a higher rent. The Council's Strategic Housing Service has a policy of only moving tenants into accommodation which provides long term affordability.</p> | <p>No further comment</p> |
| <ul style="list-style-type: none"> That Registered Providers support mutual exchanges by offering small scale repairs and provide decorating materials for tenants where this will encourage mutual exchange between downsizers and tenants who are living in overcrowded housing; | <p>Partly agreed</p> | <p>HFH will prepare a bid for additional resources for 2015/16 for a decorating pack and small scale repairs as an incentive for mutual exchanges.</p> | <p>Consideration is being given to holding further meetings with Tenancy Management / the MEX Team, Comms, etc in order to discuss costs, feasibility, advertising etc.</p> |
| <ul style="list-style-type: none"> Actively market 1 bedroom properties to under-occupying | <p>Noted</p> | <p>Although this constitutes a useful objective it will need to be considered with the review of the Allocations policy.</p> | <p>As previously noted</p> |



Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee's report on the Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax')

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| <p>tenants and ask all Registered Providers to make available all of their 1 bedroom properties (including those that are not subject to the Council's nomination rights) for a specific period of time in order to assist Haringey's efforts to tackle under occupancy and overcrowding;</p> | | | |
| <ul style="list-style-type: none"> Develop mutual arrangements across the sector through which tenants of all local social landlords (Homes for Haringey and other Registered Providers) are supported in mutual exchange processes, including three and four way swaps; | <p>Partly agreed</p> | <p>The Council (&HfH) pay for the service that HomeSwapper provides tenants. Tenants are encouraged to register their details on HomeSwapper and search for matches to maximise their chance of an exchange. HFH tenants have been included in a number of three way swaps in the last six months, and consideration will be given to developing this policy in future.</p> | <p>With regard to an enhanced use of the HomeSwapper Service, the holding of further meetings is being considered between Tenancy Management / the MEX Team, RSLs and the Under Occupation Team to build on the existing policy</p> |
| <ul style="list-style-type: none"> The provision of dedicated support to guide tenants through the process of mutual exchange or home swap (hand-holding) e.g. to help tenants to register on Homeswapper, | <p>Noted</p> | <p>The Council's Strategic Housing Service already has an under-occupation officer. Further provision will be considered for a bid for additional resources from 2015/16/.</p> | <p>As previously noted</p> |



Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee’s report on the Under Occupation of Social Housing and Housing Benefit Entitlement (‘Bedroom Tax’)

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| upload photos and support active engagement. | | | |
| <ul style="list-style-type: none"> Training and updates provided to other relevant staff groups (social workers etc) | Noted | The Council publishes a range of information about the choices available for people needing accommodation on its website, for instance on its “Housing Options” page (with links to a number of mobility/home swap schemes). Both the Council and HFH accept the need to disseminate this information as widely as possible and will continue to do so within existing programmes. | As previously noted |
| <p><u>DISCRETIONARY HOUSING PAYMENTS (DHP)</u></p> <p>2.The Committee recommended that a summary DHP guide is developed for social housing tenants which:</p> <ul style="list-style-type: none"> Clearly sets out the eligibility criteria, application process and timeframe for processing and assessment Ensures that the commitment to change (e.g. job search, training) is made explicitly clear in the | Not agreed | As indicated in the paper “Haringey’s DHP Payments Policy 2014-15” funding for DHP is very limited (please see page 1 for a breakdown of the allocations of funding). Thus DHP can only be provided to tenants in exceptional circumstances as an interim measure – the criteria (and a large number of illustrative examples) are clearly set out on the Council’s web page on DHP and in the above mentioned paper (page 7), which is also provided on this web page. | <p>The Government has reduced funding in the borough for DHP from £2,465,556 to £1,485,882 for the financial year 2015/16; that is by 40%. It is expected that most current claimants will renew their applications in 2015/16.</p> <p>Revenues, Benefits & Customer Services (RBCS) is therefore proposing to continue broadly on the basis of last year’s allocations but under somewhat tighter eligibility criteria. The amount of funding in each case will be lower but further applications will be expected where appropriate. This will enable cases to be kept under ongoing review throughout the year to maximise the use of the reduced funding.</p> <p>RBCS will continue to do everything possible to sustain tenancies, prevent homelessness and where possible ensure tenants secure more affordable accommodation. The current policy of</p> |



Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee's report on the Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax')

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| <p>applications criteria and assessment process;</p> <ul style="list-style-type: none"> Makes tenants aware that reapplications are possible; Is systematically distributed to those affected by welfare reforms. | | | <p>placing Temporary Accommodation tenants exclusively in London is expected to put increasingly severe pressure on budgets in the coming year.</p> |
| <p>3. In order to increase awareness and uptake of DHP among Registered Providers (RHPs) and Council tenants:</p> | | | |
| <ul style="list-style-type: none"> The DHP policy should be re-circulated to all RHPs (including Homes for Haringey) to help improve awareness of these payments, particularly in relation to the eligibility criteria and the application process; | <p>Noted</p> | <p>HFH Financial Inclusion Team(FIT) is helping tenants to understand their eligibility and the application process and is assisting tenants to make claims.</p> | <p>Since April 2013 FIT has assisted 255 tenants with their applications for DHP of which 195 were successful which resulted in them receiving £93,931.10 in additional benefit</p> |
| <ul style="list-style-type: none"> Further guidance should be provided to RHPs and Homes for Haringey, making use of case study examples of successful and unsuccessful DHP | <p>Noted</p> | <p>Please see the response to point 2 above.</p> | <p>As previously noted</p> |



Appendix A - Progress since September 2014 in respect of the Overview & Scrutiny Committee's report on the Under Occupation of Social Housing and Housing Benefit Entitlement ('Bedroom Tax')

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| claims; | | | |
| <ul style="list-style-type: none"> The above information should be cascaded to front line RHP and Homes for Haringey staff to better advise potential applicants. | Noted | Please see the response to point 2 above. | As previously noted |
| <p>4. It is recommended that, when considering DHP applications, the Council give greater priority to tenants who are facing legal action or eviction.</p> | Noted | <p>HFH only takes action against tenants after very careful consideration of their family circumstances, their payment record and their eligibility for financial assistance. In addition the Courts only sanction legal action after very careful consideration. Occasionally it becomes impossible to avoid imposing a penalty on a tenant who refuses to engage.</p> <p>This matter will be considered by the Revenues and Benefits service with Housing and HFH in formulating DHP policy for 2015/16.</p> | <p>In relation to DHP policy for 2015/16 it is expected that most social tenants meeting the eligibility criteria for Discretionary Housing payments (DHP) assistance will only need help for a limited period as they will be taking active steps to move into smaller accommodation or starting work or looking to increase their hours of work.</p> <p>In 2014/15, FIT supported 106 DHP application cases for assistance of which 100 were affected by the bedroom size criteria and 6 by the Benefit cap. So far 100 cases were granted, 4 refusals and 2 still awaiting decisions. A total of £63,630.43 was awarded in DHP to general needs/ supported housing households.</p> |
| | | | |
| <p>5. Improvements are made to the DHP assessment and notification process, including;</p> | | | |
| <ul style="list-style-type: none"> Faster processing of applications (it is suggested that this is 18 working days to conform | Noted | The service endeavours to process applications as quickly as possible. The speed with which an application is processed depends to some extent on the quality of the information provided by the | As previously noted. |



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| with the targets for the processing of new Housing Benefit applications) | | applicant. Recovery of overpayments of housing benefit constitutes a significant problem which could be exacerbated if priority were given to fast processing of applications. | |
| <ul style="list-style-type: none"> Improved communication between Revenues Benefits & Customer Services (RBCS) - as the processor of Housing Benefit claims, housing providers (RHPs) and tenants. | Partly agreed | Substantial information flows already take place between RBCS, HFH, other RHPs and the tenants (claimants). HFH's Financial Inclusion and Income Collection teams also inform and advise tenants about HB issues in person, by letter, telephone and text, through the Homes Zone magazine and the website. Liaison meetings between RBCS and HFH take place in the course of which communication matters are discussed. | In addition to liaison meetings RBCS have also been providing training to HFH Income Recovery and Financial Inclusion teams |
| <p>6. As shortfall between the Housing Benefit lost and the availability of DHP may grow the Council should explore the merits and feasibility of using other budgets – such as the HRA (as other LAs have done so) and the homelessness budget – to supplement, even on a temporary basis, the financial support that is provided to tenants through the DHP.</p> | Not agreed | DHP is only intended as short term help for tenants suffering hardship as a result of exceptional circumstances. Only a small number of councils so far have opted to provide additional funding from the HRA to supplement their government allocation. Current policy (as described in the responses to Recommendations 2 and 4 above) incorporates careful assessments where it is fair and cost effective to avoid evictions and homelessness by giving additional temporary support. Every effort is made to maintain a case by case approach and a long term plan for each tenant to avoid repetition (similar to the work of the coordinated Benefit Cap Hub approach in 2013/14). | No further comment |
| | | | |
| <u>RENT ARREARS POLICY</u> | | | |
| 7. Given the growing level | | | |



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| of rent arrears among tenants affected by the 'bedroom tax' across the sector, it is recommended that | | | |
| <ul style="list-style-type: none"> Homes for Haringey and other Registered Providers make a realistic projection of rent arrears for 13/14 and for 14/15 (financing, impact). | Partly agreed | The factors affecting rent arrears depend to a certain extent on external factors. Thus in 2013/14 HFH rent arrears were significantly reduced by large credits to accounts resulting from "loophole cases" (resulting from defects in primary legislation). In 2014/15 HFH will be able to make an analysis based on the average level of arrears for each tenant, and trend in reducing number of cases. | <p>Although the number of arrears cases in relation to the bedroom tax has fallen by 12.1%, the overall arrears for such cases has risen by 1.77%. The level of arrears in such cases can be expected to rise somewhat in view of the government reduction in DHP funding.</p> <p>However the overall rate of collection has improved significantly resulting in a reduction in total arrears: at the start of 2013 it was £5,543,325.85 and as at the 3 March 2015 it was £4,085,221.79</p> |
| <ul style="list-style-type: none"> Rent arrears policies are reviewed to ensure: | | | |
| <ul style="list-style-type: none"> Implications for court order and evictions are full assessed; | Agreed | HFH accepts the need to keep its arrears procedures under review. It is very mindful of the need to identify under occupying tenants likely to be subject to legal processes with a view to early intervention before court hearings to offer support by the Financial Inclusion Team and by referring them to the CAB and Moneywise project. This helps tenants manage their finances better and avoid accumulating large arrears. | HFH has recently appointed income recovery visiting officers who visit tenants in arrears, where personal contact has not been established after the service of a Notice. They carry out visits after the breach of a court order for arrears but before applying for a warrant for eviction. This ensures that full consideration is given to the tenant's circumstances. |
| <ul style="list-style-type: none"> That policies and practices are not a barrier to further action | Noted | HFH works with the Council's Under-Occupation Officer to offer the existing financial incentives to tenants for moving to smaller properties to reduce | In relation to under occupation HFH is in the process of updating its procedures for mutual exchanges taking into account the 2015 |



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| <p>by the tenant (e.g. swaps, exchange and transfer).</p> | | <p>their arrears to bring them in line with the agreement as laid down in the Allocations policy.</p> <p>The Council's Allocation Policy presently allows transfers or mutual exchanges if tenants have maintained a repayment agreement for one year. A cost benefit analysis of the financial implications of varying this policy will be necessary before putting forward any proposals for changes.</p> | <p>Allocations policy. In addition, proposed mutual exchanges where one of the tenants may be barred from doing so by arrears are being referred to the Financial Inclusion Team to ensure that all options for financial assistance are carefully considered.</p> |
| <p>PARTNERSHIPS</p> | | | |
| <p>8. That Revenues Benefits and Customer Services develop a more systematic and coordinated process through which data on those tenants affected by the 'bedroom tax' is communicated with local housing providers (particularly as tenants move in and out of 'bedroom tax' deductions).</p> | <p>Noted</p> | <p>The Housing Investment & Sites Team (within the Regeneration, Planning and Development Service) has recently introduced a revised Partnership Agreement between the Council and all registered providers in the borough. The Partnership Agreement addresses this matter. It sets out, among other key requirements, the need for registered providers to <i>"adapt their income collection procedures and have proactive measures in place to mitigate the impact of Universal Credit and other benefit reforms"</i>.</p> <p>The Partnership Agreement calls on registered providers and the Council to share information to facilitate this aim. The Housing Investment and Sites Team monitor the agreement but there is an expectation that each service unit will carry out the activities within its own remit and not rely on the Housing Investment and Sites Team to manage this relationship. The partnership agreement can be made available to all relevant parties within the Council and contains senior contacts for every registered provider,</p> | <p>As previously noted</p> |



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| | | including their chief executive and senior leadership team. | |
| | | | |
| <p>9. The Council should work with Homes for Haringey and other Registered Providers to identify partnership opportunities in the provision of information, advice, support or services to those tenants affected by the 'bedroom tax' and other welfare reforms (e.g. budgeting skills, welfare rights advice, employment & training). This will ensure a more consistent, efficient and coordinated approach to the housing and welfare needs of residents across the borough.</p> | Noted | <p>The response is as above for Recommendation 8. The Housing Investment and Sites Team can facilitate partnership working through regular monitoring of the Partnership Agreement where appropriate.</p> | |
| | | | |
| <u>FINANCIAL ADVICE AND SUPPORT</u> | | | |
| <p>10. To improve the level of budgeting information, advice and support available to tenants affected by the 'bedroom tax' and other welfare reforms that the Council with Homes for</p> | | | |



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| <p>Haringey and other Registered Providers:</p> | | | |
| <ul style="list-style-type: none"> Promote further awareness of the role of local (e.g. Moneywise at Haringey CAB) and national (e.g. Shelter, Crisis) advice services; | <p>Noted</p> | <p>As a general rule effective arrangements are in place. HFH already works closely in partnership with the CAB (where it funds 2 workers) and Moneywise and makes appointments for tenants with them where appropriate. It publicises services such as the CAB and national money advice services through the provision of money factsheets for tenants which are available on its website and which also provides links to national debt advice services.</p> | <p>HFH and Moneywise provide budgeting advice workshops for young people leaving care and moving into new tenancies. All new tenants are offered the opportunity of attending money advice and budgeting workshops.</p> |
| <ul style="list-style-type: none"> Work with the Haringey & Islington Credit Union to develop awareness of this service and where possible, extend the accessibility and range of budgeting services available to local tenants (e.g. jam jar accounts). | <p>Partly agreed</p> | <p>HFH advertises the services of the Haringey and Islington Credit Union (CU) in its leaflets. However this CU does not offer a "jam jar" account at present. Their budgeting account has a charge of £10 to the account holder and the matter is under discussion. HFH will continue to develop a continuing relationship with this CU.</p> | <p>HfH continues to advertise the services of the Haringey and Islington Credit Union but no agreement has yet been reached on the provision of a budgeting account.</p> |
| <ul style="list-style-type: none"> Explore the possibility of joint training to help improve budgeting and money management skills; | <p>Partly agreed</p> | <p>HFH's 20/20 Project works with young people in Tottenham to support them develop life skills including financial management. HFH Financial Inclusion Team provide workshops with Moneywise for young people leaving care and moving into a Council flat; and with MIND for tenants with mental health problems. HFH Financial Inclusion and Resident Involvement teams are exploring the possibility of working with the Quaker Social Action project (Future Proof) – an</p> | <p>The practicalities of establishing tenants' champions is still under consideration with a view to this policy playing a part in promoting digital inclusion.</p> |



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| | | initiative funded by the Council – to develop tenant champions in preparation for Universal Credit and with other providers on welfare reform issues. HFH Financial inclusion Team will explore opportunities for working with other registered housing providers to provide joint training on budgeting and money management skills. | |
| <ul style="list-style-type: none"> Promote further awareness of other financial assistance schemes (energy/utility e.g. British Gas Energy Trust, EDF Energy Trust and Thames Water Trust Fund); | Noted | HFH promotes the Council's Haringey Big Switch (run by Living Under one Sun) to combat high gas and electricity bills. It will continue to publicise these schemes. Through its Financial Inclusion Team it also makes applications to local charities on behalf of tenants in need. This team attends training with the charity Turn2us to acquire more information on different sources of financial assistance. | <p>With regard to the Council's Haringey Big Switch to combat high gas and electricity bills this option is promoted at Financial Inclusion and Tenancy management events and to individual tenants in appropriate cases.</p> <p>Assistance is being provided to tenants in hardship to apply to Tottenham charities and to trusts attached to major utilities. Also tenants are referred to 'Restore', a recycling furniture project and to food banks.</p> |
| <ul style="list-style-type: none"> Consider jointly producing a short guide/ booklet/ webpage detailing the above for Haringey residents. | Noted | The dissemination of this kind of information to residents takes place through a number of different channels, including leaflets, letters and WebPages from various organisations. The effectiveness of communicating to residents on this and other subjects is under continual review. | As previously noted |
| | | | |
| <u>'BEDROOM TAX' LOOPHOLE</u> | | | |
| 11. It is recommended Revenues Benefits & Customer Services assess and notify tenants affected by the 'bedroom tax' | Noted | Revenues Benefits & Customer Services has already completed the work of adjusting tenants' benefits and advising them accordingly. The "bedroom loophole" arose from the defect in the government's legislation. | As previously noted |



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| <p>loophole as soon as practicable, ensuring that the implications of any Housing Benefit adjustments together with any reclaim of any DHP awards, is clearly communicated to tenants to allow them to plan and manage their finances.</p> | | | |
| | | | |
| <p><u>FRONT LINE SERVICES (HOUSING BENEFIT AND HOUSING OFFICERS)</u></p> | | | |
| <p>12. It is recommended that front line staff in both housing services (Homes for Haringey) and Revenues (Housing Benefit & DHP) receive a refresher on the welfare reform issues and the impact that this may be having upon local residents, particularly in respect of:</p> | <p>Partly agreed</p> | | |
| <ul style="list-style-type: none"> Improve knowledge and understanding of welfare reform issues and how this may affect residents; | <p>Partly agreed</p> | <p>HFH Financial inclusion team will commence work on an updated training programme covering welfare reform issues, suitable for all staff. The programme will be developed as the government clarifies how the welfare changes are to be implemented and it will include how these impact on residents, and the options for moving to smaller properties.</p> | <p>Work is being planned for a programme to be developed in 2015/16 to update staff on welfare reform issues and to prepare for the introduction of universal credit.</p> |



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| <ul style="list-style-type: none"> Awareness of other support services and agencies with appropriate signposting; | Agreed | HFH training programme will include signposting to other support and advice agencies | Please see above |
| <ul style="list-style-type: none"> Sensitivity of client issues; | Partly agreed | Current procedures and practice include the importance of sensitivity to tenants in financial hardship and encouraging them to explore downsizing options and improve their budgeting and finance management skills. Most staff are very aware of the importance of sensitivity and renewed guidance is issued where appropriate. | The policy of sensitivity to tenants in financial hardship has been enhanced by the procedures followed by the income recovery visiting officers who help to ensure that those in financial hardship are fully considered and offered appropriate support. |
| <ul style="list-style-type: none"> Accessibility of services (telephone access). | Partly agreed | This matter is the subject of ongoing review as the options for access to services on line and by telephone is promoted, particularly as part of the Customer Transformation programme. | As previously noted |
| <u>REFERRAL TO RELATED SUPPORT PROGRAMMES (EMPLOYMENT & TRAINING)</u> | | | |
| <p>13. That there is a more coordinated process through which employment training, advice and support is provided to those tenants affected by the 'bedroom tax' and other welfare reform. In particular:</p> | Noted | HFH Financial Inclusion Team runs events from time to time to publicise employment and training options, often in conjunction with the Council. Individual invitations for these events are sent to the tenants affected by the welfare reforms. | HfH will be working with the Council's welfare reform team to refer tenants to the Council's partner providers of employment and training for the unemployed. |
| <ul style="list-style-type: none"> Best practice across housing providers should inform service | Agreed | HFH already has the 2020 project in youth development in Tottenham, which supports young people in applying for work and apprenticeships and | The work on the 2020 project in youth development in Tottenham is ongoing |



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| development opportunities (e.g. Family Mosaic back to work schemes) | | preparing for interviews – full details on the website. HFH in common with other service providers is committed to sharing best practice and to learning from other projects. | |
| <ul style="list-style-type: none"> The possibility of sector-wide joint commissioning of employment and training schemes explored. | Noted | HFH already runs an apprenticeship scheme and links to its own contractor and suppliers. The cost effectiveness of a more coordinated wide scale approach will need to be evaluated as the rate of implementation of the welfare reforms becomes apparent. | As previously noted |
| <u>CUSTOMER SERVICE TRANSFORMATION PROJECT</u> | | | |
| <p>14. Given the problems that tenants have experienced in accessing information and advice about the 'bedroom tax', DHP and other welfare reforms, the Committee would like further clarity from the Council as to the level of advice and support available to vulnerable adults or those less IT literate in the move towards greater digital service provision (channel shift).</p> | Noted | The Council and HFH are continually re-evaluating the effectiveness of their channels of communication and the information they provide. Currently the HFH call centre refers tenants to a Tenancy Management Officer or the Financial Inclusion Team depending on the type of information and advice they require. | HFH has conducted a survey of tenants to improve its records of those who may be excluded as a result of the Government's move to digital applications for benefits and to provide a basis for considering how to meet their needs. |
| <u>CORE STRATEGY – FUTURE UNIT SIZE</u> | | | |
| <p>15. In recognition of the</p> | Agreed | The Council commissioned a new Strategic Housing | |



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| <p>impact of the 'bedroom tax' on local housing needs (e.g. increase demand for smaller properties and increased availability of larger properties) it is recommended that the Council undertake further modelling to fully assess the impact of this and other welfare reforms, and ensure that this is reflected in plans for future housing and development.</p> | | <p>Market Assessment which is currently in draft form and will be used to inform future housing needs. The need for new affordable housing, and in particular the bedroom size requirements, will take into consideration the potential impact of the bedroom tax. However, building additional smaller homes is only part of the answer, as new larger homes can be used to alleviate overcrowding within the existing social housing stock and therefore release additional smaller units to enable tenants to downsize. As a result, a comprehensive approach will be adopted to ensure that new and existing stock are used in the most effective way to meet housing need, including that which is brought about as a direct result of the bedroom tax.</p> | |
| | | | |
| <p>VULNERABLE ADULTS</p> | | | |
| <p>16. A significant number of those affected by the 'bedroom tax' were identified as having multiple and complex health and social care needs (e.g. chronic long term conditions, mental health needs). It is recommended that all housing providers:</p> | | | |
| <ul style="list-style-type: none"> Undertake additional work to further identify such tenants; | <p>Partly agreed</p> | <p>HFH has had a programme of visiting all tenants over a 5 year period and identified residents with different disabilities, and recorded the ages of occupants. There are now checks twice a year on those already identified as elderly or vulnerable, and there is an</p> | <p>Tenancy Management is completing a programme of visiting all tenants who have not ordered a repair in the last two years. They are also introducing tablets and improving the recording of information about vulnerable tenants</p> |



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| | | ongoing programme of checks on a number of different categories of tenants. New tenants signed up by HFH's New Tenant Liaison Officers identify the new tenants with particular needs. HFH is developing triggers to enable a better risk assessment based programme of more frequent visits. | in 2015/16. |
| <ul style="list-style-type: none"> Ensure that <i>additional</i> and <i>ongoing</i> support is provided to assist them in accessing and navigating housing and welfare options available (e.g. access to budgeting advice, transfer and mutual exchange). | Noted | HFH Financial inclusion Team, and the Council's Under-Occupation Officer, with other staff, and Key Support and Family Mosaic, provide initial support to vulnerable and elderly tenants on how to access and navigate a range of financial and housing options. The provision of additional and ongoing support for vulnerable people will need to be addressed as part of coordinated strategy involving a wide range of organisations but for HFH this will need to be included in a bid for additional resources for 2015/16 | In order to improve the financial and housing options for more vulnerable tenants in the financial year 2015/16 all tenants applying for a mutual exchange with rent arrears who might benefit from further advice are to be referred to the Financial Inclusion Team. |

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| Report for: | Overview and Scrutiny Committee – 26 March 2015 | Item Number: | |
| Title: | Transition from Child Mental Health Services to Adult Mental Health Services: Adults and Health Scrutiny Panel Project Report | | |
| Report Authorised by: | Cllr Pippa Connor, Chair, Adults & Health Scrutiny Panel | | |
| Lead Officer: | Christian Scade Interim Principal Scrutiny Officer Christian.Scade@Haringey.gov.uk 0208 489 2933 | | |
| Ward(s) affected: | All | Report for Key/Non Key Decisions: | N/A |

1. Describe the issue under consideration

- 1.1.1 Under the agreed terms of reference¹, the Adults and Health Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.
- 1.1.2 In this context, the Panel may:
- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
 - Conduct research, community and other consultation in the analysis of policy issues and possible options;
 - Make reports and recommendations on any issue affecting the authority's area, to Full Council, its Committees or Sub-Committees, the Executive, or to other appropriate external bodies.
- 1.1.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for the Overview & Scrutiny Committee. Project work undertaken by the Adults and Health Scrutiny Panel on the transition from child mental health services to adult mental health services was agreed as part of this work programme by the Committee in July 2014.

2. Cabinet Member introduction

¹ Overview and Scrutiny Protocol, 2012, Haringey Council

N/A

3. Recommendations

3.1.1 That the Overview and Scrutiny Committee:

- (a) Agree the report, and any amendments made by the Adults and Health Scrutiny at their meeting on 18 March 2015.
- (b) Agree the recommendations contained in the final report

4. Alternative options considered

4.1 The options considered during the course of this scrutiny project are outlined in the body of the report.

5. Background information

5.1.1 The Terms of Reference for the project were to review the Child and Adolescent Mental Health Service (CAMHS) transition pathway from child to adult mental health services in order to make recommendations to improve the transition pathway and experience for young people.

5.1.2 The objectives of the project were:

- To gain an understanding of the CAMHS transition pathway process from child to adult mental health services including commissioning and budgetary arrangements
- To gain an understanding of the CAMHS transition pathway from the perspective of young people and their families
- To compare local practice with identified areas of good practice and national guidance.
- To make evidence based recommendations to improve the pathway.

5.1.3 The Panel heard from a range of stakeholders, both in project meetings and externally. These included Barnet, Enfield and Haringey Mental Health NHS Trust, Haringey Clinical Commissioning Group (CCG), Mind, Mental Health Support Association, Public Health, Open Door, Young Minds, First Step, Camden and Islington Mental Health Trust, Adult Services and Children's Services.

5.1.4 A number of themes emerged from the project, which are outlined in more detail in the main body of the report.

6 Comments of the Chief Finance Officer and Financial Implications

- 6.1.1 The Panel has put forward a number of recommendations for consideration. At this stage, the recommendations are fairly high level and further work will be required to fully assess their financial implications.
- 6.1.2 Recommendations should only be adopted if there is a robust business case that demonstrates they offer value for money and resources have been identified. As the Panel are already aware from their research that funding for Mental Health is limited and there is little new funding available to support these recommendations and so their implementation may require redirection of existing resources. In particular the Heads Up For Haringey model may require additional investment in the short term. These costs would mostly fall to the Health service rather than the Council but there may be implications across a number of agencies.

7 Assistant Director of Corporate Governance Comments

- 7.1.1 The Assistant Director Corporate Governance has been consulted on the contents of this report.
- 7.1.2 The legal context to transition planning for children to adult services has been dealt with in the Project Report. The recommendations arising from the Project Report are within the terms of reference of Adults and Health Scrutiny Review Panel.
- 7.1.3 Under Section 9F Local Government Act 2000 (“LGA”), Overview and Scrutiny Committee have the powers to review or scrutinise decisions made or other action taken in connection with the discharge of any of Cabinet’s functions and to make reports or recommendations to Cabinet with respect to the discharge of those functions. Overview and Scrutiny also have the powers to make reports or recommendations to Cabinet on matters which affect the Council’s area or the inhabitants of its area. The Constitution provides that the Scrutiny Review Panels must refer their findings/recommendations in the form of a written report to the Overview and Scrutiny Committee for approval and afterwards, final reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.
- 7.1.4 Under Section 9FE of the LGA, there is a duty on Cabinet to consider and respond to the recommendations indicating what if any action Cabinet proposes to take and to publish its response. The Constitution provides that Cabinet will consider the reports and formally agree their decisions.

8 Equalities and Community Cohesion Comments

- 8.1.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:
- Helping to articulate the views of members of the local community and their representatives on issues of local concern

- Bringing local concerns to the attention of decision makers and incorporating them into policies and strategies
- Identifying and engaging with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward

8.1.2 The evidence generated by scrutiny reviews help to identify the kind of services wanted by local people. It also promotes openness and transparency as meetings are held in public and documents are available to local people.

9 Head of Procurement Comments

N/A

10 Policy Implication

10.1.1 Work carried out by the Adults and Health Scrutiny Panel during 2014/15 should contribute and add value to the work of the Council and its partners in meeting locally agreed priorities. In this context, the work of the Panel, and the terms of reference for this project, will contribute to improved policy and practice for the following corporate priorities:

- **Haringey Corporate Plan 2013-15**
 - o Outcome – Outstanding for all: Enabling all Haringey children to thrive
 - o *Priority* – Enable every child and young person to thrive and achieve their potential
 - o Outcome – Safety and wellbeing for all: A place where everyone feels safe and has a good quality of life
 - o *Priority* – Reduce health inequalities and improve wellbeing for all
 - o Outcome – A better council: Delivering responsive, high quality services and encouraging residents who are able to help themselves to do so
 - o *Priority* – Get the basics right for everyone

10.1.2 In addition, recommendations within this report, if accepted, would contribute to:

- **Haringey's Health and Wellbeing Strategy 2015-2018**
 - o Outcome 3 – Improved mental health and wellbeing
- **Haringey's Joint Mental Health and Wellbeing Framework**
 - o Priority 2: Improving mental health outcomes of children and young people

11 Reasons for Decision

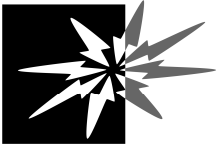
11.1 The evidence behind the recommendations are outlined in the main body of the report.

12 Use of Appendices

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

13 Local Government (Access to Information) Act 1985

13.1 External web links have been provided in the main body of the report. Haringey Council is not responsible for the contents or reliability of linked websites and does not necessarily endorse any views expressed within them. Listings should not be taken as an endorsement of any kind. It is your responsibility to check the terms and conditions of any other web sites you may visit. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages.



Haringey Council

Project Report:

Transition from Child Mental Health Services to Adult Mental Health Services

A PROJECT BY THE ADULTS AND HEALTH SCRUTINY PANEL

March 2015

www.haringey.gov.uk

Chair's Foreword

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

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

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

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

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

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

Cllr Pippa Connor
Chair, Adults & Health Scrutiny Panel

Panel Members:

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

For further information on the project please contact:

Christian Scade

Interim Principal Scrutiny Officer

0208 489 2933

Christian.Scade@Haringey.gov.uk

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Recommendations

RECOMMENDATION (1)

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

RECOMMENDATION (2)

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

RECOMMENDATION (3)

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

RECOMMENDATION (4)

The panel recommends that:

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

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

RECOMMENDATION (5)

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

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

RECOMMENDATION (6)

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

RECOMMENDATION (7)

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

1. Why did the Panel choose this project?

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

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

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

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

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

Policy Context

2. National context

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

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

2.9 [The Care Act 2014](#) introduces new responsibilities for local authorities. It also has major implications for adult care and support providers, people who use services, carers and advocates². The Care Act states if a child, young carer or an adult caring for a child is likely to have needs when they turn 18, the local authority must assess them if it considers there is “significant benefit” to the individual in doing so.

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

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

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

Ensuring there is no gap in services

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

² <http://www.scie.org.uk/care-act-2014/>

- 2.14 This will continue until adult care and support is in place to take over – or until it is clear after the assessment that adult care and support does not need to be provided. Again, these changes will help ensure there is no “cliff-edge”.
- 2.15 The Care Act (and the special educational needs provisions in the Children and Families Act) requires that there is cooperation within, and between, local authorities to ensure that the necessary people cooperate, that the right information and advice are available and that assessments can be carried out jointly.
- 2.16 The Deputy Prime Minister’s 2014 policy paper, [Closing the Gap: priorities for essential change in mental health](#), includes twenty five priorities for action to improve mental health services. Most relevant to this piece of work is:
- “We will end the cliff-edge of lost support as children and young people with mental health needs reach the age of 18...”
- 2.17 The document goes on to say *“...it has long been recognised that far too many young people who rely on mental health services are ‘lost’ to the system when they reach adulthood. From a point where they receive regular, focused support for their mental health needs, they find themselves on their own, unprepared for the abrupt cultural shift from a child-centred developmental approach to an adult care model. They may disengage, in many cases dropping through the care gap between the two services and losing much needed continuity of care. Those affected are often the most vulnerable and disadvantaged; getting lost in transition only adds to this – and makes them more likely to end up out of work and not in education or training. It can also mean their physical health deteriorates. For a significant number therefore, transition is poorly planned, poorly executed and poorly experienced. For so many reasons, this “cliff-edge” situation must end.”*

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

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

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

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

Funding for services

- 2.22 Concerns have been raised about levels of funding for CAMHS services and such issues were discussed in 2014 during a House of Commons Health Select Committee inquiry³.
- 2.23 In December 2014, the Deputy Prime Minister announced a five year investment of £150m for eating disorder and self-harm services for children and young people⁴. Part of the intention is to channel money from expensive inpatient services to local provision, and foster the development of waiting time and access standards for eating disorders for 2016.

Scoping Study 15-24 year old services

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

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

³ <http://www.parliament.uk/business/committees/committees-a-z/commons-select/health-committee/inquiries/parliament-2010/cmh-2014/>

⁴ <https://www.gov.uk/government/news/deputy-pm-announces-150m-investment-to-transform-treatment-for-eating-disorders>

3. Local context⁵

- 3.1 Some children and young people in Haringey may be at greater risk of developing mental health problems than those living elsewhere in London and nationally. This is attributed to the number of factors impacting on mental health such as lack of education, rates of offending, levels of deprivation, unemployment and children living in lone parent households. Mental health needs of children and young people are greater in the east part of the borough.
- 3.2 Local data suggests that we have a higher number of referrals to CAMHS but a lower number of those seen by Tier 3 and Tier 4 services than is estimated by Public Health England (PHE). PHE also estimated a higher prevalence of mental ill health in children and young people compared to England, in particular conduct disorders. Almost 50% of children with conduct disorders engage in crime activities by the age of 20 and are at higher risk of suicide and substance misuse.⁶
- 3.3 Children in the care of local authorities are at particular risk of mental ill health. During their investigation the Panel was informed that at the end of March 2014, there were 511 looked after children. Of those, 50% were without any concerns, 13% had borderline mental health concerns and 37% had mental health concerns, as identified by the Strengths and Difficulties Questionnaire (SDQ) screening tool. It should be noted that as of February 2015 the number of looked after children had reduced to 462. In addition, children placed from other local authorities in Haringey will also need to access local services.
- 3.4 Young offenders are at high risk of suffering mental ill health. It is estimated that up to 40% of young people in the youth justice system have mental ill health. The rate for first time entrants to the youth justice system in Haringey (417 per 100,000) was similar to London and England.
- 3.5 Our local information on self-harm referrals in children and young people seems much lower than that reported anecdotally by schools, general practitioners and accident and emergency departments. It is therefore important to understand real need in local communities and focus on prevention, particularly in school settings.

Service landscape⁷

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

⁵ Information taken from Mental Health & Wellbeing Framework in Haringey – Consultation Doc (2015)

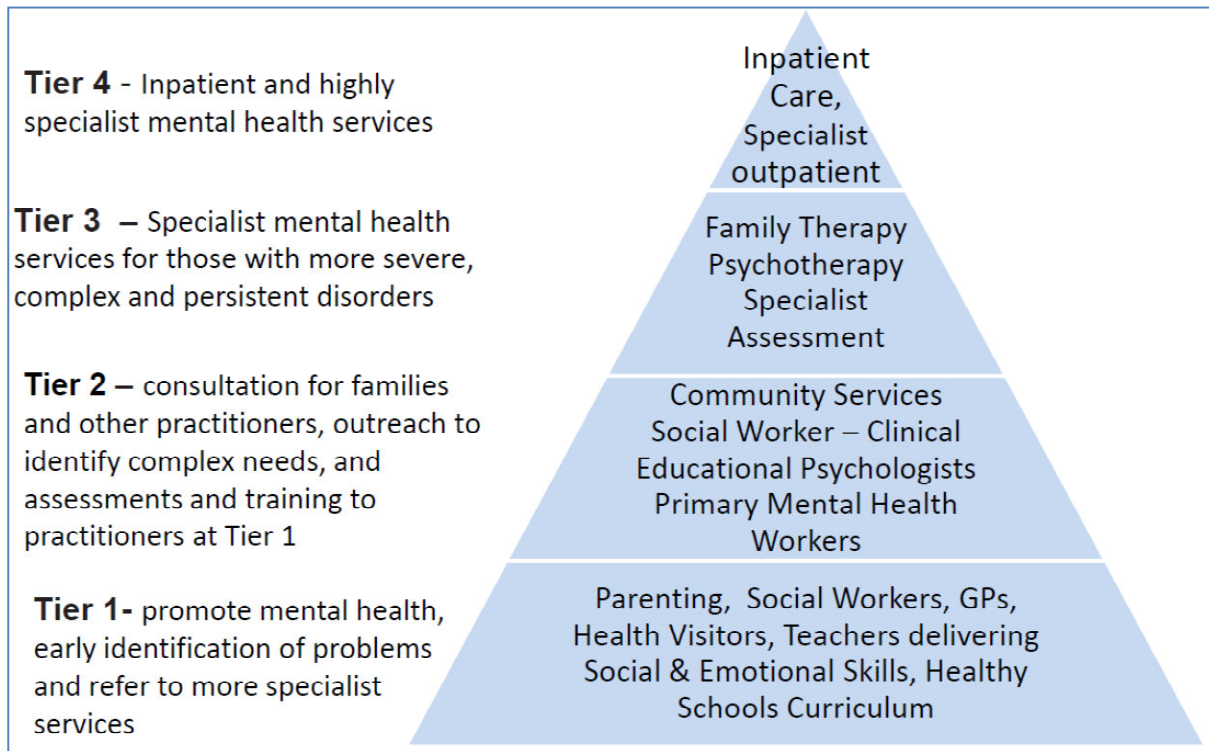
⁶ Friedli L and Parsonage M (2007): Mental health promotion: building an economic case

⁷ Information taken from Mental Health & Wellbeing Framework in Haringey – Consultation Doc (2015)

Enfield and Haringey. They provide a comprehensive range of services for children and young people working closely with the local authority (public health, education, youth justice and social care departments) and voluntary and community sector.

- 3.9 BEH MHT Children and Adolescent Mental Health Services (CAMHS) are provided in the four-tier framework and there is a single point of referral⁸ for all children. Most referrals to CAMHS are from GPs, followed by schools and social services.

Mental health services for Haringey's Children and young people



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

- 3.10 There is a variety of services provided in Tier 1 and Tier 2 ranging from interventions in the community, schools, and primary care and parenting initiatives provided by the Council. However, at present, there is no system in place to monitor comprehensively the referrals to Tier 1 and 2 and follow children and young people along the whole pathway. Appropriateness of referrals depends on the information being disseminated to all stakeholders and the communities. Commissioning arrangements for Tier 1 and Tier 2 services could also be better integrated to reduce duplication and improve efficiency. At present, over 40 services and interventions are being commissioned by the schools, Council, CCG, Public Health Department and a number of external agencies. Some of these services are general and include a component of mental health and wellbeing such as health visiting and school nursing. Other services provide more targeted approach such as Open Door, a charity that provides counselling and psychotherapy to young people aged 12-24. At present, there is no single directory of Tier 1 and Tier 2 services in Haringey that would enable full utilisation of this diverse offer. Also, fragmented provision arrangements make it

^{8 8} Emotional wellbeing and mental health for children and young people in Haringey Needs Assessment 2011

challenging to consistently apply quality standards for commissioned services across the whole borough and in line with the national evidence and best practice.

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

Main Report

4. Introduction

- 4.1 “There is a clear appreciation across all services working with Children and Young people within the London Borough of Haringey that the issue of “Transition” – and more particularly the moving between adolescent mental health services and adult mental health services at the age of 18yrs - proves enormously problematic for many young people and their families/carers.” (Dr Nick Barnes).⁹
- 4.2 During the review the Panel, with input and assistance from a range of stakeholders looked at the various issues and considered what recommendations could be made to improve the transition pathway for young people.

5. Survey

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

⁹ Dr Nick Barnes, ‘Suggestions for CAMHS transition project’, submission to Panel, Nov ‘14

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

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

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

6. Fair Access to Care

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

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

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

7. Transition point

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

8. Communication with young people and their families/carers

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

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

9. Data

Data on those who are due to transition

- 9.1 The Panel heard that at present there is no consistently updated list of young people who may need adult services at the point at which they turn 18 years of age. The Adult Mental Health Service has a list at present¹⁰, which has ten young people who may need to transition to adult services in the near future and require services/funding. However the young people on the list have been added due to relationships and contacts across the services as opposed to any clear process by which a young person could be added. The Panel felt that this would not only make it difficult for adult services to properly plan for those who may be transitioning into the service, but also meant that the risk of a young person falling through a gap and being lost from services was greater.
- 9.2 The Panel agreed that there was a need to identify those who may need adult services at the right time. This should be early enough to enable sufficient planning and transition.

RECOMMENDATION (1)

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

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

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

¹⁰ As per October 2014

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

RECOMMENDATION (2)

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

10. IT

10.1 The Panel was made aware that there is currently no interface between RIO (mental health IT system) and Framework-i (Social care records system). This means that staff working across services, and organisations, have to physically request information as the systems do not link. This process can take time.

10.2 The national charity, Young Minds, informed the Panel that data sharing is often cited as a barrier by organisations nationally (often with reference to data protection rules). However Young Minds directed the Panel to [Caldicott 2](#), an independent review, requested by the Secretary of State for Health, on how information is shared across the health and care system. This includes information sharing guidelines and places an emphasis on there being an obligation to share information.

11. Young Adult Service

11.1 The Panel heard the status underpinning the Young Adult Service is slightly different – a young person is classed as 'leaving care' up until the age of 21, or 25 years of age if they are in education. Looked after children often have very complex needs and young people rarely present with one clear need, rather these young people often require very significant support. There is a lot of unmet need, however there is also a lot of work being done to try and address this e.g. with Open Doors and Young Minds.

11.2 The Panel was made aware of the work being carried out by First Step, a service provided by Tavistock and Portman NHS Trust, who undertake a multi-disciplinary screening and assessment in the first instance. This ensures that Looked After Children (LAC) are screened to identify any mental health needs, then more extensive screening takes place to consider the level of the needs (where identified). A young person would then be referred appropriately should they need to be. This is specific to leaving care due to the increased prevalence of mental health needs within this group of young people. There are often added complexities, for example unaccompanied minors can often have substance and alcohol misuse needs.

Transition

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

RECOMMENDATION (3)

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

12. Young people appropriate services

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

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

13. Pathway workshop

Current Pathway

13.1 The Panel ran a workshop with staff who work with young people across adult services, children's services, BEH MHT and the voluntary sector. This included social workers, personal advisers and a young people's psychiatrist. The objectives of the workshop were:

- To understand the pathway between child and adult mental health services.
- To understand how different agencies fit into the pathway.
- To identify issues/challenges/blockages along the current pathway and opportunities to improve these pathways.
- To identify an improved pathway.

13.2 It was evident from the workshop that the current pathway from child to adult mental health services is very ad hoc, and the Panel felt that it was very dependent on who a young person happens to be in contact with, for example Open Door runs a service for young people aged 12-25 years of age and therefore a young person is unlikely to fall between the gap, and Psychosis also works on a more seamless pathway. However, if a young person is assessed by adult services and does not meet the threshold then they are likely to fall between the gap.

A more effective pathway

13.3 As part of the workshop, two groups were set up to consider what a more effective pathway would look like for young people. The first group felt that a multi-agency hub, which could be accessed by young people up to the age of 25 years, would be a more effective pathway for young people.

13.4 The second group 2 came up with two options:

- Multi-agency transition service for young people up to the age of 25 years
- A multi-agency formulation meeting at the point of discharge from children's mental health services to discuss, with involvement from the young person, the most appropriate care package moving forward, including involvement from voluntary organisations.

A new service model?

- 13.5 The Panel heard evidence from the national charity, Young Minds, who made the following points:
- There is no point tweaking processes around the edges, you have to change the whole system to make improvements.
 - There is a need to remember that there are young people who will have needs that 'don't quite fit' into structures and therefore there needs to be flexibility.
 - Any transition service must be holistic – and a one stop shop.
 - This approach may be expensive but the evidence is there to demonstrate that it is cost-effective.
 - Engagement with the young people is much easier when it is in a hub which covers a variety of services, and is also therefore non-stigmatising.
 - Young people must be involved.
- 13.6 The Panel felt that in order to provide an effective transition pathway for young people, as well as ensuring Haringey is in line with best practice, the borough should move towards an integrated service model for young people from 13-25 years of age.
- 13.7 The Panel was very grateful for the support and assistance of Dr Nick Barnes and Dr Virginia Valle, Young People's Psychiatrists from the Adolescent Outreach Team, BEH MHT, throughout the project. Dr Nick Barnes made a written submission to the Panel which he presented at the final meeting. The Panel felt that the points made in Dr Barnes' submission, and the proposed model were in line with the conclusions which the Panel were discussing. The Panel and project attendees also felt that the model which was suggested by Dr Barnes was also in line with the NHS England Model Specification for Child and Adolescent Mental Health Services which the panel had early sight of whilst in draft form. In particular the Panel and attendees felt that the proposed model would address the model specifications outlined in the document¹¹.
- 13.8 The extract below is from a statement submitted to the Panel by Dr Barnes:
- “There is scope and need for a wider provision at a Tier 2 level in community which could link with schools/education, social care and other services. There are 2 very strongly favoured models of support that seek to address this integration of care;*

¹¹ <http://www.england.nhs.uk/resources/resources-for-ccgs/#camhs>

The Sandwell Model¹² – delivered in Sandwell and Dudley, this is a service that offers a widely integrated service that seeks to address “wellbeing” in a far wider sense, rather than focus specifically on mental health. Hence it has had significant impact on levels of violence within the local population, as well as seek to raise levels of resilience. A key feature of this service has been the desire to reduce the threshold of accessing support. This service appreciates that offering work at an earlier stage reduces the risk of further escalation of need, and so invests in an earlier intervention and more preventative approach.

Headspace¹³ (in Australia) – Effectively seen as a One Stop Shop for addressing the wellbeing of young people (12 – 25yrs). This approach is more about a reconfiguration of current services, rather than necessarily commissioning more services (seeking an integration of – Childrens Services, Education, Sexual health, Employment, Youth Offending service, Youth services, drug and alcohol services as well as mental health services) so that a young person may approach the service without specifically believing they are looking to address their mental health needs first and foremost.

Models of good practice for (Tier 3/4) mental health services – there are many models of good practice, and within our own borough, there are areas where transition is addressed in a well-coordinated manner. This is particularly so in the **Early Intervention Services** (linking across the Adolescent Outreach Team and the adult EIS services that work with young people with psychosis). The bridging of care across both teams works well within the borough but is only for a very small and select number of young people, with the EIS intervention only being available for a maximum of 3 years¹⁴.

Orygen Youth Health¹⁵ - Orygen Youth Health Clinical Program (OYHCP) is a world-leading youth mental health program based in Melbourne, Australia. OYHCP has two main components: a specialised youth mental health clinical service; and an integrated training and communications program.....

The Enablement Initiative within BEH-MHT and local authorities – The Network – The development of enablement approach by BEH-MHT and local

¹² <http://www.bcpft.nhs.uk/services/for-children-and-young-people-and-families/84-camhs/250-specialist-camhs>

¹³ <http://www.headspace.org.au/>

¹⁴ This is in-line with [NICE](#) and the [National Service Framework for Mental Health](#)

¹⁵ <http://oyh.org.au/>

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

Other important local developments -

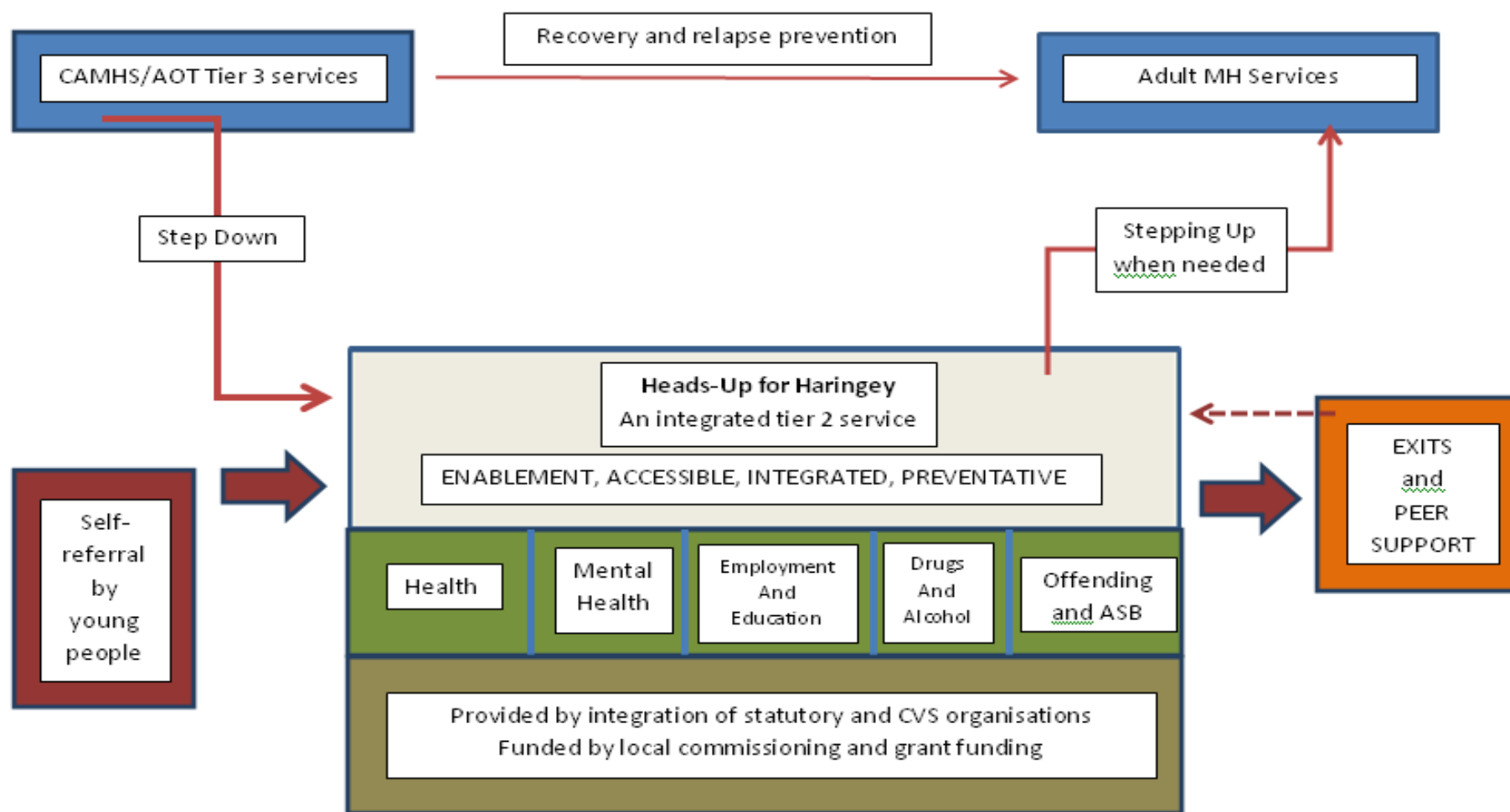
- **Integrate Haringey** – *the involvement of MAC-UK within the borough, seeking to set up an integrate project with the local authority and BEH-MHT offers a real opportunity for young people who would never normally access mental health services find a less stigmatising way of addressing their needs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

Proposal – Heads Up for Haringey – *If we are seeking to address Transition, then to best achieve this, we also need to think about accessibility (and unmet need), integration of services, early help and prevention, promoting enablement (and not dependency) and fundamentally seeking to provide the most appropriate support for young people in Haringey.*

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

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

Haringey CAMHS Transition project



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

RECOMMENDATION (4)

The panel recommends that:

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

RECOMMENDATION (5)

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

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

14. Staff awareness

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

RECOMMENDATION (6)

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

RECOMMENDATION (7)

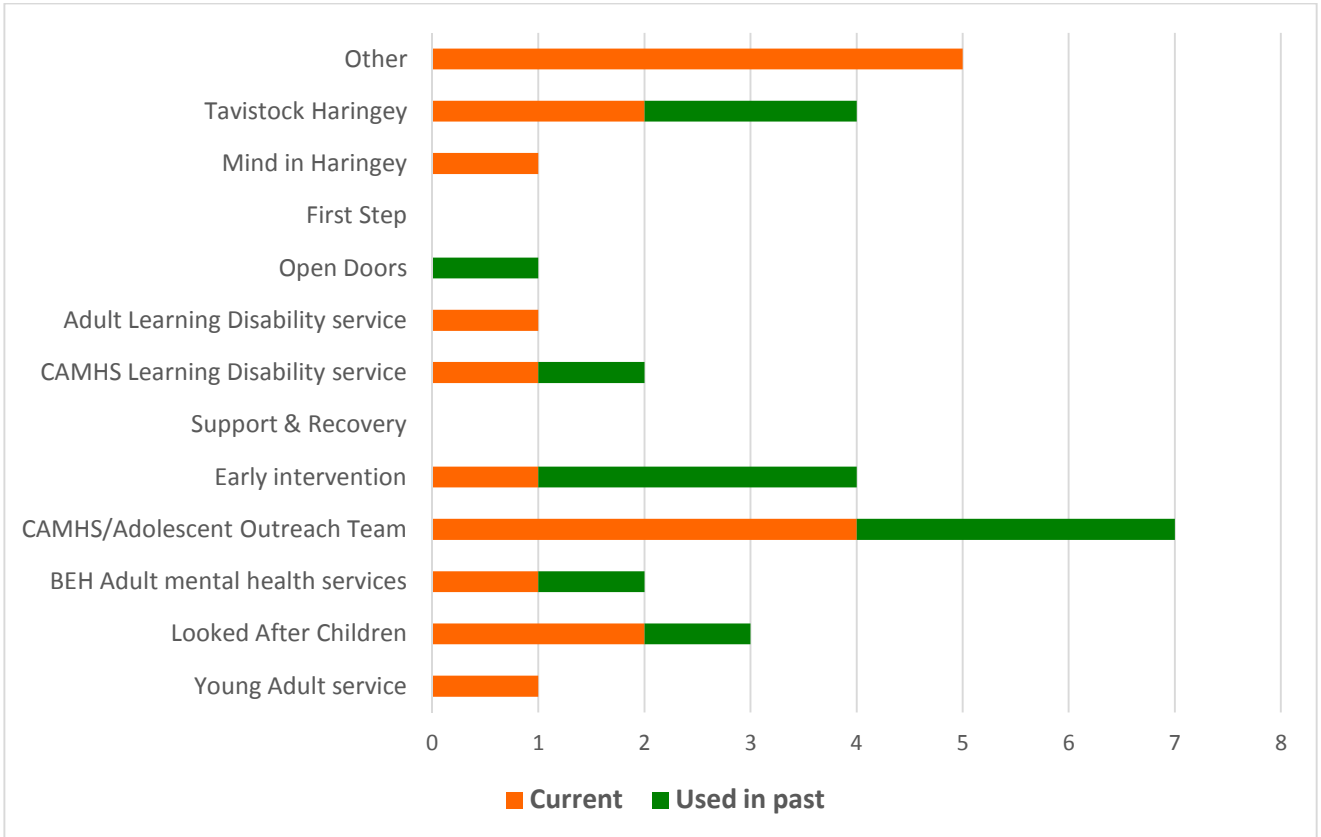
The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team.

APPENDICES

Appendix A – Parent/Carer Survey

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

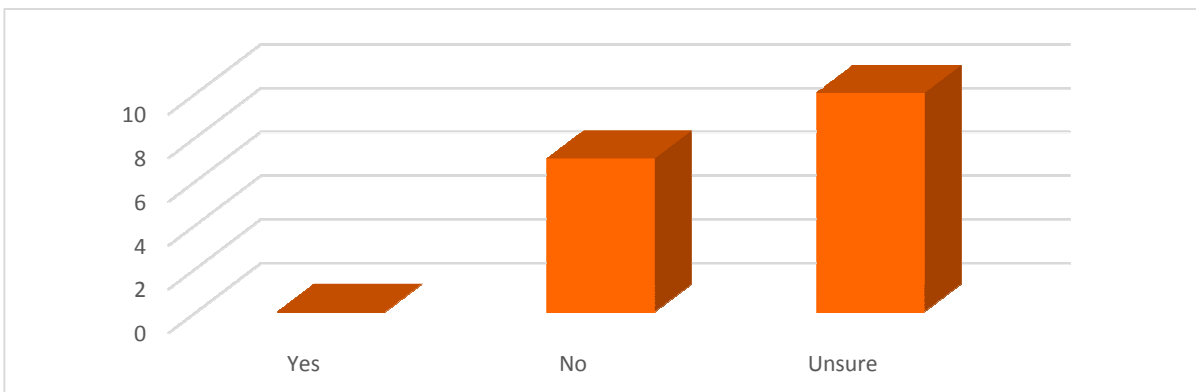
As can be seen from the chart below survey respondents had come into contact with a range of services across the young person’s mental health services.



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

There were no responses to this question.

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



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

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

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

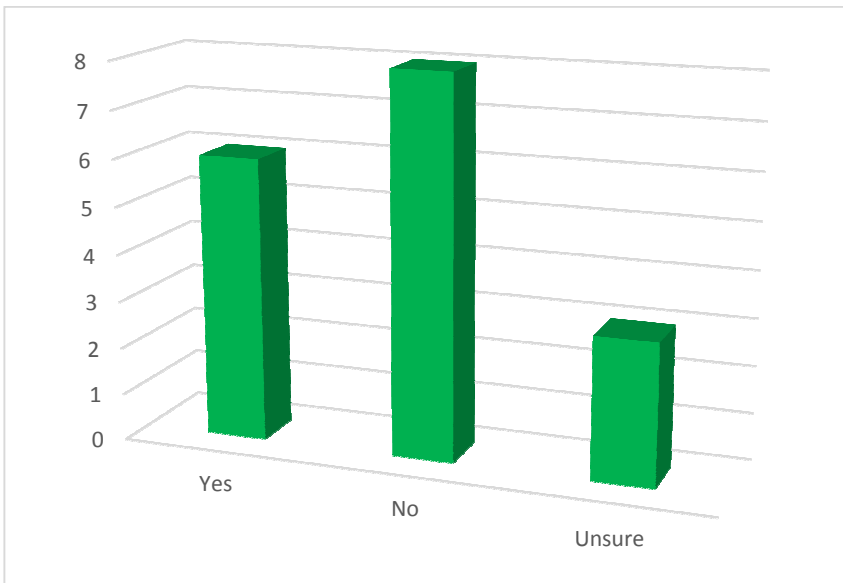
The third respondent talks about the changes or ‘cliff-edge’ when a young person transitions from child to adult mental health services and which was part of a recurring theme through the course of the project:

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

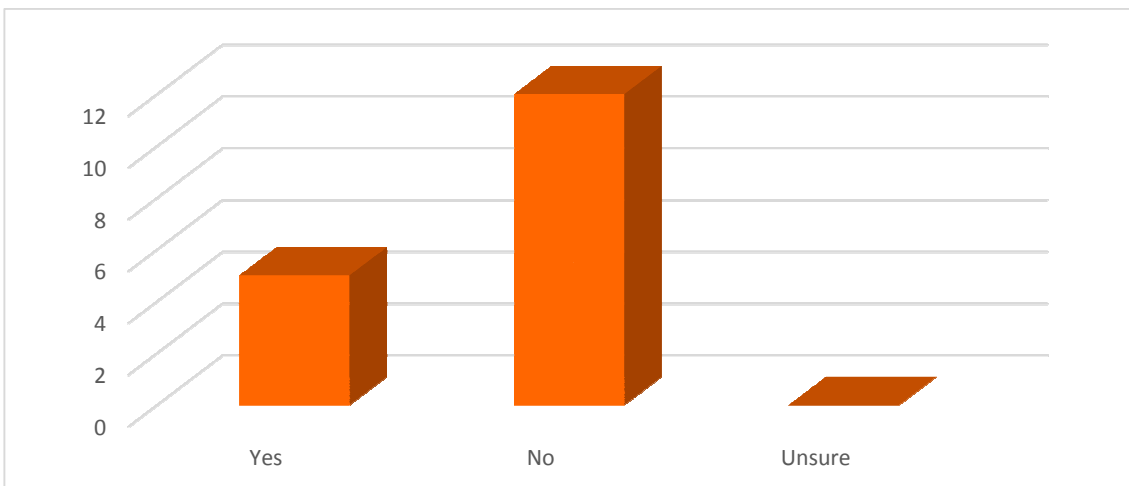
Questions 4, 5, 6 and 7

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

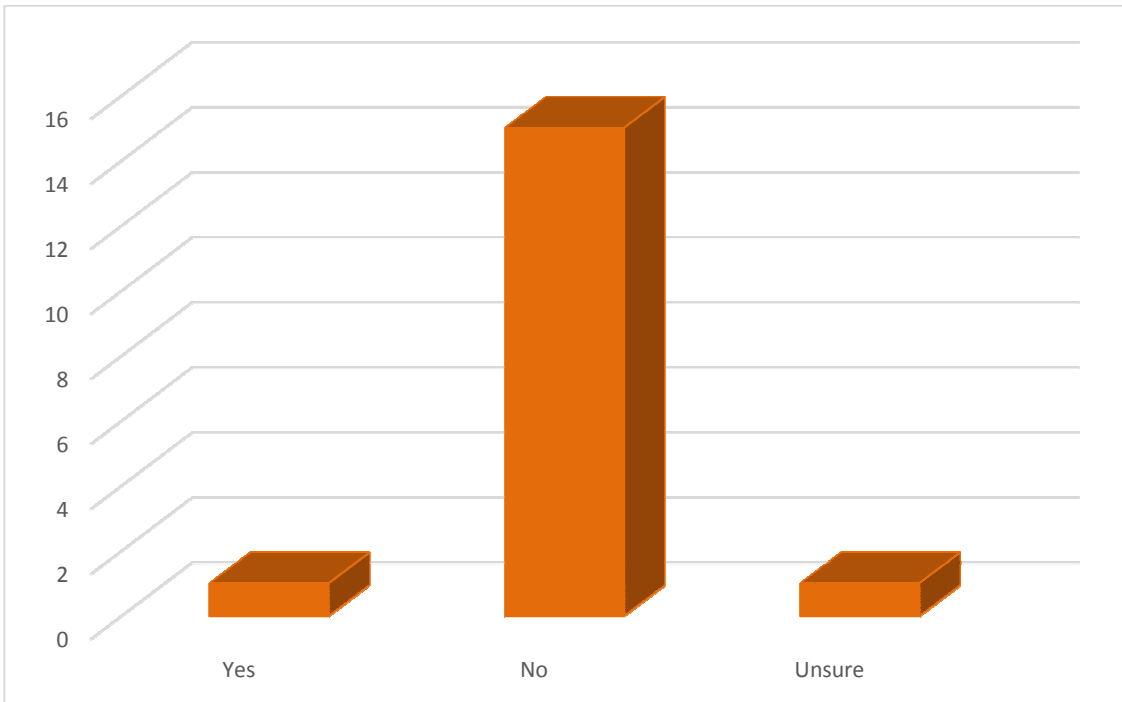
Q4. Were you aware that there would be some services that your young person might not be able to access based on their age?



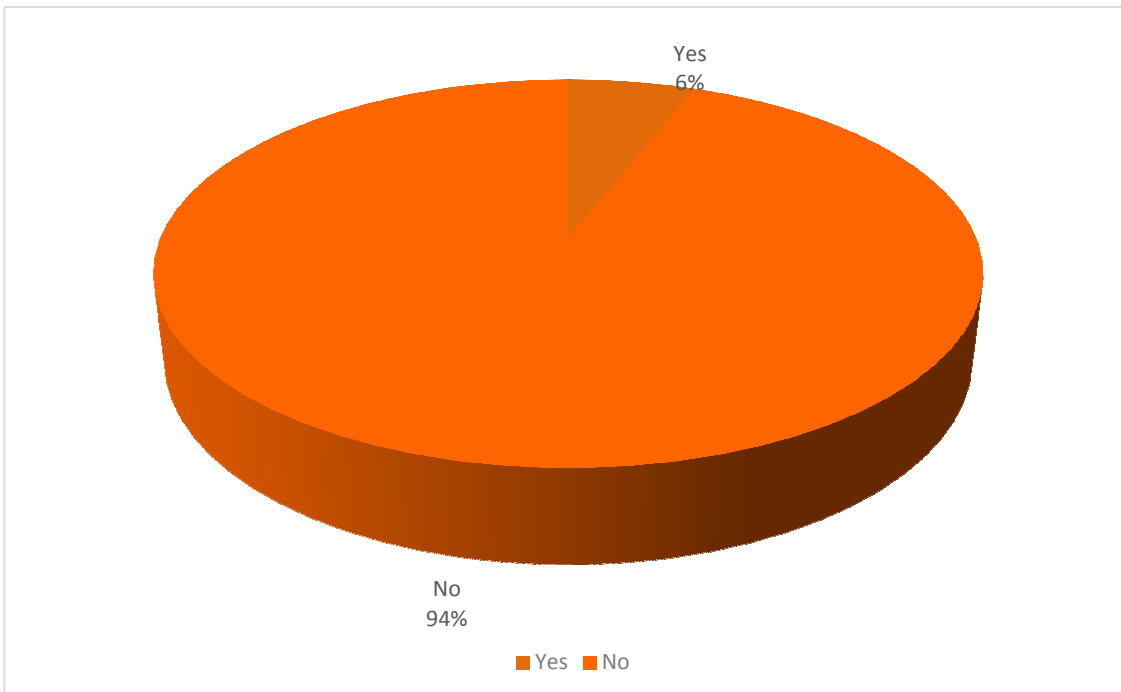
Q5. Has anyone told you that your involvement in your young person's care may change depending on their age?



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



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



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

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

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

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

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

- *“More talk about it at school and college from about age 15 so they see it as something that will definitely happen and is positive and so they feel prepared.*
- *Give quicker response to the agreement of next placement so that transition could be managed much more calmly*
- *Better information and earlier - maybe a basic transition information pack and then a meeting with the young person and carer to discuss the process with them*
- *I always have to fight hard for help with every transition. Haringey council are never pro active in helping*

- *Only experienced this so far with regard to education transition. Young people are 17 years.*
- *Professionals talk to each other*
- *Consultation with parents and parent groups*
- *Support from local agencies. Ease of access to information on services through either web app or direct mail.*
- *Make the transitions team properly resourced. Ensure that all sencos in schools & colleges understand the system and what is on offer*
- *Communication*
- *Yes. They need to be made fully aware of what their responsibilities are to themselves and how to manage these.”*

Appendix B – Review contributors

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

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



| | | | |
|------------------------------|--|--|-----|
| Report for: | Overview and Scrutiny Committee – 26 March 2015 | Item Number: | 14 |
| Title: | Violence Against Women and Girls; Environment and Community Safety Scrutiny Panel Project Report | | |
| Report Authorised by: | Cllr Barbara Blake, Chair, Environment and Community Safety Scrutiny Panel | | |
| Lead Officer: | Robert Mack Principal Scrutiny Support Officer Rob.mack@haringey.gov.uk 0208 489 2921 | | |
| Ward(s) affected: | All | Report for Key/Non Key Decisions: | N/A |

1. Describe the issue under consideration

- 1.1.1 Under the agreed terms of reference¹, the Environment and Community Safety Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.
- 1.1.2 In this context, the Panel may:
- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
 - Conduct research, community and other consultation in the analysis of policy issues and possible options;
 - Make reports and recommendations on any issue affecting the authority's area, to Full Council, its Committees or Sub-Committees, the Executive, or to other appropriate external bodies.
- 1.1.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for the Overview & Scrutiny Committee. Project work undertaken by the Environment and Community Safety Scrutiny Panel on Violence Against Women and Girls was agreed as part of this work programme by the Committee in July 2014.

¹ Overview and Scrutiny Protocol, 2012, Haringey Council

2. Cabinet Member introduction

N/A

3. Recommendations

3.1.1 That the Overview and Scrutiny Committee:

(a) Agree the report; and

(b) Agree the recommendations contained in the final report

4. Alternative options considered

4.1 The options considered during the course of this scrutiny project are outlined in the body of the report.

5. Background information

5.1.1 The Terms of Reference for the project were;

“To consider and make recommendations to the Overview and Scrutiny Committee on how the Council and its partners address early intervention and prevention in domestic violence and abuse and specifically;

- The development of improved links between Violence Against Women and Girls services with NHS services; and
- Any gaps in services, particularly in respect of increasing levels of awareness amongst professionals and the community.”

5.1.2 The Panel heard from a range of stakeholders, including NHS England, Barnet, Enfield and Haringey Mental Health NHS Trust, Haringey Clinical Commissioning Group (CCG), Whittington Health, the North Middlesex University Hospital and Public Health

5.1.3 A number of themes emerged from the project, which are outlined in more detail in the main body of the report.

6 Comments of the Chief Finance Officer and Financial Implications

6.1 The Panel has put forward a number of recommendations for consideration. At this stage, the recommendations are fairly high level and further work will be required to fully assess their financial implications. As the Panel will be well aware, Council and other public sector budgets are under pressure and there is little new funding available to support these recommendations and so their implementation may require redirection of existing resources. However proposals to undertake joint work and integrated commissioning may allow improvements in value for money. For these reasons a robust business case must be drawn up and recommendations should only be adopted if this demonstrates and if the necessary resources have been identified.

7 Assistant Director of Corporate Governance Comments

- 7.1 The recommendations arising from the Project Report are within the terms of reference of the Panel.
- 7.2 Under Section 9F Local Government Act 2000 (“LGA”), Overview and Scrutiny Committee have the powers to make reports or recommendations to Cabinet on matters which affect the Council’s area or the inhabitant of its area. The Constitution provides that the Scrutiny Review Panels must refer their findings/recommendations in the form of a written report to the Overview and Scrutiny Committee for approval. Afterwards, final reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate. The Overview and Scrutiny committee must by notice in writing require Cabinet to consider the report or recommendations.
- 7.3 Under Section 9FE of the LGA, there is a duty on Cabinet to respond to the report. That response must indicate what (if any) action Cabinet, proposes to take, within 2 months of receiving the report or recommendations.

8 Equalities and Community Cohesion Comments

- 8.1.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:
- Helping to articulate the views of members of the local community and their representatives on issues of local concern
 - Bringing local concerns to the attention of decision makers and incorporating them into policies and strategies
 - Identifying and engaging with hard to reach groups
 - Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- 8.1.2 The evidence generated by scrutiny reviews help to identify the kind of services wanted by local people. It also promotes openness and transparency as meetings are held in public and documents are available to local people.

9 Head of Procurement Comments

N/A

10 Policy Implication

- 10.1.1 Work carried out by the Environment and Community Safety Scrutiny Panel during 2014/15 should contribute and add value to the work of the Council and its partners in meeting locally agreed priorities. In particular, domestic violence is one of the priorities within the Haringey Community Safety Strategy for 2013 - 2017.

11 Reasons for Decision

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

12 Use of Appendices

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

13 Local Government (Access to Information) Act 1985



Scrutiny Project – Violence Against Women and Girls

**A REPORT BY THE ENVIRONMENT AND COMMUNITY SAFETY
SCRUTINY PANEL**

March 2015

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Chair's Foreword:

Tackling violence against women and girls is a key priority for Haringey Council. The Council is dedicated to working with partners across the borough to address and eliminate violence against women and girls. Cases of abuse, be it physical or sexual, can be some of the worst crimes and victims can often find it hard to talk about their experiences and are often unsure where to turn to for appropriate support. We want to prevent these crimes happening in the first place. Where violence does occur, we want to ensure victims have the confidence to report cases. In addition, there should be support for victims and their children so that they are able to rebuild their lives and are protected from further harm.

To assist this, a study was conducted by the Environment and Community Safety Panel between September 2014 and March 2015, to examine the level of collaborative work with partners to tackle VAWG across Haringey and ensure we have services which can detect and respond to specific crimes. The work focussed specifically on the response of health services.

The aim was to capture what individual statutory agencies did to provide services for domestic violence and abuse and to recommend ways for a more co-ordinated response. It is clear that there are many initiatives underway. With good practice and a clear referral pathway, we feel a performance framework can be developed so that we can be confident we are making progress in preventing violence against women and girls



Councillor Barbara Blake
Chair of the Review Panel

SCRUTINY PROJECT – VIOLENCE AGAINST WOMEN AND GIRLS

Executive Summary

The aim of this project was to help the identification, prevention and reduction of domestic violence and abuse in Haringey. It is a complex issue that needs sensitive handling by a range of organisations and professionals. The cost in human and economic terms is such that even marginally effective interventions can be cost effective.

There has been an increase in the reported incidents of domestic violence and abuse (DVA), with 4,061 incidents reported to the Police on Haringey in 2013-34. This could be because victims are likely to report instances due to greater confidence in the response and improved detection rates. Whilst this is welcome, many challenges still remain. It is widely acknowledged that there is still considerable under reporting, especially from primary care services in health.

The Panel found the issue of DVA to be a complex area of policy. It involves a large number of different partners contributing to the response as no one single agency can effectively respond to the issues in isolation. However, the recently established Violence Against Women Strategic Group is now making progress in Haringey and tackling a number of important areas that require attention. Amongst these is the need for a clearer referral pathway into services for victims to be developed, which the Panel was pleased to hear is currently being addressed. A single point of access would be particularly welcome.

The Panel noted the lack of publicity for DVA services in Haringey and feels that this should be resolved quickly by partners once the referral pathway has been developed. The Panel also noted that funding for support services lacks stability, with a significant percentage of it coming from a range of grants, each running to different timescales and monitoring arrangements. However, it is not clear how this can be mitigated easily, especially in the current financial environment. The Panel feels that it is important that information is obtained and responded to on the experience of victims in accessing services and welcomes moves to address this.

The work of the Panel focussed on the response of health services to DVA and it noted that there has been some encouraging progress nationally in recent years. Of particular note are the IRIS scheme for GP services and the growing use of hospital based Independent Domestic Violence Advocates (IDVAs). These have both proven to be successful in dramatically increasing the number of referrals from health services where they have been used. Haringey has yet to commission either of these schemes. The Panel noted that the decision to not commission IRIS is to be reconsidered by Haringey CCG and is of the view that health commissioners should give both of these initiatives serious consideration.

An important issue in respect of improving links between NHS acute provider trusts and DVA services is that hospitals treat patients from different boroughs, whilst DVA services are often borough based. This leads to professionals in acute provider trusts having to navigate patients through different referral pathways, depending on where the patient is from. In addition, hospital based DVA services are funded by some boroughs but not others whose residents may also benefit from them. A greater use of joint commissioning might provide an equitable solution to these issues.

Earlier detection and an increase in referrals from health services is very likely to lead to greater pressure on services to support the needs of victims and survivors, which already appear to be struggling to meet demand. Although these services were not looked at in detail as part of this piece of work, the Panel is of the view that if partners are aiming to increase the level of referrals, especially from health colleagues, they will also have to address the capacity of support services to deal with them. The Panel notes the recent launching of the first London-wide service for victims of abuse by the MOPAC and this may have the potential to assist as well as reducing inconsistencies between boroughs. However, it could also further complicate an already complex structure.

Recommendations:

1. That information be shared with the Panel by the Violence Against Women and Girls Strategic Group for their plans on how the views of service users will be obtained and responded to. (*Paragraph 3.15*)
2. That a clear timeframe be set by the Violence Against Women and Girls Strategic Group for the approval of a referral pathway. (*3.17*)
3. That work to develop the referral pathway focus upon simplifying the process and establishing a single point of entry. (*3.17*)
4. That the Strategic Group develop proposals for publicising domestic violence and abuse services and, as part of this, consideration be given to joint commissioning. (*3.20*)
5. That the Strategic Group, working together with the Local Safeguarding Children's Board (LSCB), develop proposals for multi agency training on Female Genital Mutilation (FGM) for health and social care professionals and that Members also be included in relevant training on the issue. (*3.25*)
6. That consideration be given by the Strategic Group to developing multi agency and multi disciplinary training on domestic violence and abuse. (*3.25*)
7. That consideration be given by the Violence Against Women and Girls Strategic Group on how best to secure the regular engagement of local NHS acute trusts and the MHT on a basis that is achievable and sustainable. (*4.2*)
8. That, in view of the strong evidence of the effectiveness of the IRIS scheme in facilitating the detection of domestic violence and abuse, the Haringey CCG reconsider its decision not to commission it. (*4.18*)
9. That CCG explore further the potential of joint commissioning of IRIS with neighbouring boroughs in north central London. (*4.18*)
10. That staff training provision on DVA be reviewed by Whittington Health to ensure that sufficient time is allocated and that it is delivered in an appropriate and interactive format, with the use of e-learning avoided (*4.26*)
11. That the business case currently under development by NMUH for the establishment of a post of hospital based IDVA be supported and recommended for approval by the CCG and that consideration also be given to establishing a similar

post at the Whittington hospital. (4.39)

12. That the options of providing hospital based IDVAs by joint commissioning between boroughs whose residents use the same hospitals and/or the re-location of one or more of the boroughs IDVAs to local hospitals be considered by the Community Safety Partnership, in consultation with the CCG. (4.40)
13. That the Violence Against Women and Girls Strategic Group work together with partners to ensure that all relevant professionals understand and receive training on completing the referral form for DVA (the CAADA DASH RIC) in order to promote its wider use. (4.44)

1 BACKGROUND

1.1 The project was commissioned by the Panel to look at the issue of Violence Against Women and Girls. As this is a wide and complex area of policy and there was limited time available, the Panel decided to focus its attention on a specific area. It looked at the response of NHS health services to domestic violence and abuse (DVA) and, in particular, detection and early intervention, which are both areas that require further development. In addition, the Panel also looked at gaps in services, such as promotion and publicity.

1.2 The role of overview and scrutiny in respect of crime and community safety is to scrutinise the work of the Crime Reduction Partnership i.e. partnership activities. However, this issue also cuts across other partnership bodies such as the Health and Wellbeing Board, the Safeguarding Adults Board and the Local Safeguarding Children Board.

Terms of Reference/Objectives

1.3 The terms of reference for the project were as follows:

“To consider and make recommendations to the Overview and Scrutiny Committee on how the Council and its partners address early intervention and prevention in domestic violence and abuse and specifically;

- *The development of improved links between Violence Against Women and Girls services with NHS services; and*
- *Any gaps in services, particularly in respect of increasing levels of awareness amongst professionals and the community.”*

Sources of Evidence:

1.4 Sources of evidence were as follows:

- Research documentation and relevant local and national guidance;
- Interviews with key stakeholders and local organisations; and
- Practice in other local authority areas.

1.5 A full list of all those who provided evidence is attached as Appendix A.

Membership

1.6 The membership of the Panel was as follows:

- Councillors: Barbara Blake (Chair), Gallagher, Gunes, Hare, Jogee, Newton and Wright
- Co-opted Member: Mr I Sygrave (Haringey Association of Neighbourhood Watches)

2 INTRODUCTION

Definitions

- 2.1 The term “Violence Against Women and Girls” originates from the United Nations Declaration (1993) on the elimination of violence against women. This defined violence against women and girls as: *“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”*
- 2.2 It is now widely used as the term to describe a range of types of crime and abuse that are against women and girls and includes the following types of abuse and crimes:
- Sexual violence, abuse and exploitation
 - Sexual harassment and bullying
 - Stalking
 - Trafficking and forced prostitution
 - Domestic violence and abuse (DVA)
 - Female genital mutilation
 - Forced marriage
 - Crime committed in the name of “honour”.
- 2.3 The government definition of DVA is: ‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality’
- 2.4 This can encompass, but is not limited to, the following types of abuse:
- Psychological;
 - Physical;
 - Sexual;
 - Financial; and
 - Emotional.
- 2.5 The Government definition, which is not a legal definition, includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.
- 2.6 The government has recently announced the creation of a new offence of coercive and controlling behaviour. The maximum penalty for the new offence will be five year imprisonment and a fine. The new law will help protect victims by outlawing sustained patterns of behaviour that stop short of serious physical violence but amount to extreme psychological and emotional abuse.
- 2.7 Coercive and controlling behaviour can include the abuser preventing their victim from having friendships or hobbies, refusing them access to money and determining minute aspects of their everyday life, such as when they are allowed to eat, sleep and go to the toilet.

Prevalence

2.8 DVA is probably the most prevalent form of Violence Against Women and Girls. The 2012/13 British Crime Survey (BCS) of England and Wales self-completion module on intimate violence provided a general overview of its scale. The findings included the following:

- 7.1% of women and 4.4% of men reported having experienced any type of DVA in the last year, equivalent to an estimated 1.2 million female victims of domestic abuse and 700,000 male victims;
- Overall, 30.0% of women and 16.3% of men had experienced any domestic abuse since the age of 16, equivalent to an estimated 4.9 million female victims of domestic abuse and 2.7 million male victims;
- Women were more likely than men to have experienced intimate violence across all headline types of abuse asked about;
- In the last year, partner abuse (non-sexual) and stalking were the most common of the separate types of intimate violence: 4.0% of women and 2.8% of men reported having experienced partner abuse (non-sexual); 4.1% of women and 1.9% of men reported having experienced stalking; and
- Two per cent of women and 0.5% of men had experienced some form of sexual assault (including attempts) in the last year.

2.9 It is likely that the BCS data understates the level of violence against women. Amongst other issues, it does not differentiate between acts of primary aggression and self defence and approximately 75% of violence committed by women is done in self defence or retaliatory. It also does not differentiate between cases where there is one incident or those where violence is repeated. Where there have been four or more incidents, approximately 80% of victims are women.

Haringey Statistics

2.10 Recent statistics relating to Haringey show the following:

- There were 4061 incidents of domestic violence reported to the police between October 2013 and September 2014. This represented a 26% increase during the period, which was the 4th highest in London. All London boroughs also recorded an increase during this period. Haringey's rate is the 13th highest rate in London.
- Over half of all DV offences occur at the weekend. It peaks during the summer months, with July to September recording the highest number of offences per month. There is also a peak around Christmas;
- 93% of offenders are male, particularly between the ages of 18 and 34;
- Victims are mostly aged 21-30. Over one-third of domestic violence victims have been the victim of another offence in the previous 12 months;

- Ex-partner (42.1%) and husband (33.2%) is the most likely relationship between victim and perpetrator;
- Domestic violence was a concern in 75% of child protection cases;
- Over two thirds of offenders flagged with DV issues are identified as having mental health issues; and
- Half of offenders are recorded as having a substance misuse issue.

3. ACTION TO ADDRESS DOMESTIC VIOLENCE AND ABUSE

Strategic Approach

- 3.1 The current strategic approach by the Community Safety Partnership for tackling the issue was included within the Community Safety Strategy 2013-2017. This was based on;
- Haringey's Community Safety Strategic Assessment 2012/13; and
 - The 2012 Joint Strategic Needs Assessment chapter on domestic and gender based violence.
- 3.2 Actions arising from the strategy were as follows:
- To establish a single, strategic commissioning lead for domestic violence;
 - To improve data collection and agree a robust and meaningful set of performance indicators;
 - To improve awareness raising in the community and in schools;
 - To roll out the IRIS (identification and referral) project in GP surgeries;
 - To increase the provision of safety planning support for high risk victims;
 - To increase the uptake of accredited perpetrator programmes; and
 - To develop an understanding of – and measurements for - wider gender-based offences (e.g. female genital mutilation, forced marriage, sexual crimes).
- 3.3 A delivery plan was developed to take forward these actions. Most of the actions have progressed to plan, with the exception of the IRIS project. This is due to funding not being identified by Haringey CCG and a difference in views about the approach to domestic violence in primary care.

Partnership Audit

- 3.4 A partnership audit on the coordinated community response to DVA was undertaken by Standing Together Against Domestic Violence in 2012. This identified a number of gaps in services including:
- The need for a clear delivery plan, with particular focus on prevention, early intervention and risk;
 - Stronger links between commissioners and operational groups; and
 - Improved co-ordination.
- 3.5 Action has been taken to address the gaps that were identified but some still remain.

Governance

- 3.6 Governance structures were amended in response to the partnership audit. Co-ordinated action by partners from Haringey's Community Safety Partnership is now led by the Violence Against Women and Girls Strategic Group, which is chaired by Dr Jeanelle de Gruchy, the Council's Director of Public Health. The Strategic Group is responsible for undertaking a wide range of work, including the development of practice. It has a broad membership of over 20 senior officers, which includes the Police, NHS organisations, Probation and Children and Adult Services. The Panel

noted the comment of Dr de Gruchy that one particular challenge was that no one organisation has the lead role.

- 3.7 There is also a Violence Against Women and Girls Advisory Group that comprises directors and chief officers of specialist violence against women and girl services operating within the borough. In addition, there is a Practice Network that meets twice yearly and has a wide membership.
- 3.8 The Strategic Lead for Violence Against Women and Girls is based within the Council. The role involves co-ordinating the response across the Community Safety Partnership as well as ensuring that there are effective links with other relevant priorities. A Violence Against Women and Girls Co-ordinator has been temporarily recruited to support the Strategic Lead. There are also three additional posts within the Children and Young People's Service (CYPS) that work specifically on domestic violence and violence against women and girls.

Support Services

- 3.9 A range of services, both commissioned and non commissioned, are provided within the borough to support victims and survivors;

| Service Name | VAWG Type | Risk level | Summary |
|--|---|---------------------|---|
| Multi Agency Risk Assessment Conference – coordinated by Standing Together Against Domestic Violence | DV | High risk | Coordinate the MARAC |
| Independent Domestic Violence Advocacy Service - Nia | DV - female | High risk | Take referrals from the MARAC |
| Hearthstone Domestic Violence Advice and Support Centre | DV – all risk levels | All levels | Specialising in housing options and support |
| Floating Support – Solace Women's Aid | DV - female | Standard and medium | Housing related support to live independently in the community – more longer term |
| HAGA – Haringey Advisory Group on Alcohol | DV | All levels | Support for DV victims with alcohol dependency |
| Imece Women's Centre | DV, forced marriage and "honour" based violence | All levels | Specialist support for Turkish, Kurdish, Turkish Cypriot and any other Turkish Speaking women |
| Victim Support | DV and general crime | Standard | Support and advice |
| The Water lilly Project | DV | Standard and medium | Service user support group for women in contact with HAGA |
| Wise Dolls | DV | Standard and medium | Art therapy |
| LGBT Domestic Abuse | LGBT DV | All levels | Counselling, advice line, advocacy, |

| | | |
|-------------------|--|----------------|
| Partnership (DAP) | | support groups |
|-------------------|--|----------------|

3.10 Of particular note are the following;

- Multi Agency Risk Assessment Conference (MARAC); This deals with cases that are considered to be high or very high risk of harm and meets on a four weekly basis. It looks at instances where there is a serious risk of injury or homicide and undertakes risk assessment and management.
- Independent Domestic Violence Advisers (IDVA) Haringey has 3 IDVAs who provide independent one-to-one support of victims of domestic violence and support for victims who are assessed as being at high risk of harm. IDVAs also play a key role at the MARAC.
- Hearthstone Domestic Violence Advice and Support Centre; The main focus of the service is on housing support but it can also provide advice and referrals to a range of other services.
- Solace Women's Aid; They are commissioned to provide:
 - Emergency refuge accommodation and floating support for women and girls over the age of 14 who have experienced any form of abuse; and
 - The POW Project, which is a peer education pilot project working with young women aged 16 years plus to raise awareness of violence against women.
- Haringey Advisory Group on Alcohol (HAGA); This provides support for domestic violence victims who have substance abuse issues or who live with someone who does.

3.11 A London-wide service for victims of DVA has recently been launched which is funded by £5 million from the MOPAC. The new service, which was a Mayoral manifesto commitment, will aim to co-ordinate services and give all victims access to specialist support through both Independent Domestic Violence Advocates (IDVAs) and other support workers.

Funding

3.12 Funding for Violence Against Women and Girls comes from a number of sources. Funds are received from the Mayor's Office for Policing and Crime (MOPAC), which the Council matches through its community safety budget. In addition, Public Health also provide funding for work in two distinct areas;

- Prevention work amongst young women; and
- A domestic violence worker to address issues associated with alcohol through Haringey Advisory Group on Alcohol (HAGA).

3.13 The Housing Options and Support Service provide funding for the Hearthstone services associated with housing and the Senior Practitioner in CYPS. Some funding for services also comes from London Councils as part of pan-London initiatives.

3.14 The Panel is concerned about the lack of consistent funding for DVA. A large percentage comes from a number of different grants, all operating to different time

scales. There is also a time consuming administrative burden arising from these. The Panel is of the view that there is a need for greater stability in funding sources so that greater continuity can be established, thus facilitating long term planning. However, it is accepted that this may be difficult to achieve in the current austere climate.

Service User Views

- 3.15 The Panel noted that the Strategic Group had developed a user voice model and a plan for its implementation. The Panel feels that it is very important that the views of services users are both sought and responded to so that DVA services can ensure that they are meeting the needs of clients effectively. It therefore requests further details of how the views of users will be obtained and responded to by commissioners and providers.

Recommendation:

That information be shared with the Panel by the Violence Against Women and Girls Strategic Group for their plans on how the views of service users will be obtained and responded to.

Referral Pathway

- 3.16 Developing the referral pathway is a priority for the Strategic Group to address and it is currently in the process of being re-designed. The reason for this is that it is currently felt to lack clarity. The issue needs to be resolved prior to the re-commissioning of the IDVA service. There are, in particular, issues with where clients should go to in the first instance. Until this issue had been resolved, publicity cannot be progressed.
- 3.17 The Panel feels that this lack of clarity was confirmed in the evidence of those who it heard from, including people directly involved in addressing DVA issues and especially health colleagues. Current pathways appear overly complex and in need of simplification. The Panel would endorse fully the need for a simple and clear pathway to be developed as a priority and requests confirmation of the time line for this. The Panel would also concur with the view of Dr Hughes, the Medical Director for North and East London from NHS England, that the establishment of a single point of entry which could act as a triage for referral to other services would be particularly welcome.

Recommendations:

- ***That a clear timeframe be set by the Violence Against Women and Girls Strategic Group for the approval of a referral pathway, and***
- ***That work to develop the referral pathway focus upon simplifying the process and establishing a single point of entry.***

Publicity

- 3.18 There is a lack of publicity regarding DVA services but, as previously mentioned, this issue cannot be addressed until such time as the referral pathway is fully developed. In terms of health services, all of the NHS health trusts that the Panel received evidence from identified publicity as a challenge and acknowledged that it needed to be improved. Funding for publicity was also referred to as being an issue.
- 3.19 There are various examples available of how services could be publicised discreetly that are in use in other areas. One example that was mentioned was the bar code stickers used by Standing Together Against Domestic Violence as part of their maternity domestic violence project in west London.
- 3.20 The Panel is of the view that a plan for publicising services needs to be developed by partners on the Violence Against Women and Girls Strategic Group. It also feels that consideration should be given to jointly commissioning this as a means of obtaining economies of scale and avoiding duplication. The services to which people are referred or signposted to by partners are the same and it therefore makes less sense to have separate arrangements for publicity.

Recommendation:

That the Strategic Group develop proposals for publicising domestic violence and abuse services and, as part of this, consideration be given to joint commissioning.

Female Genital Mutilation

- 3.21 The Panel heard evidence from Dr de Gruchy, the Chair of the Strategic Group, that there was an issue with female genital mutilation (FGM) and, in particular, it is a big issue for both the Whittington and NNUH hospitals. There are alerts within the trusts for instances and it is now mandatory for clinicians to report FGM. The Panel noted that in 2012/13, there had been 96 cases reported by the Whittington and approximately 2% of women who attended ante natal had been found to have suffered FGM.
- 3.22 The Panel also noted that around 30 cases per month present at NNUH per month who have suffered FGM. The women in question are mostly of child bearing age and tend to come from the gynaecology department as this is where FGM is most likely to be identified. A report has to be submitted every month on the number of cases.
- 3.23 A business plan has been presented to Enfield and Haringey CCGs for a multi-disciplinary service for FGM at NNUH consisting of:
- Obstetric & Gynaecology consultant
 - A midwife (with support from safeguarding midwife)
 - A psychologist
 - Input from urology service
 - Input from a named doctor
- 3.24 There is a need for training for a wide range of professionals on the issue of FGM. Partners currently make their own arrangements for this. The Panel noted the

evidence of Dr Hughes who was of the view that multi disciplinary/multi agency training might have considerable benefits. She felt that it could promote better awareness and understanding of the roles of different agencies as well as helping to develop a joint approach to the issue.

- 3.25 The Panel notes that Members can be alerted to instances of FGM within their surgeries. The Panel would recommend they also be included in training on the issue to increase their awareness of the issue and how to respond to it.

Recommendations:

- ***That the Strategic Group, working together with the Local Safeguarding Children's Board (LSCB), develop proposals for multi agency training on Female Genital Mutilation (FGM) for health and social care professionals and that Members also be included in relevant training on the issue; and***
- ***That consideration be given by the Strategic Group to developing multi agency and multi disciplinary training on domestic violence and abuse.***

4. HEALTH SERVICES

Introduction

- 4.1 The Panel looked in depth at how local NHS health services respond to DVA and received evidence from NHS England, Haringey CCG, Whittington Health, North Middlesex University Hospital (NMUH) and Barnet, Enfield and Haringey Mental Health Trust (BEH MHT). All of these trusts are involved to varying degrees in partnership activity related to DVA, including membership of the Violence Against Women and Girls Strategic Group. In addition, they also have important roles in detection and referral.
- 4.2 The previously mentioned partnership audit commented very favourably on the commitment of local NHS organisations to DVA issues. They are represented within the governance structure but, although the Strategic Group has representation from Haringey CCG. The Panel noted that it nevertheless had still not secured regular involvement from all local acute trusts and the MHT. However, the Chair of the Strategic Group commented that senior people in the NHS were very busy and a means of securing their regular engagement needed to be developed. In particular, the acute trusts all served more than one borough, placing additional strain on their resources.

Recommendation:

That consideration be given by the Violence Against Women and Girls Strategic Group on how best to secure the regular engagement of local NHS acute trusts and the MHT on a basis that is achievable and sustainable.

- 4.3 Clinical Commissioning Groups (CCGs) commission most of the hospital and community NHS services in local areas. CCGs are overseen by NHS England, which retains responsibility for commissioning primary care services, such as GP and dental practices, as well as some specialised services. All GP practices belong to a CCG but they also include other health professionals, such as dentists, pharmacists and optometrists.
- 4.3 There was an acknowledgement amongst the health service organisations that the Panel received evidence from that they need to improve their response to DVA. In particular, the level of referrals from health services have been low despite the significant number of women and girls attending GPs and hospitals for treatment for ailments or injuries linked to DVA.
- 4.4 The cost of DVA to the NHS was estimated to be £1.7 billion per year in 2009 with the major costs being to GPs and hospitals. This does not include mental health costs, which is estimated at an additional £176 million. Recent figures compiled by the charity Safe Lives show that almost a quarter of “high risk” victims have been to A&E with injuries sustained during violent abuse and some went as many as 15 times before the problem was addressed.
- 4.5 In respect of GP practices, there is evidence that the incidence of DVA in practice populations is greater than in the general population. A study in Newham showed that 80% of women in violent relationships sought help from health at least once

and 41% of women surveyed in a GP waiting room had experienced violence in a relationship. However, only 15% had a reference to violence in their GP notes.

- 4.6 The Panel received evidence from Dr Henrietta Hughes, the Medical Director for North and East London at NHS England. She stated that victims and perpetrators are both likely to be patients. DVA was a risk factor for both immediate and long term conditions. There was an increase risk during pregnancy and the newborn period.
- 4.7 The Panel heard that a number of initiatives have been introduced to address the situation and, in particular, the IRIS scheme and the provision of hospital based IDVAs were both discussed in the course of the Panel's work. Guidelines for health services, social care and the organisations they work on how they can respond effectively to DVA were published by the National Institute for Clinical Excellence (NICE) in February 2014. These contain 17 recommendations which cover detection, support and treatment.

GP Services

- 4.8 GPs are very well placed to detect domestic violence at an early stage. They are also, like DVA services, borough based and therefore should be able to provide easy access to services. When domestic violence is suspected, GPs assess immediate levels of risk and whether there are any safeguarding issues. In Haringey, the options available to them are to refer to Hearthstone or, where the risk is deemed sufficient, the MARAC. There is a well known overlap between safeguarding and domestic violence and anyone who is a victim of domestic violence and has children is immediately flagged up as a safeguarding risk.
- 4.9 GPs also provide people with information and signposting to services but these are not necessarily followed up. Patients do not need to agree be referred to the MARAC but consent is needed for referral to Hearthstone. However, Dr Masters from Haringey CCG stated that the issue was complex. Whilst there are grey areas in respect of the need for consent, there are nevertheless limits to how strongly victims can be encouraged to seek assistance.
- 4.10 A key recommendation of the NICE guidelines is recommendation 16, which states that GP practices and other agencies should include training on, and a referral pathway for, DVA. It can be a challenge for GPs to attend training courses due to the heavy demands on their time. GPs receive two hours per year safeguarding training, which includes reference to domestic violence and abuse. Levels of attendance are around 90%. Dr Masters commented that this is higher than hospital doctors, despite the fact that GPs have similar contracts. Most GPs will have attended such training in the last two to three years. There is an expectation that primary care practitioners will have competencies in respect of domestic violence and abuse. Haringey is also one of the few boroughs that involves GPs in the MARAC.
- 4.11 The Panel received evidence on the IRIS project, which is a system that has been developed to address domestic violence in primary care settings, such as GP practices. It has been used in a number of areas of the country including several London boroughs. It involves the following:

- Two practice-based training sessions for clinicians and one shorter information session for the reception and administration team;
- A prompt within electronic medical records to ask about DVA;
- A referral pathway to a named domestic violence advocate educator (normally the individual who delivered the training); and
- Advocacy and signposting provided for patients who are referred

4.12 The aims of IRIS are as follows:

- To increase identification of victims of DVA in primary care;
- To facilitate earlier intervention; and
- To provide primary care practitioners with the skills and tools to identify, respond, refer on and record disclosures of DVA from their patients.

4.13 The cost of implementing IRIS over a three year period is around £160,000. However, it is estimated from successful trials that it has the capacity to deliver cost savings of;

- £37 per year per woman registered at participating practices to society as a whole; and
- £1 per year per woman registered at participating practices to the NHS.

4.14 IRIS was trialled in 48 GP practices in Bristol and Hackney between 2007-10. 12 practices in each site were allocated to the intervention part of the trial and 12 in each site were in the control part. Women attending intervention GP practices were 22 times more likely than those attending control practices to have a discussion with their GP about a referral to DVA services. This resulted in them being six times more likely to be referred.

4.15 Hackney, Enfield and Camden CCGs have commissioned IRIS, whilst Haringey has so far not.

- Between April and October 2014, Hackney GP practices referred 72 cases to domestic violence services. During the same period, Haringey GPs referred 10 cases;
- Enfield have reported 80 referrals to DV services since they introduced IRIS in July 2012;
- There were 96 referrals from Camden GPs in the first year of the operation of the scheme there.

4.16 The Panel received evidence from Haringey CCG on their position in respect of the commissioning of IRIS. Whilst they acknowledged that there was evidence that the scheme improves the detection of DVA, the view of the CCG had been that it did not necessarily improve outcomes. They had decided not to commission the scheme due to financial issues and as they had not been convinced of its merit. The CCG nevertheless noted that IRIS had now been commissioned by a number of other boroughs, with the result that Haringey was in danger of becoming an outlier. The clear differences between referral figures in Haringey and some boroughs that were using IRIS were also noted by them. The CCG therefore stated that they were considering re-visiting the issue.

4.17 The commissioning of IRIS has been financed by a range of arrangements in different boroughs. In some places, it had been funded solely by the CCG whilst in other areas, Public Health, the Police and the Council also contributed. Dr Masters

reported that the CCG had approached NHS England regarding the issue as they were interested in exploring the possibility of IRIS being commissioned across the five north central London boroughs (Barnet, Camden, Enfield, Haringey and Islington).

- 4.18 The Panel is of the view that there is overwhelming evidence of the effectiveness of IRIS in facilitating the earlier detection of DVA and increasing the number of referrals. Whilst it may be open to debate whether IRIS improves outcomes, it is first and foremost a DVA training, support and referral programme rather than a means of treatment. At the very least, detection provides an opportunity for successful interventions to be made. The IT package associated with IRIS would also enable suspected cases to be better followed up and monitored. The Panel is also of the view that there would be merit in collaboration with neighbouring boroughs in the commissioning of IRIS as this may lead to economies of scale. It would also reduce the “post code lottery” that currently exists in relation to DV services.

Recommendations:

- ***That, in view of the strong evidence of the effectiveness of the IRIS scheme in facilitating the detection of domestic violence and abuse, the Haringey CCG reconsider its decision not to commission it.***
- ***That CCG explore further the potential of joint commissioning of IRIS with neighbouring boroughs in north central London.***

Local Hospitals

- 4.19 Local hospitals can also play an important role in detecting DVA and referring people to services. The areas within hospitals that are most likely to come into contact with victims are A&E and maternity.
- 4.20 The Panel received evidence from Dorothy Ryan, Domestic Violence and Abuse Lead, from Whittington Health. Her post is funded by the Safer Islington Partnership for two years. This was the third time that the post has been grant funded. It has previously been the case that the postholder undertook the majority of work within the Trust relating to domestic violence but this tended to fall away when he/she was not around. The role was now to facilitate change rather than be the Trust’s expert, with the aim of integrating the response to DVA into the work of clinicians. The expectation was now that it would become embedded in clinical practice and progress would therefore be sustained. There was, however, a high level of staff turnover at the Trust, including significant numbers of agency staff.
- 4.21 Ms Ryan stated that an important part of her work was encouraging staff to look at people who had presented a number of times with the same complaint which might be part of a pattern. Raising the issue of domestic violence and abuse could be viewed as potentially opening a can of worms and it could be easier for staff not raise the issue with individuals. However, survivors were normally desperate to be asked.

- 4.22 A CQUIN (Commissioning for Quality and Innovation) scheme had been established within the Trust and this provided financial rewards to Trusts based on the achievement of local quality improvement goals. Domestic violence and abuse was included within the Trust's scheme.
- 4.23 Key areas that were being addressed as part of Ms Ryan's work were as follows:
- Developing robust data collection, which proving to be challenging;
 - Revising Trust policies and procedures;
 - Devising and delivering training packages;
 - Producing referral pathways; and
 - Demonstrating outcomes, such as increases in referrals.
- 4.24 The Trust's policy and strategy had been revised and a programme of training agreed, some of which had already been delivered. She had recently started attending the monthly MARAC meetings in both Islington and Haringey. There had been a particular focus on the A&E Department and Maternity. It had been challenging to facilitate an improved response in A&E but better progress had been made with Maternity. It could be difficult to get staff released for training, although doctors had protected training time.
- 4.25 Training was currently not always well attended and this could be exacerbated by staff sickness and people leaving. Staff at the Trust were working under a lot of pressure though, particularly those in A&E who were required to meet the four hour targets for seeing patients. The first training sessions had only been for one hour. Staff required ongoing support and it was not possible to cover all of the issues within one hour. The Trust intranet was being used extensively for training and it was hoped that all packages could eventually be delivered this way.
- 4.26 The Interim Strategic Violence Against Women and Girls Lead commented that the use of e-learning to train violence against women and girls had been widely discredited. One particular flaw is that it did not allow for discussion of the issues raised. Recommendation 15 of the NICE guidelines states that specific training should be provided for health and social care professionals on how to respond to DVA. In particular, level 2 staff should be trained to ask about domestic violence and abuse in a way that makes it easier for people to disclose it. The Panel is of the view that one hour of training is insufficient to cover this. In addition, the use of e-learning is unlikely to be effective in developing questioning skills on this issue as it requires interaction with other people.

Recommendation:

That staff training provision on DVA be reviewed by Whittington Health to ensure that sufficient time is allocated and that it is delivered in an appropriate and interactive format, with the use of e-learning avoided.

- 4.27 Ms Ryan was working with IT and clinical leads in A&E on how enquiries regarding possible domestic violence and abuse could best be recorded. This could include whether the individual had been asked whether they had been subject to it. These could be flagged up by the use of a discreet code. She stated that Islington currently used a system called MODUS for referrals which worked very well. It was

not cheap but was cost effective. Haringey did not have this system and were instead still using a paper based system.

- 4.28 The Panel also received evidence from Chantal Palmer, Named Midwife for Safeguarding Children and Vulnerable Women, North Middlesex University Hospital (NMUH). The Trust uses both universal and selective screening for DVA. It is not feasible to ask everyone detailed questions and there needed to be specific indications. There is a trust wide policy on the issue and relevant data is collected.
- 4.29 Safeguarding training includes domestic violence and abuse and is provided for staff at all levels within the organisation. Where appropriate, referrals can be made to safeguarding services, when children are involved, or to the MARAC. She is invited to attend the MARAC when there were specific cases that required her input. There is partnership working between NMUH and the MARAC, SOLACE and Hearthstone. Staff at NMUH can phone SOLACE Women's Aid if they required specific advice regarding an issue affecting an Enfield resident.
- 4.30 More progress in improving the response to domestic violence had been made so far in maternity than in A&E. Universal screening is in place in maternity and referrals can be made to specialist services. Information is available on services and staff training undertaken. There is a system in place for flagging up cases where it was thought that domestic violence and abuse might be an issue, which is part of the serious case review process.
- 4.31 In respect of A&E, more training is required for staff and a specific plan is being put together to address this. Ms Palmer was of the view that training needed to be made relevant to the needs of practitioners. Role plays could assist by presenting scenarios that they might be familiar with. Patients affected by domestic violence could often present with something apparently unrelated and there was a need for staff to dig beneath the surface to find out what was actually happening but professionals did not always find this easy.
- 4.32 She was of the view that most acute trusts were in a similar position to NMUH in terms of their response to DVA. In particular, progress was needed in A&E departments. It was easier to address issues in maternity than in A&E as there was a longer term relationship with the patient.

Hospital based IDVAs

- 4.33 A number of boroughs now have or are considering basing IDVAs within hospitals as a means of improving the early detection and referral of DVA. Hospital based IDVAs typically provide training and awareness raising sessions within hospitals for medical staff, assist with the identification of DVA by encouraging staff to routinely ask questions to patients and enable staff to know where to refer onto specialist support for those patients who positively identified as experiencing DVA.
- 4.34 Co-ordinated Action Against Domestic Abuse published a research paper in June 2013 regarding the commissioning of hospital based IDVAs. Their conclusions were as follows:
- The data shows that hospital-based IDVAs reached different groups of victims than IDVAs based in other settings;

- Hospital based IDVAs reach a more a vulnerable group, with younger victims experiencing higher severity abuse and with more complex needs, e.g. substance misuse, mental health issues
- Hospital IDVAs may reach victims earlier. More victims were still living or in an intimate relationship with the perpetrator. Fewer victims had previously attempted to leave the perpetrator. There was also a shorter length of abusive relationship before accessing the IDVA service.
- Hospital IDVAs reached victims who were hidden from other agencies. Victims had high usage of A&E departments and made fewer reports to the police.

- 4.35 IDVAs have been based at both the Royal Free and UCLH hospitals since October 2013. Prior to the introduction of the IDVAs, there were 4 referrals from the two hospitals to DVA services between June 2012 and September 2013. In the period between the introduction of the scheme in October 2013 and July 2014, the number of referrals to DVA services was 95. Of these, 19% were referred to MARACs as high risk. The scheme was initially funded by Camden CCG but is now funded by the MOPAC.
- 4.36 The cost of the hospital based IDVAs at the Royal Free and UCLH was £78,000 per year. However, this cost can potentially be offset against the reduced impact on health and other services of successful earlier intervention. In particular, visits to A&E are expensive with each one costing an average of £114 according to the most recent Department of Health figures. The North Middlesex University Hospital (NMUH) is currently developing a business case for Haringey CCG to commission an IDVA based at the hospital.
- 4.37 The Panel noted that it had been challenging for both the Whittington and NMUH to achieve progress with the response of A&E services to DVA. It heard that that there had previously been an adviser from Solace Womens Aid based in A&E at NMUH and this been found to be very useful. Ms Palmer was of the view that having an IDVA on site could make a big difference as it would mean that access to services was available there and then. It could also enable the issue of domestic violence to become part of the culture as well as helping to develop a dialogue on the issue. In addition, it would help to free up clinical staff who might otherwise be engaged in dealing with the issue.
- 4.38 The Panel notes that local acute trusts all cover more than one borough. Domestic violence services are borough based though and differ from each other. The Panel is of the view that it is unrealistic to expect clinicians based in hospitals to remember all of the different pathways and services that individual boroughs have. Having an IDVA based at the hospital could provide a quick and accessible solution and this was why some trusts are considering this option. There is also strong evidence from CAADA that hospital based IDVAs can be effective in detecting DVA at an early stage. The evidence also suggests that referrals from hospital based IDVAs may be more likely to include people at a comparatively high level of risk.
- 4.39 The Panel would therefore support the commissioning of such a service by the CCG at the NMUH and recommends that consideration be given to commissioning a similar service at the Whittington.

Recommendations:

That the business case currently under development by NMUH for the establishment of a post of hospital based IDVA be supported and recommended for approval by the CCG and that consideration also be give to establishing a similar post at the Whittington hospital;

4.40 The Panel is also of the view that there would be considerable merit in hospital based IDVAs being commissioned jointly by neighbouring boroughs and would recommend that the CCG give particular consideration to this issue. In addition, it notes that Camden has received funding for hospital based IDVAs from the MOPAC and this may provide an alternative option for funding. One additional option might be to re-locate one or more of Haringey's IDVAs to local hospitals and the Panel would recommend that this option be considered.

Recommendation:

That the options of providing hospital based IDVAs by joint commissioning between boroughs whose residents use the same hospitals and/or the re-location of one or more of the boroughs IDVAs to local hospitals be considered by the Community Safety Partnership, in consultation with the CCG.

Mental Health

4.41 The Panel received evidence from Dr Katrin Edelman, Clinical Director for Haringey, Barnet, Enfield and Haringey Mental Health Trust. She reported that the Trust referred a small number of people to the MARAC but DVA was nevertheless currently under detected in mental health settings. It is likely that a large proportion of mental health patients were suffering from it. The current detection rate is currently estimated to be between 10% and 30%. People who had experienced domestic violence were more likely to have mental health issues. One third of female patients were estimated to be victims whilst 58% of people presenting at domestic violence and abuse services were estimated to have mental health issues.

4.42 There is mandatory training for staff in the Mental Health Trust on domestic violence and abuse. The Trust holds monthly safeguarding surgeries for staff to raise awareness of domestic violence, the services that are available for victims and the MARAC referral process. The Trust's Safeguarding Adults' Lead attends monthly MARAC meetings in Haringey whilst representatives from the Trust attended quarterly MARAC steering group meetings.

4.43 Dr Edelman reported that, whilst the NICE guidelines on domestic violence and abuse are relevant to all health and social care organisations, three are of particular relevance to the Mental Health Trust;

- Creating a disclosing environment; Domestic violence services are generally local and borough based but the Trust's leaflets currently refer to national services. Generic information is of less use and the Trust was therefore reviewing what was available.

- Ensuring that trained staff ask about domestic violence and abuse; There could be misguided hopefulness on both sides that incidents would not be repeated. Although there is a form used to determine the seriousness of the case (the Coordinated Action Against Domestic Abuse (CAADA) Domestic Abuse Stalking and Honour based violence (DASH) Risk Identification Checklist (RIC) or CAADA DASH RIC), she suspected that this was not being widely used and the referrals were made on the basis of individual judgement. The Interim Strategic Violence Against Women and Girls Lead commented that some professionals had found the referral form to be overly complex and that the Police, amongst others, had raised the issue. However, there were also concerns regarding the implications of reducing the amount of detail on the form as this could possibly increase levels of risk. Consideration was nevertheless being given to reviewing and refreshing the form.
- Providing people who experience domestic violence and abuse and have a mental health condition with evidence based treatment for that condition; Cognitive behavioural therapy had been found to be effective in assisting people.

4.44 The Panel is concerned that professionals may not be using the referral form when required. . It is that the necessary level of detail is provided so that referrals can be followed up effectively and feels that partners should ensure that relevant professionals understand and receive training on completing the form.

Recommendation:

That the Violence Against Women and Girls Strategic Group work together with partners to ensure that all relevant professionals understand and receive training on completing the referral form for DVA (the CAADA DASH RIC) in order to promote its wider use.

4.45 Dr Edelman reported that a pilot study had been undertaken by Kings College in London for a future larger study of a domestic violence advocacy treatment in community mental health services. This was entitled the LARA (Linking Abuse and Recovery through Advocacy) pilot study. The scheme involved the following:

- Domestic violence training for all community mental health treatment (CMHT) teams;
- LARA advisors being trained by mental health professionals and the domestic violence sector;
- Clear referral pathways to LARA advisors; and
- LARA advisors integrated within teams.

4.46 Additional funding would be required to develop the pilot project further but it was not likely to be hugely expensive. It was important to identify what worked effectively.

4.47 Dr Edelman stated that research had shown that there were a number of actions that had been found to be effective;

- Improved health professional response to disclosures;
- Documentation of abuse;
- Securing safety; and
- Integrated support.

4.48 In contrast, the following had been found not to be effective;

- A focus on separation from partner; and
- Limited discussion of domestic violence by health professionals.

4.49 Dr Edelman felt that the issue should not be medicalised and that domestic violence and abuse was more of a public health and societal issue. Victims could feel humiliated and this could discourage disclosure as people did not wish to be perceived in this way. Better perinatal services would help to address the issue, which often started in pregnancy.

Appendix A

Participants in the Review:

Dr Henrietta Hughes, Medical Director, North and East London, NHS England

Dorothy Ryan, Domestic Violence and Abuse Lead, Whittington Health;

Dr David Masters, lead GP in respect of Domestic Violence and Abuse, Haringey CCG;

Karen Baggaley, Assistant Director for Safeguarding and Designated Nurse for Child Protection, Haringey CCG

Dr Jeanelle de Gruchy, Director of Public Health, Haringey Council and Chair of the Violence Against Women and Girls Strategy Group.

Chantal Palmer, Named Midwife for Safeguarding Children and Vulnerable Women, North Middlesex University Hospital

Dr Katrin Edelman, Clinical Director for Haringey, Barnet, Enfield and Haringey Mental Health Trust.

Victoria Hill, Interim Strategic Violence Against Women and Girls Lead

Appendix B;

Documents referred to

National Institute for Clinical Excellence (NICE); Domestic Violence and Abuse: How Health Services, Social Care and the organisations they work with can respond effectively (issued February 2014)

Haringey Stat; Domestic and Gender Based Violence (July 2013) (Haringey Council)

Haringey Community Safety Strategy 2013 – 2017 (Haringey Community Safety Partnership)

Domestic and Gender Based Violence in Haringey – Needs Assessment (June 2012) (Haringey Council)

The Coordinated Community Response (CCR) to Domestic Violence; Partnership Audit of Haringey (Sept. 2012) (Standing Together Against Domestic Violence)

IRIS National Report 2014; Annie Howell, Medina Johnson and Sean Harrison (October 2014)

IRIS Commissioning Guidance (Bristol University 2011)

Themis Research Briefing #1; June 2013 – Why Invest in Hospital Based IDVAs (CAADA)

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Councillors Connor (Chair), Bull, Beacham, Mann, Patterson and Stennett

Co-optees Helena Kania (HFOP)

Apologies Councillor Adamou

AH1. WEBCASTING

It was noted the meeting would be webcast.

AH2. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Councillor Adamou.

It was noted apologies for lateness had been received from Councillors Beacham, Bull and Stennett.

AH3. URGENT BUSINESS

There were no items of urgent business put forward.

AH4. DECLARATIONS OF INTEREST

Under item 7 of the agenda, Draft Primary Care Strategy – Summary, Councillor Connor informed the panel that her sister worked as a GP in Tottenham.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

AH5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

The Chair informed the panel that two requests to speak in relation to the Budget Scrutiny Update, agenda item 6, had been received.

Martin Hewitt, on behalf of Save Autism Services Haringey (SASH), addressed the panel and raised a number of points, including:

- General concerns about how proposed budget changes would impact on social care across the borough.
- Concerns about proposed changes to services for people with learning difficulties and autism.
- Concerns about specific proposals to transfer care away from professionals to service users themselves, their family and carers.
- Issues concerning data collection, and data gaps, especially in relation to carers.
- The limited information that had been made available by the Council in relation to reablement and enablement.
- The academic research, in relation to social care and home care reablement, that had been carried out by Gerald Pilkington and York University.

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- Concerns about alternative service provision should Day Care Centres and Residential Care Homes close.
- The need for the Council to be clearer about who would benefit from the proposals that had been put forward, in relation to reablement and learning disabilities, as part of the Medium Term Financial Strategy.
- The need for the Council to be clearer about how high level proposals would work out in practice.
- Ensuring opportunities for information sharing/comparison with other local authorities took place to ensure proposals for adult social services in Haringey were fit for purpose.

Jackie Goodwin, Chair of the Haringey Forum for Older People, addressed the panel and raised a number of points in relation to the Haven Day Centre, including:

- Concerns about how proposed budget changes would impact on care standards.
- The importance of addressing carers' support needs.
- The importance of reducing social isolation.
- The value of the Haven Day Centre especially in relation to providing services for the most vulnerable.
- The need for the Council to focus on people rather than statistics and budget figures.

The Chair thanked the speakers for their contributions and informed the panel that these issues would be picked up under the Budget Scrutiny Update, item 6 of the agenda.

AH6. MINUTES

RESOLVED: The minutes of the meeting held on 11 December 2014 were approved as a correct record.

AH7. BUDGET SCRUTINY UPDATE

It was noted that the role of the panel was to scrutinise budget proposals in relation to Priority 2 – *“Empower all adults to live healthy, long and fulfilling lives”* and to put forward recommendations for consideration by the Overview and Scrutiny Committee in January. The panel was informed finalised budget scrutiny recommendations would be presented to Cabinet in February 2015.

Beverley Tarka, in response to a question raised by the Chair, advised that in October 2014 a decision had been taken to undertake a desk top review of people using adult social services. The desk top review had not resulted in a formal report being published but the panel was informed that:

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- A randomly selected sample, of the service user base, had been used for the exercise including older people, people with learning disabilities, people with mental health needs, and people with physical disabilities.
- The information collated had helped to determine whether service users had reablement potential and whether current service levels were appropriate.
- The sample size for the review was 5%.
- A multi disciplinary team, including social workers, occupational therapists, and a personal budgets manager, had undertaken the review.
- The desk top review, in addition to other activities including a workshop facilitated by Gerald Pilkington Associates, had been used to inform high level proposals in relation to reablement.
- Further work would be required in order to develop proposals for reablement once a decision, on how to proceed, had been made by Council.

There was a short discussion of the review.

The Haven / Neighbourhoods Connects

The following issues were discussed:

- The aims and objectives of the Neighbourhood Connects project in terms of supporting timely discharge from hospital and contributing to reduced social isolation.
- The evaluation of the Age UK Haringey Pilot, including suggestions/recommendations that had been put forward in relation to developing future proposals.
- The methodology that had been used to evaluate the Age UK Haringey Pilot.
- Concerns about replacing a valued day care service (The Haven) with a service (Neighbourhood Connects) that, in the opinion of the panel, had not been fully tested.
- Concerns about whether the needs of clients using the Haven could be met by the Neighbourhood Connects model. These concerns were based on the information that had been provided to the panel in relation to the proposals.
- Significant concerns about whether Neighbourhood Connects could meet the needs of the most vulnerable day care centre users.
- The budget for the Haven (noted in the report as £384,400 – excluding overheads and capital charges).
- The impact of the proposed changes for people with learning disabilities.

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- The implications of the Care Act (2014) in relation to the proposals that had been put forward.
- Work that had been carried out by other local authorities, including community development work in Camden.
- The service specification and tendering process for the Neighbourhood Connects project. It was noted the expected start date for the new service was March 2015.
- Transitional arrangements for clients using the Haven.
- The importance of the “*make every contact count*” programme and the work that had been taking place between Adult Social Services and Public Health in relation to providing clients with information, advice and guidance to ensure signposting to appropriate services.
- Costs in relation to care packages and the assessment process. It was noted that the Adult Social Services budget for care packages was approx £55 million.

Beverley Tarka, in response to a question concerning unit costs for adult social care services, informed the panel that there was no evidence that an expansion of traditional buildings based day care for older people would result in a reduction of more expensive residential care. It was noted that the majority of older people who received day care also received additional care services.

Cllr Morton, Cabinet Member for Health and Wellbeing, in response to questions, informed the panel that due to cuts in funding from Government the London Borough of Haringey needed to deliver services differently. Cllr Morton commented that the Haven delivered services to 50-70 residents whereas Neighbourhoods Connects would help address the needs of a much wider number of residents, across the borough.

The Haynes and the Grange

Beverley Tarka informed the panel that the high level proposal for the Haynes and the Grange was to develop a social enterprise model to deliver a specialist dementia service.

Charlotte Pomery, Assistant Director for Commissioning, commented that a social enterprise was a business with a social purpose and that any profits made by the organisation would be ploughed back into the enterprise for the benefit of the business or community in which it sat.

The following points were discussed:

- The support needs for clients with high level dementia care needs.
- Support needs for carers.
- The information on social enterprises that had been gathered by officers, including details from local authorities who had already developed social enterprise models to deliver services.

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- Commissioning by outcomes.
- The timeframe for developing and implementing the new model. It was noted that the panel believed further information was required in terms of transition plans.
- Issues in relation to tendering and procurement, including possible routes to market and options for engaging with potential service providers.
- Issues in relation to monitoring services delivered via a social enterprise model in terms of quality, activity and need.
- The implications of the Care Act (2014) in relation to the proposals that had been put forward.
- The legal covenant relating to the use of the Haynes.

The panel was informed that should the high level proposal be agreed by Council in February 2015 a full business case would be developed. This would take into account all the costs and benefits of the model, including consideration of the resources that would be needed to deliver the service.

Osborne Grove Nursing Home

The proposals in relation to the Osborne Grove Nursing Home were noted by the panel with the following issues discussed:

- Transition planning
- The development of community reablement
- Step-Down Care
- The capacity of other nursing homes in the borough
- Extra care facilities for older people
- The communication that had taken place between the Council and Haringey Clinical Commissioning Group concerning the budget proposals for Osbourne Grove Nursing Home.
- The importance of providing services that were sustainable.

Care Purchasing Packages

The proposals in relation to care purchasing packages were discussed. It was noted that the proposals would involve a reassessment of existing packages in the context of promoting a reablement approach to enable people to live independently.

A number of issues were considered including:

- The criteria for reablement

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- The reassessment process for care packages
- The use of council reserves
- Concerns regarding the achievability of the necessary increases in personal, community, family and voluntary sector resources that would be required by the proposal.

New Pathways for People with Learning Disabilities

The proposals in relation to new pathways for people with learning disabilities (accommodation) were noted by the panel.

The proposal in relation to new pathways for people with leaning disabilities (day opportunities) were discussed. A number of issues were considered including:

- The impact of closing three of the four day centres and providing services instead through a social investment/voluntary sector model.
- The potential for long-term additional costs to the Council should customers be less able to access community based activities.
- The impact of personal budgets
- The impact of the proposed closures on carers
- Voluntary sector engagement

New pathways for people with disabilities

The proposals in relation to new pathways for people with disabilities were noted with concern. It was agreed that the concerns, raised by the panel in December 2014, should be noted by the Cabinet Member for Health and Wellbeing.

In addition, a number of issues were discussed in relation to the level of pay of care staff and the impact of London Living Wage levels.

New pathways for people with mental health needs

The proposals in relation to new pathways for people with disabilities were noted with concern. It was recommended that the concerns, raised by the panel in December 2014, should be noted by the Cabinet Member for Health and Wellbeing.

Care Purchasing Residential Care

The proposals in relation to care purchasing residential care were noted with concern. It was agreed that a recommendation should be made that the concerns, raised by the panel in December 2014, should be noted by the Cabinet Member for Health and Wellbeing.

Voluntary Sector Savings

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The proposals in relation to voluntary sector savings were discussed by the panel. The following issues were considered:

- Concerns about the savings proposed and the retendering for a range of services.
- The potential reduction in voluntary sector activity
- The briefings sessions that had taken place between the council and the sector to develop proposals and to improve coordination and support.
- The financial viability of the sector

The Chair thanked the members of the public for attending and informed them that their input had helped the Adults and Health Scrutiny Panel to finalise their recommendations (listed below) in relation to the draft medium term financial strategy.

RESOLVED:

1. That the proposals in relation to the Osbourne Grove Nursing Home be noted (**Priority 2 – Item 11**).
2. That the proposals in relation to the closure of Linden House (**Priority 2 – Item 12**) be noted.
3. That the update, tabled at the meeting by the Director of Public Health, in relation to **Priority 2 – Items 20 – 23** be noted.
4. That in addition to the recommendations and concerns raised by the panel in December 2014 the panel **recommended:**

Priority 2 – Item 11

- (a) That a decision about the proposed closure of the Haven Day Centre be deferred until 2016/17 and that no decision be made until a review has been undertaken to ensure the Neighbourhoods Connects model is appropriate for the most vulnerable day centre users.
- (b) That before proposals for the re-provision of the Haynes and Grange Service be considered by Cabinet, further information be sought by the Cabinet Member for Health and Wellbeing on (i) transition plans and (b) the legal covenant relating to the use of the Haynes and the social enterprise proposals.

Priority 2 – Item 13

- (a) That both the Roundway Centre and Ermine Road Centre be kept open.
- (b) That the Allways Centre and Central Day Centre (Birbeck Road) remain open until further information is made available for consideration by the Cabinet Member for Health and Wellbeing in relation to voluntary sector engagement and the social investment model to ensure adequate provision of service, especially for those with high level learning disabilities.

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Priority 2 – Items 14 and 15

(a) That the panel's concerns (listed below) be noted by Cabinet :

- The achievability of savings to be generated by the development of the Shared Lives services as a social enterprise
- The potential detrimental effects on recruitment of staff to care for clients should levels of pay be offered by providers that fall below London Living Wage levels and that further information be provided regarding pay rates offered.

(b) That all support workers / staff who care for clients be paid the London Living Wage.

Priority 2 – Item 17

(a) That the panel's concerns relating to new models of social work and care management be noted by Cabinet.

Priority 2 – Item 18

(a) That the proposals in relation to Care Purchasing Packages be rejected and removed from the Draft Medium Term Financial Strategy.

Priority 2 – Item 19

(a) That there be no further cuts to the voluntary sector.

AH8. DRAFT PRIMARY CARE STRATEGY - SUMMARY

Cassie Williams, Assistant Director of Primary Care Quality and Development, Haringey Clinical Commissioning Group (CCG), provided the panel with an overview of Primary Care, highlighting the national agenda and the proposed strategic direction for Haringey.

In terms of the strategic direction for Primary Care in Haringey, the panel was informed Haringey CCG was committed to supporting General Practice. The following issues were discussed, with input from Dr. Helen Pelendrides, Vice Chair of Haringey CCG:

- The importance of GPs working together
- Making Primary Care more accessible
- Coordinating care around the needs of patients
- Making care more proactive
- Working at scale
- Premises development
- Workforce development

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- Technology Development
- The significant developments across Haringey in relation to data sharing

Ms Williams concluded her presentation by providing an update on the ongoing work of the Premises Task and Finish Group which had been developed to manage access to appointment issues in the east of the borough. Information was provided on:

- The aims and objectives of the group i.e. to address primary care provision in specific regeneration areas of Haringey and to look at ways of improving the quality of primary care access across the borough.
- Progress to date. The panel was informed that in order to fully identify the level of need as well as possible short, medium and long term solutions an options appraisal / plan was being undertaken by GP Partnerships Ltd. It was noted the plan was due to be completed in April 2015. This would establish current and future needs, suggest options as solutions in the short, medium and long term, and assess and prioritise options for the future.

The panel was informed that in some areas practices had adequate numbers of GPs but needed support to improve their systems and processes in relation to making appointments available. It was noted that Haringey CCG had been working closely with individual practices to improve access and that a GP survey (published January 2015) highlighted some had made significant progress in this area. However, not all practices had yet been able to implement the necessary changes to improve access issues. It was noted that, where necessary, NHS England had the power, should a practice not meet expected standards in relation to access, to instigate contractual measures to bring about change.

During discussion, reference was made to the following:

- The different types of primary care access available, including Saturday clinics
- The number of GPs in Haringey compared to other boroughs
- The importance of using resources appropriately to address local issues
- Concerns in relation to GP provision in Tottenham Hale
- The workshops that had been held in relation to the Doctor First appointment system
- Standards of practice for confidentiality and patient consent to information sharing

The panel thanked Ms Williams and Dr. Pelendrides for attending and supported the ongoing work to explore short term solutions to immediate problems.

RESOLVED: That the report be noted.

AH9. AMENDMENT TO THE ORDER OF BUSINESS

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RESOLVED: That item 10, Child to Adult Mental Health Transition Project – Verbal Update, be taken before item 8, Health and Wellbeing Strategy 2015/2018 – Consultation.

AH10. CHILD TO ADULT MENTAL HEALTH TRANSITION PROJECT - VERBAL UPDATE

Christian Scade, Interim Principal Scrutiny Officer, advised a draft report had been prepared in relation to the panel's work on Child to Adult Mental Health Transition. It was noted that this had been circulated, via email, to panel members. It was proposed members of the panel should meet, outside the meeting, to consider the report before the panel meeting in March, 2015.

RESOLVED:

1. That the verbal update on the Child to Adult Mental Health Transition Project be noted.
2. That members of the panel meet the Interim Principal Scrutiny Officer outside of the meeting to discuss the draft project report.
3. That the final report of the Child to Adult Mental Health Transition Project be considered by the Adults and Health Scrutiny Panel in March 2015.

AH11. LONG MEETING

Prior to 10.00pm, during consideration of the Health and Wellbeing Strategy 2015/2018 – Consultation item, the panel considered whether to adjourn the meeting at 10.00pm or continue to enable further consideration of the case in hand.

The panel **RESOLVED** to suspend standing orders (Part 4, Section B, Committee Procedure Rules 18) to continue the meeting beyond 10.00pm to enable the business in hand to be concluded.

AH12. HEALTH AND WELLBEING STRATEGY 2015-2018 - CONSULTATION

Dr. Jeanelle de Gruchy, Director of Public Health, informed the panel that it was the statutory responsibility of the Health and Wellbeing Board (HWB) to publish a Health and Wellbeing Strategy and a Joint Strategy Needs Assessment (JSNA).

Dr. de Gruchy advised that the HWB had launched a programme of activity to review and refresh Haringey's Health and Wellbeing Strategy for 2015 to 2018. It was noted that an analysis of need in Haringey (the JSNA) had been undertaken in addition to a review of the current strategy through a series of meetings and workshops with key stakeholder groups, including focus groups of the voluntary sector and residents organised by HealthWatch and HAVCO.

The panel was informed the review had highlighted Haringey residents were becoming overweight and obese from an early age and were developing long term health conditions at a relatively young age. In addition, the panel noted there were significant numbers of people across the borough with mental health issues. Dr. de Gruchy advised that these issues contributed to significant health inequalities in the borough.

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In response to questions, Dr. de Gruchy informed the panel that the review had informed the development of the draft strategy for 2015 to 2018. It was noted that the draft strategy had three priorities:

- Reducing obesity
- Increasing healthy life expectancy
 - o Particular focus on people with a long term condition
- Improving mental health
 - o Particular focus on enablement

The panel was informed the purpose of the new strategy was to enable:

- All parties to be clear about the HWB's agreed priorities for 2015-2018
- All members of the HWB to embed these priorities within their own organisations
- Key agencies to develop joined-up or integrated commissioning and delivery plans
- The HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy

Dr. de Gruchy advised the panel that:

- The new strategy would have a strong synergy with the council's Corporate Plan.
- The purpose of the consultation was to obtain views on: (i) the proposed priorities; (ii) the focus of the three priorities and ideas of how to deliver outcomes and (iii) how organisations and individuals could contribute to the delivery of the outcomes.
- The consultation, launched in January 2015, would last for three months with the strategy/ delivery plans being considered by HWB in June/July 2015.
- The Council had recently appointed a Healthy Public Policy Officer to influence and assist policy development across all areas including licensing, planning, transport, housing and regeneration.

During discussion the panel considered how they could add value to the development of the Health and Wellbeing Strategy. It was agreed, with childhood obesity in Haringey being high in comparison to London and nationally, that input from scrutiny in terms of prevention, early intervention, and ensuring all stakeholders (not just those on HWB) were addressing issues relating to childhood obesity would be a useful scrutiny project for 2015/16. This was supported by Dr de Gruchy.

RESOLVED:

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1. That the report be noted.
2. That subject to further discussions with the Overview and Scrutiny Committee, the panel agreed childhood obesity should be included in the scrutiny work programme for 2015/16.

AH13. THE CARE ACT 2014 (SAFEGUARDING)

RESOLVED: That consideration of this item be deferred.

AH14. WORK PLAN

RESOLVED: That consideration of this item be deferred.

AH15. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

AH16. DATES OF FUTURE MEETINGS

Tuesday 17 March 2015, 6.30pm (subject to change).

AH17. DURATION OF MEETING

18:30 hrs to 22:12 hrs

Cllr Pippa Connor

Chair

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Councillors Berryman, M Blake, Hearn (Chair), Ibrahim and Morris

CYPS22. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Akwasi-Ayisi, Mr Collier and Mr Taye.

CYPS23. DECLARATIONS OF INTEREST

None.

CYPS24. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

CYPS25. MINUTES

AGREED:

1. That the minutes of the meeting of 3 November 2014 be approved;
2. That, subject to the following amendment:

*Item CYP21 (Scrutiny of the Draft Medium Term Financial Strategy)
Reference 2; Services for Young People Including Young Offenders -*
(i). Recommendation 4, line 3: Delete all after the word "statutory"; and
(ii). Add recommendation 5: "That the proposal be withdrawn";

the minutes of the meeting of 15 December 2014 be approved.

CYPS26. BUDGET UPDATE

The Chair expressed concern at the late receipt of the further information that had been requested by the Panel in respect of the savings proposed for Services for Young People, including Young Offenders (Ref. 2). She stated that, in the future, she was minded to not accept any late documentation that was received by the Scrutiny Support Officer for circulation less than 48 hours before the meeting.

The Panel noted that 90% of work undertaken by the Youth Offending Service was statutory. 10% of clients were non statutory but work with this group was focussed on prevention. The services associated with the Youth and Community Participation Service were non statutory. Although the budget reductions in the Youth Offending Service were more than 10%, it was considered that the Council's statutory responsibilities could still be achieved by addressing staffing ratios and caseload allocation.

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One of the Council's key strategic priorities was early help and it was anticipated that this would perform a preventative role in respect of youth offending. In particular, more support could be provided through universal services. One current key issue was that individuals at risk were being identified far too late. It was proposed to undertake engagement with young people in a more flexible way through outreach work and this would ensure that young people who were not in the education system continued to be accessed.

Concern was expressed by Panel Members at the move away from direct provision of services for young people. The remaining funds within the budget were for the commissioning of services and it was felt that the community sector were less effective in addressing the needs of the full range of young people as they tended to target specific groups. Directly provided services were also good at monitoring young people. The Assistant Director for Children's Services (Quality Assurance, Early Help and Prevention) stated that work needed to be undertaken with providers to ensure that these issues were addressed. In addition, quality levels needed to be maintained. The Interim Director of Children's Services commented that the challenge would be to define what the universal offer should be.

In respect of the proposals for Public Health (Reference 3), the Interim Director of Children's Services stated that the Council could not dictate to schools how they spent the Pupil Premium. The Cabinet Member for Children and Families commented that the suggestion was that schools could spend some of the funding on public health related areas that impacted on school performance.

In respect of Special Educational Needs and Disabilities (Reference 7), it was noted that there were two particular areas where it was intended to make savings. These were contracting and transport. One particular objective was to promote greater independence amongst service users and developing their skills and confidence could reduce their reliance on transport. There had been little feedback in respect of the future of Haslemere so far but engagement would be arranged with service users. The recruitment of more foster carers would also enable greater flexibility in respect of the provision of respite care.

Panel Members commented that transport was of particular benefit to families of children with special educational needs and disabilities that had other children who went to different schools as it provided them with some respite. In addition, children got to know the bus drivers, which could reduce stress levels for them.

AGREED:

That the Panel's recommendations in respect of the Medium Term Financial Strategy, as recorded in the amended minutes of the meeting of 15 December 2014, be confirmed.

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**CYPS27. OPTIONS AFFECTING FUTURE TRADING ACTIVITY AT THE COUNCIL'S
OUTDOOR EDUCATION CENTRE, PENDARREN HOUSE IN POWYS, WALES**

The Interim Assistant Director for Schools and Learning reported that the subsidy for Pendarren was a particular issue that needed to be addressed particularly as schools already received funding that was intended to cover such activities. It could be argued that the service was effectively receiving a double subsidy. It was intended to undertake some market testing in due course. Price levels were normally nominally increased each year.

Panel Members questioned whether children from black and minority ethnic communities were now taking full advantage of the facilities. It had been the case that girls from several communities were often not allowed to participate by their parents for cultural reasons. The Interim Assistant Director stated that she would endeavour to find out the demographic of children who remained at school whilst trips were taking place.

It was noted that the asset management report had yet to be received. The buildings were nevertheless now very old and likely to require work. The results of the asset management report would be a key determinant of the viability of the Council retaining the property. There was a need for the facility to be better marketed and for opportunities to be exploited. Panel Members were of the view that outside organisations and other boroughs could be targeted.

The Panel expressed their support for the development of the facility along the lines outlined in option one of the three alternative management options for the Council, as referred to in the summary of the feasibility study. However, should it not be possible for the Council to afford to continue funding the facility, the Panel would wish to consider the matter further. They felt that Pendarren was an immensely useful facility that the Council should seek to maintain.

AGREED:

1. That option one of the three alternative management options for the Council outlined in the summary of the feasibility study be supported;

(Councillor Ibrahim requested that her dissent in respect of this be recorded).

2. That in the event of it being determined that it was no longer feasible for the Council to continue funding the Centre, a further report be submitted to the Panel; and
3. That the Interim Assistant Director for Schools be requested to determine the demographic of children who remain at school whilst trips to the Centre are taking place and to share this information with the Panel.

CYPS28. 2014 TEST AND EXAMINATION RESULTS

The Head of School Performance (Standards and Provision), reported that recent test results had been overwhelmingly positive. Results now showed performance in Haringey to be either in line or above the England average. In addition, the gap between Haringey and rest of London had narrowed. In Key

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Stage (KS) 4, the Council was now in the second quartile of authorities. The borough was now rated as either A or B in the Department for Education (DfE) ratings for all categories except KS2 progress with reading and writing. Other areas of note were the improvement in performance in KS1 above level 3, where there had been particularly notable improvement amongst black pupils. It was likely that projections for 2015 would be met. However, the Council was not complacent.

A Panel Member reported that a DfE press release regarding improvements in GCSE performance had shown Haringey to be the third most improved authority rather than first, as stated by the Council. The Panel noted that this had been looked at by officers and it appeared that the benchmarking used by the DfE had used different parameters, particularly in respect of qualifications that were considered equivalent to GCSE. As far as the Council was concerned, its data was correct.

The Panel noted that relevant data had been used to ensure that there was a strong level of accountability and to identify risk effectively, which enabled effective early intervention. There had also been a real will to succeed and effective collaboration. The Cabinet Member for Children and Families commented that school governors were becoming more effective in their role. There had been a need for them to gain a better understanding of how schools worked and this was now happening.

In respect of academies, the Interim Assistant Director for Schools and Learning reported that approximately half of secondary schools had now converted. The conversion of primary schools was influenced by different criteria to that of secondary schools and this was based on performance. All were nevertheless regarded as part of the family of schools, irrespective of their status. There was a rota of visits to schools and all were visited at least three times per year. Challenged schools were visited more frequently. Some academies were very easy to work with but they could be challenged robustly if the need arose.

The Panel noted that the performance of black pupils overall was improving very well and the gap with other pupils was narrowing. There was key data available on all ethnic groups. The Interim Director reported that data for groups of schools was shared with Network Learning Communities and they were encouraged to identify specific challenges within it.

A Panel Member highlighted the recent considerable improvement in the rating given by Ofsted to some of the new academies with the borough. The Interim Director reported that schools that were supported by the local authority had shown equal or better levels of improvement. The improvements were likely to be indicative of a number of issues.

In respect of performance levels for KS2 in reading, a working party was looking at how these could be improved. Early progress was very important as it gave children and better chance of success later on.

AGREED:

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That a report outlining comparative performance data in respect of the attainment of children and young people with special educational needs be submitted to a future meeting of the Panel.

CYPS29. PANEL PROJECT ON YOUTH TRANSITION

The Interim Head of Youth, Community and Participation provided an overview of the challenges relating to young people who were not in education, employment or training (NEET) and how these could be best addressed.

Although unemployment was dropping, there were still too many young people not transferring from school into further education or training. One additional issue nationally involved young people who disappeared off the statistics. There had been comparatively high levels of NEETs and not knowns in Haringey in recent years but these had diminished. Not knowns began at a high level in September/October but reduced as information came through about the destinations of young people. The local authority was dependent on schools and colleges for data and it was important that there were good relationships. The figures for not knowns and NEETs showed a downward trajectory but there were still issues that needed to be addressed.

Young people in certain ethnic groups and wards were more likely to become NEETs. In addition, children of offenders or young mothers were also at greater risk. For some young people, if they were unable to get on the right pathways, involvement in gangs could become an option.

There had been an increase in employment in London. Of particular note was the growing demand for people with high levels of qualifications. There had been decreases in the level of graduate unemployment as well as a very large increase (400%) in the number of apprenticeships. However, the rate of unemployment in London was higher than that of the UK as a whole and much higher than that for the south east.

There were risks arising from being a NEET. For instance, 15% of long term NEETs were dead within 10 years. In addition, there were high rates of depression, poor physical health, drug use, homelessness and crime. The economic cost had been estimated as being £10,800 per NEET per year with an overall cost for all NEETs of £2.6m.

It was the responsibility of the local authority to identify NEETs and target resources on those who needed support. They were also expected to take the lead role with the September Guarantee, which required local authorities to find education and training places for 16 and 17-year-olds.

The Council's Corporate Delivery Unit had undertaken specific work on post 16 outcomes and found that there four areas which required specific attention;

- Tracking and data sharing;
- Careers education, advice and guidance, which was variable. An Ofsted report on the position nationally had found provision to be poor overall;
- Education, training and employment provision was also variable and could be much improved;

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- Early help and support. It appeared that the crucial ages were between 12 and 14, where a lot of significant decisions were taken by young people.

It was important that young people had the right skills and qualities to be accepted in the work environment, such as resilience and confidence, and character education had an important part to play in this. There appeared to be fewer job opportunities within the borough than elsewhere. It was estimated that there 41 jobs per 100 population whereas other boroughs had figures of between 70 and 80. In addition, there was no single major employer within the borough. There were a lot of micro businesses which employed between 1 and 5 people and they tended not to have the infrastructure to support training and development effectively due to their size. The information that young people received was often not good and this could cause them to get on courses that were not right for them. There was a particular issue with choices not being clear. The key issue that needed to be considered was how young people could be supported effectively from the age of 14 upwards, including the development of employability.

The issue of access to the creative industries was referred to. It was noted that there were a number of opportunities within the borough for young people in these. They included Unity Radio, Jacksons Lane Community Centre, the Chocolate Factory and Mountview Theatre School.

Panel Members commented that schools could be driven by market forces and this could cause them to channel young people in directions that were not always suitable for them. In addition, young people could be influenced by their surroundings and home life and there were equalities issues that needed to be considered.

The Panel stated that, as part of their work on this issue, they would like to look at what other authorities were doing. In addition, the work could provide a framework for further scrutiny. Further work would be undertaken on the specific questions to be asked of young people as part of the engagement process that would take place as part of the piece of work on the issue.

AGREED:

1. That the scope and terms of reference for the project be approved; and
2. That comparative employment figures for Haringey and information on how other London boroughs were addressing the issue of NEETs be shared with the Panel as part of evidence gathering for the project.

CYPS30. WORKPLAN

In respect of the agenda items for the next meeting of the Panel on bullying/hate crime in schools and children and young people in the justice system, it was agreed that Panel Members would e-mail the Scrutiny Support Officer with any specific issues that they wished to raise under this item.

AGREED:

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That the report be noted.

CYPS31. ESTABLISHMENT OF YOUTH TRUST - ON LINE SURVEY

Panel Members expressed concern that an on line survey had been taking place on the possible establishment of a Youth Trust. Although this had been suggested as a possible future option, further discussion and advice needed to be acquired before the matter was progressed. The Assistant Director for Commissioning reported that the survey had not been designed as a consultation and was instead focussed on developing interest from the community sector as further work was needed on the potential model.

**Clr Kirsten Hearn
Chair**

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**(DRAFT) Minutes of the Housing & Regeneration Scrutiny Panel
3rd November 2014**

Present: Cllr Adje, Cllr Bevan, Cllr Carroll, Cllr Elliot and Cllr Engert.

In attendance: Cllr Demirci, Cllr Mallett, and Cllr Newton

Officers: Stephen Kelly, John McGrath, Charlotte Pommery and Nick Walkley.

1. Apologies for absence

1.1 Apologies were received from Cllr Marshall.

2. Declarations of interest

2.1 None received.

3. Deputations

3.1 None received.

4. Urgent Business

4.1 It was agreed that the panel would consider the implications for social housing of an amendment to a report considered by Regulatory Committee (Local Plan Making) on the 15th January 2015. This would be taken at the beginning of the agenda.

Local Plan Making - proportion of social housing within proposed developments

4.2 The AD for Planning provided a background to the item under discussion. A number of amendments were proposed to the Local Plan, which would then proceed to consultation. One of the proposed amendments within this report was to change the proportion of new homes which should be affordable in larger scale developments (10 units+) from 50% to 40%. Although this was rejected by Regulatory Committee, Cabinet chose to include this within the overall consultation on amendments as the entire plan could be jeopardised and hold up planned developments in the pipeline.

4.3 The reasoning behind the proposed change was that the proposed reduction would increase the viability of local development for developers and increase the total supply of housing, and by extension, affordable housing. It was also noted that this level would also be comparable to other targets set in other boroughs (30% Croydon, 35% in Greenwich, 40% in Lambeth, 40% in Hammersmith and Fulham).

4.4 It was also noted that legal opinion had been sought, and that maintaining the 50% target for the proportion of affordable homes in new development is not viable through analysis of local evidence, and may be susceptible to policy challenge (as developers may make the case that this figure is too high for a viable development). Such a challenge may also delay or jeopardise planned or current development proposals.

- 4.5 The Panel noted that this was a Cabinet decision for which a consultation was planned over a 6 week period. It was agreed that the outcome of this consultation would be reported to the Panel.

Agreed: Outcome of the Consultation for Local Plan Making (Local Plan) would be reported to HRSP.

5.0 Cabinet Q & A

- 5.1 The Cabinet Member for Planning attended to respond to questions from the panel relating to his portfolio of services. A summary of the main areas of questioning are presented below.

- 5.2 The panel discussed the number of agency and temporary staff within the planning service, where it was perceived that the high levels of such staff reduced the responsiveness of the service to the public and members alike. It was noted that given the high levels of planned development across the capital, there was a significant demand for experienced planning officers and that many other services were finding it hard to recruit and retain suitably qualified staff.

- 5.3 It was noted that there were plans to restructure the planning service over the coming months although such plans were in an early stage, and that consultation with Unions was planned. Until such preliminary consultations had been undertaken it would be difficult to share these plans with the panel at present.

Agreed: That a briefing for plans to restructure the Planning Service would be provide to the panel (once formal consultation with staff and Unions had taken place) and would include objectives of reorganisation, timescales for delivery and special reference to the use of agency and other temporary staff.

- 5.4 The panel noted that the quality of experiences with planning staff varied, yet there was no mechanism to feedback either good or bad reports. It was reported that members should feedback their experience, good or bad, directly to the Assistant Director. It should be borne in mind however, that staff within the service have experienced a significant increase in workloads and are under pressure.

- 5.5 Within a broader discussion of planning service recruitment it was noted that almost half of planning schools had closed and that there were not enough planning officers graduating, which was contributing to recruitment pressures. Planning services were therefore having to recruit from other non-traditional areas with similar skill sets. It was felt that the current job descriptions were not helpful in that they were too rigid and prescriptive to accommodate a wider recruitment policy.

Cabinet member – verbal update

- 5.6 The Cabinet member provided an update on key issues within his portfolio.

- **Selective Licensing:** it was noted that similar proposals in Enfield had been successfully challenged in respect of the consultation undertaken. It was also suggested that Newham may also be subject to further legal challenge. This

underlined the need to develop the evidence base in Haringey to make a strong case for its implementation and to learn from other boroughs.

- **Transport Strategy:** The current strategy is 14 years old and needs to be updated, particularly as there is no walking, cycling or public transport strategy within it. This will take time to develop the evidence base and to present to Cabinet for approval (probably in July 2015).

Agreed: details of the Transport Strategy would be presented to scrutiny (Environment & Community Safety)

- **Neighbourhood Plans:** these are continuing to be developed and officers are working with key local stakeholders to develop these.
- **Development Management:** A number of site development plans were at the pre-application stage and were moving forward these included Alexander Palace, Tottenham Regeneration and Highgate Magistrates Court.
- **Fees and Charges:** a new structure for planning fees and charged would be considered by Cabinet in February. A new paid for advice service would be introduced which it was hoped would reduce the failure rate of small developments. It is hoped that this would also increase the timeliness, quality and effectiveness of advice provided.
- **Enforcement:** it was acknowledged that there is an officer shortage as one officer has been moved to Industrial Living Project. It was acknowledged that there is the potential to train and up-skill community members and stakeholders in respect of some aspects of enforcement processes.

5.7 The panel raised concerns about the number of planning applications that had to be withdrawn because these had not been set up correctly by planning officers, in some instances, applications had progressed to consultation and responses had been received. It was noted that the service is providing support to developers and that new fees and charges structure will improve the quality and accountability of advice.

5.8 It was noted that a report on Public Rights of Way would be published in the near future setting out the accessibility of walking routes across the borough.

5.9 The panel raised concerns about the level of staffing support in Planning Conservation and whether additional resources could be placed within this aspect of the planning service. It was noted that although no additional staff could be provided at this time, a new independent Chair had been appointed to the Design Review Panel, a service which would be cost neutral. It is anticipated that this will contribute to the overall quality of schemes being brought forward and funded through fees and charges.

5.10 The Chair thanked the Cabinet member and Assistant Director for Planning for attending the meeting.

6. Minutes

- 6.1 The minutes of meetings held 3rd November 2014 and 10th December 214 were considered by the panel. In respect of the former, it was noted that there was an outstanding action in respect of the performance of local Registered Housing Provider (RHP).

Action: Scrutiny Officer to follow up with officers within the Enablement Team.

- 6.2 Minutes of both meetings were agreed.

7. Asset Management Plan 2014-2018

- 7.1 The panel noted that the Asset Management Plan 2014-2018 was a comprehensive plan for all of the Councils physical assets including housing, schools, and community buildings. The Plan:

- Outlines the priorities, actions and projects that will support improved performance in the management of the Councils property portfolio;
- Provides a performance update on previous plans;
- Provides a long term strategy for the management of council owned assets.

- 7.2 The panel noted that the Asset Management Plan will link to the Capital Asset Strategy, but as this is still in development, the current plan should be considered as draft. Both of these strategies would be aligned to the Medium Term Financial Strategy.

- 7.3 The panel noted that in the context of reduced central grant funding, the Capital Asset Strategy would be important as this would set out future potential income/ revenue options from Council assets (and extend financial choices available to members). The Asset Strategy was expected to go to Cabinet in July but a draft of this would be presented to scrutiny before.

Agreed: The daft Capital Asset Strategy would be presented to scrutiny prior to Cabinet in summer 2015.

- 7.4 The panel noted key achievements to date which have included:

- Through Smart Working, reduced the number of administration buildings from 24 to 11 (8 occupied and 3 awaiting disposal);
- Targeting a reduction in running costs on administration buildings by 30%;
- Sale of £66.5m in property assets;
- £180m spent on transforming the secondary education estate;
- Leased the Council's crematorium and cemeteries to Dignity; and
- Leased the Council's leisure centres to Fusion.

- 7.5 A summary of key discussion points from the panel is provided below:

- Commercial shops and property - a detailed review of very single property has been undertaken as of January 2015. This information will be analysed, with input from health, housing, education and regeneration to ensure that the range of potential opportunities for properties is undertaken;
- Community buildings - a report will go to Cabinet in July;

- Housing – a condition survey is currently being undertaken;
- Administrative buildings -these have been reduced from 24 to 11, these will be kept under review and aligned to corporate plans;
- Libraries - there was a manifesto commitment to maintain all libraries.

7.6 The panel noted that whilst Decent Homes monies had been used to upgrade housing, it was noted that commercial properties which were part of the same development had not been similarly improved, particularly the rear gardens of these properties.

7.7 The panel questioned plans to dispose of the Red House (a former nursing home for the elderly) in West Green, when there was such high demand for housing in the borough and could be put to other uses (e.g. temporary accommodation). The panel noted that there were many legal and planning restrictions around the use of such buildings for temporary accommodation. In addition, some properties would just too expensive to bring back in to use.

8. Community Buildings

8.1 A report was submitted to the panel on the strategic assessment of community building that had been undertaken to date in line with a Cabinet report and agreement in December 2012. It was noted that this work had included a physical assessment of each of the 31 buildings together with an assessment of the current community uses. The review has looked at:

- Lease arrangements
- Rent levels
- Condition survey
- Organisations using each building
- Community impact of services offered from each.

8.2 The panel noted that some community buildings were used exclusively by certain community groups, and were not accessible to others. The panel were of the view that the review of community buildings should reinstate the principles that such buildings are community assets and where possible, should be open access and open to use by all community groups in that locality.

8.3 It was noted that given the individual circumstances of each community building (e.g. the lease arrangements etc), these had being assessed individually and where appropriate, action taken. In this context, it was noted that there were plans to introduce new management to the Chestnuts Community Centre to ensure that this building was being let for the use of the community.

8.4 The panel noted that a final report would go to Cabinet in July 2015. The panel recommended that ward members should be involved in the final assessments and recommendations for each of the Community Buildings.

9. Panel Project - Council led development

9.1 The panel noted that the first evidence gathering session had been held in December 2014, and had heard evidence from council officers to establish local policy and practice in respect of council led development. In this context, the panel heard from:

- Enablement team
- Planning Policy team
- Finance team

9.2 The panel noted that future sessions would be arranged to hear evidence from other local authorities in respect of their development plans and the legal and financial instruments used to support these. It was noted that Ealing, Barking & Dagenham and Camden had already agreed to attend a future evidence gathering session.

10. Work programme Update

10.1 The panel noted that there was one further meeting planned in March and the agreed agenda for this. The panel also discussed and noted council forward plan.

DRAFT

**MINUTES OF THE ENVIRONMENT AND COMMUNITY SAFETY SCRUTINY PANEL
TUESDAY, 27 JANUARY 2015**

Councillors: B Blake (Chair), Gallagher, Gunes, Hare, Jogee and Wright

Co- Optees: Mr I. Sygrave (Haringey Association of Neighbourhood Watches)

CSP33. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Newton.

CSP34. DECLARATIONS OF INTEREST

None.

CSP35. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

CSP36. MINUTES

It was noted that Mr Sygrave (co-opted Member) was present at the meeting of the Panel on 6 November.

AGREED:

That, subject to the above mentioned amendment, the minutes of the meetings of 6 November and 10 December 2014 (budget) be approved.

CSP37. CABINET MEMBER QUESTIONS; CABINET MEMBER FOR THE ENVIRONMENT/ STREET CLEANSING; CURRENT PERFORMANCE

Councillor McNamara, the Cabinet Member for the Environment, reported on the key areas within his portfolio as well as current performance in respect of street cleansing;

- In respect of recycling, he was very pleased with the work that had been taking place. However, the next phase of progress was likely to be more challenging. Most local authorities had managed to achieve levels of recycling that were between 30 and 40 per cent. Achieving levels of over 50% would be difficult, especially in view of the fact that the borough shared many of the characteristics of an inner city borough and high levels of population churn.
- Food recycling was to be rolled out in Homes for Haringey properties and other housing blocks. The system utilised aimed to replicate the service provided in other residential accommodation. Mixed recycling bins had been piloted in Wood Green and Tottenham high roads and had generally been received well.
- Operation Clean Streets had been progressing for four months now and progress was being monitored. In addition, there had also been a street safety audit that was focussed on tidying streets up and de-cluttering.

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- Although the Council was seeking to make savings in street sweeping, it nevertheless wished to be judged on outcomes rather than spend. There were statistical neighbours who spent less but achieved better outcomes. At the moment, all areas of the borough received the same level of street cleansing irrespective of need. Tottenham and Wood Green high roads were now being treated separately and were a lot cleaner.
- Public engagement regarding the sustainable transport plan was due to be launched at the end of February. The first stage of the process would be a questionnaire for Councillors regarding things that needed doing within their wards.
- Investment was taking place in the cycling and pedestrian infrastructure. This would include the installation of more cycle racks and engagement around the construction of Cycle Superhighway 1. There would also be a cycling summit later of the year. Cycling would also constitute a major part of the transport strategy.
- The refurbishment of Tottenham Green was now complete and it was due to be launched shortly. Works at Park Road were due to be finished in March. The planned refurbishment works to White Hart Lane Community Sports Centre were currently progressing. Updates on progress would be provided through the Fusion newsletter. Joint work was also taking place with Public Health to promote fitness and sport. He noted that the Panel had taken an interest in the availability of facilities and he would be happy to collaborate on work on this issue.
- Improvement works to Wood Green High Road were nearly finished. They had caused disruption to traffic and the priority had been to keep buses moving. He was grateful to the patience of residents during the works.

He responded to questions as follows;

- The Council was committed to installing cycle racks where there was a genuine need and where there currently were not any. It was intended to install a significant number and Haringey Cycling Campaign were assisting with the planning process and on the further development of proposals for cycling within the borough. Railings had generally been removed where they had been buckled or damaged. This has been requested by local Members. Panel Members commented that they favoured a traditional design for cycle racks, which allowed both wheels to be attached and were also the cheapest option. It was agreed that an update on cycling issues would be provided in due course.
- There needed to be a balance between engagement and enforcement in respect of fly-tipping. Engagement officers had been meeting large numbers of local people and enhanced enforcement procedures were being implemented. Keeping the streets clean cost the Council significant amounts and the proposals were the result of the Council needing to find £70 million of savings. A pilot project to address fly-tipping was being implemented. As part of this, there had been engagement with ward Councillors, residents and traders. Noel Park ward was being targeted first as it had the highest incidence.
- In respect of black drop boxes, the introduction of these had been a political and operational decision as part of the Operation Clean Streets initiative. Their introduction was based on evidence that they worked well elsewhere. The second phase of their implementation would be rolled out in due course.

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- Events in Finsbury Park were not seen as a cash cow by the Council. Income from these was used to fund a range of work in the borough's parks. The condition of the park after events, noise and time allowed for take up and take down were all issues that needed to be looked at further. A meeting of the Stakeholder Group would be arranged shortly. In terms of bookings for this year, Live Nation had applied to stage the Wireless Festival at the park again. The license would be subject to conditions. An analysis would be undertaken of what had been learnt from the previous round of concerts as well as what could be improved. There was also a commitment to engaging with the local community, Councillors and neighbouring boroughs.

The Panel noted that there was a waste contract monitoring board that met quarterly to look at planning and operation issues. The Cabinet Member reported that the waste contract provider needed to improve its performance in some wards, including Woodside. In addition, there were also hotspots and pockets where there were also issues and these were subject to regular monitoring. The figures for fly-tipping did not necessarily mean that the situation had deteriorated markedly. It was possible that the number of reports had merely increased as there had been historic under reporting of incidents. The Council was also seeking to be honest in reporting the scale of fly-tipping within the borough. It was important that the message regarding enforcement was publicised in order to deter people. As part of this, there needed to be engagement with landlords. A licensing scheme for landlords would help to address issues arising from rented accommodation. This had been proven to be effective elsewhere.

The Assistant Director for Environmental Services and Community Safety reported that officers were looking at a more joined up approach to dealing with fly-tipping. Enforcement was one tool that could be used to change behaviour. However, the key to addressing the issue was changing the behaviour of residents so that fly-tipping became unacceptable to all. 95% of it was probably household rather than commercial. The aim of current policy was to increase the perception of risk amongst people who might be tempted to engage in it. It was important that there was effective communication so that residents bought into what the Council was seeking to achieve.

In response to a question regarding re-cycling, the Cabinet Member stated that it was intended to continue with the co-mingled method of collection. It was noted that there were pros and cons to separating items. It was agreed that clarification would be sought as whether the North London Waste Authority had considered the potential advantages to separating items, such as glass. The Panel noted that some Councils could re-cycle a wider range of items at their waste recycling centres than Haringey currently did. Councillor Hare agreed to share details of the items that Cambridge were able to recycle to the Cabinet Member.

The Assistant Director for Environmental Services and Community Safety stated that purple rubbish bags should all be removed by 6:00 p.m. each day. If any bags were still around after this time, they should be reported to the service.

The Panel noted that, in respect of the national indicator for litter and detritus (NI195), all areas were inspected at least three times per year. The regularity on inspections above this was determined by land use.

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In summing up, the Chair stated that the Panel were aware that Finsbury Park concerts were a concern to some residents and would like to monitor the situation. In addition, there was a shared aspiration to reduce fly-tipping and the Panel would be interested in hearing about plans for promoting community buy-in.

AGREED:

1. That updates be provided to future meetings of the Panel on:
 - Events in parks and, in particular, Finsbury Park;
 - Plans to promote community awareness of fly-tipping and support for action to address it; and
 - Proposals to develop cycling within the Borough.
2. That clarification would be sought as whether the North London Waste Authority has considered the potential advantages to separating items, such as glass, in recycling;

CSP38. WASTE AND RECYCLING: CURRENT PERFORMANCE

The Panel noted that the current target for re-cycling out-turn was 37% and current performance levels were 37.9%. The target for next year was higher. The focus of the service was currently on how higher levels could be achieved. Haringey currently had the second highest rate of recycling in London. New food waste and dry recycling arrangements were being rolled out to all estates and blocks in order to increase levels. The roll out process involved engagement with residents. Panel Members were of the view that school children could play a role in helping to promote higher levels of re-cycling through being made more aware of its ecological benefits. In addition, there was also a financial argument.

AGREED:

That the performance data be noted.

CSP39. AIR QUALITY: HOW THE COUNCIL ADDRESSES THE ISSUE OF AIR QUALITY AND AN UPDATE ON AIR QUALITY ACTIONS

The Cabinet Member commented that that electronic vehicle charging was likely to be in greater demand in future years as more marketable and affordable electric cars came on the market. In terms of car clubs, most schemes involved users being tied to returning cars to where they picked them up. However, the Council was experimenting with a new scheme which was not limited by this requirement. Proposals for a 20 mph speed limit in residential streets were due to go out for consultation shortly. It was important that there were realistic expectations regarding enforcement though. It was likely to take many years to change the behaviour of drivers. There had been a huge increase in cycling in the last few years and considerable progress with developing cycle routes and parking within the borough. Cycling was a key part of the borough's Smart Travel programme. The Council's new Transport Strategy would include options in respect of cycling and walking. The Council was also pro bus and measures needed to be taken to make this clearer to residents.

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Panel Members commented that, whilst they supported the promotion of cycling, there were still safety issues and, in addition, a lot of money had been invested in small schemes that were often not used. The Cabinet Member stated that most boroughs had made mistakes but lessons had learnt. Cycling and walking were now both corporate priorities. Panel Members would be very welcome to attend the forthcoming cycling summit.

Panel Members submitted questions for answer by the lead officer for air quality, who was unfortunately unable to be present at the meeting. One particular issue concerned the small number of air quality monitoring stations and whether there was a need for an additional one. The Cabinet Member reported that engagement was taking place with Public Health and the Cabinet Member for Health and Well Being on the issue of air quality. He welcomed the Panel's questions on the issue and agreed to respond in due course.

Panel Members requested further information regarding whether the Council had been successful in its application to the Mayor's officer for funding to improve air quality. In addition, information was also requested on any liaison work that had taken place regarding the proposed introduction of an ultra low emission zone in central London, which was currently being consulted upon by the Mayor's office. In addition, Panel Members also questioned the effectiveness of green screens in addressing air quality. However, they were nevertheless of the view that green screens had many other useful benefits

AGREED:

1. That an interim and, in due course, a more detailed response be provided to the Panel's question in respect of clean air;
2. That updates be provided to the Panel on the outcome of the application by the Council for funding to improve air quality and on any liaison work with the Mayor's Office in respect of the introduction of the ultra low emission zone.

CSP40. SCOPING REPORT - VIOLENCE AGAINST WOMEN AND GIRLS

AGREED:

That the scope, terms of reference and objectives of the project be approved.

CSP41. WORK PLAN

It was noted that it was planned that the next meeting of the Panel would focus upon community safety issues. It was agreed that reports would be requested on the following issues:

- The outcome of Operation Equinox;
- Action against gangs, including Operation Shield;
- Support to victims of crime.

In addition, the Panel noted that the Borough Commander had previously offered to attend another meeting of the Panel. It was agreed that he would be invited along to

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the next meeting and requested to report on there reasons for the increase in violent crime within the borough.

The Chair reported that the Panel had recently visited Wolves Lane nursery. It had been agreed that a visit would be arranged to Organic Lea in Waltham Forest in order to see if there were any lessons that could be learnt from the work undertaken there which could be incorporated into plans to develop Wolves Lane.

AGREED:

That, subject to the above mentioned additions and amendments, the future work plan be approved.

Clr Barbara Blake

Chair

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
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Councillors Councillors Adje, B Blake, Connor (Vice-Chair) and Hearn

Apologies Councillor Bull

Also Present: **Co-optees:** Yvonne Denny

Councillors: Arthur and Jogee

Officers: Kevin Bartle (Assistant Director – Finance), George Bruce (Head of Finance – Pensions and Treasury), Zina Etheridge (Deputy Chief Executive), Tracie Evans (Chief Operating Officer), Lyn Garner (Director Regeneration, Planning and Development), Stephen Lawrence-Orumwense (Assistant Head – Legal Services – Social Care), Rob Mack (Senior Policy Officer - Scrutiny), Christian Scade (Senior Policy Officer - Scrutiny), Nick Walkley (Chief Executive), Natalie Layton (Clerk)

And approximately 35 members of the public

| MINUTE NO. | SUBJECT/DECISION |
|------------|---|
| OSCO01. | <p>WEBCASTING</p> <p>Noted that the meeting was webcast.</p> |
| OSCO02. | <p>APOLOGIES FOR ABSENCE</p> <p>An apology for absence was received from Councillor Bull.</p> <p style="text-align: center;">COUNCILLOR PIPPA CONNOR IN THE CHAIR</p> |
| OSCO03. | <p>URGENT BUSINESS</p> <p>None received.</p> |
| OSCO04. | <p>DECLARATIONS OF INTEREST</p> <p>Councillor Adje declared a personal interest in Item 7 - Budget Scrutiny – as he worked for London Fire, part of the GLA group.</p> |
| OSCO05. | <p>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</p> <p>a. <u>Deputations</u></p> <p>Received a deputation on behalf of the Save Autism Services in Haringey (SASH) group, on the budget proposals to close day centres, given by Anna Nicholson. Including:</p> <ul style="list-style-type: none"> • The short term savings would lead to long term, higher social care costs as the changes and loss of day centres could result in people with autism and their carers requiring additional NHS services due to health conditions and deterioration of their mental health. • People with autism required routine and familiarity and may refuse to go out if the centres closed. Both people with autism and their |

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| | <p>carers would be further isolated from society.</p> <ul style="list-style-type: none"> • Carers recruited through personal budgets may be untrained in dealing with autism. • The proposals did not include alternative provision for how the needs of people with complex needs would be met. <p>The Committee noted the deputation and Ms Nicholson agreed to send her concerns to Councillor Morton, Cabinet Member for Health and Wellbeing.</p> <p>b. <u>Questions</u></p> <p>Received questions from Anne Gray including:</p> <p>i. How much the Council was spending on consultant fees? Response: In response the Committee was reminded that details of consultant costs were routinely published as part of Staffing & Remuneration Committee documents. At the end of quarter 3 there were 58 interims/consultants employed within Haringey at an annual cost of approximately £5.6 million.</p> <p>ii. A request for further information on the reserves policy and specifically why the Jobs Fund was needed now when it had not been previously required. Response: In previous years the Government had funded employment costs and it was important for the Council to continue to support employment and local businesses. Reserves will reduce by the end of this current financial year.</p> <p>iii. A request for further information on the schools reserve including: A) How much was held in the bank accounts of the four academy schools in Haringey and is that counted as part of this £10.9 million? B) Why had the schools reserve gone up by £1.5 million in the last year and what was this extra money needed for? Response: Academy reserves were not included in the schools reserve, as they were responsible for their own funds. Reserves had increased for a number of reasons but mainly due to the “fair deal for Haringey children” campaign which had secured an additional £7m for the Haringey Schools formula budgets, which had not been fully spent.</p> <p>Written answers to questions b.i and b.ii above would be provided after the meeting.</p> <p style="text-align: right;">Action: Kevin Bartle</p> |
| OSCO06. | <p>TREASURY MANAGEMENT STRATEGY STATEMENT (TMSS)</p> <p>Received the Treasury Management Strategy Statement 2015/16 – 2017/18, introduced as laid out on pages 1-35 of the agenda pack by the Head of Finance – Treasury and Pensions, George Bruce.</p> |

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The Committee asked a number of questions, including:

- a. Whether ethical consideration (such as investment in environmentally friendly schemes) was given to investments or whether value for money was the main driver: It was responded that the three main priorities which drive investment were:
- Security of funds
 - Money being available when required
 - Low interest rates

Ethical considerations were not a focus for Treasury Strategy, particularly as the Council's balances were relatively low and the Council's funds would mainly be used to pay off debt in future years.

- b. Concerns were raised about the £5.8 million spent on consultants in this time of austerity. Haringey Chief Executive, Nick Walkley, expressed his own concern about the Council's dependence on interim staff, who were employed to fill gaps in skills or when the Council needed specialist skills for short periods of time such as to improve the performance of specific services. Business cases for the use of the consultants had been previously provided in reports to Cabinet in addition to detailed, scrutinised reports to the Corporate Committee.

The Committee noted that the Council had invested in developing existing staff to deliver roles which would normally be delivered by consultants. In response to further questions: the budget already included some savings on consultant spending by individual departments, but no further savings, over and above those included in the Medium Term Financial Strategy to be approved by Cabinet in February, could be expected.

Figures would be provided for the number of posts currently being filled by interim consultants, including how many of these were in Children's Services. It was explained that some of the planned 633 redundancies would be matched to individual posts currently filled by interim staff and it was hoped that this would significantly reduce the Council's dependency on such staff.

Action: Kevin Bartle and Jacquie McGeachie

Post meeting note

Details of the posts being fill by interim consultants

- c. In relation to why the Council was deferring long term borrowing when interest rates were so low, it was explained that there was a cost to long term borrowing for example: day to day borrowing from other local authorities would be at a low rate of c0.5% but other long term borrowing would be at c3.5%. It was believed that interest rates would remain low for 18-24 months and so it was not believed that a long term cost would arise from short term borrowing therefore some long term borrowing would take place alongside some short term borrowing strategies, as provided in the Treasury Management Strategy.

Resolved to agree the Treasury Management Strategy Statement and Prudential Indicators for 2015/16 to 2017/18 and to recommend the same to full Council for approval.

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| OSCO07. | <p>CORPORATE PLAN AND BUDGET SCRUTINY RECOMMENDATIONS</p> <p>a. <u>Corporate Plan 2015-18</u></p> <p>Committee members expressed disappointment in having not seen a summary feedback from the Corporate Plan consultation. Officers emphasised that all the issues raised in the budget consultation, including the recommendations of the Overview and Scrutiny Committee, would be published in a report to Cabinet to ensure that the decisions were fully informed. Initial consultation had taken place prior to the Corporate Plan being published in December 2014 (the responses of which had been made available) and subsequent consultation had taken place. Timescales for consultation periods had prevented all consultation feedback from being made available. There would be a further phase of consultation once the budget had been approved and the Committee will have the opportunity to scrutinise further and ensure proper equalities impact assessments were taking place.</p> <p>In relation to proposals in the Corporate Plan to close day centres a Member recognised the move towards empowering service users but emphasised the need to ensure equal services were made available. The Chief Executive shared concerns that the cuts would impact service users and explained that all local authorities were facing similar challenges and that it was not a risk free exercise although safeguarding was still a priority.</p> <p>Mary Langan, from the Learning Disability Partnership and Haringey Autism, questioned the quality and accuracy of the information provided to members of the public in the various consultation documents including:</p> <ul style="list-style-type: none"> • No mention that three out of four day centres would be closed. • No details had been made available about one quarter of the social workforce being cut under the proposals. <p><i>Responses to the two points above would be provided after the meeting.</i></p> <p style="text-align: right;">Action: Deputy Chief Executive</p> <ul style="list-style-type: none"> • Consultations held in November 2014 had not sought opinions on the cuts; only about how Haringey could be made stronger and disabled groups had not been included in the consultations. <p>In response, Zina Etheridge, Deputy Chief Executive, confirmed that there had been engagement relating to the broad themes in the Corporate Plan, not specific to the budget. Further consultation had taken place in relation to the budget proposals and once a clear decision on the budget had been taken there would be further consultation.</p> <p>A Committee Member reiterated previous comments made in the deputation that proposals to close day centres could be detrimental to young people and at a further cost to the Local Authority. Further comments from members of the public included that there were technical difficulties with submitting consultation comments online. The Chief Executive acknowledged the concerns raised and invited members of the public to write to him with specific concerns about the consultation process. It was noted that the Council had received more than 1,000 responses to the consultation, which had clearly set out the proposals.</p> |
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The Committee was assured that there would be on-going consultation on the individual budget areas once a clear decision on the proposals had been made by Cabinet. The Committee was advised that the Council was bound by statutory legislation to ensure human rights legislation was complied with and that service users were consulted on the impact of any cuts.

b. Budget Scrutiny Recommendations

Received the final recommendations of the Overview and Scrutiny Committee and Panels (supplementary agenda pack, pages 16-15).

1) Children and Young People's Scrutiny Panel

Resolved that the recommendations of the Children and Young People's Scrutiny Panel be approved subject to the amendments below.

Item 2 – Services for Young People including Youth Offending Services

- (a) Recommendation (iv), line 3: Delete all after the word “statutory”; and
- (b) Add recommendation 5: “That the proposals in respect of services for young people be withdrawn”;

2) Adults and Health Scrutiny Panel

Resolved that the recommendations of the Adults and Health Scrutiny Panel be approved subject to the following amendments and additions:

Item 11 – New Pathways for Older People

The removal of the first three points and the addition of:

- (a) **That a decision about the proposed closure of the Haven Day Centre be deferred until 2016/17 and that no decision be made until a review has been undertaken to ensure the Neighbourhood Connects model is appropriate for the most vulnerable day centre users.**
- (b) **That before proposals for the re-provision of the Haynes and Grange Service be considered by Cabinet, further information be sought by the Cabinet Member for Health and Wellbeing on (i) transition plans and (b) the legal covenant relating to the use of the Haynes and the social enterprise proposals.**

Item 13 – New Pathways for People with learning Disability – Day Opportunities

Removal of the final bullet point and addition of:

(a) That both the Roundway Centre and Ermine Road Centre be kept open.

(b) That the Allways Centre and Central Day Centre (Birbeck Road) remain open until further information is made available for consideration by the Cabinet Member for Health and Wellbeing in relation to voluntary sector engagement and the social investment model to ensure adequate provision of service, especially for those with high level learning disabilities.

Item 14: New pathways for people with disabilities and Item 15: New pathways for people with mental health needs

Additional recommendations:

(a) That the Panel's concerns relating to proposals 14 and 15 (listed above) be noted by Cabinet. The Panel's concerns are detailed in the minutes attached to Item 8 of the agenda and at the following link:

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=128&MId=6856&Ver=4>)

(b) The Adults and Health Scrutiny Panel recommends that all support workers / staff who care for clients be paid the London Living Wage.

Item 17 – Care Purchasing Residential Care

“with concern” to be added to the last sentence.

Item 18 – Care Purchasing Packages

Additional recommendation:

(a) The Adults and Health Scrutiny Panel recommends the proposals in relation to Care Purchasing Packages be rejected and removed from the Draft Medium Term Financial Strategy.

Item 19 – Voluntary Sector Savings

Additional recommendation:

(a) The Adults and Health Scrutiny Panel recommends that there be no further cuts to the voluntary sector

Item 23 – Other Public Services

Additional recommendation:

(b) That the Panel's concerns regarding cuts in relation to the monitoring of childhood immunisations and Tuberculosis advice

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| | <p>be noted and assurances be made to ensure immunisation levels remained appropriate and TB rates did not rise.</p> <p>Noted that the responsibility for screening immunisations had transferred to the NHS, although the Director of Public Health retained a role in ensuring that rates of improvement were maintained.</p> <p>3) <u>Environment and Community Safety Scrutiny Panel</u></p> <p>Resolved that the recommendations of the Environment and Community Safety Scrutiny Panel be approved subject to the following additional recommendation:</p> <p><u>Item 39 – Future of Wolves Lane Nursery Site</u></p> <p>The Panel recommended that the cut for Year 2 is put back to Year 3 to enable investigation in to what commercial opportunities are available including opportunities for employment for young people.</p> <p>4) <u>Housing and Regeneration Scrutiny Panel</u></p> <p>Resolved that the recommendations of the Housing and Regeneration Scrutiny Panel be approved.</p> <p>5) <u>Overview and Scrutiny Committee</u></p> <p>Resolved that the recommendations of the Overview and Scrutiny Committee be approved.</p> |
| OSCO08. | <p>CABINET MEMBER QUESTIONS - CABINET MEMBER FOR RESOURCES AND CULTURE</p> <p>Received a brief introduction by the Cabinet Member for Resources and Culture, Councillor Jason Arthur, on his portfolio including that:</p> <ul style="list-style-type: none"> • The Council was nearing the end of the budget process and consultation responses were being considered. • In March a report on the outcomes of the Libraries Review would be presented to Cabinet and would include outcomes for the Culture Strategy. <p>The Committee put a variety of questions to Councillor Arthur, the responses of which are recorded below:</p> <ol style="list-style-type: none"> a. The budget consultation process had been intended to reach as many people as possible and people had successfully engaged. Whilst it was not a perfect process the Council would reflect on feedback and the responses to the consultations. b. The Culture Strategy would recognise the key role of the Borough's nine libraries in the community but would look at developing libraries as community hubs to include more self-services and arts and cultural provision. This would include further consideration on the possible relocation of Muswell Hill library to improve access (or the idea of |

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| | <p>installing a lift in the building). Councillor Arthur was clear in stating that the Council was committed to having nine libraries in the Borough and all options were still being considered in terms of improving accessibility and provision in libraries, complying with any building covenants and obtaining capital receipts.</p> <p>c. A member of the public, Michael Fitzpatrick, was permitted to ask a question on the risks of reduced funding, particularly in social care and for young people with autism. Councillor Arthur recognised the Council's responsibility to protect the most vulnerable people in society and many comments and views expressed in consultations had been taken on board when finalising the budget. Committee Members requested that further consultation continued. He emphasised that due to the cuts in funding the Council was required to transform services in order to make savings.</p> <p><i>21:15 hrs – Councillor Arthur left the meeting</i></p> |
| <p>OSCO09.</p> | <p>PERFORMANCE</p> <p>Received the Powerpoint presentation (pages 37 – 59 in the agenda pack) introduced by the Chief Executive, Nick Walkley, highlighting performance and areas of focus.</p> <p>In response to questions from the Committee it was noted that:</p> <p>a. Concerns were raised about people claiming Job Seekers Allowance (page 52) who missed appointments at the Job Centre Plus (JCP) for genuine reasons and had their benefits immediately stopped as a result. In response it was noted that sustainability and strengthening the Council's partnership with the JCP was key in ensuring staff/ advisors were better placed to deal with individual situations.</p> <p>b. Reasons for high unemployment included a lack of candidates applying for local apprenticeships and local jobs particularly in construction. Haringey's Job Brokerage Service worked with large employers such as Tottenham Hotspur Football Club, Sainsbury's and Stansted Airport to ensure jobs went to local people. Skilled local people were, however, dropping out of the employment process due to issues surrounding employability and work was being done to give these people the confidence to take on these jobs.</p> <p>c. In response to concerns about the lack of careers advice in schools, young people travelling outside of the Borough for further education and young people not being able to sustain employment it was explained that the Council worked mainly with secondary schools offering support in more focused careers advice and to ensure all options were made available to all young people. Haringey had recently held a careers fayre at a primary school to encourage aspirations and ensure an understanding of the routes to those aspirations and the effectiveness of local institutions in the relevant fields. Haringey Skills and Employment Board will oversee the work in these areas and will include schools, providers, the Department for Work and Pensions (DWP) and other partners.</p> |

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- d. The Corporate Delivery Unit's work on temporary accommodation (p.53) had looked at other boroughs' practices and it was noted that all boroughs were challenged by long term homelessness and a lack of private sector housing. The Council was looking at the regeneration of specific areas into more affordable homes and was working with Homes for Haringey to utilise empty properties.
- e. The Chief Executive confirmed that fly-tipping was still a concern and recognised the difficulties in catching persistent offenders. An action plan was in place to target hotspots (Operation Clean Streets) and included managing the appearance of front gardens, which encouraged fly-tipping.
- f. In response to questions on areas for further focus:
- Numbers for children on child protection plans often fluctuated and had risen across London. This Performance Indicator (PI) was closely related to other PIs and the Council monitored referral rates and police processes (which regularly impacted numbers) in order to understand the changes.
 - The Council social care team was working closely with the NHS social work team to deal with pressures to reduce the high numbers of delays to NHS transfers of care, which were proportionately higher in Haringey compared to social transfers than in other boroughs. High numbers of delays to transfers of care had previously been seen in the Mental Health Service and scrutiny of the service had led to improved pathways to accommodation for those coming out of acute mental care and performance had increased compared to other boroughs.
 - In relation to 'NEET (Not in Education, Employment or Training) Not Known': Requirements for tracking young people when they left school had ceased but the Council was creating better links with institutions (such as Islington College) to ensure they fed back to Haringey so that figures were accurate.
- g. There was a new approach to measuring performance, which looked less at outcome measures and more at how services will be delivered. Areas of the Corporate Plan will lead to the Delivery Plan with clear outcomes and would be monitored and measured with greater transparency.
- h. In response to how the new approach to performance monitoring linked with the performance monitoring of other bodies the Deputy Chief Executive stated that ideally all partners would publish performance data on one website to enable greater transparency and understanding. However, partners were driven by their own centrally set targets and the Council held them to account in terms of how they were contributing to the Council's outcomes. The Chief Executive highlighted the valuable role of scrutiny in holding these partners to account.
- i. The Chief Executive recognised concerns about the diverse information systems used by the various departments. Some Councils had invested in one system which could communicate with another. Many of Haringey's systems did need further investment and renewal and the IT Strategy would consider key issues such as whether to invest in single line systems and looking at what information is held and how best to process it.

RESOLVED to note the Performance Report.

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| <p>OSCO10.</p> | <p>DRAFT MENTAL HEALTH AND WELLBEING FRAMEWORK</p> <p>Received the report outlining the Mental Health and Wellbeing Framework, introduced by the Deputy Chief Executive, Zina Etheridge. The draft Framework would be considered by the Adults and Children and Young People's Scrutiny Panels on 18 March 2015 and comments would feed into the Health and Wellbeing Board.</p> <p>Members made the following observations:</p> <ol style="list-style-type: none"> a. That the framework should be specific in recognising diversity and inequalities in mental health and the potential differences in expectations of different people. b. That consultation and engagement should be as wide as possible and should present all options. The Deputy Chief Executive confirmed that the Council had worked with Haringey's Clinical Commissioning Group (CCG) to engage with service users in particular to understand their experiences but would liaise with the CCG about the possibility of extending the consultation period. <p style="text-align: right;">Action: Deputy Chief Executive</p> <p><i>Post meeting note:</i> Senior officers considered the suggestion to extend consultation of the Mental Health and Wellbeing Framework beyond 20th February. The Framework was due to be approved by the Health and Wellbeing Board on 24th March and if that deadline was not met, approval would need to be delayed until June when the Board meets next. Officers decided that this would be inconvenient and out of sync with the contracting round. The Council was, however, planning to engage extensively between now and the end of February 2015 with a range of stakeholders and residents and was involving HealthWatch and other voluntary organisations at in-depth focus groups to gather views of residents and carers. Furthermore, the Council had been engaging widely to develop this version of the Framework with a range of stakeholders and service users.</p> |
| <p>OSCO11.</p> | <p>FEEDBACK FROM CHAIRS OF AREA COMMITTEES</p> <p>Noted that Chairs of area committees would be formally invited to attend.</p> |
| <p>OSCO12.</p> | <p>NEW ITEMS OF URGENT BUSINESS</p> <p>None received.</p> |
| <p>OSCO13.</p> | <p>SCRUTINY PANEL MINUTES</p> <p>The following Scrutiny Panel minutes were noted and approved as correct records subject to the amendments made to the recommendations as agreed in Item 7 above:</p> <ol style="list-style-type: none"> a. Housing and Regeneration Scrutiny Panel – 3 November 2014 b. Children and Young People's Scrutiny Panel – 3 November 2014 c. Environment and Community Safety Scrutiny Panel – 6 November 2014 |

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| | <p>d. Housing and Regeneration Budget Scrutiny Panel – 10 December 2014 e. Environment and Community Safety Budget Scrutiny Panel – 10 December 2014 f. Adults and Health Budget Scrutiny Panel – 11 December 2014 g. Children and Young People’s Budget Scrutiny Panel – 15 December 2014</p> |
| OSCO14. | <p>MINUTES</p> <p>Resolved that the minutes of the Overview and Scrutiny Committee held on 18 December 2014 be approved as a correct record subject to the removal of ‘Noted that the vice Chair expressed that she did not agree with this proposal’ at Minute OSCO08 c.</p> |
| OSCO15. | <p>FUTURE MEETINGS</p> <p>Noted that the next meeting of the Overview and Scrutiny Committee would be held on 26 March 2015.</p> |

The meeting ended at 21:30 hrs

Chair
Councillor Pippa Connor

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....

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**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
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Councillors Councillors Bull (Chair), Adje, B Blake, Connor (Vice-Chair) and Ibrahim

Apologies Councillor Hearn, Yvonne Denny

Also Present: **Co-optees:** Helena Kania (Local Involvement Network (LINK))
Councillors: Beacham, Carter, Elliot, Engert and Newton
Cabinet Members: Councillors Arthur, Morton and Waters
Officers: Kevin Bartle (Assistant Director of Finance), Neelan Bhardwaja (Assistant Director of Safeguarding and Adult Care), Martin Bradford (Policy Officer), Tracie Evans (Chief Operating Officer), Gill Gibson (Assistant Director – Quality Assurance, Early Help & Early Years), Clifford Hart (Democratic Services Manager), Stephen Lawrence-Orumwense (Legal Services), Raymond Prince (Legal Services), Christian Scade (Policy Officer), Beverley Tarka (Acting Director of Adult Social Services), Natalie Layton (Clerk)
 And approximately 35 members of the public

**MINUTE
NO.**

SUBJECT/DECISION

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| OSCO01. | WEBCASTING NOTED that the meeting was webcast. |
| OSCO02. | APOLOGIES FOR ABSENCE Apologies for absence were received from Councillor Hearn and Yvonne Denny. Councillor Ibrahim attended as a substitute for Councillor Hearn. |
| OSCO03. | URGENT BUSINESS It being a special meeting under Part 4, Section B, Paragraph 17 of the Council's Constitution, no other business was permitted. |
| OSCO04. | DECLARATIONS OF INTEREST No declarations of interest were made in relation to items on the agenda. |
| OSCO05. | DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS NOTED that deputations were made by the following groups/individuals, the main points of which are recorded below: a. Save Autism Services (Deputee -Mary Langan) against the budget proposals highlighted in the call-in including: <ol style="list-style-type: none"> 1. The level of savings proposed and changes to care packages would put vulnerable people at risk. 2. Previous representations by service users, families and carers against the closure of day centres had not been taken into consideration. |

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3. The Council should consider keeping the day centres open until satisfactory alternative arrangements were in place.

NOTED in response to questioning by the Committee:

4. The Ermine Road Day Centre, proposed as an alternative to the Roundway Centre, was not suitable provision for people with autism, who needed more specialist support.
5. It had taken service users 6 months to settle from the 2013 move from Ermine Road to the Roundway and a further move could be detrimental to their health and progress.
6. People with autism required consistency of staff working with them and the retention rates for personnel in this sector were low posing further risks to the wellbeing of service users and their carers.
7. The Acting Director of Adult Social Services explained that in the last 3-4 years the Council had not made any placements at in-house learning disability day centres, as personal budgets were used by service users to manage their care via direct payments. Some service users opted for the Local Authority to manage their budgets.

b. **Haynes Relatives Support Group** (by Heath Martin and Emel Teymur) against the proposals to cut day centre provision, particularly for those with dementia, including:

1. The Haynes and Grange Day Centres had only recently risen to a good level of service further to the 2011 budgetary cuts. The Haynes was a centre of excellence and should be protected.
2. The uncertainty was causing service users and their families distress and short term cuts should not be made until all stakeholders were satisfied that a decent, alternative provision was in place.

NOTED in response to questioning by the Committee:

3. The level of care and activities provided by individual carers in the home was not comparable to the service provided at a day centre. The proposals would require service users to travel around the Borough, which could prove difficult within personal budgets and would mean additional work for carers and families.
4. Currently service users were able to spend up to six hours a day at the Haynes Day Centre for £34. Carers in the home would cost twice as much. Ms Tarka clarified that day centres were subsidised by more than £400,000 each year for 18 placements a day. The daily cost to the Council would be provided.

Action: Beverley Tarka

5. Helena Kania (representative of the Local Involvement Network (LINK)) expressed that the cuts would impact on the physical and mental health of service users and their carers.
6. Ms Tarka explained, in response to claims that there would be additional burden on carers, that individuals would be assessed to ensure the correct support package was in place.

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c. **Haringey Children's Centres**

Zena Brabazon, who was a governor at more than one children's centre in Haringey, including

1. The proposals to reduce the number of children's centres in Haringey would impact on the most vulnerable children in society.
2. Children's centres had a safeguarding role in addition to the activities provided.
3. An equalities impact assessment had not been conducted and proposals should be deferred until a full review of risks had taken place including how early help would be managed.

NOTED, in response to questions to Ms Brabazon:

4. Children's centres individually recorded data on families reached although the Local Authority measured the numbers of visitors.
5. The reduction in children's centres and services provided (which often linked with other agencies) would reduce the ability for staff to form relationships with the most vulnerable families and conduct the preventative work which was currently provided.
6. The suggestion by Ms Brabazon to use Council reserve funds to maintain current children's centre levels. The Assistant Director of Finance, Kevin Bartle, explained that the Council reserves were split into earmarked (for specific use) and unearmarked reserves. The Council's Medium Term Financial Strategy (MTFS) suggests that the Council will draw down approximately £4m from unearmarked reserves (currently totalling approximately £20 million) at a rate of £4 million each year to balance the budget before a sustainable position is reached by the third year of the MTFS.

Melian Mansfield, Chair of Governors, Pembury House Nursery School and Children's Centre, spoke against the proposals including:

1. Parents, governors and staff had not been properly consulted on the proposals.
2. Children's centres provided a complexity of services, putting children at the centre of planning and responsive care, and were vital in preventing events of serious abuse. Vulnerable families would not travel further to access these services.
3. The Early Help strategy did not provide for replacing these services.

NOTED in response to questions to Ms Mansfield:

4. The proposals for fewer children's centres would result in the loss of very experienced staff.
5. Stakeholders had not been provided with a clear strategy and evidence that the impact of the proposals on vulnerable families had been considered.

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| | <p>6. The Cabinet Member for Children and Families, Councillor Ann Waters, emphasised that the Council had attempted to hold detailed discussions with stakeholders and further consultation on the children's centre proposals would begin in June including working with local groups about how best to implement the cuts. Formal consultation will follow and should conclude by October 2015.</p> <p>d. <u>Youth Services</u> Seema Chandwani, spoke against proposals to cut youth services on behalf of two young people attending the meeting, including that inadequate consultation with young people had taken place and that the proposals to merge youth services with youth offending services, which was a statutory service, would not leave much room for the funding of youth services.</p> <p>NOTED in response to questions from the Committee:</p> <ol style="list-style-type: none"> 1. Officers confirmed that proposals did not include the closure of Bruce Grove Youth Centre specifically and were about new ways of providing services. 2. The Cabinet Member for Resources and Culture, Councillor Jason Arthur, clarified that the proposals included funding of £3.6 million for both youth services and youth offending services. This meant a £1.6 million saving to youth services, leaving £500,000 to provide services in a more efficient manner. 3. The proposals would provide more universal services in addition to (rather than a replacement of) Bruce Grove Youth Centre. 4. The Cabinet Member recognised the need for clearer strategy and less jargon in future consultations. |
| <p>OSCO06.</p> | <p>CALL IN OF CAB809 - CORPORATE PLANNING</p> <p><i>Clerks note: The order in which the following points have been recorded may vary slightly to the order in which they were discussed.</i></p> <p>a. <u>Call-in of CAB 809 – Corporate Planning</u></p> <p>RECEIVED the call-in of Cabinet decision CAB809 – Corporate Planning, taken on 10 February 2015, and associated documents (pages 1 to 433 of the agenda pack).</p> <p>The call-in was introduced by Councillor Elliot and Councillor Engert, and covered four areas:</p> <ol style="list-style-type: none"> 1. <u>Children's Centres</u> – including: children's centres had been successful in improving the lives of the families that they reached and the loss of this early intervention would result in more expensive support and would be damaging to the lives of the vulnerable children. The proposals should not be put into effect until the planned early years review took place next year. The Committee was urged to recommend that the proposals be rejected. 2. <u>Learning Disabilities</u> – the Council should be recommended not to |

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- close day centres, particularly the Roundway Centre.
3. Youth Services – including that the proposals to merge youth offending and youth services would leave the latter with few resources.
 4. Adult Care – including: early prevention could prevent further costs to the Council; the excellent services provided at the Roundway could not be replicated at Ermine Road; a lack of contingency planning and safeguarding for vulnerable adults, there was no evidence that Neighbourhood Connects would provide an acceptable service. The Committee was urged to recommend that no day centres be closed.

b. Report of the Monitoring Officer and Head of Legal Services

NOTED the report of the Monitoring and Head of Legal Services (pages 1-4 of the supplementary agenda pack).

c. Report of the Interim Director of Adult Social Services

RECEIVED the report of the Interim Director of Adult Social Services, Beverley Tarka (pages 5-10 of the supplementary agenda pack).

NOTED that Ms Tarka and Councillor Morton, the Cabinet Member for Health and Wellbeing responded to the deputations and further questioning from the Committee, including:

1. Carers would continue to receive support from the Local Authority (LA). The proposals were focussed on reducing the need for care and offering different approaches for people to remain at home for longer.
2. The proposals, if taken forward, would be within the law and included further assessment of individual needs and transition plans in consultation with service users and other services.
3. There were no specific reserve funds earmarked for care packages.
4. It was recognised that some service users required specialised services which would be provided from Ermine Road. The proposals included developing Ermine Road into a purpose built resource space to meet complex needs but also to enable normal activities for these service users.
5. A feasibility study for the Roundway had been conducted the last year and had concluded that £300,000 was required to bring the building into good repair. This did not include running costs.
6. The Haven Day Centre provided services to around 50 people and this figure was determined by staffing levels. These 50 people were also in receipt of other services in the borough. A total of 2000 people had received adult social care services this municipal year and the proposals went some way in preparing for increasing needs.
7. The figures provided in the Adult Social Care proposals were net savings and costs such as increased personal budgets had been taken into consideration elsewhere in the budget.
8. The proposals would include new ways of providing services (not just replacing services provided at the Haven Centre) including the social connections currently experienced at day centres and reducing isolation through the development of the Neighbourhood Connects

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model.

d. Report of the Assistant Director of Quality Assurance, Early Help and Prevention

RECEIVED the report of the Assistant Director of Quality Assurance, Early Help and Prevention, Gill Gibson (pages 11-18 of the supplementary agenda pack).

NOTED that the Cabinet Member for Children and Families responded to some of the issues raised by the deputations, including:

Children's Centres

1. Acknowledgement of the good work of the children's centres and the scale of the cuts and recognition that safeguarding and early intervention were still priorities.
2. The safeguarding role of the health visitor would not change although an additional programme for follow-up visits to 1-2 year olds who had been identified as vulnerable in their first 6 weeks was being rolled-out across the country.
3. Committee members raised concerns about the accessibility of children's centre services. It was explained that every effort would be made to continue to deliver services, particularly for the most vulnerable families, in a more efficient and effective way by reducing the number of children's centre sites and staffing levels.
4. The intention was for children's centre to still be accessible to families who lived further than walking distance from a centre.
5. Impact assessments would be conducted once a future model for children's centres had been established.
6. There would be reduced funding for the provision of 2 year old childcare at children's centres. The current fee structure for childcare provision would be reviewed as part of the proposals. Current figures for the cost of 2 year old provision would be provided as well as the funding provision within a new model.

Action: Charlotte Pomery

Youth Services

7. Bruce Grove Youth Centre would not be closed but Youth Services across the Borough would be delivered differently and more efficiently, this included seeking providers who could utilise the Bruce Grove Youth Centre during the day to generate funding.
8. In response to concerns about the lack of a strategy for youth services it was confirmed that a proposed youth strategy would be presented to the Cabinet in March 2015.
9. Officers recognised that the Council's reliance on consultants across Council services was not ideal and recruiting to the posts being covered by interims was a priority and would improve the service.
10. A contingency fund was in place for each year in the event that savings and a balanced budget were not achieved. The Committee was reminded that the use of reserve funds simply deferred debt rather than resolved issues.

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Clerk's note: The Committee adjourned at approximately 16.40hrs for a five minute comfort break.

The Committee debated the areas of the Call-in and considered the options available, as detailed in the Monitoring Officer's report and it was unanimously:

RESOLVED that

- 1. The decision taken by the Cabinet on 10 February 2015 was inside the Council's Policy and Budgetary Framework and that further action should be taken.**
- 2. The following amendments to the Medium Term Financial Strategy and Corporate Planning proposals be put to full Council on Monday 23 February 2015 for debate:**
 - a. The Council confirms its commitment for Bruce Grove Youth Centre to remain open and to retain the Youth Centre staff and qualified youth workers employed by the Council.**
 - b. The proposal to close the Roundway Centre be withdrawn and £300,000 capital investment be earmarked from the Council's reserve funds to improve the building and keep it open.**
 - c. The proposal to merge the Youth Service and the Youth Offending Team be deferred until a Youth Strategy is in place.**
 - d. The proposal to close the Haven Day Centre be deferred for 12 months whilst a proper independent study is undertaken to ensure that Neighbourhood Connects is capable of delivering the service that it has been commissioned for and that people with high care needs who would have used the Haven are confident that the Neighbourhood Connects service delivers these outcomes instead.**

A final Cabinet Decision on the future of the Haven Day Centre be subject to consideration of a specific report on the viability of the Neighbourhood Connects service.
 - e. The proposed cuts to children's centres be deferred until a review is undertaken into the current services provided, including confirmation of how many children's centre's will be closed and how services will be re-provided in order to prevent vulnerable children from not accessing services that they are entitled to.**

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Chair Councillor Gideon Bull

The meeting ended at 17:45 hrs.

Councillor

SIGNED AT MEETING.....DAY

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