

NOTICE OF MEETING

OVERVIEW AND SCRUTINY

COMMITTEE

Monday, 27th March, 2017, 7.00 pm - Civic Centre, High Road, Wood Green, N22 8LE

Members: Councillors Charles Wright (Chair), Pippa Connor (Vice-Chair), Makbule Gunes, Kirsten Hearn and Emine Ibrahim

Co-optees/Non Voting Members: Uzma Naseer (Parent Governor Representative), Luci Davin (Parent Governor representative), Yvonne Denny (Co-opted Member - Church Representative (CofE)) and Chukwuemeka Ekeowa (Co-opted Member - Church Representative (RC))

Quorum: 3

1. FILMING AT MEETINGS

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

2. APOLOGIES 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 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. MINUTES (PAGES 1 - 16)

To agree the minutes of the meetings held on 30th January 2017, 9th February 2017 and 2nd March 2017.

7. MINUTES OF SCRUTINY PANEL MEETINGS (PAGES 17 - 60)

To receive and note the minutes of the following Scrutiny Panels and to approve any recommendations contained within:

Adults & Health Scrutiny Panel on 1st December 2016 & 20th December 2016
Housing & Regeneration Scrutiny Panel on 14th December 2016
Children and Young People's Scrutiny Panel on 19th December 2016 & 23rd January 2017

8. (2016/17) FINANCIAL REPORT TO PERIOD 9/DECEMBER 2016 (PAGES 61 - 78)

9. CORPORATE PLAN 2015-18 PRIORITY PERFORMANCE UPDATE ON BUILDING A STRONGER HARINGEY TOGETHER- MARCH 2017 (PAGES 79 - 86)

10. CUSTOMER SERVICE TRANSFORMATION PROGRAMME (PAGES 87 - 94)

11. PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY PROJECT (PAGES 95 - 170)

Since July, the Adults and Health Scrutiny Panel has been undertaking an in-depth piece of work regarding Haringey's approach to increasing physical activity among older adults. This report outlines the findings, conclusions and recommendations that the Panel has made.

12. HOW CHILD FRIENDLY IS HARINGEY (PAGES 171 - 202)

13. NEW ITEMS OF URGENT BUSINESS

14. WORK PROGRAMME UPDATE (PAGES 203 - 204)

15. FUTURE MEETINGS

Philip Slawther, Principal Committee Co-ordinator

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Bernie Ryan

Assistant Director – Corporate Governance and Monitoring Officer

River Park House, 225 High Road, Wood Green, N22 8HQ

Friday, 17 March 2017

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MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE HELD ON MONDAY, 30TH JANUARY, 2017, 7.05 - 10.10 pm

PRESENT:

Councillors: Charles Wright (Chair), Pippa Connor (Vice-Chair), Makbule Gunes, Kirsten Hearn and Emine Ibrahim

Co-optees: Luci Davin and Yvonne Denny

92. FILMING AT MEETINGS

Noted.

93. APOLOGIES FOR ABSENCE

None.

94. URGENT BUSINESS

None.

95. DECLARATIONS OF INTEREST

None.

96. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

97. MINUTES

RESOLVED that the minutes of the Overview and Scrutiny Committee meetings held on 8 November 2016, 28 November 2016 and 6 December 2016 be approved as a correct record.

98. MINUTES OF SCRUTINY PANEL MEETINGS

RESOLVED that the minutes of

Adults and Health Scrutiny Panel – 17 November 2016

Children and Young People Scrutiny Panel – 13 December 2016

Environment and Community Safety Scrutiny Panel – 4 October 2016 and 8 December 2016

Housing and Regeneration Scrutiny Panel – 3 October 2016

be noted, and any recommendations contained therein be approved.

99. TREASURY MANAGEMENT STRATEGY STATEMENT

Oladapo Shonola, Head of Finance - Pensions & Treasury, introduced the report as set out.

The following arose during discussion of the report:

- a. The level of borrowing was around £250m, with around £200m for the Housing Revenue Account. The average rate of borrowing was 4.9%, and for the current financial year this equated to £14.5m, which was in line with what had been agreed at the start of the financial year.
- b. The Lender's Option Borrower's Option (LOBO) loans were taken on at a time when rates were favourable, and auditors had concluded that the Council had not lost out as a result of taking a LOBO loan over a government loan, as the rate of borrowing would have been the same.
- c. Internal borrowing was where cash reserves were used in place of external borrowing, and this was used when the interest on investment would be far lower than the interest paid on borrowing. Another option was short-term borrowing, for a period of up to three months, where necessary.
- d. Corporate Committee received regular updates on the status of borrowing and investments.
- e. The decision on which Counterparty to include on the approved list was based mainly on credit criteria, but also on other criteria, in conjunction with treasury advisors. The length of investment was guided by the treasury management strategy, and combined, these helped to mitigate risk of investments.
- f. Members raised questions regarding the monitoring of any borrowing and risks as a result of any external development vehicles. Councillor Arthur explained that in the event of any development vehicle, the Council would have a 50% share, and therefore measures would be put in place to monitor risks and investments. Members requested further information on the impacts on current income streams and the projected income of the Haringey Development Vehicle. Members also referred to the Housing Revenue Account, and questioned what the position would be if the HDV went ahead. Councillor Ibrahim suggested that it would be appropriate for this information to be fed back to the Housing and Regeneration Scrutiny Panel as part of their review of the HDV.
- g. The Committee requested that a meeting take place with the Chair of Corporate Committee, and it was noted that a meeting had been scheduled to take place in March to consider the Annual Audit Plan 2017/18 ahead of activities to develop the 2017/18 scrutiny work programme.

The Committee discussed a number of recommendations and it was

RESOLVED that

- i. the report be noted;**
- ii. a meeting take place between the Chair of Corporate Committee and Overview and Scrutiny Committee to discuss any issues;**

- iii. **Corporate Committee be requested to keep the Lender's Option Borrower's Option (LOBO) under review and take action where appropriate to reduce any risk to the Council;**
- iv. **Corporate Committee be requested to take responsibility for the oversight of the Council's 50% share of any potential future development vehicle in terms of any financial investments; and**
- v. **Further information on the potential impact of a Development Vehicle on the Housing Revenue Account be provided to the Housing and Regeneration Scrutiny Panel.**

100. BUDGET CONSULTATION FINDINGS

Richard Grice, Assistant Director for Transformation and Resources, gave a presentation on the findings of the recent budget consultation.

The following arose during discussion:

- a) The consultation had run from 19 December until 22 January via a number of contact sessions. There were responses from 150-160 people.
- b) The most unpopular themes were libraries and waste. The most popular were those which proposed new models of operation, for example shared services.
- c) Suggestions from the public included ring-fencing the budget for libraries, and reducing senior officer / consultant salaries.

RESOLVED to note the update.

101. BUDGET SCRUTINY MINUTES

RESOLVED that the minutes of

Children and Young People Scrutiny Panel – 13 December 2016
Adults and Health Scrutiny Panel – 20 December 2016
Environment and Community Safety Scrutiny Panel – 21 December 2016
Housing and Regeneration Scrutiny Panel – 14 December 2016
Overview and Scrutiny Committee – 17 January 2017

be noted.

102. BUDGET SCRUTINY RECOMMENDATIONS

Councillor Arthur provided a short update on the Medium Term Financial Strategy since the Cabinet papers had been published. The Committee noted the update and discussed the recommendations from the Scrutiny Panels and OSC as set out in the agenda pack.

RESOLVED that

- i) **the draft Medium Term Financial Strategy (2017/18 – 2021/22) be noted;**
- ii) **the additional information as requested during the December round of Scrutiny Panel meetings be noted; and**

- iii) the final budget recommendations as set out in the agenda pack be agreed, with the following amendments:
 - New Parking Operating Model (Environment & Community Safety Scrutiny Panel) – the recommendation was to not proceed with the proposal; and
 - Fees and charges review (Adults & Health Scrutiny Panel) – the recommendation was to not proceed with the proposal.

103. WORK PROGRAMME UPDATE

RESOLVED that the future work programme for the Overview and Scrutiny Committee be noted.

104. NEW ITEMS OF URGENT BUSINESS

None.

105. FUTURE MEETINGS

Noted.

CHAIR: Councillor Charles Wright

Signed by Chair

Date

MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE HELD ON THURSDAY, 9TH FEBRUARY, 2017, 7.00 - 9.35 pm

PRESENT:

Councillors: Charles Wright (Chair), Pippa Connor (Vice-Chair), Makbule Gunes, Patrick Berryman, Emine Ibrahim, Zina Brabazon, Tim Gallagher, Martin Newton, Gail Engert

Yvonne Denny

1. FILMING AT MEETINGS

Noted.

2. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Hearn, Councillor Berryman attended as a substitute for her.

3. URGENT BUSINESS

It being a special meeting under Part 4, Section B, Paragraph 17 of the Council's Constitution no other business was discussed.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

6. CONSULTATION ON FOUR POLICIES TO MEET HOUSING NEED

The Chair invited the Director for Public Health, Dr de Gruchy, to give a presentation on the findings of the Overview and Scrutiny Committee's work on social inclusion. This was followed by a presentation by Nick Smith Housing Strategy Officer, and Alan Benson, Head of Housing Strategy & Commissioning on the four policies on which the Committee's views were being sought – the Homelessness Strategy and Delivery Plan, the Tenancy Strategy, the Allocations Policy and the Intermediate Housing Policy – and the responses to consultation on those policies.

Invited to introduce the four policies before the Committee and members of the Housing and Regeneration Scrutiny Panel, the Cabinet Member for Housing,

Regeneration and Planning set out that there was a close link between social inclusion and housing. In further discussion, Members noted the wider policies that interacted with the social inclusion agenda, and discussed that further scrutiny could be around crosscutting support for childcare in relation to job-seeking parents or the links between housing and educational outcomes, as examples. It was agreed that it would be helpful for social inclusion to be part of the information routinely provided to Scrutiny Panel Chairs.

Members asked about the robustness of the consultation findings, given the level of response and the application of general findings to a specific group. The Cabinet Member and officers responded that they were satisfied with the level of engagement with the consultation, and that there would be difficult in disaggregating demographic groups to identify specific views on a given matter. Officers also confirmed that the consultation was available in languages other than English upon request.

In response to questions on the increased level of rough sleeping observed in the borough, the Cabinet Member set out that the profile of rough sleepers had changed and become more complex, with a sizeable proportion being younger, able to work and effectively voluntarily sleeping rough. Officers also outlined additional sources of funding recently secured by the Council that could be used to tackle rough sleeping and would be available soon.

Members queried why ex-service personnel were given such a high priority under the allocations policy, which was part of the Armed Forces Covenant. It was noted that there had been a perception that a significant number of rough sleepers had served in the armed forces previously.

In relation to other priority groups, it was noted that a high proportion of rough sleepers had been in prison at some point. It was also noted that the age level for care-leavers treated as a priority was lower than practice in other contexts of support, and the lower age of 22 reflected Government policy. It was suggested that a needs-based assessment would enable better allocations decisions rather than age-based.

Following a discussion on the application of an income threshold when considering renewal of a tenancy, particularly since the Government's 'Pay to Stay' policy had been abandoned, Members agreed that could inhibit residents' aspirations and should not be used.

Noting the Government had recently announced further changes to the policy and legislative context in relation to housing, Members invited a briefing on changes from the Chief Executive of Homes for Haringey. This could also discuss housing supply and temporary accommodation, given the Members' concerns about the cost-effectiveness of long-term temporary accommodation.

Members asserted that it was important to consider emergency accommodation and temporary accommodation separately, and officers confirmed that no one in the borough remained in emergency accommodation for more than six weeks. Furthermore, by opening Broadwater Lodge the Council had been able to cease using a private hostel or bed and breakfasts for emergency accommodation.

In response to a query about whether the current practice of using vacated property in estates due for renewal as temporary accommodation could continue if the estate had been transferred to the proposed development vehicle, Members were told that there would be no reason for that practice to end.

In discussion of the proposed change of the definition of a household, it was confirmed by officers that the proposed change was not well drafted, and was intended to refer to non-married couples, not necessarily only couples in a civil partnership. Members were concerned about the exclusion of multi-generational families in the proposed definition, which households in Black, Asian and Minority Ethnic communities often included.

RESOLVED

- **To recommend that income thresholds not be used for the tenancy strategy, with a particular concern that a threshold could impinge on residents' aspirations**
- **That the proposed change to the definition of a household was not appropriate, particularly mindful of multi-generation households in some communities.**
- **That the Managing Director for Homes for Haringey be asked to give an all-member briefing on housing supply and temporary accommodation**
- **That information on Social Inclusion, considered by each of the Priority Boards, be shared with Panel Chairs to help develop the future scrutiny work programme.**
- **That needs-based assessment rather than age-based assessment be used for supported housing**

CHAIR: Councillor Charles Wright

Signed by Chair

Date

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MINUTES OF THE MEETING OF THE OVERVIEW AND SCRUTINY COMMITTEE HELD ON THURSDAY, 2ND MARCH, 2017, 7.00 pm

PRESENT:

Councillors: Charles Wright (Chair), Pippa Connor (Vice-Chair), Makbule Gunes, Kirsten Hearn and Emine Ibrahim

7. FILMING AT MEETINGS

The Chair drew attendees' attention to the notice as shown at Item one of the agenda.

8. APOLOGIES FOR ABSENCE

None.

9. URGENT BUSINESS

It being a special meeting under Part 4, Section B, Paragraph 17 of the Council's Constitution, no other business was considered at the meeting.

10. DECLARATIONS OF INTEREST

None.

11. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

The Committee received a deputation from Nick Martin-Clark from the Haringey Leaseholders Association and Paul Burnham from Defend Haringey Council Housing.

NOTED:

- a. On the day prior to the meeting, the High Court had granted permission for a Judicial Review around a leaseholder specific issue, on the grounds that the consultation process was flawed and that Homes for Haringey (HfH) did not have a valid contract in place with Haringey Council. The issues raised around consultation and accountability could be applied to the proposed Haringey Development Vehicle, particularly because the issue that was the focus of the Judicial Review and the HDV related to the Future of Housing Review. There were also direct legal challenges being made to the Development Vehicle.
- b. The HDV reflected the Government's estate regeneration programme, which was accompanied by minimal public funding and instead encouraged local authorities to secure funding from the private sector instead.

- c. There were significant concerns around the protection of resident's rights of return and, despite verbal promises to the contrary, protections were not reflected in written Council policies.
- d. The process of developing the HDV should be halted to allow further scrutiny.

The Committee received a second deputation from Adrian Weir, of the Unite trade union, accompanied by Danny Spencer of the GMB union. NOTED:

- a. It was surprising that Haringey had chosen Lendlease as its preferred bidder. Lendlease had a history of anti-trade unionism and blacklisting construction workers, which had had a devastating effect on affected workers and their families. They had also been found to have over-charged on public sector contracts in America and had had to pay significant compensation.
- b. In 2013 trade unions launched High Court proceedings against a number of construction employers over blacklisting claims. A number of out of court settlements were received in 2016; however a number of issues remained outstanding.
- c. Lendlease were one of the companies that had proceedings issued against them and it had been confirmed in the construction press that Lendlease had settled their cases. Blacklisters should not be rewarded with public contracts.

In response to the deputation, the Committee sought clarification on whether it was Lendlease that undertook blacklisting or whether the cases referred to related to Bovis, which had since been taken over by Lendlease. Mr Weir responded that these cases referred to did refer to Bovis, but Lendlease must have been aware as part of the due diligence prior to the takeover. In addition, there were more recent accusations of blacklisting against Lendlease relating to the Bluewater shopping centre.

Cllr Alan Strickland, the Cabinet Member for Housing, Regeneration and Planning responded to the deputations. NOTED

- a. The consultation on the Future of Housing Review was a consultation on tenancy management and did not look at wider issues of regeneration, and was not a direct precursor to the Development Vehicle. Tenancy consultation in areas like Northumberland Park, including on estate renewal and regeneration, started before the Future of Housing Review, and before the then Prime Minister's announcements on estate renewal.
- b. At the recent Cabinet Meeting, the Council's Assistant Director of Corporate Governance and Monitoring Officer, made clear that the legal proceedings referred to did not have an impact on the Council's ability to make a decision on the preferred bidder for the HDV.
- c. Haringey condemned the practice of blacklisting and would never condone its use. Lendlease had stated clearly that historical cases of blacklisting related to Bovis before their acquisition, and all claims had since been settled.

- d. The list of 40 blacklisting companies that was released by the Information Commissioner did not contain Lendlease.
- e. Lendlease had a good record of working with the public sector on school and hospital projects, on the BBC, and on Parliament. They had therefore been through rigorous public sector procurement processes successfully.

12. CALL-IN - RECOMMENDATION OF A PREFERRED BIDDER FOR THE HARINGEY DEVELOPMENT VEHICLE

Following an outline of the process and possible outcomes for the call-in meeting, the Chair invited Councillors Hare and McNamara to present why they had requested the Cabinet decision to be called in and the alternative action requested.

Cllr Bob Hare set out his reasons for the Call-in and stated that he did not claim that the decision was outside the budget or policy framework. Cllr Hare did not agree with the assessment made in the officers' report on the call-ins that the proposals bear no resemblance to the recent Heygate development by Lendlease in Southwark and had significant concerns about social homes being replaced with private housing. Cllr Hare also raised concerns about Lendlease, given their historical involvement with blacklisting and overbilling clients in the USA. He was concerned whether council tenants and lease holders would be guaranteed the same rights and would be offered similar homes in the same area. Further concerns were expressed at the lack of adequate consultation, that part of the report was exempt from publication, and that there was a lack of value for money; particularly given that the Council would be entering into an agreement with a private company who were ultimately accountable to their shareholders. His call-in sought to have the decision referred back to Full Council so that the whole Council had an opportunity to debate the issue in public.

In response the Chair clarified that referring the decision back to Full Council would effectively be the Committee absolving itself of its own role in scrutinising the decision, and transferring the responsibility to scrutinise to Full Council. Furthermore, the options available to Full Council would be to either refer the decision back to Cabinet (as the decision maker), or let it proceed – it could not go beyond the decision being called in or take the decision itself.

Cllr Stuart McNamara set out his reasons for the Call-In and stated that he did not claim that the decision was outside the budget or policy framework. His reasons for the Call-in included: a failure to undertake proper Equalities Impact Assessments, potentially meaning the decision may well breach the Council's public sector equalities duty; a lack of engagement with residents and leaseholders, potentially meaning legal challenge to the decision as a result; the potential for a conflict of interest arising from the proposed construction exclusivity clause with the preferred bidder; and the risk that any variance to the terms of the partnership beyond those originally agreed would require a re-opening of the procurement process. Cllr McNamara contended that the

decision should be referred back to Cabinet with a recommendation that the decision be delayed pending further scrutiny work.

In response to a question, the Committee was advised that there was a wealth of information involving similar approaches to development that had failed, including Tunbridge Wells, Croydon and the Heygate Estate, which had resulted only 74 social homes being built. In response to a request for further clarification, the Committee hear that the proposed exclusivity clause related to wider concerns around affordability and value for money. It also seemed to undermine the assertion that the proposal was a 50/50 partnership between the Council and the preferred bidder. The Committee enquired what level of assurance was sought to help to manage the risks involved, and were told the call-in signatories would like to see the decision paused while a full consultation was carried out with tenants and leaseholders. It was suggested that all of the risk seemed to be on the tenants and leaseholders and it was queried what would happen to the commercial leaseholders that were located in the Category 1 site allocation.

Cllr Alan Strickland, the Cabinet Member for Housing, Regeneration and Planning responded to the two Call-ins by setting out:

- a. The model used by Southwark was completely different as they had sold their land to the developer. The HDV proposals would give Haringey a 50/50 stake in any development and far more leverage on the outcome. Ultimately it was Southwark's cross-party planning committee who had given approval to the Heygate scheme and it would be down to Haringey's planning committee to approve any schemes that were developed locally.
- b. There would be ongoing consultation on the HDV proposals, particularly in the run up to the final Cabinet decision to agree the HDV which was likely to take place in July 2017.
- c. In respect of the EQIA, a full and robust process of Equalities Impact Assessments would be undertaken around the final decision to create the HDV. This would be the proper and most appropriate stage to do so. Furthermore, there would be equality impact assessments on each individual redevelopment site prior to transfer into the Vehicle.
- d. The proposed exclusivity clause was still being negotiated with the preferred bidder. The terms of any clause would be part of the decision to Cabinet in July.

In response to questions from the Committee, officers advised that none of the bidders had had to disclose any unlawful practices, as would be required as part of the procurement process. In relation to the nature of the partnership with the preferred bidder and the potential for a conflict of interest, there would be a binding agreement that prohibited Lendlease from voting on construction issues in which their construction subsidiary were involved - in those circumstances the Council would retain all of the voting rights.

Cllr Strickland stressed that packages of land could only be released to the HDV once planning permission had been granted, which was an important safeguard against a developer 'land banking' sites and gave the Council a strong lever in determining the types of schemes used on that land.

Cllr Strickland and officers outlined the nature of the procurement process and the terms on which the Council was able to modify the specifications following the appointment of a preferred bidder. It was noted that the Council was entitled to confirm, optimise and specify the financial commitments and other terms contained in the tender and that all of the areas raised by the committee were subject to further refinement as part of an ongoing procurement process. It was also noted the HDV would have to operate in the context of the Council's policies at the time any development proposals were made.

Clerk's note – the Committee agreed to suspend committee standing orders to allow the meeting to continue beyond 22:00.

After further discussion around the provision of affordable and social housing and the rights of return for existing tenants, Cllr Strickland stated that as well as affordable homes being developed through the HDV, there were also four to five thousand affordable homes planned as part of the Housing Zone and Tottenham Hale area, thousands of homes planned on private land as well as the medium development sites that were coming forward. Cllr Strickland also advised that the Council's Housing Strategy specifically set out its expectations for affordable rents and the Council's position against charging 80% of market rent for larger family homes. Cllr Strickland reiterated that the Council would be seeking to include its commitment to a right of return for residents, as part of the Category 1 allocation in Northumberland Park, in the legal agreements that would be developed in the coming months. Commitments around the development future estates would have to be done as-and-when they came forward, on an individual basis.

Clerk's note – at this point in the meeting, the Committee passed a motion to exclude the press and public to allow them to move to private session and discuss the exempt section of the report. The meeting then reconvened in public session at 23:40.

The Committee did not find that the decision reached fell outside the Budget or Policy Framework. The Committee took the view that it would be most appropriate, for the purposes of allowing detailed further consideration of matters raised in the Call-Ins, for the decision to be referred back to the Cabinet, as the executive decision-maker in this case, rather than to the Full Council.

RESOLVED

That the decision be referred back to Cabinet, with the following recommendations:

- a) That Cabinet make a firm commitment that there be no allocation of any sites to the HDV without a full Equalities Impact Assessment being undertaken for each site.
- b) That Cabinet agree that any allocation of Category 1 sites include specific policies, including around eviction, to guarantee a right of return for residents and leaseholders on the same terms and conditions. This is to be agreed with the tenants and leaseholders affected, and to take into account the housing conditions and requirements of those residents.
- c) That Cabinet ensure that there is no agreement with any HDV partner without effective arrangements to ensure value for money in respect of any construction exclusivity arrangements, on a site by site basis, including undertaking an independent assessment to demonstrate its value for money to the Council.
- d) That Cabinet ensure that there is no loss of target rent properties on Category 1 sites and should also seek to ensure the provision of 50% genuine affordable housing on those sites.
- e) That the Council enter into discussions with relevant trade unions regarding historical allegations of blacklisting involving the preferred bidder and to ensure that relevant mitigations are put in place.
- f) That Cabinet ensure that arrangements be put in place with the construction subsidiary of the HDV partner to provide local employment and training opportunities; particularly in respect of equalities groups including job support and training for disabled people.

13. NEW ITEMS OF URGENT BUSINESS

None.

14. EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED

That the press and public be excluded from the meeting for the rest of discussion as it contained exempt information as defined in Section 100a of the Local Government Act 1972; Paragraphs 3 & 5 – Information relating to the financial or business affairs of any particular person (including the authority holding that information) and information in respect of which a claim to legal professional privilege could be maintained.

15. CALL-IN - RECOMMENDATION OF A PREFERRED BIDDER FOR THE HARINGEY DEVELOPMENT VEHICLE

The Committee discussed information pertaining to the exempt section of the report and the Cabinet Member and officers outlined some of the key issues that had arisen as part of the negotiations with the preferred bidder.

16. WORK PROGRAMME UPDATE

The Committee considered the work programme update.

The following terms of reference were agreed for the HDV stage 2 scrutiny programme.

1. To establish and provide recommendations on the feasibility of the proposed joint venture model of council tenants being re-housed on rent matching that of an equivalent council property and on the same terms, either on the estate or elsewhere in the borough, according to their choice.
2. To establish and provide evidence and recommendations on whether the HDV can deliver a tenancy and evictions policy which protects vulnerable tenants in the same way as council tenancies do.
3. To establish and provide recommendations on whether overcrowded tenants can be offered a replacement property of a size that meets their needs.
4. To further establish and provide recommendations on whether the financial arrangements of the proposed HDV adequately protect the Council's interest.
5. To further establish the risks of the venture and make recommendations on whether these risks can be adequately mitigated.

17. NEW ITEMS OF EXEMPT URGENT BUSINESS

N/A

CHAIR: Councillor Charles Wright

Signed by Chair

Date

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY, 1ST DECEMBER, 2016,
6.30 - 10.00 pm**

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, David Beacham, Eddie Griffith and Peter Mitchell

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health
(6.30pm – 8.15pm)

51. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein.

52. APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Cllr Charles Adje and Helena Kania.

53. ITEMS OF URGENT BUSINESS

None

54. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7, 8, 9, 10 and 11 by virtue of being a member of the Royal College of Nursing.

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

55. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

56. MINUTES

It was noted that the minutes of the Adults and Health Scrutiny Panel held on 17 November 2016 would be reported to the 20 December 2016 meeting.

57. CARE QUALITY COMMISSION - PRESENTATION

The Panel considered a presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, London Region.

Mr Haines commenced his presentation by explaining the Care Quality Commission (CQC) was the independent regulator of health and social care in England. It was noted that the purpose of the CQC was to ensure health and social care services provided safe, effective, compassionate, high-quality care, and to encourage services to improve.

Mr Haines provided details concerning information that had been published by the CQC, including performance ratings and the methodology and approach that had been used. The following points were considered in relation to the practicalities of inspection:

- Unannounced except where this would be impractical
- Provider Information Returns (PIR)
- The emphasis that was placed on hearing people's voices
- The use of bigger inspection teams, including specialist advisors and experts by experience

The Panel was informed that under the new CQC framework, inspectors assessed all health and social care services against five key questions - is a service: safe, effective, caring, responsive to people's need and well-led? Mr Haines explained that a judgement framework supported this assessment, providing a standard set of key lines of enquiry directly relating to the five questions. The panel noted that the new ratings system used the assessment of these five areas to rate services as: outstanding, good, requires improvement or inadequate. This enabled people to easily compare services. The panel was informed that services rated as outstanding were normally re-inspected within 2 years; good services within 18 months; services requiring improvement within a year; and inadequate services within 6 months.

Mr Haines concluded his presentation by providing information on the latest national and local CQC ratings. The Panel was asked to note the overall ratings for Adult Social Care services, summarised below.

| | Total | Inadequate | Requires Improvement | Good | Outstanding |
|-----------------|--------------|-------------------|-----------------------------|--------------|--------------------|
| National | 19,610 | 597 (3%) | 4,886 (25%) | 13,924 (71%) | 203 (1%) |
| Haringey | 69 | 2 (3%) | 24 (35%) | 43 (62%) | 0 (0%) |

(Source: CQC – 1 October 2016)

During the discussion reference was made to a number of issues, including:

- The CQC's enforcement powers.
- The fact the CQC was close to completing inspections for all services they regulated and that this had given a unique understanding of quality across the country.
- Lessons learned and themes emerging from national and local inspections.
- Guidance for providers to display ratings.
- The work that had been carried out by the Scottish Care Inspectorate in relation to promoting physical activity in care homes and how this work was being taken forward via the Physical Activity for Older People Scrutiny Project.

The Panel thanked Mr Haines for his attendance and it was agreed that the Care Quality Commission should attend a Scrutiny Panel meeting during 2017/18 to provide an update on their inspection programme for Haringey.

AGREED:

- (a) That the presentation from Martin Haines, Inspection Manager, Adult Social Care Directorate, Care Quality Commission, be noted.
- (b) That the Care Quality Commission be invited to attend a Scrutiny Panel meeting during 2017/18 to provide an update on their inspection programme for Haringey.

58. MAKING SAFEGUARDING PERSONAL - PRESENTATION

Dr Adi Cooper, the Independent Chair of Haringey's Safeguarding Adults Board, provided a presentation on Making Safeguarding Personal (MSP). The presentation was supplemented by information provided by Jeni Plummer, Head of Operations, concerning key messages for Haringey.

Dr Cooper commenced her presentation by explaining safeguarding involved people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure the adult's wellbeing was being promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

The Panel was informed that Making Safeguarding Personal, a sector led initiative, was person-led and outcome-focused and aimed to enhance choice, control and quality of life. It was noted such an approach was about:

- Enabling safeguarding to be done with, not to, people.
- A shift from a process supported by conversations to a series of conversations supported by a process.
- Talking through with people the options they have and what they want to do about their situation.
- Developing a real understanding of what people want to achieve (and how).
- Utilising professional skills rather than "putting people through a process".
- Achieving meaningful improvement in peoples' circumstances.

Dr Cooper provided a short history to the MSP initiative and outlined key findings from an evaluation carried out in 2016 by the Association of Directors of Adult Social Services (adass). Key messages included:

- The majority of local authorities had completed the first step of introducing MSP.
- The MSP approach started mainly in safeguarding teams and services but was rapidly spreading out into generic teams.
- There had been an overall increase in agencies' involvement in MSP since the 2015 evaluation but some partners' involvement had actually decreased.
- Most local authorities had rewritten procedures to promote a user-friendly approach.

Dr Cooper concluded her presentation by providing information on recommendations that had been put forward by adass for consideration by local authorities. The following suggestions were discussed:

- *Improve ways of managing the increase in safeguarding alerts and referrals by considering integration of front doors.*
- *Develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a s.42 enquiry.*

- *Directors of Adult Social Services should take stock of where their service stands on the road to full implementation of MSP.*
- *Adult Social Care departments to consider how they can get greater corporate council buy-in to MSP and ensure councillors are aware of it.*
- *Training providers to modify and update their materials in shifting the culture to embed MSP values.*
- *All organisations and SABs to do more to meaningfully engage service users in planning and shaping safeguarding services.*
- *Statutory organisations to enhance prevention by building a pathway into voluntary and community assets.*
- *Adult Social Care and health commissioners to work more closely with independent care providers to MSP into good service quality.*

In response to questions, Ms Plummer provided details on work that had taken place in Haringey to support MSP, including:

- The adapted triage function.
- Improved partnership working between agencies and professionals showing concerned curiosity and due regard.
- Views and desired outcomes being ascertained and recorded before decisions around s42 enquiries were completed.
- Where an Independent Mental Capacity Advocate was required this was requested at the enquiries stage.
- The roll out of s42 enquiries across all services creating an opportunity for enquiries for the adult at risk to be supported by their allocated practitioner.
- Support that was provided to the adult causing harm.
- Quality assurance and improvement and the importance of on-going training.

The Panel went on to discuss a number of issues and considered how a greater sense of Councillors' responsibility for safeguarding could be manifested.

AGREED:

- (a) That the presentations from the Independent Chair of Haringey's Safeguarding Adults Board and the Director of Adult Social Services be noted, and the Principal Scrutiny Officer be asked to send both presentations to all councillors.
- (b) That, to ensure all councillors are kept informed about Making Safeguarding Personal, and developments across this sector led initiative in Haringey, the

Independent Chair of Haringey's Safeguarding Adults Board be asked to prepare an annual briefing note (on one side of A4) for all Members.

- (c) That, to ensure greater buy-in to Making Safeguarding Personal, the Independent Chair of Haringey's Safeguarding Adults Board be asked to consider developing an Adult Safeguarding Charter for Haringey councillors.
- (d) That, the Democratic Services and Scrutiny Manager and Assistant Director, Strategy and Partnerships, in developing the future Member Learning and Development Programme, be asked to look at ways of making adult safeguarding training compulsory for newly elected Members, and ensuring all members undertake annual refresher training.

59. SAFEGUARDING ADULTS BOARD ANNUAL REPORT AND STRATEGIC PLAN

Dr Adi Cooper, Independent Chair of Haringey's Safeguarding Adults Board, introduced the report as set out.

Dr Cooper advised the Haringey Safeguarding Adults Board (HSAB) was a statutory body. The Board ensured that agencies worked together to help keep adults in Haringey safe from harm and to protect the rights of citizens to be safeguarded under the Care Act 2014, Mental Capacity Act 2005 and the Human Rights Act 1998.

During the discussion, a number of issues were discussed, including:

- Safeguarding principles set out by government in statutory guidance accompanying the Care Act 2014.
- The Board's Strategic Plan 2015-18, focusing on priorities that had been set for 2016-17 and progress that had been made as of November 2016.
- The roles and composition of the Board's sub-group and work that had been undertaken during 2015/16.
- The use of data in relation to safeguarding issues and how this information was monitored locally and nationally. The differences between statutory safeguarding enquiries and non statutory enquiries were also considered.
- The role of the Adult Social Care Integrated Access team (IAT) in terms of providing a single point of access for reporting adults safeguarding concerns.
- Work that was taking place to update policies and procedures to reflect changes in the law as a result of the Care Act 2014.
- The aims and objectives of Haringey's safeguarding Adults Multi Agency Information Sharing Protocol.
- An update on a Section 42 enquiry, undertaken following a BBC London report which reported there had been a lack of care for an elderly lady living at home with dementia. The Panel was informed the enquiry would enable all parties involved to

identify learning and improvements to inform future practice. It was noted the learning from the safeguarding enquiry would be reported to the Safeguarding Adults Board in due course.

In response to questions, Dr Cooper explained the Safeguarding Adults Review (SAR) sub-group had received three referrals for consideration during of 2015/16. Following evaluation of these, against the statutory requirements and in line with the Board's SAR protocol, it was noted HSAB had commissioned one SAR and that this would be reported on during 2016/17.

In terms of abuse location, the Panel was informed that abuse could happen anywhere. For example, in someone's own home, in a public place, in a hospital or a care home. It was noted that abuse could happen when someone lived alone or with others and it was explained that it was important to gain a better understanding of abuse locations and the circumstances of abuse, including the wider context such as whether others may be at risk of abuse, whether others had witnessed abuse and the role of family members and paid staff or professionals.

The Panel supported the granular data analysis, being carried out by the Quality Assurance Sub Group, and agreed that it was important to gain a better understanding of the circumstances of abuse and to establish whether there were locations that should be identified for action or strategy development.

The Panel went on to discuss a number of issues and it was

AGREED:

- (a) That the criteria for when the Safeguarding Adults Review (SAR) Sub Group must, or may, commission a SAR should be circulated to Panel members by the Independent Chair of Haringey's Safeguarding Adults Board.
- (b) That, following consideration by the Haringey Safeguarding Adults Board, a summary of the learning arising from the Section 42 enquiry, undertaken following concerns about a local care provider and self neglect, should be circulated to Panel members by the Independent Chair of Haringey's Safeguarding Adults Board.
- (c) That the Assistant Director for Commissioning be asked to provide Panel Members with further information, via email, to clarify how information concerning "how to raise a concern" is shared with care homes, domiciliary care, nursing homes and residential homes.
- (d) That, the Panel supported the granular data analysis being carried out by the Quality Assurance Sub Group concerning "abuse locations". The Panel agreed that this work was very important to ensure a better understanding of the circumstances of abuse and to establish whether there were locations e.g. the alleged victims own home that should be identified for action or strategy development.

- (e) That the findings from the “abuse location” granular data analysis, and any actions taken as a result, be reported back to the Adults and Health Scrutiny Panel as part of the Safeguarding Adults Board Annual Report and Strategic Plan item for 2016/17.

60. TRANSFORMING CARE IN HARINGEY

Charlotte Pomery, Assistant Director for Commissioning, provided an update on two areas where transformational approaches were being used to address need, manage demand and achieve outcomes, within reducing resources.

Ms Pomery commenced her presentation by providing an update on work that was taking place to transform care for children, young people and adults with a learning disability and/or autism, with behaviour that challenges, including those with a mental health condition through the North Central London Transforming Care Programme.

In response to questions, Ms Pomery explained the programme’s objectives were to:

- Reduce the number of people with learning disabilities and/or autism in hospitals by half by March 2019.
- Reduce the average length of stay.
- Eliminate the use of out of area placements.
- Eliminate existing health inequalities.
- Transform care and support to be designed around the individual.
- Improve the quality of life for people with learning disabilities and/or autism and reduce behaviour that challenges.

During the discussion, consideration was given to a variety of issues, including:

- Governance arrangements for the North Central London Transforming Care Partnership.
- Actions to support and managing the discharge of long term patients.
- The importance of designing and investing in new community services.
- The use of Personal Integrated Care Budgets.
- Plans to establish “At Risk of Admission Registers” with enhanced care for people at risk of hospital admission.
- Performance monitoring arrangements and the importance of understanding admissions

- Feedback from a Crisis Intervention Workshop, held on 27 September 2016, highlighting key areas for improvement and resourcing moving forwards.

Ms Pomery went on to highlight work that was taking place to transform Haringey's day opportunities offer for people with learning disabilities and older people with dementia. It was noted that Haringey's approach to day opportunities represented a move away from services delivered through building based provision to those that were more personalised to individual needs and preferences. The Panel was informed that, within the new model, service users would be able to access a range of community based opportunities and would be able to access provision in the appropriate Community Hub – whether at the Haynes (for people with dementia) or at Ermine Road (for people with learning disabilities and/or autism).

During the discussion, consideration was given to a variety of issues, including:

- The work of FutureGov, including research that had been carried out with users, carers, staff and stakeholders. It was noted that a co-production workshop, held during August 2016, had helped to identify what worked and what needed to happen next to make the “to be” user journey work for learning disabilities and dementia.
- The importance of stimulating and managing the market to ensure a range of providers supported people's needs.
- Care navigation and the importance of ensuring stakeholders knew where day opportunities were located, how much they cost and how to access them.
- The importance of accessible and reliable transport.
- Making the most of Ermine Road and the Haynes as community hubs.

At the conclusion of the item, the Chair informed the Panel that site visits would be arranged to The Haynes and Ermine Road before 6 March 2017, when Day Opportunities would be considered further by the Panel.

AGREED:

- (a) That the presentations from the Assistant Director for Commissioning, concerning (i) the North Central London Transforming Care Partnership and (ii) Day activities for people with learning disabilities and older people with dementia, be noted.
- (b) That the Principal Scrutiny Officer be asked to organise site visits to The Haynes and Ermine Road before 6 March 2017, when Day Opportunities would be considered further by the Panel.

61. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2016/17 municipal year.

AGREED: That subject to the additions, comments and amendments, referred to under agenda items 7, 8, 9 and 10 the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

62. NEW ITEMS OF URGENT BUSINESS

None

63. DATES OF FUTURE MEETINGS

The Chair referred Members present to item 13 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

MINUTES OF THE MEETING OF THE ADULTS AND HEALTH SCRUTINY PANEL HELD ON TUESDAY 20TH DECEMBER 2016, 6.30 – 9.40pm

PRESENT:

Councillors: Pippa Connor (Chair), Gina Adamou, Charles Adje, David Beacham, Eddie Griffith, Peter Mitchell and Helena Kania (Non Voting Co-optee)

ALSO PRESENT:

Councillor: Jason Arthur, Cabinet Member for Finance and Health

41. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

42. APOLOGIES FOR ABSENCE

None

43. ITEMS OF URGENT BUSINESS

None

44. DECLARATIONS OF INTEREST

Cllr Gina Adamou declared a personal interest in relation to agenda items 7 and 8 by virtue of one of her daughters working in Haringey as a social worker.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7 and 8 by virtue of one of her daughters being a teacher.

Cllr Gina Adamou declared a personal interest in relation to agenda items 7 and 8 by virtue of her son working in the teaching and education sector.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7 and 8 by virtue of her sister working as a GP in Tottenham.

Cllr Pippa Connor declared a personal interest in relation to agenda items 7 and 8 by virtue of being a member of the Royal College of Nursing.

Cllr Charles Adje declared a personal interest in relation to agenda items 7 and 8 by virtue of his employment at the London Fire Brigade as a trade union representative.

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

45. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None

46. MINUTES

AGREED:

- (a) That the minutes of the Adults and Health Scrutiny Panel meeting held on 17 November 2016 be approved as a correct record.
- (b) That the minutes of the Adults and Health Scrutiny Panel meeting held on 1 December 2016 be reported to the 6 March 2017 meeting.

47. SCRUTINY OF THE DRAFT 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2017/18-2021/22)

Councillor Jason Arthur, Cabinet Member for Finance and Health, introduced proposals within the draft Medium Term Financial Strategy (MTFS) relating to Priority 2 of the Corporate Plan. He stated that they needed to be seen within the context of the very severe cuts that there had been to local government funding since 2010. It was noted this had impacted considerably on the Councils ability to provide services, especially in the light of increases in demand. It was noted that at Quarter 2 (September 2016) the Council was projecting a full-year deficit of £22m.

The Panel was informed that the draft MTFS used the last year of the approved MTFS (2017/18), adjusted for known changes, and added a further four years (2018/19, 2019/20, 2020/21 and 2021/22). Councillor Arthur explained, after taking into account anticipated funding reductions, demand pressures and a review of the base financial position, including the achievability of previously agreed savings, that further savings were required to bridge the resulting budget gap.

In terms of proposals, relating to Priority 2 of the Corporate Plan, Cllr Arthur explained that officers had developed proposals to address the budget gap with a particular focus on: partnership working; promoting independence; asset utilisation; and fees and charges.

The following issues were considered in relation to demand pressures for adult social care:

- It was noted increasing client numbers, particularly those requiring relatively high levels of care, was a key reason for the gap.
- The fact that pressures experienced in Haringey were consistent with wider national trends in health and social care, with demand for services far outstripping resources.
- The importance of rebalancing resources, as part of the 2017/18 – 2021/22 MTFS, to support growth/demand pressures in adult social care.

Following the Panel's budget monitoring meeting, held on 17 November 2016, it was agreed information on demand/budget pressures relating to adult social care, provided by the Corporate Delivery Unit, had helped to improve understanding on a range of issues.

During the discussion, reference was made to a recent announcement from the Secretary of State for Communities and Local Government concerning a £240m transfer from the New Homes Bonus to adult social care funding and confirmation that local authorities would be able to raise the council tax precept for care by 3% in the next two years (2017/18 – 2018/19). However, it was noted that the net increase of the social care precept would need to remain at 6% over the next three financial years, meaning if councils chose to levy 3% in both 2017-18 and in 2018-19, they would not be able to raise a precept in 2019-20. Cllr Arthur explained Haringey's approach to the precept would be considered as part of the wider work that was taking place to finalise the MTFs for 2017/18 – 2021/22. A variety of issues were also considered, including:

- The Improved Better Care Fund allocations.
- Developments concerning Haringey's Integrated Target Operating Model (ITOM).
- The key cost drivers for adult social care i.e. the number, cost and duration of packages of care for individual clients.
- Projected adult social care client numbers and costs. This included the fact that numbers, outlined in tables 9 and 10 of the 13 December Cabinet report, had been translated into a financial forecast which averaged an increase of 4% cost increase per year over the lifetime of the new MTFs.

The Panel was informed the gap between the natural trajectory and the budget for 2017/18 was around £29m. It was noted that this could only be achieved by either reducing the level of spend or increasing the amount of budget. David Tully, Head of Finance, explained the revised MTFs worked on the basis that there were already measures in place, as part of existing plans, which would reduce the natural trajectory spend by £9m and that after taking into account the passporting of the Adult Social Care precept and adjusting for previously agreed savings, that had been added back to the base, the amount required to fund the gap for adult social care demand in 2017/18 was £11.889m. It was noted the same principles applied for future years.

The Panel considered the proposed revenue savings proposals for Priority 2 as follows:

2.1 – Supported Housing Review

Charlotte Pomery, Assistant Director for Commissioning, stated that the aim of this proposal was to bring together the resources of housing-related support and adult social care to optimise use of supported housing assets in the borough. It was explained that this would create a coherent pathway of service for these groups, who had a range of needs, focused on addressing risk and vulnerability, tenancy

preparation and breaking the cycle of homelessness. It was noted that the saving would be possible through the recommissioning of services in 2017, yielding a saving in 2018/19. During the discussion, consideration was given to a variety of issues, including:

- Work that had taken place via both the cross-party Supported Housing Review Members Working Group and the Housing and Regeneration Scrutiny Panel.
- Questions on how the commissioning of services would change once budgets had been fully integrated.
- The number of units of housing-related support accommodation for people with learning disabilities.
- The importance of maximising independence and autonomy for adults who are living either in residential care or other types of supported housing.
- The rationale for developing a strategy in order to move people from supported housing units to more independent living through the Keyring scheme.

AGREED: That the Supported Housing Review proposal be noted.

2.2 – Osborne Grove

The Cabinet Member advised the weekly cost per bed at Osborne Grove was £1,214 and explained that this was higher than the average market rate of nursing care at £824/week. The Panel noted there was significant demand for nursing care with limited capacity in Haringey and locally. With this in mind, the Cabinet Member explained consideration had been given to whether the Osborne Grove site could deliver extra capacity. The following points were noted:

- Given the good location and condition of the site, opportunities existed to make better use of the day centre and car park.
- An options appraisal was underway to maximise the number of units that could be offered from the site. It was explained that this was to reduce unit costs and to maintain care in a sustainable way.

The Cabinet Member advised the panel that in each of the options, the current nursing care capacity of 32 beds would be maintained. Any additional capacity created would either be of nursing beds or extra care sheltered housing units. It was noted that options ranged from procuring an alternative provider to develop out the site and/or to provide care to maintaining the current model and capacity.

The Panel went on to discuss, more generally, the pros and cons of various service delivery options including outsourcing and “insourcing”, among others. In addition, the following issues were discussed:

- Findings, and action plans developed, following inspections carried out by the Care Quality Commission during November 2015.

- The fact there were a variety of options that needed to be explored and that the range of savings associated with different options ranged from £0 to £672k.
- The importance of consulting existing clients to ensure disruption was minimised if/when work was carried out on the site. It was noted that current service users would be considered as part of the EqIA for the proposal.

During the discussion, consideration was also given to a variety of issues, including lessons that had been learnt from previous decisions concerning Osborne Grove.

AGREED: That the proposal concerning Osborne Grove be noted

2.3 – Fees and Charges Review

John Everson, Assistant Director, Adult Social Services, reported that the aim of this proposal was to amend fees and charges in order to bring them into line with other London boroughs and to enable cost recovery where possible and appropriate. Mr Everson explained that savings proposals had been put forward in relation to:

Disability Related Expenditure (DRE)

Mr Everson advised that Haringey operated a 65% (£35.82) disregard and that this policy had stayed the same since 2004. It was noted that other authorities had reduced the disregard for financial assessment purposes of DRE and that the range was from a flat rate of £10.00 to a rate of 35% (£19.00). The Panel was informed that the proposal for Haringey was to operate a DRE of £40%, (£22.04) by 2019/20 (i.e. 55% (£30.31 per week) saving an estimated £129k in 2017/18, 45% (£24.80 per week) and an estimated £244k in 2018/19.

Transport to day opportunities

The Panel was informed that this proposal related to charging users, who had been assessed as having the ability to pay, for the full cost of transport as part of the charge for the overall package of day care.

Self-funders administration fee

The Panel was informed that the Council managed care provision for 64 full-cost service users (those deemed to have enough disposable income to pay for their own care) and did not charge. It was noted that the proposal was to implement an administration fee.

AGREED:

- (a) That the Equality Impact Assessment, for the Disability Related Expenditure proposal, be made available for consideration by OSC on 30 January, before final budget scrutiny recommendations are agreed. This should include narrative on the individual impact of the proposal.

- (b) That concern be expressed about the potential impact of the Disability Related Expenditure proposal and that consideration be given to limiting the impact by reducing the cut and by spreading the reduction out over five years, rather than three.
- (c) That a report be made to a future meeting of the Panel on the impact of the proposed DRE changes. This should include monitoring of the Equality Impact Assessment action plan and consideration of how changes are monitored via annual care assessments. Consideration should also be given to commissioning an independent audit to ensure the impact of any change is fully understood.
- (d) The principle of charging for a whole package of care, rather than treating travel costs separately, was supported by the Panel. However, it was agreed further information, about the cost implications of the Transport to Day Opportunities proposal, especially the total number of service users affected, should be made available to the Overview and Scrutiny Committee, before final budget scrutiny recommendations are agreed.
- (e) That concern be expressed about the timing of the Transport to Day Opportunities saving proposal, especially in view of the number of changes already taking place across day activities for people with learning disabilities and older people with dementia. With this in mind, consideration should be given to moving this proposal back to later in the MTFS period

2.4 – Technology Improvement

Ms Pomery advised that this proposal was about using technology to maximise independence, with a particular focus on using Assistive Technology (AT) and online information to signpost and enable residents to self-assess. During the discussion, consideration was given to a variety of issues, including:

- The importance of ensuring the right information was available at the right time and in the right place to enable citizens, service users and carers to help themselves effectively and be aware of their own emerging or existing health conditions so they could take steps to manage these.
- An update on the future of Haricare (Haringey's directory for adults who need care and support) was provided in view of concerns, raised by the Panel, that correct information was not always available online.
- The importance of promoting activities that enabled residents to find support in the community and to remain in their home, deferring moves into Residential Care or receiving other packages of support when they are not necessary.

In terms of using online information to signpost and enable residents to self-assess, based on work carried out at other local authorities, it was noted that significant savings could be made. In addition, it was explained that the use of AT, and online information and assessment, promoted independence and helped to improve quality of life, as demonstrated on pages 80 and 81 of the report.

Whilst the Panel acknowledged the benefits of this proposal it was noted that technology improvements, on their own, would not tackle issues relating to social isolation, especially if contact with some services reduced as a result.

AGREED: That the proposal concerning Technology Improvement be noted.

2.5 – Market Efficiencies

The Panel was informed that five different approaches would be used to reduce costs incurred in commissioning packages of care for clients. Ms Pomery explained costs would be reduced by:

- Implementing a new approach to residential and nursing procurements to reduce costs working with boroughs across North Central London.
- Gaining leverage on providers in Learning Disabilities and Mental Health to negotiate price reductions in existing packages with an increased focus on maximising independence.
- Developing new care and delivery models for people with the most complex needs and behaviour that challenges.
- Changing the terms of the residential placement agreement to reduce the amount Haringey will pay when service users are hospitalised in line with comparator boroughs; a one off debt recovery from care homes against hospitalisation of service users.
- Ending the subsidy for meals on wheels.

In response to questions, on the subsidy for meals on wheels, Ms Pomery explained that there were a range of options available for people needing support to access a hot meal during the day. Moving forwards it was reported that the role of the Council would be to help individuals to decide which option they wanted and that this would be explored as part of the assessment and support planning process. The Panel was assured users would be able to access culturally specific meals, with a range available as part of options being explored both for delivery and in the community. It was noted the Council was seeking to ensure consistency of costs, however some appeared more expensive. The Panel was informed that this would be considered as part of the EqIA for the proposal. The Panel was advised that where a luncheon club was an assessed need, and the user eligible, adult social care transport would be arranged.

During discussion consideration was given to a variety of issues, including the benefits of each approach and the cost benefit analysis. In addition, whilst the Meals on Wheels service provided access to hot and nutritious food, it was agreed that an important element of the service, that needed to be retained, was its ability to tackle issues relating to social isolation and loss of independence.

AGREED: That the Market Efficiencies proposal be noted.

2.6 – New Models of Care

The Cabinet Member reported that these proposals were at an early stage of development. However, the Panel was informed that potentially there were substantial savings achievable across Priority 2 from moving to an integrated model of delivery. It was noted that the largest element of this would be savings made through integration with (i) Haringey CCG, (II) the Wellbeing Partnership with Islington Council and CCG and (iii) additional savings across the North Central London cluster.

Mr Everson advised that there were additional potential savings as a result of proposals to redesign adult social care through:

- Further reductions in new packages of care through a more preventative approach linked into primary care and community services.
- Further staff reductions as part of service redesign, including through more integrated ways of working. It was noted that this would include services provided through Adults Social Care, Public Health and the Clinical Commissioning Group.

The Panel was assured that savings proposed for Haringey had been based on those achieved in models elsewhere. However, the Panel agreed further information, on the type of savings proposed, should be made available to demonstrate how savings of £1.4m would be achieved. It was agreed that this narrative should be considered by the Overview and Scrutiny Committee before final budget scrutiny recommendations were agreed in January.

AGREED:

- (a) That additional information, on New Models of Care, be made available for consideration by the Overview and Scrutiny Committee before final budget scrutiny recommendations are agreed. This should include narrative on the range/type of savings proposed, including staffing, to demonstrate how savings of £1.4 million would be achieved.
- (b) That the Cabinet Member for Finance and Health be asked to host a Member Learning and Development session, for all Members during the first half of 2017, on New Models of Care. This should include an update on the Haringey and Islington Health and Wellbeing Boards.
- (c) That an update on progress with the development of New Models of Care be submitted to a future meeting of the Panel during 2017/18.

At the conclusion of the item, the Chair thanked the Cabinet Member and officers for their attendance.

48. WORK PROGRAMME UPDATE

Christian Scade, Principal Scrutiny Officer, provided an update on the proposed work programme for the remainder of the 2016/17 municipal year.

AGREED: That subject to the additions, comments and amendments, referred to under the Draft 5 Year Medium Term Financial Strategy item, the areas of inquiry outlined in Appendix A of the Work Programme Update be approved and recommended for endorsement by the Overview and Scrutiny Committee.

49. NEW ITEMS OF URGENT BUSINESS

None

50. DATES OF FUTURE MEETINGS

The Chair referred Members present to item 10 as shown on the agenda in respect of future meeting dates, and Members noted the information contained therein'.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

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MINUTES OF THE MEETING OF THE HOUSING AND REGENERATION SCRUTINY PANEL HELD ON WEDNESDAY, 14TH DECEMBER, 2016

PRESENT:

Councillors: Emine Ibrahim (Chair), John Bevan, Gail Engert, Tim Gallagher, Martin Newton, Zena Brabazon and Stuart McNamara

Also in attendance: Councillor Alan Strickland, Emma Williamson (EW), Andrew Billany (AB) Alan Benson (ALB), John McGrath (JM), Dan Hawthorn (DH)

1. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

2. APOLOGIES FOR ABSENCE

None.

3. URGENT BUSINESS

The Chair accepted a late urgent item on the sale of Council owned land from the infill sites. This would be taken after item 7.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None received.

6. MINUTES

6.1 The following matters arising from the minutes were noted:

- Another site visit to a modular build site would be organised in January to Ealing and the panel would be notified (**Action: AB**);
- Implications of the legal judgement in Southwark: there had been a meeting of London Labour Cabinet Members to discuss this but the impact of the judgement was still unclear and members would be updated once the position was more clear. Any required changes would need to be authorised by Cabinet and would be open and transparent;

- In respect of accessibility of RHP, the Cabinet member meets with senior RHP leaders on a regular basis so if there are emerging issues with the larger RHPs then the Cabinet member should be informed. HfH were also leading on some work to develop common performance standards for local RHPs;
- 30 year finance time frame to support local housing was worthy of review;
- The council's financial exposure and risks for housing and regeneration was previously circulated to the panel, but the panel agreed that further information was required particularly in relation to the development vehicle and would notify the Cabinet member (**Action; Chair, Cllr Brabazon and Cllr Engert**);

6.2 Subject to the last note above, the minutes were agreed by the panel.

7. MEDIUM TERM FINANCIAL STRATEGY 2017/18-2021/22

- 7.1 The Cabinet member for Housing, Regeneration and Planning presented the MTFs in relation to corporate priorities 4 and 5. There were three proposed reductions and investments for corporate priority 4:
- A £213k reduction in the Tottenham Regeneration Programme which relates to a number of projects;
 - An increase in planning fees to yield £40k in 2017/18;
 - A reduction of £250k in corporate projects were accrued from a saving of transfer of service to the HDV.
- 7.2 There were no savings proposals for corporate priority 5 which related to local housing issues. This was a reflection of the need to extend and improve provision in all housing areas locally including temporary accommodation, new affordable homes and supported housing for vulnerable people.
- 7.3 Details of the Housing Revenue Account spend for 2017/18 was detailed within the MTFs, and the managing Director was working to identify areas for possible savings proposals. The HRA was under pressure however, given the requirement to reduce rents by 1% per annum for the next 3 years. The HRA Business Plan would be coming forward in February.
- 7.4 In respect of corporate projects for the transfer of functions to HDV, the panel sought to further clarification on the contingencies in place if these are not achieved. The panel noted that many corporate property staff are currently employed on an interim basis to facilitate transfer of this function to the HDV once operational. A small number of staffing issues remained ahead of transfer. It was noted that this proposal was red RAG rated.
- 7.5 The Tottenham Team spend reduction related to reduced use of consultancy staff, particularly in relation to surveyors and architects and specialist legal advice. This would now be delivered within a reduced budget.
- 7.6 The panel noted that Capital Spend on Alexandra Palace was significantly higher this year than last, and requested further information. It was noted that this was

not within the remit of the panel but would be passed on to the main Overview & Scrutiny Committee. **(Action: MB)**

- 7.7 The panel sought clarification on the impact of the proposed Haringey Development Vehicle on the HRA. The HDV would have an impact on the HRA, but it was difficult to set out what this would be until there was greater clarity as to which sites move in to the HDV and when. It was noted that when sites do move into the HDV the income for the HRA would be reduced, but it would also reduce the liabilities for the HRA in respect of funds required to invest in the housing stock (e.g. maintenance, improvements and modernisation). While rental income that came through the vehicle would be split 50/50 with the partner in the HDV, it was noted that as development of land would generally involve some intensification of land use which would most likely increase the number of units for which rental income would be available.
- 7.8 Borrowing capacity through the HRA was tightly proscribed by central government, and potential for borrowing had been further reduced by required rent decreases. One of the key reasons for using the HDV for estate regeneration would be that in most cases this would not be possible within the HRA because of the level of borrowing required.
- 7.9 The panel noted that the site acquisitions fund had been used to acquire properties for rental and enquired why this approach was not being used instead of the HDV. It was noted that many options had been considered by the Future of Housing Review and where it was agreed that the Development Vehicle approach would represent the best way to acquire the necessary capital to support an estate renewal programme.
- 7.10 The panel enquired how much the HDV had cost so far. The panel noted the total budget for the HDV to the point of authorisation was £1.6 million to cover procurement, staffing and other associated costs.
- 7.11 The panel also enquired about the future of 51 Degrees North, the council owned letting agency. It was noted that the functions of the agency had been reduced to acquiring properties for Assured Shorthold Tenancies to assist with work to prevent homelessness. Most staff previously supported this project though most have been absorbed back in to HfH.
- 7.12 The panel noted the savings and investment proposals detailed within P4 and P5 of the MTFS.

8. URGENT ITEM - INFILL SITES

- 8.1 The panel discussed this item under urgent business procedures. The panel was disappointed at the progress of infill build programme to secure additional Council-owned and managed housing on these sites. There was also concern that there were proposals to sell on infill sites to local registered housing providers for development, which may lead to the fragmentation of local estates (e.g. managed by differing housing providers) and the associated problems that this may bring (e.g. differing housing and investment plans).

- 8.2 The panel noted that the priority of the Council was to ensure that new homes at affordable homes were delivered as quickly as possible for local residents. The ability of the council to play a direct role in the provision of social housing had diminished given the pressures within the HRA, the reduction in rents to be applied and the limited development experience within the Council. Furthermore, there had been a substantial increase in development costs, currently around £260k per house, which was inhibitive. Such problems were not confined to Haringey, as the number of council homes being built by councils in London was also very small.
- 8.3 It was noted that Sanctuary have just been selected to build 70 homes over 19 different sites. With the development experience that this provider has, it was suggested that homes could be delivered much more quickly than if the Council were the developer.
- 8.4 The panel were disappointed that Right to Buy receipts had not been used to support housing investment locally, and that substantial funds had been returned to the Exchequer. It was noted that spending RTB receipts was complex, particularly as these could not be used with any other grants within development. The panel noted that RTB receipts would be used to support a development in Tottenham Hale and grants scheme to support local housing development.
- 8.5 The panel discussed the council's commitment to deliver 1000 affordable homes, 250 of which would be directly developed by the Council. It was noted that this was a very challenging target and that further work was being undertaken to identify the exact amount of homes that have and would be delivered by the next election. For the reasons outlined in 8.3, the ability of the Council to develop homes itself was limited. The Council does have a good record in delivering affordable homes however, in recent years the GLA noted that Haringey was one of the few boroughs to deliver a majority of affordable homes in overall housing delivery.
- 8.6 It was noted that 51 Degrees North had cost about £500,000, but had to date been able to let very few tenancies through the agency. This would be circulated to the panel at a later date (**Action AB**).

9. GOVERNANCE ARRANGEMENTS FOR HARINGEY DEVELOPMENT VEHICLE

- 9.1 The panel received a presentation of the key findings from its work on the Haringey Development Vehicle. This set out the aims and objectives, the panel's approach, key conclusions and outline recommendations.
- 9.2 The panel discussed the emerging conclusions and recommendations. Whilst it was clear that the panel had a number of significant concerns about the HDV, it did not wish to miss the opportunity to influence the governance arrangements that would be decided over the coming months with the preferred bidder.
- 9.3 Notwithstanding the above, the panel agreed that there were substantial risks associated with the HDV that needed further investigation. It was agreed that

there should be further scrutiny of these risks ahead of final authorisation of the HDV, scheduled for April 2017.

- 9.4 It was agreed that the following wording would provide a primary recommendation which would sit as a preamble to the agreed report:

‘A balance has to be found in any venture involving public bodies such as the council, including not only decisions of the Cabinet but also the scrutiny function, with a responsibility to the public to be thorough and prudent. On the one hand there are opportunities and strengths within the HDV proposal and on the other there are risks and weaknesses. From what the panel has learnt through the work of this review, it was clear that very significant risks with the proposed HDV remain. What the Council, and by extension its tenants and residents, gain from the proposed HDV was far less clear than what it and they stand to lose. That was the picture that has emerged from the evidence that we have seen and heard during this review, and also from the inferences that have had to be drawn from the information that simply wasn’t available.

In terms of governance, there are a very significant set of issues, including:

- 1) A fundamental democratic deficit inherent in any such proposed structure and one of such size and scale;
- 2) The role of unelected officers joining a board in a voting capacity would supersede the role of elected councillors;
- 3) A lack of transparency with regard to meeting structures, particularly in relation to rights of attendance at HDV meetings, and whether reports and minutes would be publicly available;
- 4) The absence of any sufficient contingency plans to mitigate the risks of a scheme of such size and scale;
- 5) What, if any, role the Secretary of State for Communities & Local Government has, or ought to have, in authorising a scheme of such size and scale.

On the basis that at present there are no governance arrangements that adequately mitigate the risks of this scheme, the panel has no other option than to recommend that the HDV plans are halted and that further scrutiny work should be undertaken.’

- 9.5 The report would be agreed and finalised by the panel and would be submitted to the Overview & Scrutiny for confirmation. Once confirmed, this would report then be presented to Cabinet in January 2017 for its agreement.

10. WORK PROGRAMME UPDATE

Not discussed.

11. NEW ITEMS OF URGENT BUSINESS

None.

12. DATES OF FUTURE MEETINGS

The next meetings of the HRSP were scheduled for 6th February 2017 and the 7th March 2017.

CHAIR: Councillor Emine Ibrahim

Signed by Chair

Date

MINUTES OF THE MEETING OF THE CHILDREN AND YOUNG PEOPLE'S SCRUTINY PANEL HELD ON MONDAY, 19TH DECEMBER, 2016

PRESENT:

Councillors: Kirsten Hearn (Chair), Mark Blake, Toni Mallett, Liz Morris and Reg Rice

Co-optees/Non Voting Members: Uzma Naseer (Parent Governor Representative) and Luci Davin (Parent Governor representative)

1. APOLOGIES FOR ABSENCE

None.

2. ITEMS OF URGENT BUSINESS

None.

3. DECLARATIONS OF INTEREST

Councillor Mallett stated that she was a governor at Broadwaters.

4. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

5. MEDIUM TERM FINANCIAL STRATEGY 2017/18 - 2021/22

Councillor Elin Weston, the Cabinet Member for Children and Families, introduced the proposals within the Medium Term Financial Strategy (MTFS) relating to Priority 1 of the Corporate Plan. She stated that they needed to be seen within the context of the very severe cuts that there had been to local government funding since 2010. In this period, funding had been reduced by 40%. This had impacted considerably on the Council's ability to provide services, especially in the light of increases in demand. The intention was nevertheless to ensure that young people were adequately safeguarded. The proposed savings came to just below £4 million and were proportionately less than were being proposed for other areas of Council activity. The Panel noted that the original saving proposals for 2017/18 were £4 million. The current proposed savings were also around £4 million but were spread across two financial years.

In answer to a question, regarding the ability to achieve the savings Jon Abbey, the Director of Children's Services, reported that there was a degree of confidence that all of the nine savings proposals were achievable. There was a planning process linked

to each of them to ensure that they were delivered and this included assessment of risk. Timeliness, modelling, confidence of those leading change and Equalities Impact Assessments were all considered as part of this.

Notwithstanding this, he stated that it could be difficult to be precise regarding statutory responsibilities with some areas yet to be fully determined. However, he felt that the proposals were feasible and learning obtained from the previous MTFS had been taken into account. A question was asked as to whether the level of funding necessary to run a service was safe. In response, he stated that there was a need to consider this. He felt that it was in the range of £42 to £48 million and funding levels were now getting close to critical levels. Less had been spent by relevant services each year but it was acknowledged that services for children and young people had a role in contributing to Council savings. However, there was a need to ensure that there was still capacity to safeguard effectively. If the budget continued to go down, careful thought would need to be given as to how services might be delivered in the future.

A question was asked about the impact of poor housing on the numbers of children entering the care system in the light of a recent report from Shelter which had made a correlation. The Cabinet Member stated that housing issues could contribute to children being taken into care but the cause was most likely to be a range of issues. She was not aware of any specific proposals regarding housing that were likely to impact directly on children and young people. She was nevertheless aware that benefit changes were likely to have an impact. In answer to a question, she stated that savings had been put in year one which were felt to be possible to implement quickly.

The Panel considered the individual proposals as follows;

1.1; Service Re-design and Workforce

The Cabinet Member stated that this proposal aimed to make services more responsive to needs and delivered in a timely manner and that thresholds were applied appropriately.

Neelam Bhardwaja, Assistant Director for Safeguarding and Social Care, reported that the changes aimed to ensure that contacts were dealt with at the right stage, using a triage or single point of entry to services. Consideration would be given to when contacts took place and changes made to shift patterns would reflect this.

In respect of Independent Reviewing Officers (IROs), the experience in other boroughs suggested that approximately £100k could be saved through them being externally commissioned. OFSTED had also rated IROs services that had been commissioned externally in some local authorities that it had inspected as good.

In answer to a question regarding spending on agency staff, Mr Abbey stated that there was a need to have a stable workforce. Measures to improve recruitment and retention had been taken and it was hoped that these would make the Council more competitive. However, there had always been a percentage of staff that were agency. Fifteen per cent of staff were currently from agencies. Some agency staff

had joined the Council's workforce and it was hoped that others would. £1.5 million had already been saved through this. The Panel noted that all of the senior management team were now permanent Council staff.

The Panel noted that moving to external commissioning of IROs was the most easily achievable saving of this group. In answer to a question regarding thresholds, Ms Bhardwaja stated that there was no intention to increase them. These were, in any case, set externally by the London LSCB.

1.2; Early Help and Targeted Response

The Cabinet Member reported that the Council would continue with its early help approach, which was aimed at reducing escalation and keeping children and young people out of care. Positive results were starting to be seen, with fewer re-referrals.

Gill Gibson, the Assistant for Early Help and Prevention, reported that the proposal was aimed at keeping a very specific cohort of young people out of care and within families. There were no specific staffing changes arising from this and the cost of implementing the proposal was already within the budget. The work would not focus exclusively on adolescents although it was likely to be most successful there. Progress would be tracked constantly and formal review points would be built in.

1.3; Family Group Conferencing

The Cabinet Member reported that the use of Family Group Conferences (FGCs) in Haringey was currently very limited. They were spot purchased and the intention was to use them earlier and more often.

Ms Bhardwaja reported that reported that FGCs adopted a problem solving model and had originated in New Zealand. Evidence from other local authorities suggested that their greater use in Haringey would improve effectiveness. Several of these local authorities had been rated either good or outstanding by OFSTED. In answer to a question regarding whether it would be possible to undertake the service in-house, she stated that she was not aware of any authority that currently did this. In addition, FGCs aimed to be independent.

1.4; Family Based Placements

The Cabinet Member reported that the aim of this proposal was to provide placements closer to home for a small group of adolescents and, in doing so, make savings as such placements were cheaper than residential care.

Charlotte Pomery, the Assistant Director for Commissioning, reported that there were a number of young people who needed a spell of residential care and it was proposed to move them on in a more timely manner once they were ready. The proposal was to place them in a family setting. Work would need to be done though to ensure that appropriate support packages were also available. The target was to place them within 20 miles of the borough. A Panel Member raised a point regarding the feasibility of this proposal, since young adolescents who had been in care were felt likely to be the hardest to place.

Ms Bhardwaja reported that children could be remanded to secure accommodation by the Courts and, in such circumstances, the Council had to pay for the placement. Young people could also be remanded to care but this did not necessarily need to be secure accommodation. It was rare that a young person was held securely for more than 6 weeks.

The Panel noted additional funding had been provided for Child and Adolescent Mental Health Services (CAMHS). The transformation plans for CAMHS were aimed at providing earlier intervention.

The Cabinet Member commented that the efficiencies in respect of this were principally about making the service work better. In answer to a question, Ms. Pomery agreed to provide the Panel with details of the exact number of foster carers that there currently were. She stated that recruitment and retention of foster carers was a constant issue.

AGREED:

That the Panel be provided with the figure for the current number of foster carers.

1.5; Care Leavers - Semi Independent Living

The Cabinet Member reported that this proposal was aimed at ensuring that transitional measures to promote financial independence were managed more effectively. Ms Bhardwaja reported that assistance was provided for around a year and was individually focussed. The intention was to provide support a lot earlier so that young people were able to become independent more quickly. In answer to a question, Mr Abbey stated that the proposal aimed to ensure that support was stopped at the right point. It was acknowledged that achieving financial independence could be difficult for young and vulnerable young people but the proposal was not aimed at cutting support but instead managing it more effectively. The Panel noted that support was also provided for unaccompanied minors up to the age of 18, although this was subject to change due to the new Immigration Act.

Ms Bhardwaja commented that there had been a variable level of consistency in how transitional measures were applied. The objective was to prepare young people for independence effectively. The service was facing a bulge in demand due to the bulge in the number of children taken into care in the wake of the Baby P case.

1.6; Adoption and Special Guardianship Order Payments

The Cabinet Member reported that this proposal was aimed at bringing the amount that was paid to adoptive parents in line with those paid by statistical neighbours. Ms Bhardwaja reported that the current scheme was three years old and it would be necessary to implement the new arrangements sensitively, particularly where agreements were already in place with adoptive parents about financing. The principle that no child should not be adopted due to lack of finance would still apply. The changes were about tightening up the system so just those who needed support

received it and it was applied consistently. It was possible to claim additional funding to assist in the placing of children and young people who were hard to place.

In answer to a question regarding whether the new arrangements would have an adverse impact on people becoming special guardians, which could lead to children remaining in more expensive care settings or settings outside the family, Ms Bhardwaja reported that special guardianship order payments were intended to be means tested but the Council's service had not been diligent in reviewing levels. There was a need to ensure that the scheme was applied in a fair and equitable way.

AGREED:

1. That figures be circulated to the Panel on the annual amount of spending on adoption and special guardianship order payments; and
2. That a report be submitted to the Panel in due course on the impact of the implementation of the refreshment of the payment policy.

1.7; Supported Housing

The Cabinet Member reported that the proposal was to bring together housing related support and, in particular, the service for homeless young people and care leaders.

Charlotte Pomery, Assistant Director for Commissioning, reported that the aim was to ensure that provision was fully utilised. It was hoped that that the remodelled pathway would enable greater use of smaller and more specialised providers. The Panel noted that the savings arising from this would be achieved by year two.

1.8; New Models of Care

The Cabinet Member reported that this proposal was aimed at building and developing new partnerships and obtaining economies of scale from these. There were a number of potential areas where savings could be achieved, including integration of Special Educational Needs and Disability (SEND) provision, pan London adoption and specialised commissioning.

In answer to a question regarding savings obtained from joint work with other local authorities, Zina Etheridge, Deputy Chief Executive, reported that it was not possible yet to provide detail on these but she was confident that the savings identified could be achieved. There were examples from elsewhere of savings that had been achieved through such measures including the merger of children's services between the boroughs of Richmond and Kingston, which had achieved initial savings of £2-3 million. In answer to a question, she stated that the closer working between the Council and Islington was at an early stage and had yet to deliver savings. Although there was risk attached to the lack of detail on how the savings would be achieved, it was unlikely that all of the potential areas identified would prove not feasible. She was happy to report back with further detail in due course.

In answer to a question, Ms Pomery reported that commissioning was about finding the right provision. There was a range of maintained services in the borough and a

mix between the sectors from which services were provided, with some being commissioned from the private sector.

AGREED:

That an update on progress with the development of the new models be submitted to a future meeting of the Panel.

1.9; Schools and Learning

The Cabinet Member reported that the proposals had been put together to mitigate the loss of £1.3 million from the Education Services Grant (ESG). Rory Kennedy, the Assistant Director for Schools and Learning reported that the ESG was used to fund a range of services including education welfare, school improvement, human resources, internal audit and payroll. The remaining amount of £550,000, which had been transferred to the Dedicated Schools Grant, would be used for carrying out statutory duties. The proposals involved re-prioritisation and redesign of centrally retained early years services and de-delegating the budgets for new redundancy costs and education welfare services. The withdrawal of ESG funding was intended to provide an incentive for schools to become academies.

In answer to a question, he stated that most primary schools used the Council's Education Welfare Service. Schools could buy their human resources provision from anywhere that they wished. Although many schools used the Council's provision, increasing numbers were leaving. Mr Abbey stated that the Council's service was challenged and of variable quality.

Concern was expressed at the potential impact of the loss of ESG grant on school improvement services. Mr Kennedy stated that engagement was taking place with Head Teachers and governing bodies about potential future models. There was a consensus that a Haringey wide service which provided both support and challenge to schools was welcomed and needed.

The Panel was asked if it would be reviewing the proposals for reductions in early years funding, especially with regard to the childcare subsidy provided for nursery schools and local authority nurseries. It was noted that the Panel would be looking at early years provision in due course.

AGREED:

That the effects of the loss of Education Services Grant be monitored closely and that further reports be made to the Panel in due course on progress with the implementation of the proposals.

General Issues

The Panel expressed serious concern at the lack of detail within the proposals in respect of risk modelling given the budget reductions the service was facing. It was felt that the lack of further details, including Equalities Impact Assessments, made it difficult to understand the full impact upon services.

AGREED:

That serious concern be expressed at the lack of detail within the proposals in respect of risk modelling and that a further report on progress in delivering the savings and their impact upon service delivery be submitted to the Panel as soon as these became clear and before the end of 2017.

CHAIR: Councillor Kirsten Hearn

Signed by Chair

Date

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**MINUTES OF THE MEETING OF THE CHILDREN AND YOUNG PEOPLE'S SCRUTINY
PANEL HELD ON MONDAY 23RD JANUARY 2017**

PRESENT:

Councillors: Kirsten Hearn (Chair), Mark Blake, Toni Mallett, Liz Morris and Reg Rice

**Co-opted Members: Luci Davin (Parent Governor representative and Yvonne Denny
(Church representative**

6. APOLOGIES FOR ABSENCE

An apology for absence was received from Uzma Naseer.

7. ITEMS OF URGENT BUSINESS

None.

8. DECLARATIONS OF INTEREST

None.

9. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

None.

10. MINUTES

AGREED:

That the minutes of the meetings of 19th. October, 13th December and 19th December 2016 be approved.

11. CABINET MEMBER QUESTIONS

Councillor Elin Weston, the Cabinet Member for Children and Families reported on key priorities from within her portfolio and answered questions from the Panel as follows:

- Since the Panel's budget scrutiny meeting on 19 December, the government had announced proposals for the National Funding Formula for schools, which would lead to a real terms cash cut for schools of 2.7%. Every school in the borough would be affected to some extent. The changes would be phased in over two years and would need to be taken on board alongside other budgetary pressures. The recent data on test results had put Haringey 10th amongst English local authorities for the Progress 8 performance measure. The budget reductions arising from the National Funding Formula changes could put this position at risk. Representations would be made by the Council concerning this. Haringey was classed as an inner London borough for the purposes of the new funding formula and, as such, Haringey's schools would be amongst the most badly affected by the proposals in London.

- In answer to a question, she stated that the Council had not invested resources in Tottenham University Technical College (UTC).
- In answer to a question, she stated that she was happy to circulate details of the outcome of the recent consultation on the funding of early years education in the borough. The government's tight timetable for the three year free early education offer had made putting the necessary arrangements in place challenging. Providers had been broadly supportive of the Council's proposals, which involved a universal base rate and a supplement of 40p. per child. The additional amount that had been paid in excess of the funded level by the Council to providers of the two year old offer would be maintained but tapered down in the next two years. Responses from residents had shown that most people were prepared to pay between £150 and £300 per week for full time care. This amount did not take into account free hours. Residents expressed concerns about fee increases and maintaining standards. Some settings in the North Tottenham were already experiencing low occupancy rates and the Council was committed to re-examining provision in that part of the borough so that it met the needs of the community.
- The Early Help team had now been in place for over a year. Work had taken place with over 900 families, including 2,500 children. There had been positive outcomes in approximately 500 cases. 493 families had been stepped down from intervention whilst 71 had been stepped up into social care. A new initiative had recently been introduced called Conversation for Change, which involved families being contacted within 24 hours of referral and a meeting arranged within 5 days. Specific work was undertaken by the Early Help team with schools. For example, the Early Help team had established a 'team around the school' at Park View to support the school with concerns about behavioural issues. The Schools Forum provided support for the service and had recently re-allocated funding.
- In answer to a question regarding whether there were any nurseries that were struggling, she stated that although there would be significant challenges over the coming months and years, evidence gathered through working with providers as part of the preparation for the early years funding formula changes suggested that nursery schools and schools with nursery classes could survive. The Schools Forum had allocated £700,000 for maintained settings to ease the change to the new funding arrangements. However, there were concerns about some private, voluntary and independent providers.

Councillor Ayisi, the Cabinet Member for Communities, responded to questions on his portfolio as follows:

- There was a need for stable youth provision. There was currently the Bruce Grove Youth Space, which had around 200 visits by young people per week. However, the service did not cover the majority of young people within the borough and consideration needed to be given to their needs as well. If the needs of young people were met early on, there was the potential for long term savings to be made.
- He reported that there were three performance indicators in respect of youth justice. These were;
 - Reduction in first time entrants;
 - Reduction in the use of custody; and
 - Reduction in re-offending.

- The current statistics for violence with injury showed that levels within Haringey were the fifth highest in London and 319 people had been affected.
- The Youth Justice Partnership Board would be responding to the recommendations of the Charlie Taylor review. One initiative of note was the establishment of Campus, a specific free school for young people who had offended with the aim of providing an alternative to custody. The aim was to assist young people at risk into education, employment or training. The Panel noted that efforts were currently being made to identify a suitable site.
- Addressing the issues raised in the Panel's review on disproportionality was one of his political priorities and action in response was being taken. There was a relationship between the issue and school attainment and there was a specific group within the Council looking at the issue. The Panel noted that a needs analysis of the cohort within the youth justice was taking place and work was also taking place with the DfE and other partners on the Youth Justice Partnership Board. In particular, the complexities were being considered as well as how to ensure that the young people in question accessed employment, education and training.
- Councillor Ayisi stated that he had met with the Borough Commander and there was recognition of the need to avoid criminalising vulnerable young people. It was also acknowledged that a change of attitude was needed amongst some Police officers to improve relationships with young people. Confidence was a key priority for the Police and, in particular, some young people did not have the confidence to report crime.
- In answer to a question regarding provision within the youth offer for girls, he stated that it was critical that space was provided for them, particularly as part of addressing Violence Against Women and Girls. Consideration would be given to the provision of space for women within development proposals. Gill Gibson, Assistant Director for Early Help and Prevention, added that work with girls and the community and voluntary sector was already taking place and would also be an aspect considered in the development of the Youth Zone.
- In respect of the "post codes" issue, he stated that there were 45,000 young people in the borough and only 200 on the Gangs Matrix. The majority of young people travelled freely around the borough. Youth services were only currently provided for a membership of 500 young people, with around 200 visits per week. There had been consultation with young people on what activities that they would like and there was a particular need to get young people active.

AGREED:

1. That a briefing be provided to Panel Members on the development of the Compass Free School; and
2. That a report be submitted to a future meeting of the Panel on the development of Haringey Youth Zone.

12. HARINGEY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2015/16

Sir Paul Ennals, the Chair of Haringey Local Safeguarding Children Board (LSCB), introduced its annual report for 2015/16. This was his third and final report as Chair as he would be stepping down in two months time. It was normal for LSCB chairs to move on after such time. He was pleased with the progress that had been made in the last three years. The partnership felt strong and had improved its effectiveness. It worked together well and challenged effectively.

There were nevertheless challenges to be faced. There had already been severe budget pressures on the Police and Council and NHS services were now facing similar challenges. In addition, schools would now have to address budget reductions. It could sometimes be difficult for partners to admit to the extent of the difficulties that they faced. The only way forward was for partners to be sharper and smarter in their approach.

He felt that the setting up of the Council's Early Help Service had been of particular significance. This facilitated interventions at key transitional points and allowed families to be stepped down or up into social care.

It was never possible to say with absolute confidence that all children were safe. However, the increase in the number of schools in the borough that were now rated as either good or outstanding by Ofsted had helped to improve levels of safety. Public health indicators for the borough were mixed but better overall than predicted.

Although the Police had performed well locally, Her Majesty's Inspectorate of Constabulary had judged the Metropolitan Police's arrangements for safeguarding to require improvement. One particular issue for the LSCB was that the Borough Commander was not responsible for all of the Police that the LSCB worked with. Police teams also worked with a number of different LSCBs.

Although he felt that safeguarding arrangements were broadly robust at the moment, there were likely to be big changes in the next year. The LSCB would have to manage with less money and consideration would need to be given to streamlining services including sharing and collaboration with other boroughs.

In terms of his replacement as Chair, the LSCB executive would be meeting shortly to consider options. Although his contract ended in May, he was not intending to finish his work until such time as a successor had been appointed to facilitate a smooth transition.

He answered questions from the Panel as follows:

- There had been no change in the financial contribution from the Police Service. They currently contributed 2% of the LSCB's budget. 90% came from the Council. The level of the Police contribution was based on Metropolitan Police policy. He hoped that a more equitable system of funding could be developed in time.
- The number of meetings of the LSCB had been reduced from six to four per year and most boroughs were taking similar steps. The LSCB's sub groups were

where most of the most significant work took place, including analysis of data and consideration of cases of CSE. Board meetings currently still required the presence of a large number of people but there were new proposals to develop a smaller core group and devolve more of the work to task and finish and other sub groups.

- The barriers that there were to the sharing of data were the same as those experienced by every LSCB in London. In particular, some partners were unable to provide separate statistics for each borough that they dealt with. The Multi Agency Safeguarding Hub (MASH) had a key role in analysing data and the situation was now better than it had been three years ago.
- It had been established that some children and families were moving across borough boundaries on a regular basis and the Bi-borough CSE and Vulnerable Children Project was set up to address this. There was now a better understanding of the issues and the policies of individual boroughs had now been aligned, saving both time and money. There was also now a single point of access to services. Arrangements were better and stronger, although the funding had now expired. It was hoped to undertake similar work with boroughs to the south of Haringey.
- In respect of engagement with children and young people, some progress had been made but not as much as hoped. They had looked at areas where they were already engaging and had made real progress with some, including CSE and return home interviews for missing children. A new model of social work practice had been adopted called Signs of Safety and this had a stronger focus on the voice of the child. Head Teachers had stated that they felt that the new system had a better focus.
- He stated that the LSCB did not monitor the budget proposals of individual agencies. However, the direction of travel demonstrated within the Council's medium term financial strategy, which involved initiating interventions at an earlier stage, was supported and consistent with the LSCB's overall philosophy. He nevertheless felt that there were also risks arising from current policies, such as the possibility that some children and families might find it more difficult to access help. However, the Council had put in place a whole new team to deal with the large increase in referrals it had experienced last year and this was evidence of a system that responded effectively.
- He felt that workforce development was a good option when there was a shortage of money. Common training programmes had been developed for agencies on the LSCB. Good quality workforce development was not a big money item.
- The LSCB was considering ways in which partners could enhance the "broadly robust and effective" safeguarding arrangements through actions like aligning auditing mechanisms across partners. He felt that there was more that could be done jointly to reduce duplication but this would take some creative thinking. Individual agencies were collaborating with other boroughs and on a sub regional level whilst Hackney and City were now working together as a single LSCB. Leeds

had also undertaken some effective conflict resolution initiatives which had led to a steadily reducing level of children in care.

- There was conclusive evidence that poverty and neglect increased levels of risk. Local authorities in deprived areas were also significantly more likely to be rated as requiring improvement by Ofsted. The levels of deprivation in Haringey were higher than two of the other LSCBs that he chaired but, despite this, thresholds for intervention were higher. More needed to be done in relation to neglect, including multi agency training.
- Attachment theory was important in child protection. Very young children developed attachments and this had a large impact on how they learned. Neuroscience showed that an adverse experience could adversely affect how nerve connections in the brain were developed, making them significantly slower in how they functioned.
- It was not possible to provide an exact figure for the number of children who repeatedly went missing as Police data covered episodes and not the number of children. However, such data was available for looked after children. Work was taking place to address this issue.
- He felt that post code issues had some impact on safeguarding. Work had been taking place on the profile of CSE and there was now a greater awareness of hotspots and particular locations.
- Work with schools in respect of CSE and FGM was taking place as part of the healthy schools initiative. Some young people did not fully understand the issue of consent and work was taking place in schools to address this. Schools had updated their safeguarding policies and procedures as a result of a historical abuse case but he felt that there were still less than 50% of them that had very good procedures. There was nevertheless enthusiasm amongst schools to do better. The Panel noted that FGM was typically addressed at primary schools when children were around the age of nine and this was checked annually.
- Sir Paul reported that the communication project in Northumberland Park had involved 3-4,000 young people using Accident and Emergency at the North Middlesex Hospital. As part of this, information packs on risks to health had been passed to young people.
- The Prevent initiative was not specifically a safeguarding programme. However, there could be safeguarding risks arising from radicalisation but the number of children involved was very low and it was less of an issue now.
- The number of children who were home educated had risen and had numbered 177 in October. It was not clear what the reason for the increase was. Parents home educated their children for a mixture of reasons. Some parents were very good educators and the children thrived. In other cases, parents were motivated by issues arising from provision for their child's special educational needs. It was also possible that there was intent to commit abuse in some cases but it was not possible to know how many children were in jeopardy. There was a website called

“Education Otherwise” where home educating parents could find advice and guidance. The Panel noted that each home educating family was visited once per year and that this visit was unannounced.

- Almost all CSE in Haringey was peer-on-peer abuse and most of these cases were related to gangs. Work was being done with schools to address this issue and, in particular, the issue of consent.

In answer to a question, Jon Abbey, the Director of Children’s Services, reported that funding for SEND services was facing challenge but there were not any cuts being made to funding for schools and thresholds were not being raised either. Education and healthcare plans were now required for children and this required more strategic thinking. Although the numbers of children with special educational needs had gone up, funding levels had not increased. Whilst there were no specific proposals within the budget that would have direct implications for children with special educational needs, the proposal to provide, where possible, foster care closer to home would be of benefit to them.

The Panel thanked Sir Paul for his kind assistance.

13. 2016 TEST AND EXAMINATION RESULTS

Jane Blakey, the Head of School Performance, Standards and Provision, reported that there continued to be strong improvement in test and examination results. The current results were the best to date. Of particular note was the fact that they borough was 10th nationally for performance against the new Progress 8 measure. Priority areas for improvement were Key Stage 2 reading and the performance of African Caribbean and Black African pupils.

In answer to a question, she reported that the progress made by Turkish pupils was above the Haringey and national average. They only area where they did not do quite so well Key Stage 2 English. Despite being born here, some Turkish children could lack fluency in English. This could be due to English not being the dominant language at home.

The continuing improvement in results could be due to a number of factors. There were good leaders in schools and 96% were rated either good or outstanding. There was forensic use of data which prevented problems and addressed areas of under performance. Officers and school leaders were also always up to date on the OFSTED inspection framework. Officers collected targets from schools and challenged them, where appropriate. In addition, there was a lot of support provided between schools. There was also strong accountability through the Corporate Plan Priority 1 Board.

In answer to a question, she reported that performance by black African girls varied between different communities. For examples, Nigerian and Somali girls had very high levels of attainment. However, other groups did not have such high levels and it was therefore important to break down the figures. There was a black achievement steering group that was looking at relevant issues. A conference had taken place that had been addressed by Dr Tony Sewell, author of “Generating Genius”. High

expectations and no excuses were the key messages from this. The Steering Group had put together good practice guidelines for holding schools to account. A programme was also being developed that was aimed to assist high attaining young people in getting into the top universities.

Panel Members noted that the African Caribbean community had been in Britain for over half a century and the majority of young people from it could now be more accurately described as Black British. Ms Blakey commented that the categorisation had been based on census data.

In answer to a question regarding post 16 attainment, she stated that the Steering Group was aiming to ensure that all young people reached their full potential. There was a split between the east and west of the borough and the aspiration was to close this gap. Work was taking place with 6th forms to encourage them to work together and develop further vocational options. The introduction by OFSTED of the use of retention as a performance measure meant that many schools had become more selective in which young people they enrolled. The borough's Sixth Form Centre had aimed to be inclusive in approach but had been assessed as requiring improvement due to its poor retention data.

Mr Abbey reported that Haringey could be proud of the progress that had been made by the borough's schools. Virtually all indicators were now good and in only 4 years the percentage of schools assessed as good or outstanding had gone up from 60% to 98%.

AGREED:

That the issue of ethnic minority attainment be considered further at a future meeting of the Panel.

14. FINANCIAL HEALTH OF HARINGEY SCHOOLS

Anne Woods, the Head of Audit and Risk Management, reported that a wide range of tests were used to assess the financial strength of schools. There was a high degree of correlation between those schools that had deficits and those schools that had been audited had only received limited assurance in their audit reports. Only one of the schools with a negative balance had received substantial assurance. The vast majority of schools with deficits had received limited or nil assurance. Audit had never been able to give a school full assurance yet and the vast majority of schools with reserves had received substantial assurance. If basic processes were not right, any issues that arose were likely to be more significant.

In answer to a question she stated that the optimum level of reserves was between 5% and 8%. In answer to another question regarding the amount of funding that remained unspent, Mr Abbey commented that there was a widely held view that that this should be re-distributed amongst schools. However, they were nevertheless required to account for any revenue budget amounts above 5% that were not spent. It was noted that it was likely that schools would have to deal with a 10% cut in budgets and, in such circumstances, it would be prudent to provide for this within reserves. Special schools had a range of additional financial challenges, including the need to

maintain lower staffing ratios and maintain comparatively large buildings. In addition, funding followed individual children.

15. WORK PROGRAMME UPDATE

AGREED:

That the work plan be approved.

CHAIR: Councillor Kirsten Hearn

Signed by Chair

Date

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Report for: Overview & Scrutiny Committee 27th March 2017

Item number:

Title: (2016/17) Financial Report to Period 9/December 2016

Report

Authorised by: Tracie Evans – Chief Operating Officer

Lead Officer: Jo Moore, Deputy CFO

1. Describe the issue under consideration

1.1. This report sets out the 2016/17 Period 9/Q3 financial position including General Fund Revenue and Capital, Housing Revenue Account (HRA) and Dedicated Schools Grant (DSG).

2. Cabinet Member Introduction

2.1. This report provides an update on the projected financial position of the Council for 2016/17 as at Period 9 (December 2016). It covers significant operating and capital revenue variances on a full-year basis.

2.2. At the end of Quarter 3 and Period 9, the Council is projecting a **full-year deficit/overspend of £21.3m** for 2016/17. This is an **improvement of £0.7m** from the Quarter 2 position of £22.0m reported to Overview and Scrutiny Committee (OSC) in November 2016. There are positive movements since quarter 2, totalling £1.4m, in the majority of the Council's budgets which are a continuing sign that the spending restrictions across the Council are having a positive impact. These positive movements have offset a £0.5m adverse movement predominantly in Children and Young People.

2.3. Of the reported £21.3m overspend, a significant proportion resides in the areas which continue to face increasing demand pressures: Adults (£12.5m), Children's (£5.7m) and Temporary Accommodation (£7.4m). The significant overspend in these areas is offset by releasing out under spent budgets in the Non Service Revenue area.

2.4. The increase in demand remains volatile and the cost for the Council's acute services continues to outstrip actions being taken to manage costs down and/or generate income. The Council is therefore unlikely to achieve a balanced budget by the end of this financial year and any overspend will be funded from reserves. The adequacy of reserves is a matter for the Section 151 Officer.

2.5. However, in order to manage the in-year risks, targeted action remains in place to address the overspend. This includes a number of spend reduction mechanisms which are being overseen by The Leader, myself as Cabinet Member for Finance, the Chief Executive and the Chief Operating Officer (COO). This is supported by our planned programmes of transformation being driven at pace.

3. Recommendations

That Committee note:-

- 3.1. The report and the Council's 2016/17 Period 9/Q3 financial position in respect of General Fund revenue and capital expenditure, HRA and DSG;
- 3.2. The risks and mitigating actions, including spend controls identified in this report in the context of the Council's on-going budget management responsibilities;
- 3.3. The creation of contingency budgets within the capital programme funded from any net corporate scheme budgets no longer required to fund new schemes (subject to approved business case).
- 3.4. The required virements over £0.25m as set out in section 7 of this report.

4. Reasons for decision

- 4.1. A strong financial management framework, including oversight by Members and senior management, is an essential part of delivering the Council's priorities and statutory duties.

5. Alternative options considered

- 5.1. This is the 2016/17 Quarter 3 Financial Report. As such, there are no alternative options.

6. Background information

- 6.1. This is the Financial Report to OSC for the 2016/17 financial year covering both Revenue and Capital as at December 2016 and represents the position at Quarter 3.

2016/2017 Period 9 / Quarter 3 - Key Messages

- 6.2. Overall, at Period 9 the Council is projecting a **full-year deficit of £21.3m** for 2016/17 on its revenue position, an **improvement of £0.7m from Quarter 2**. Although a reduction from the previous report, this still presents a significant risk to the Council's financial position.

- 6.3. The outcome of management action to review cost and spend has resulted in the £0.7m improvement over quarter 2.

A significant part of the overspend resides in demand-led areas including; Adults (£12.5m), Children's (£5.7m) and Temporary Accommodation (£7.4m). These areas represent the Council's most acute services and where demand for these services is outstripping the Council's ability to reduce spend or increase income at a pace to manage risks and deliver a balanced budget. The forecast has remained constant as at quarter 2 apart from Children Services where there is an adverse movement of £0.5 m.

- 6.4. As per the last report, a number of mechanisms have been put in place to manage cost/demand-led pressures. These focus on the acceleration of

transformation activities supported by a number of in year cost reduction mechanisms which included, greater momentum on restructures, active management and reduction of agency/interim staff and category spend blockages.

Table 1 below shows the Period 9/Quarter 3 position compared with reported variance to budget at Quarter 2. This is supported by detailed variance analysis and mitigating actions in section 6.6.

Table 1: Forecast Revenue Outturn as at Period 9 (December 2016)

| | 2016/17 Revised Budget | Forecast Outturn at Q3 | Forecast Variance Q3 | Forecast Variance Q2 | Forecast Variance Movement from Q2 |
|---|------------------------------|------------------------------|----------------------------|----------------------------|---|
| | | | (under)/ over | (under)/ over | (under)/ over |
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Leader and Chief Executive | 2,887 | 2,698 | (189) | 90 | (279) |
| Deputy Chief Executive | | | | | |
| Adult Social Services | 73,007 | 85,448 | 12,441 | 12,451 | (10) |
| Children and Young People | 47,474 | 53,191 | 5,717 | 5,241 | 476 |
| Public Health, Commissioning & Other | 41,525 | 41,692 | 167 | 320 | (153) |
| Deputy Chief Executive Total | 162,006 | 180,331 | 18,325 | 18,012 | 313 |
| Chief Operating Officer | | | | | |
| Commercial & Operation Services | 37,546 | 38,472 | 926 | 781 | 145 |
| Other (SSC, Customer Services etc) | 17,229 | 16,947 | (282) | 218 | (500) |
| Chief Operating Officer Total | 54,775 | 55,419 | 644 | 999 | (355) |
| Regeneration, Planning & Development & Housing | | | | | |
| Regeneration, Planning & Development | 11,009 | 10,574 | (435) | (473) | 38 |
| Housing General Fund | 14,472 | 21,797 | 7,325 | 7,393 | (68) |
| Regeneration, Planning & Development & Housing | 25,481 | 32,371 | 6,890 | 6,920 | (30) |
| Total for Service Areas | 245,149 | 270,819 | 25,670 | 26,021 | (351) |
| Non Service Revenue | 10,478 | 5,050 | (5,428) | (5,047) | (381) |
| Contract Procurement Savings | 0 | 1,060 | 1,060 | 1,060 | 0 |
| TOTAL | 255,627 | 276,929 | 21,302 | 22,034 | (732) |

6.5. The capital programme has undergone a significant challenge session since the report to the OSC in quarter 2, a detailed analysis can be found in section 8 of this report.

The overall budget for 2016/17 Capital Programme is £199.6m, which is an increase of £1.2m from the reported budget to OSC at period 6 for Quarter 2. The increase includes a GLA grant for additional flooding prevention (£0.07m) and the advancement of £1.1m of the 2017/18 Councils contribution (£6.0m) for the Alexandra Palace Trust, East Wing refurbishment.

This report also contains a proposal to set aside any surplus budgets to create a contingency budget to fund new schemes with an approved business case.

At December and quarter 3, the Capital programme budget is reporting an underspend of £69.9m of which £21.9m relate to the HRA ring-fenced Capital programme, this underspend is largely due to slippage in programme delivery as outlined below in section 7.

6.6. Analysis of Revenue Variances

6.6.1 Corporate actions to mitigate financial risks

The increases in demand have been so significant that they have outstripped our ability to make comparable savings. To manage the financial position, a number of spend reduction mechanisms have been introduced across the organisation;

- Increased pace on restructures
- Enforced agency and interim staff leave
- Further reduction of agency and interim staff
- Not filling vacant posts
- Blocking spend categories to prevent purchases of non business critical items
- Asst Directors signing off all purchases
- A further round of Voluntary Redundancies during October

The implementation and impact of these mechanisms are being managed through a Savings Steering Group chaired by the Leader, with the Cabinet Member for Finance, Chief Executive and Chief Operating Officer.

6.6.2 Leader and Chief Executive (£0.2m underspend)

The income within this area from internal and external income has given rise to overachievement of income target by £0.3m which had offset the budget pressures identified relate to costs of the Referendum and by-elections this year of £0.1m.

6.6.3 Deputy Chief Executive (c£18.3m overspend)

Adults (£12.4m overspend)

Overall, the Adults Social Care budget is projecting an overspend position of £12.4m, largely maintaining the position at Quarter 2.

This is an area of corporate focus and there are a number of pieces of work being delivered to help manage spend in this area. Adults continues to prioritise transformation work which will focus on reducing demand at the front door, working more effectively with Health and accelerating reviews of existing clients. Work is on-going to identify further areas of cost reduction.

At present most of the savings measures in place, while being at a level consistent with MTFs savings targets, are being offset by continued demand, which is why the service is continuing to show such an overspend. Work is on-going to identify further areas of cost reduction.

The service has engaged external support to accelerate the transformation changes and is currently identifying further areas for transformation.

The analysis for each area is:-

- **Care Purchasing (£11.2m overspend)** – The care purchasing spend is based on actual open cases at 1st April 2016, forecast new cases during the year at 2015/16 levels of activity, less the natural rate of closed packages during 2015/16. The forecast cost of this has taken into account the expected impact of all the transformation projects in 2016/17, reflecting actual changes in activity levels as the year progresses, to produce a variance of £11.2m.

These forecasts already factor in a fair assessment of the likely impact of savings measures, including the contribution that 100% reviews of all packages can provide.

- **Learning Disabilities (£1.4m overspend)** - There has been slippage in delivering savings in the reconfiguration of Day Opportunities for Learning Disabilities clients. These have been complex projects involving closures of establishments, redesign of remaining services and case-by-case consideration of how the needs of clients will be met within the new service. The new arrangements are now planned to be in place by the final quarter of 2016/17.
- **Osbourne Grove (£0.5m overspend)** - There is budget savings slippage of £0.2m from 2016/17 to 2017/18, in addition to staffing budget pressures of £0.3m on this service.
- **Other Direct Provision (£0.3m underspend)** – This relates to an underspend where costs for rent payments on a day centre over some years will not now be required.
- **Other Adults Social Care (£0.4m underspend)** – This is connected to some staffing underspends within assessment and social work teams.

Children and Young People (£5.7m overspend)

Overall, the Children's Services budget is projecting an overspend of £5.7m at quarter 3, a **worsening of £0.5m from quarter 2**. This area continues to implement its programme of transformation and is engaging in the Council's spend reduction mechanisms which is being overseen by the Priority Board and the Budget Sub Group.

The movement from previous quarter are related to increased in placement cost on new cases £200k where there were 23 new cases where only 18 was expected, staffing forecast has increased by £200k as management factor in the impact on the finance social care

workforce restructure and transportation cost on SEND £100k, there is now that such a large budget pressure based on completion of a full forecast of all activities.

This £5.7m overspend is analysed as follows:

- **Social Care Placements (£1.9m overspend).** Savings targets set for this budget have not been met. The social care placements model has reflected an improvement of -£0.1m in the forecast position, taking account of the changing circumstances of existing cases (notably 5 step-down cases contributing an improvement of £50k+ each), plus the expected cost and number of new ones. The placements model has been adjusted to reflect an average of 18 new Looked after Children(LAC) per month (rather than 13.5 previously) as this is more in line with current rates of new cases. Overall numbers of LAC have risen from their low of 406 on 1st April 2016 to 435 on 1st January 2017 from the previously reported 426 at the quarter 2 report.
- **Social Care Workforce (£2.0m overspend).** Savings of £2.1m have been allocated so far, with a further £1.5m savings to be allocated in 2017/18. Plans for workforce restructuring have slipped from 2015/16, however the new structure is now in place as at October 2016.

Due to delay in implementing the new restructure for the Children's Social Care Services, the salary budgets in Children and Families are £1.9m overspent based on the current establishment of permanent and agency staff. The overspend includes some additional temporary social workers brought in to assist with increased volumes of new cases being referred and assessed.

- **Social Care - Other non-staffing (£0.2m overspend).** This overspend relates to the For No Recourse to Public Funding (NRPF), the numbers of families being supported have recently risen to 50. Work continues with the dedicated Home Office support worker to review cases and to progress to a conclusion in order to manage this number down.
- **SEND (£0.6m overspend).** The SEND pressure is attributable to a combination of respite, transport and unachievable trading income from schools. The Special Educational Needs (SEN) transport budget is showing an overspend of £0.2m and respite services for disabled children are predicted to overspend by

£0.1m. Management action has been developed to address both of these issues. There is an acknowledgement, reflected from Month 6, that £0.3m of income for trading SEN support services with schools is not achievable as the related expenditure is within the DSG.

- **Other Children and Young People Service (£1.0m overspend).** There is a technical overspend on the DSG budget as it is held in SAP which has been an issue for a number of years and has remained unresolved, the impact of this is a hit on the General Fund of £1.0m.

Further Action – Adults & Children’s

Both Adults and Children's have a number of demand management and spend reduction activities in place to manage the deficit position. Many of this involves a focus on quick wins which can be delivered in 2016/17 with greater benefits in 2017/18.

6.6.4 Other Deputy Chief Executive’s Services (including Public Health, Commissioning and Schools and Learning) (£0.1m underspend)

- **Commissioning (£0.2m overspend)** As Children’s Centres has transferred to Children’s Services their underspend has transferred too leading to the overspend in this area.

The overspend is predominately due to staffing budget pressure within the brokerage team, where work is progressing to put in place a permanent, fully funded structure.

- **Schools and Learning (£0.2m overspend)** The overspend relates to the delays in closing the Professional Development Centre and difficulties in meeting traded income targets with schools.
- **Public Health (£0.3m underspend)** as the Service continues to scrutinise closely all Sexual Health expenditure. This is a service area where projections are difficult due to volatile demand led, open access, activity and complicated charging arrangements with many NHS providers. . This improvement over last quarter is explained as followed;

There is an underspend relating to staff departing and seconded to other Local Authorities (£0.1m). A planned underspend in order to achieve further savings (£0.1m).

Children Health Visiting (£0.1m) as part of planned savings.

6.6.5 Chief Operating Officer (£0.6m overspend)

Commercial and Operations (£0.9m overspend)

The Commercial and Operations budget is forecasting £0.9m overspend, largely due to the non-achievement of planned savings relating to the disposal of corporate property. These include cost savings of £0.6m in Traffic Management relating to new ways of delivering Parking Enforcement, and £0.4m associated with reduced energy costs due to a borough wide LED street lighting roll out, which will also not be achieved. These factors are offset by additional income in the year of £0.7m, in relation to new CCTV traffic enforcement cameras and CPZ implementation, with those projects being implemented at the latter part of the financial year form part of the overspend in this area.

The position has worsened slightly since quarter 2, by £0.1m, largely due to salaries being realignment within the service and some cost moved across from Shared Services to Operations.

The overspend in traffic management is £0.6m and is mainly due to reduced income from projections from car parks and car pound and a fall in CCTV income despite 5 new cameras being installed in November, this highlights an ongoing risk as previously reported on the ability to deliver the additional £0.5m income for this from CCTV cameras but this will continue to be reviewed on service level.

The other adverse variance in Operations is from the cost of 2 interims on a project within the Neighbourhood Action Team of £0.03m.

Other (including Customer Services and Shared Service Centre) (£0.3m underspend)

Customer Services is projecting a £0.2m overspend to year-end due to slippages in the restructure from an estimated start date of April 2016 to December 2016. There are options to mitigate this overspend being considered by the COO which are largely around the proactive management of agency staff. **Transformation and Resources** is forecasting a small overspend of £0.3m which are largely related to agency spend to support transformation activity. In the **Shared Service Centre** staffing spend is contributing £0.75m of budget pressures. Work is being undertaken to do some detailed analysis on all staffing (including agency). In addition the HR overspend of £0.35m is mainly made up of a £0.35m forecast trading loss on Schools Traded Services. **Chief Operating Officer** Project funding not likely now to be necessary has resulted in a £1.9m pensions auto-enrolment underspend.

6.6.6 Director of Regeneration and Planning and Housing (£6.9m overspend)

Housing General Fund (£7.3m overspend, unchanged from Q2)

- The Housing General Fund temporary accommodation budget has been moved from the Chief Operating Officer area to the Regeneration, Planning and Development area to align with Director Responsibilities and to ensure that the full cost of Housing General Fund activities can be seen. The other Housing General Fund budgets (covering housing strategy and housing related support) were already shown under Regeneration, Planning and Development.
- At quarter 3 the Housing General fund is reporting a projected overspend of £7.3m which is broadly unchanged from the position reported previously. The variance is largely attributable to temporary accommodation, being the result of pressures of a lack of supply of suitable and affordable accommodation with an increased reliance on emergency accommodation although demand has also increased. Demand pressures are being mitigated by a number of new initiatives.
- Within the overall underspend of £7.3m there is also a projected underspend of £0.2m from savings on Housing Related Support which is as a result of accelerated 2017/18 savings.
- Within the forecast, no account has been taken of the Homes for Haringey General Fund redundancy and transformation costs as there is a key assumption that these will be funded from the transformation reserve although formal approval still needs to be given.
- The restructure of Community Housing is now complete. This is expected to deliver their MTFS staff savings for 2016/17 of £0.3m and puts the service in a position to deliver the required savings for 2017/18. MTFS savings of £0.2m have also been achieved in Housing Related Support through savings in procurement of services.

Regeneration, Planning and Development (£0.4m underspend)

- There are projected underspend of £0.5m relating the Planning and Tottenham regeneration service areas. These underspends are partially offset by overspends in Corporate Property.

- The forecast variance in Planning is related to an overachievement of planning income of £0.4m which is an improvement of £0.2m from the forecast at period 8 and at quarter 2.
- The forecast for the Tottenham Regeneration is an underspend of £0.3m following a detailed review, removing non-essential expenditure and delaying other expenditure where possible.
- Corporate Property has increased expenditure following rent reviews on commercial buildings and additional cost of valuation staff. This leads the service to project a £0.3m overspend for the year. The services are also expecting additional income from the sub-leases on Kingfisher Place which will be incorporated in future forecasts.

6.6.7 Contract Procurement Savings (£1.1m under-achievement)

Within the Medium-Term Financial Strategy there is an expected £1.9m savings in contract costs over 2015/16 and 2016/17. Projections at Period 6 show savings of £0.84m being achieved and therefore a forecast position at year-end of £1.1m. However, it is expected that the savings will ramp up in 2017/18 as the benefits of the implementation of the Dynamic Purchasing System (DPS) are felt. There is also an opportunity to trade the DPS tool/service to other boroughs, which has not yet been costed or forecast, and we are currently speaking to other authorities to gain interest.

The main contributing factors to the achievement of the £0.84m are: good progress towards the implementation of the DPS for Adults Social Care and TA of £0.6m; and the implementation of the new operating model for temporary and permanent recruitment, £0.2m.

6.6.8 Housing Revenue Account (HRA)

The HRA approved budget and latest forecast for period 9 (quarter 3) can be found at Appendix 1.

The HRA budget was original set with a revenue surplus of £15.9m as approved by Cabinet in February 2016. A number of budget adjustments have been separately approved and these are itemised in the Appendix 1. These adjustments give a revised budget surplus of £14.9m.

The latest forecast is a surplus of £17.6m which is a positive variance of £0.5m against budget.

The positive variance of £0.5m on rental income as a result of the higher than anticipated Dwellings & Hostels rent Income due to Void properties volumes being lower the expected Budget Assumption. This shows the better performance of operationally turning around empty Void properties quicker and making them ready & available for occupation.

Within the HRA budget reported in Appendix 1, there is an overspend of £1.6m in management fee expenditure (£1.3m) of this cost relates to Homes for Haringey(HfH) redundancy and other transformation costs within Homes for Haringey arising from the delivery of the MTFs savings. In addition, there is an overspend for staffing cost of the HfH internal hostel response team (£0.2m), an amount not currently included within the management fee. The residual (£0.1m) accounts for adjustment in the HRA Company accounts.

6.6.9 Dedicated Schools Grant (DSG)

Table 2 below, sets out the overview of the net expenditure and DSG plans and forecasts for 2016/17, as at Period 9. There is an adverse variance of £0.9m arising from structural issues within the budget. In-year, the projections for the DSG budgets for Children and Young People is showing an overspend of £1.0m in the areas related to children with high needs. The action necessary to identify compensating under-spends is being pursued through a sub-group of the Schools Forum. In the medium to long term alternative provision will be developed which will result in a phased transition to cheaper, better, and more local provision. In Commissioning, the variance of £0.04m is attributable to under-spends in alternative provision.

Table 2: Statement of DSG Income and Expenditure Period 9, 2016/17

| Service | Budget | | | Forecast | | | Variance | | |
|----------------------|---------------------------------|-----------------|-------------|---------------------------------|-----------------|----------|---------------------------------|------------|------------|
| | Net Expenditure (excluding DSG) | DSG Income | Net | Net Expenditure (excluding DSG) | DSG Income | Net | Net Expenditure (excluding DSG) | DSG Income | Net |
| | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 | £000 |
| Schools and Learning | 152,840 | -152,840 | 0 | 152,716 | -152,716 | 0 | -125 | 125 | 0 |
| Children Services | 26,372 | -27,250 | -878 | 26,934 | -26,934 | 0 | 562 | 316 | 878 |
| Commissioning | 10,266 | -10,266 | 0 | 10,261 | -10,261 | 0 | -5 | 5 | 0 |
| Total | 189,478 | -190,356 | -878 | 189,910 | -189,910 | 0 | 432 | 446 | 878 |

7 Virements

- 7.1 The Council's Financial Regulations require that virements that are over £0.25m must be presented to Cabinet for approval. OSC is asked to note the virements that have been approved by Cabinet for period 9 as follows:
- 7.2 Business Support functions across the Council were brought together into a new single 'Shared Business Support Service' within the Shared Service Centre from 1st October 2016. Committee is asked to note a virement of the respective staffing costs from the original service areas to the Shared Service Centre, The virement request is £1.3m in the current year(2016/17) and £2.6m as on-going budget virement for 2017/18.
- 7.3 There is a need in the current year(2016/17) to re-align the income and expenditure budgets due to changes in reporting lines between Schools and Commissioning services, the total for amount for this virement is £0.3m.
- 7.4 Within Adult Social Care services, a virement is required for remaining allocation of Care Act Funding 2015-16 and 2016-17 from holding code into correct service codes. This will be a virement of £0.4m.
- 7.5 Non Service Revenue (NSR), The allocation the final instalment of the Better Care Grant for 2016/17 of £0.56m, this grant allocation is used to provide additional support funding for the health and well being of carers.
- 7.6 There is technical virement to move the Council's corporate Minimum Revenue Provision (MRP) budget of £9.9m from the year end adjustment section of the SAP hierarchy to the corporate reporting section of SAP to ensure that it is automatically included within the Council's corporate revenue monitoring reports rather than manually accounted for.

8 Capital Expenditure Position

- 8.1 The Budget (£199.6m) shows a net increase of £1.2m since quarter 2.

The increase is accounted for by a GLA grant for additional flooding prevention (£0.07m) and the advancement (£1.1m) of the 2017/18 Councils contribution for the Alexandra Palace Trust, East Wing refurbishment. The total contribution for this financial year and next year will remain at £6m.

The Corporate Contingency has been created from a review of the carry forward projections of 2015/16 and will form a funding source for emerging capital risks within the current programme and the 'amber' list of capital schemes presented at the June Cabinet 2016. These projects were excluded

from the ten year capital programme pending either a feasibility study or business case development. The Contingency will be monitored through the Capital Board and reported to OSC through this quarterly review.

Since quarter 2 the Contingency has funded; A payment to the STAR rail upgrade at Northumberland Park , the Councils contribution (£0.25m) to the multi million pound project was approved by cabinet in 2015/16 but no carry forward provision was made in that year. OSC is asked to note the creation of a Budget from contingency to reconcile this carry forward error.

The second call on Contingency (£0.18m) will fund the feasibility studies of the DEN (District Energy Networks) schemes at North Tottenham and Wood Green, the concept was presented to Cabinet in 2011 and the 'amber' list recorded the commitment to review each DEN on a business case basis. OSC should note the creation of a Budget from contingency to progress this business case.

Table 3 Capital Expenditure Projection at Period 9 for Quarter3.

| Priority | Revised Budget | Forecast as at Q3 | Projected Variance to |
|--|-----------------------|--------------------------|------------------------------|
| | £'000 | £'000 | £'000 |
| Priority 1 - Childrens | 15,132 | 9,515 | (5,617) |
| Priority 2 - Adults | 2,584 | 1,908 | (676) |
| Priority 3 - Safe & Sustainable Places | 16,744 | 11,889 | (4,855) |
| Priority 4 - Growth & Employment | 58,532 | 35,718 | (22,814) |
| Priority 5 - Homes & Communities | 5,875 | 1,130 | (4,745) |
| Priority X - Enabling | 15,273 | 7,312 | (7,961) |
| Corporate Contingency | 1,636 | 323 | (1,313) |
| Total General Fund | 115,776 | 67,795 | (47,981) |
| Priority 5 - Homes - HRA | 83,775 | 61,886 | (21,889) |
| Total Capital Programme | 199,551 | 129,681 | (69,870) |

The Q3 reforecast shows the emergence of robust year end projections for priority 1 Schools, priority 2 Adult and the priority 3 Safe & Sustainable programmes. The priority 4 Growth & Employment programme continues to establish a base on which to deliver the longer term Regeneration programme.

Major variances within each priority as at Q3 are as follows:

8.1.1 Priority 1 – £5.6m under spend (£15.1m budget)

The Schools Expansion programme (£4.7m) is on time and on budget, the Primary and Secondary school's ongoing modernisation and enhancement programme (£7.4m) is delayed and the variance (£5.2m) is due to the ongoing condition assessment of the assets and the establishment of a programme of work for the next five years, this will therefore be subject to a roll forward request.

8.1.2 Priority 2 – £0.7m under spend (£2.6m budget)

While the in year Budget has been matched to commitments, the challenge of attaining property access to enable installation of aids, adaptations and or assistive technology will necessitate a (£0.7m) roll forward request.

8.1.3 Priority 3 – £4.9m under spend (£16.7m budget)

The Road, Lighting and Parks programmes are all on track to deliver to budget, however the CCTV programme (£2.1m) is delayed while it awaits a new control room at the new Marsh Lane depot. The Councils own property asset maintenance programme (£2.6m) is delayed (£1.8m) due to the Amey asset condition stock survey taking longer than expected and the ongoing review of the use of the Council buildings.

8.1.4 Priority 4 – £20.7m under spend (£56.4m budget)

The Wards Corner compulsory purchase order (£9.2m) is now expected to be executed early in the next financial year, this variance in the Q3 reforecast (£8.7m) reflects this re-profile.

The Councils Marsh Lane depot development (£9.1m) is currently 6 month behind its budget profile, the delay (£4.7m) will have a knock on effect to the demolition and relocation at the Ashley Road site and CCTV upgrades (Priority 3), this project remains at construction tender stage and its delay is due in part to design issues and ongoing access considerations.

It is now becoming clear that the Opportunity Investment Fund (£3.3m) will not be fully utilised this year and the under spend (£2.4m) will be

subject to ongoing GLA agreement as to how much can be rolled forward to the next financial year.

The regeneration of White Hart Lane station and surrounding public realm scheme (£2.4m) is now anticipated to start in 2016/17, this is a TfL funded project and the re-profile (£2.2m) has been agreed.

The HRW Business acquisitions (£2.0m) this year include Jones Baker and the British Queens site; the under spend (£1.4m) will re-profiled as slippage to next year. This a start of a significant programme of work which will continues until 2023.

Bruce Grove station forecourt scheme (£0.7m) improvements are now delayed (£0.6m), due to ongoing discussions with Network Rail.

The Tottenham Streets, Green Spaces and Heritage programmes (£3.1m) which are longer term programmes are now gathering pace, the variance (£0.8m) will be rolled forward.

The Alexandra Palace Trust annual maintenance budget (£1.9m) has been reviewed and a revised LBH has contribution of £470k agreed, the variance (£1.4m) is deemed an under spend within the year.

8.1.5 Priority 5 – Housing

General Fund - £4.7m under spend (£5.9m budget)

The Broad water Lodge conversion (£0.6m) to temporary accommodation remains on track but the remainder of the schemes are on hold as we seek legal and professional advice on how best to commission delivery.

HRA Fund - £21.9m under spend (£83.8m budget)

The Leaseholder buy-backs programme (£9.6m) is likely to roll forward its variance for the year (£6.5m) due in part to a front loaded budget phasing but also due to the nature of leaseholder acquisitions and the consultation (inc potential relocation) period. The HRA stock acquisition programme (£6.2m) is currently forecast to under spend but the programme has now passed to Homes for Haringey to deliver and this will gather pace in 2017/18.

The Homes for Haringey managed programme (£50.7m) expects a under spend (£6.4m), to be rolled forward and the HRA new build programme (£8.7m) is expected to exceed its 30 new homes target but again this will require a roll forward (£2.7m).

8.1.6 Priority X (Enabling) – £7.9m under spend (£15.2m budget)

The Business Improvement Plan (£4.7m) and the ways of working project (£0.62m) are ongoing and are expected to request a (£3.5m) roll forward.

The IT programmes which include the Corporate IT board (£2.4m), IT shared services (£2.4m), Evergreening (£1.7m) and potentially the Libraries IT (£0.5m) are all to be reviewed in Q4, currently a roll forward is likely (£6.8m).

9 Five-Year MTFs and Budget Setting Process

The five year MTFs including the 2017/18 budget was presented to Council on 27 February 2017.

10 Contribution to strategic outcomes

Adherence to strong and effective financial management will enable the Council to deliver all of its stated objectives and priorities.

11 Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

11.1 Finance

The whole report concerns the Council's financial position.

There is a significant risk of overspend that has been identified in this report and the COO, as part of the Leadership Team, has implemented a number of processes to reduce the organisational expenditure. The cost reduction measures will be monitored to ensure that they are reducing expenditure. It is important also to ensure that the impact of the cost reductions on service delivery are minimised which is also being monitored through the Priority Boards.

11.2 Legal

Section 28 of the Local Government Act 2003 imposes a statutory duty on the Council to monitor during the financial year its expenditure and income against the budget calculations. If the monitoring establishes that the budgetary situation has deteriorated, the Council must take such action as it considers necessary to deal with the situation. This could include, as set out in the report, action to reduce spending in the rest of the year.

The Council must act reasonably and in accordance with its statutory duties and responsibilities when taking the necessary action to reduce the over spend.

11.3 Equalities

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

- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;
- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

12 Basis for report

12.1 This report provides an update on the current position in relation to planned MTFS savings and mitigating actions to address current overspends. Given the impact on services of savings targets, all MTFS savings were subject to equalities impact assessment as reported to Full Council on 22nd February 2016.

12.2 Any planned mitigating actions that may have an impact beyond that identified within the MTFS impact assessment process will be subject to new equalities impact assessment.

13 Local Government (Access to Information) Act 1985

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

- Periods 1-9 Monthly Financial Report

For access to the background papers or any further information please contact Jo Moore– Lead Finance Officer.


HRA Budget Report - for December 2016 at Quarter 3

| HRA Summary | Original 2016/17 HRA Budget | Increase / (Decrease) | Revised 2016/17 HRA budget 2016/17 | Forecast at Quarter 3 and P9 2016/17 | Forecast at Quarter 3 and P9 Forecast Variance 2016/17 |
|--------------------------------------|-----------------------------------|--------------------------|---|---|--|
| | £000's | £000's | £000's | £000's | £000's |
| Dwelling Rental Income | (82,850) | 0 | (82,850) | (83,324) | (474) |
| Non Dwelling Rents | (2,997) | 0 | (2,997) | (2,754) | 243 |
| Hostel Rental Income | (1,268) | 0 | (1,268) | (1,754) | (486) |
| Leasehold Service Charge Income | (7,101) | 0 | (7,101) | (7,101) | 0 |
| Tenant Service Charge Income | (9,978) | 0 | (9,978) | (9,811) | 167 |
| Miscellaneous Income | (6,612) | 0 | (6,612) | (6,332) | 280 |
| Housing Management Costs & NNDR | 6,373 | 0 | 6,373 | 6,093 | (280) |
| Supported Housing | 366 | (366) | 0 | 0 | 0 |
| Repairs & Maintenance | 4,540 | 0 | 4,540 | 4,540 | 0 |
| Bad Debt Provision | 1,022 | 0 | 1,022 | 1,022 | 0 |
| Service Charge Costs | 7,450 | 0 | 7,450 | 7,470 | 20 |
| Total Managed Accounts | (91,055) | (366) | (91,421) | (91,952) | (531) |
| Community Alarm & Supported Housing | 135 | 0 | 135 | 234 | 99 |
| Other Property Costs | 2,058 | 0 | 2,058 | 1,800 | (258) |
| Regeneration Team Recharge | 805 | 0 | 805 | 887 | 82 |
| New Build | 2,200 | 0 | 2,200 | 1,500 | (700) |
| Environmental Services Recharges | 1,111 | 0 | 1,111 | 435 | (676) |
| Housing GF & CDC Recharge | 3,040 | 0 | 3,040 | 2,793 | (247) |
| Adults Recharges | 254 | 0 | 254 | 254 | 0 |
| Capital | 31,101 | 0 | 31,101 | 31,214 | 113 |
| Management Fee | 34,419 | 1,436 | 35,855 | 37,511 | 1,656 |
| Total Retained Accounts | 75,123 | 1,436 | 76,559 | 76,628 | 69 |
| TOTAL HOUSING REVENUE ACCOUNT | (15,932) | 1,069 | (14,863) | (15,325) | (462) |

Report for: Overview and Scrutiny Committee: 27 March 2017

Item number:

Title: Corporate Plan 2015-18 Priority performance update on Building a Stronger Haringey Together- March 2017



Report

authorised by : Charlotte Pomery, Assistant Director, Commissioning

Lead Officer: Margaret Gallagher, Corporate Performance & Business Intelligence Manager
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Ward(s) affected: All

Report for Key/

Non Key Decision: Non key

1. Background

- 1.1. The Council introduced a new approach to performance management which allows residents and others to easily track the Council's performance against five core areas of the Corporate Plan and hold it to account.
- 1.2. This report covers the sixth update and publication of priority dashboards, the original launch was in October 2015. It informs the Overview and Scrutiny Committee of performance against the outcomes and strategic priorities in the Corporate Plan 2015-18, reflecting the latest data available as at March 2017. It provides an overview of key performance trends and an assessment of progress against targets and objectives on an exception basis.
- 1.3. The Priority Dashboards and trajectories illustrate progress towards our goals in Building a Stronger Haringey Together and report performance in an outcome-focused and transparent way.
- 1.4. The Committee has considered their role in scrutinising and supporting performance improvement and systems have been put in place to ensure that this evidence base is used to inform the Overview and Scrutiny work programme. This approach was solidified with performance representatives contributing to the topic suggestions reviewed at the Scrutiny Cafe in early June. Since then all Scrutiny Panels have had an opportunity to review performance using the current data as published in the Priority dashboards.
- 1.5. Scrutiny Panel Chairs are briefed on a quarterly basis on emerging performance trends and supported to use this information in the work of individual Panels. Looking at the data in real time enables Members to use information to drive discussions about performance. It further enables Members to explore

solutions, through partnership working, to areas of challenge informed by insight and understanding of need from the resident's perspective

- 1.6. The timely publication of these dashboards on the Council's website has created greater transparency about the Council's performance, enabling accountability directly to residents. This is one way we are working with communities to make the borough an even better place to live.

2. Recommendations

- 2.1 Overview and Scrutiny Committee is asked to:

- Note the process for accessibility to the Priority Dashboards and for transparency of the data and the progress being made against the 5 Corporate Plan priorities.
- Note and comment on the progress made against the delivery of the priorities and targets of the Corporate Plan, Building a Stronger Haringey Together at this point in the 2016/17 year.

3. Quality Assurance, Accessibility and Transparency

- 3.1. Public organisations need reliable, accurate and timely information with which to manage services, keep residents well informed and account for performance. Good quality data is an essential ingredient for reliable activity and financial information. Effective organisations measure their performance against priorities and targets in order to determine how well they are performing and to identify opportunities for improvement. Therefore, the data used to report on performance must be fit for the purpose, representing the Authority's activity in an accurate and timely manner.
- 3.2. Data used in the dashboards is validated and quality assured through the performance and business intelligence teams undertaking checks and balances on the data and investigating unexpected variances or anomalies. Many of the indicators tracked form part of national or statutory datasets that also go through rigorous external validation before results are published normally on an annual basis.
- 3.3. At the last Scrutiny meeting a question about transparency and accessibility of the data and measures as presented in the Priority dashboards was raised. In terms of transparency, the dashboards have attracted considerable interest which peaked when they were launched in October 2015 but with increasing interest again in more recent months. In the period since the launch, the website recorded around 5,000 hits (unique page views), the majority of which were related to Priorities 1 & 2. Unfortunately it is not possible to distinguish between internal and external viewings but we have had expressions of interest in the dashboards from other Local Authorities, one of whom was also an impressed local resident.
- 3.4. In an aim to further promote the dashboards, we have consulted with Communications about the possibility of having a regular link in our partnership

newsletter to the performance wheels – these are published monthly and should enable partners to access our performance data in a timely and transparent way. In addition we have included a link and reference to the dashboards in our council tax leaflet to direct residents to where they can find information on-line. The plan is to replicate this in Haringey People with an article which would give us the opportunity to communicate our successes with residents and present an overview of progress being made against our Corporate Plan priorities. We could also consider the inclusion of some sort of feedback form to enable residents to say whether they find the measures or the dashboards useful as a tool for tracking progress against the priorities in our Corporate Plan.

- 3.5. In terms of accessing the dashboards and the ease with which they can be located, a simple search of Corporate Plan Priorities or Council Performance will bring you to the correct pages and the text around our Corporate Plan and Building a Stronger Haringey together contain links to each priority page: <http://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together>
- 3.6. The [council performance](http://www.haringey.gov.uk/local-democracy/council-performance) page comes up top when you search for 'performance' on the web site and the same page can be accessed via our intranet using this link <http://www.haringey.gov.uk/local-democracy/performance-and-finance/council-performance> or search on any key words e.g. performance, Corporate Plan Priorities which in turn links to each of the 5 Priority pages.

4. Performance Overview (as at March 2017)

- 4.1. The five Priority dashboards illustrate that amongst the many outcomes that we are seeking to achieve, whilst there have been areas of improvement, there remain some persistent challenges. The dashboards afford Members an opportunity to challenge progress being made against specified outcomes and to gain insight on the associated risks and barriers to delivery of agreed targets.
- 4.2. The dashboards are updated quarterly on Haringey's website and continue to set out progress on performance achieved to date, in a visual, intuitive way based on the latest available data.
- 4.3. Overview and Scrutiny received a report outlining the new approach to performance management on 19th October 2015. For more detail on the framework, dashboards and how to read these please refer to that report or the Haringey website. A link to the latest updates of the priority dashboards is included in section 5 of this report.
- 4.4. A guide on 'how to read the wheel and RAG (Red, Amber, Green) status has been published on the website under each Priority and provides an overview of the methodology used for assessing performance. A four point RAG status is used in the assessment of progress against delivery with the following guidelines for interpretation:
 - Green – Current performance equal to or above target trajectory (on track to meet the target)

- Amber Green – Current performance below trajectory by less than 5% (needs attention in order to meet target)
 - Amber Red – Current performance below trajectory by between 5 & 10% (needs substantial attention in order to meet target)
 - Red – Current performance below trajectory by more than or equal to 10% (off track to meet target)
 - Grey- no updates since target was set or insufficient data to make assessment
- 4.5. As part of the governance and tracking of progress against outcomes there has been a review of the indicators for Priority 2. This review has been necessary as it was felt that the measures did not reflect core outcomes and some of the measures were too long term to illustrate progress with reporting on a quarterly cycle. New measures have been discussed at the P2 Strategic Board and practically it is hoped that these will better reflect progress on associated objectives. Pending the new P2 dashboard being agreed, the last update reflecting November data pertaining to the existing P2 dashboard is available on the website.
- 4.6. Overall this sixth update of the dashboards shows progress against objectives set out in the Corporate Plan 2015-2018 with a mixed picture across Priorities and objectives with some areas where we have assessed that more needs to be done to achieve our ambitions. More detailed performance information is discussed with Scrutiny Panel Chairs on a regular basis as well as being discussed at each Priority Board.
- 4.7. The following areas are showing good progress and performance as illustrated by the indicators below:
- Priority 1 (Objective 2) –**Progress 8 and Attainment Value Added Scores (New GCSE indicators)**. Haringey’s performance ranks 10th best in the country for value added at GCSE stage with an average Progress 8 score of 0.28 per pupil compared to minus 0.03 nationally. This means that Haringey’s pupils scored **1/4 a grade better** in each of the 8 subjects compared to pupils with the same starting point. Although Haringey’s attainment 8 score is showing as red on the dashboard, the average attainment score of 50.1 per pupil is higher than the national average of 48.5 and places us in the 2nd highest quartile nationally. The red rag rating reflects the ambitious target to reach the London top quartile on attainment which has not as yet been confirmed, based on the provisional performance of our statistical neighbours.
 - Priority 1 (Objective 5) - **First Time Entrants (FTE) to the Youth Justice System** have seen a reduction of 12% from last year and 16% from 3 years ago. There were 105 first time entrants between July 2015 and June 2016 (latest available period). The current rate of 427 is better than our family group average rate of 460 per 100,000 population and just above the London average rate of 407.
 - Priority 2 (Objective 4) – **Delayed Transfers of Care (days per 100,000 population)** have reduced to 3,201 as at December 2016 following a rise in the early part of 2016/17 when the delayed days were in excess of 4,000 days.

However Haringey's last published annual rate remains higher than London and statistical neighbours on this key Better Care fund indicator despite the fact that nationally, in London and amongst our comparators, similar increases in delays from hospital are evident.

- Priority 3 (Objective 4) – **Referrals to MARAC** (multi agency risk assessment conference) where high risk cases of domestic violence are discussed. In the last quarter the Haringey MARAC heard 90 cases and made 90 risk-reduction plans. SafeLives consider the Haringey MARAC should hear 410 cases per year (40 cases per 10,000 of the adult female population). In the last 12 months (January 2016 – December 2016) the Haringey MARAC has heard 345 cases (84.1% of the expected volume), in line with best practice proportions in a local area. There were 18 (20.0%) repeat cases this quarter and 69 (20.0%) repeat cases over the last 12 months.
- Priority 3 (Objective 5) – **Number of people killed and seriously injured (KSI) in road accidents in Haringey**. Provisional monthly figures for the first seven months of 2016 show a total of 38 killed or seriously injured; January (4), February (7), March (8), April (5), May (10), June (2) and in July (2); this puts us on track to meet the annual target of 66 in 2017 which will be a 21% reduction in fatal and serious road traffic accidents in Haringey from the previous year (84 KSIs).
- Priority 4 (Objective 3) – **People increasing their skill level**. The target for 2015/16 was exceeded and progress continues with an additional 79 people supported to increase their skill levels and earnings by quarter 3 this year. The target is for 400 people to increase their skill level by March 2018 and with 300 having achieved this since April 2015, we are on track to meet the target.
- Priority 4 (Objective 3) – **People supported into work**. The aim to support 1,100 people into work by March 2018 is on course to be delivered with a cumulative position of 812 people supported into work since April 2015, 106 in Quarter 3. Resources such as the European Social Fund will be used as an opportunity to increase the availability of employment support in 2017/18.
- Priority 5 (Objective 3) – **Registered Provider Landlords Compliance with quality indicators & Private Households in safe conditions**. A range of performance data has been provided by our 6 Preferred Partners and work is continuing to formalise collection and reporting. This indicator will be developed further to include other Housing Associations in the borough but provisional RP preferred partner data indicates an amber green rating on this measure representing 65% of all stock in the borough.
- As at January 2017 there were 302 licences issued and 1,247 households living in safe conditions. September saw the highest number of licenses issued (73) and 292 HHs in safe conditions this financial year, significantly higher than the monthly average of 30 and 125 respectively. Both indicators are on track to achieve the targets set for 2016/17; 300 licenses issued and a further 1500 households provided with better living conditions.

- Priority 5 (Objective 2) **Homelessness preventions** have seen a further increase to 46% in Quarter 3 equating to 552 preventions in the year to December 2016 or 39% of homelessness approaches prevented. This continues the improving trend and puts us on track to achieve our 35% target in 2016/17.
- Priority 5 (Objective 1) – **Gross affordable housing delivery**. The Council's commitment to deliver 1,000 affordable homes over the period 2014 to 2018 is set out in the manifesto "One Borough One Future". This equates to 250 per annum and is calculated on the same "gross affordable housing supply" basis as used by the GLA, DCLG and ONS in National statistics. The delivery of gross affordable homes is slightly below this target at 641 currently.
- However, projections are currently showing that the Council is on track to deliver 983 new homes on named schemes already onsite and projected to complete before December 2017. It is likely that additional completions will bring the figure above the 1,000 mark.
- The council has approved plans for 260 new homes – including almost 200 affordable properties – at three sites across Haringey.

4.8. Based on exceptions the following objectives may be worthy of some further exploration as these present some current challenges:

- Priority 1 (Objective 6) **Adoptions and timeliness of adoptions**. There have only been 11 adoptions in the year to February 2017, none in the last 2 months, compared with 19 in the same period last year. The average time for these 11 children to be adopted is 513 days which is higher than the government threshold of 426 days but an improvement on the 2015/16 position of 645 days.
- Priority 2 (Objective 4) – **Service users receiving enough support (in the last 6 months) from local services/ organisations (not just health) to manage their long term health condition(s)**. The results from this GP patient survey show that there has been a 3% reduction in the proportion of patients who felt that they had received enough support to manage their health condition (53.8%) compared to the same period in 2015-16. This is a Better Care Fund measure with a target to increase the proportion receiving enough support to 59% by 2018.
- Priority 3 (Objective 2)- **Pothole repairs completed within 7 days**. 62.5% of pot holes were repaired in 7 days in January 2017, below the 90% target. Although 69% of repairs were completed in 28 days in January the average position across the year is variable; around 50% done in 7 days and 61% in 28 days. We have recently changed how reactive works are prioritised and programmed, focusing on delivering works in the required timescale, which resulted in significant improvement in pothole response times in November 2016. A consistent focus on delivering the performance improvement plan is required until the target is regularly achieved.

- Priority 4 (Objective 3) – **Apprenticeship take up**. The target for 2015/16 was not met, with only 32 placements taken up compared to a target of 50. The 2016/17 target is again 50, but in the 2016/17 year to December 19 young people have taken up apprenticeship opportunities, 3 in Quarter 3, bringing the cumulative total to 50 including the 32 placements in 2015/16. Priorities to improve performance this year include: working with a broader range of employers e.g. BT and Tottenham Hotspur Football Club; deepening school outreach and engagement work; and developing an improved package of pre-apprenticeship support.
- Priority 4 (Objective 5) – **Gross Development Value & Borough wide units consented**. The original GDV £1.25bn investment target (in total) has been revised to £1.6bn, profiled over 3 years with identified growth in Tottenham and Wood Green. The data shows the estimated Gross Development Value of housing units consented to date, using an average price per square foot to provide a measure of external investment in development in the borough. The cumulative £329.5 million is ragged Red due to less than projected planning consents thus far; however given the future pipeline of sites, targets are expected to be met by 17/18.
- Borough-wide, 2371 units have been consented since April 2015, 1483 in the first 9 months of 2016/17. However based on the 4,506 consented units target, the trajectory is showing that we are behind target owing to the underachievement of the 2015/16 annual target (1,502 consented units). Forthcoming years will over-deliver to compensate and we are confident on meeting the target by the end of the Corporate Plan period.
- Priority 5 (Objective 2)- **Homelessness Acceptances per 1,000 of population**. In Q1 there were 175 acceptances, in Q2 178 and in Q3 191 giving a year to date position of 544 which equates to a rate of 1.99 against a target of 1.69 for this point in the year. Staff have been dealing with a backlog of homelessness cases and have reduced the numbers of cases awaiting a decision from 220 at the start of the financial year to less than 65 as at 31 December. As the backlog has now been addressed we expect to see the rate settle and then reduce as early intervention and prevention work begin to have an impact on the numbers of cases being accepted.
- Priority 5 (Objective 2) – **Temporary Accommodation households and costs**. The number of households in temporary accommodation in December (3,201) was the lowest since July 2016. Work continues through the Temporary Accommodation Reduction Action Plan to embed new approaches introduced through the restructured service and the transformation programme. There is a programme in place to maximise homelessness prevention which should have the effect of reducing costs over time. At the end of Q3 the net expenditure was £7.19m and we are forecasting a year end position of £7.6m.

5. Contribution to strategic outcomes

- 5.1. All Priorities including cross-cutting themes of; Prevention and early intervention, A fair and equal borough, Working together with Communities and

Working in Partnership as well as Customer Focus and Value for Money.

6. Use of Appendices

Priority dashboards and performance packs

<http://www.haringey.gov.uk/local-democracy/policies-and-strategies/building-stronger-haringey-together>

Report for: Overview and Scrutiny Committee

Item number: 10

Title: Customer Service Transformation Programme

Report

authorised by : Tracie Evans, Chief Operating Officer

Lead Officer: Andy Briggs, Assistant Director - Customer Services and Libraries
Ext 5692
andy.briggs@haringey.gov.uk

Ward(s) affected: All

Report for Key/

Non Key Decision: Non-key

1. Describe the issue under consideration

The purpose of this report is to provide a summary update on the Customer Service Transformation Programme, previously briefed to Overview & Scrutiny in March 2016.

2. Cabinet Member Introduction

Not applicable

3. Recommendations

That the information provided in this report is noted.

4. Reasons for decision

Not applicable

5. Alternative options considered

Not applicable

6. Background information

The Customer Service Transformation Programme has been in place since 2013 and helped to consolidate the council's 'front door' by bringing 12 services from across the council into the Contact Centre and Customer Service Centres. This has supported significant savings targets as part of our Medium Term, Financial Savings plan.

The My Account online portal, allowing customers to access their accounts and transact with the council across a range of services, was launched in February 2016 and had ambitious uptake targets seeking to achieve 90% of households signed up by March 17. This is in line with our ambitions to be a digital council where the majority of council transactions could take place online, supported by the Contact Centre and Customer Service Centres for complex enquiries and for people not able to access online services who could then self serve in our Customer Service Centres.

The integration of Customer Service Centres in two of our main libraries (Marcus Garvey and Wood Green) has further supported this aim, providing computers and support for online access. They have both been operational for some months now and over that time Officers have better understood some of the drivers of demand in those Customer Service Centres which will help improve performance in months to come, the briefing will refer to some of those drivers and improvements.

6.1 Operational context

Achieved:

- £1,889m savings delivered by consolidating services over two financial years
- 37% reduction in staffing in 2016/17 predicated by assumptions around take up of digital services

There was a whole service restructure during 2016 which affected over 198.2 full-time equivalent posts leading to the loss of 29.2 full-time equivalent posts. The service is now settling and teams are becoming established month on month.

Current position:

- Slower than expected uptake of online services, despite being one of the faster growing authorities for My Account use
- Leading to demand reduction not fully realised

The high volume service areas have known annual peaks in demand activity, all occurring at the end of the financial year placing pressure on the resources available.

High volume areas are:

- Homes for Haringey; 8% face to face and 40% Contact Centre
- Benefits; 52% face to face and 13% Contact Centre
- Council Tax; 13% face to face and 17% Contact Centre
- Parking; 25% in face to face and 10% Contact centre

This equates to 98% in the face to face centres and 80% in the Contact Centre.

In more recent years we have also seen a significant increase in the introduction of Controlled Parking Zones. While this provides an increase in revenue for the Council, it drives additional contacts and processing volumes in the Call Centre and Service Centres, which must be managed with existing resources.

6.2 Key Strands of Customer Services Transformation programme

Digital – Contact Centre, online service provision and channel shift

A new vision for customer services was imagined that is fundamentally underpinned by the realisation of a successful channel shift strategy allied to a new operating model.

The new operating model has now been implemented to encompass twelve service areas within the Contact Centre namely:

- Housing Services
- Homes for Haringey
- Benefits
- Council Tax
- Traffic Management (controlled parking and fines)
- Parks & Recreation
- Environmental Services
- Planning & Building Control
- Library Services
- Electoral Services
- Registrars
- School Admissions.

The above services reflect progress on the vision for Customer Services in 2013, to become a single front-door for all tier 1 customer contacts. We continue to liaise with other services to progress the vision.

Key Deliverables (2015 – March 2017):

As a result of the work undertaken by Customer Services & Libraries over the last two years to bring all aspects of transformational activity within Customer Services & Libraries into a single programme of work; the following is a summary of key deliverables to date:

- Initiated the Customer Service Transformation Digital project to implement My Account within 3 phases
- To date (13 March 2017) 42,959 Households have registered for My Account (40,955 have been activated)
- Procured a contract extension with Agilisys to provide support and maintenance until 2020, which reduced the original contract value

- Directly engaged and contributed to a new look and feel to the Council's website
- Introduction of a call recording system
- Facilitated a series of separate panels with focus groups of Residents to review key contact channels
- Hosted two face to face meetings in the Contact Centre with a Resident Scrutiny Panel as part of ongoing commitment around engagement and transparency
- Established three "Task & Finish" projects with multi-disciplinary teams in volume areas namely Homes for Haringey, Benefits and Parking designed to develop and implement quick win initiatives
- Consolidated previous two Cisco telephony platforms into one and migrated to the latest version that brings with it enhanced features and capabilities
- To do - update/upgrade of Switchboard to new version of the UCCX telephone platform (v.11.5) to deliver a fully automated solution.

Service Demand in Digital Contact Centre:

- Across all service demand areas in the Digital Contact Centre we are seeing a circa 24% reduction (April 2016 – Jan 2017).

6.3 Face to Face – integration of Customer Service Centres into libraries, new ways of working, capital programme

Service integration and capital investment (2015/16)

Circa £3.3m was invested in the refurbishment of Marcus Garvey library which included the integration of Customer Services that were previously located at Apex House. The refurbishment has provided a high quality flexible, versatile blank canvas on which to re-establish the team and develop the service.

So far, as part of phase one circa £700k has been invested at Wood Green library to relocate Customer Services from 48 Station Road to the library. Phase two will see investment in the library space to fully integrate the services and facilitate new ways of working.

Service integration and capital investment (2017/18)

Capital investment

£ 2.3m of capital investment is planned for 2017/18, this includes:

- Some refurbishment of Hornsey Library to retain the intrinsic look and feel of a period listed building whilst modernising and improving the service offer there.
- Some refurbishment of the library space at Wood Green to improve the environment for customers and ensure that the Customer Service and Library provision is complementary. Due to the potential life span of the building the

refurbishment will be focussed on improving the furniture and layout of the library rather than building works.

- Investment in improving technology in libraries, working alongside Information Technology and the hardware replacement programme to ensure that the basics are fit for purpose and with a view to innovation and self service.

Service integration

Staff teams at Marcus Garvey and Wood Green are being cross skilled to work across different service areas to build a flexible, agile workforce that can be responsive to peak demand, while recognising and retaining specialist knowledge within Customer Service and Libraries to ensure the services are complementary to each other.

A weekly one hour training session has been used to raise awareness of service transformation within the wider team.

Adjustments are being made to timetables to minimise the impact of break times on service performance whilst ensuring staff take adequate breaks.

Service demand

There are two key areas of demand in Customer Service Centres - Housing Benefit & Council tax reduction, and Traffic management.

62% of customers were seen within 20 minutes in 2014/15 and 61% in 2015/16. To date this year, 55% of customers have been seen within 20 minutes in February Year to date.

The volume of ticketed customers has reduced from 145,515 in 2015/16 to 135,209 in 2016/17 a reduction of 7.08% February Year to date.

6.4 Business Change - Support and facilitate change through governance of the programme, partnerships, reporting on and monitoring performance

The restructure in 2016 established a Business Change Team, which was created to support Customer Services and Libraries across a wide range of functions; from service improvement and quality, to project and change management.

As part of the improvement and quality function, the team provides staff training, produces performance and analytic data and handles the business administration. The team also manages feedback for the service.

The Business Change team is working across Customer Services and Libraries to produce customer insight and enhanced reporting, introduce web chat and automated call backs, and implement improvements in line with Corporate Delivery Unit recommendations.

The Business Change team also hold regular partnership meetings with all services most notably key the volume areas including Homes for Haringey,

Housing Benefits, Council Tax and Parking. This enables formal monitoring of performance, identifies issues and future changes for mitigation. The approach is collaborative and brings services together to resolve issues, leading to service development and ongoing improvement initiatives.

6.5 Customer Service Key deliverables planned for 2017/18

- A temporary increase of staffing levels from March 2016 for up to 6 months to improve performance
- A pilot scheme at Wood Green for customers to self-scan their change of circumstances documents, with a view to extending to Marcus Garvey if successful
- The use of hand-held terminals to support the floor-walking operating model
- Trial appointments-based service provision
- The introduction of web chat to support online service applications
- The offer of an automated call back service from the Contact Centre
- Customer insight and enhanced reporting through My Account
- Proactively planning to mitigate and manage pressure points
- Regular activities to promote online sign up
- Assisted self service offered in both centres
- Realisation of outcomes from Task and Finish groups to improve processes for high demand areas

Continued work with our Strategic Partner (Agilisys):

- Council Tax Enquiry eForm
- Student Exemption eForm
- Benefits Enquiry eForm
- Discretionary Housing Payments eForm
- Free School Meals and Clothing Grant eForm
- Evidence Upload eForm

The introduction of these eForms, that will be available through My Account, will create ease of access for the customer and enable consistency of data capture for the service areas.

Project Related Initiatives:

- Report IT – Redesign, increase offer and optimise
- Report IT – Report someone dumping rubbish
- My Account - Change of circumstances module
- Move to My Account release 5.10 or 5.11
- Addition of customer data analytics application
- Re-labelling of My Account links for the following, to improve customer experience:
 - See My Data
 - Single sign-on to Parking
 - Change of address eForm

- Web Improvement Initiatives
 - RNIB Accreditation
 - Developing a 'Find My Nearest' solution

7. Contribution to strategic outcomes

The Customer Service Transformation programme fully supports one of the key cross cutting themes within the Corporate plan of 'Customer Focus' and placing our customer needs at the centre of everything we do.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Not applicable

9. Use of Appendices

Not applicable

10. Local Government (Access to Information) Act 1985

Not applicable

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Report for: Overview and Scrutiny Committee – 27 March 2017

Title: Physical Activity for Older People Scrutiny Project

Report authorised by : Cllr Pippa Connor, Chair, Adults and Health Scrutiny Panel

Lead Officer: Christian Scade, Principal Scrutiny Officer
Tel 020 8489 2933 or email christian.scade@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:** N/A

1. Describe the issue under consideration

Since July, the Adults and Health Scrutiny Panel has been undertaking an in-depth piece of work regarding Haringey's approach to increasing physical activity among older adults. This report outlines the findings, conclusions and recommendations that the Panel has made.

2. Chair's Foreword

Physical inactivity and social isolation are two intertwining themes that run throughout our borough. It is imperative that we look to how we can improve both the health and wellbeing of our communities by using the best research available and new ways of working.

In pulling together the knowledge from all our contributors' expertise I am delighted to be part of a report that looks at the practicalities on the ground and offers useful solutions. These range from improving the physical health within our care homes to how we join up often complex pathways as a person leaves hospital ensuring they belong to a group or activity that suits them.

The Panel came up with five main recommendations

- To commission physical activity as a must within our Care Homes. In addition, utilising Haringey Healthwatch's powers to provide independent challenge. The CQC could then be asked to include physical activity as part of its inspection process.
- Making physical activity and social inclusion part of the Home from Hospital pathway, linking up to new networks within our community care provision.
- Expanding home grown ideas such as the 'Year of Walking' and thinking about not only how this is communicated to all our residents but how we provide oversight to ensure it flourishes.

- Challenging leisure providers such as Fusion to think differently about their current provision of physical and social interaction especially for people with physical or learning disabilities.
- Underpinning our recommendations and important in its own right is the 'mapping' of all our activities we offer in the borough. We recognise that we need to enable residents and front line workers to be able to easily access this information in order to make choices that suit them.

None of our recommendations will work unless we ensure that they are person centred, not just in words but in actions. We have found that throughout all the research people will tend to remain in activities if it contains a strong social element as it is this that strengthens the group and therefore a 'pull' to return week after week. All recommendations must be based on the reality of what people want and whether it fits in with their own lives.

I hope that these recommendations not only tackle borough based need as in care homes, but speak to all older people who can struggle to realise what is out there in the community, and that we can support them to enjoy greater health and independence through joining and belonging to their local groups.

I would like to thank all the people who gave up their time to come and speak to us, especially the specialists in their field of research, who came from all over the county and whose knowledge challenged us to think differently about how we tackle physical inactivity and social isolation in our borough.

Thank you to all the heads of services who worked together across disciplines to put forward new ideas and to all the front-line staff who gave us a realistic perspective. Finally, to the sports specialists who allowed us to see how we could work with groups that are often hard to reach.

I will conclude with a huge thank you to all panel members for their constant enthusiasm and the panel's scrutiny officer who has created this report from the enormous amount of information we received.

Cllr Pippa Connor, Chair, Adults and Health Scrutiny Panel

3. Recommendations

- (a) That the Overview and Scrutiny Committee considers the findings of the Adults and Health Scrutiny Panel and agrees the recommendations, attached at **Table 1**.
- (b) That, subject to any comments or amendments the Committee wish to make, this report be submitted to Cabinet, in June 2017, for response.

Table 1 – Recommendations

| No | Recommendation | Who | Section |
|----|---|------------------|---------|
| 1 | That the findings/recommendations from the Physical Activity for Older People Scrutiny Review be considered in full as part of the 2017 refresh of Haringey's Physical Activity and Sport Framework. | Council | 13 |
| 2 | That, in developing the design framework for Haringey's model for integrated health and care, the Assistant Director for Adult Social Services and the Director of Commissioning for Haringey CCG, be asked to ensure physical activity is included within all care pathways, with interventions available across the prevention pyramid (population, community, personal). | Council / CCG | 13 |
| 3 | That consideration be given to how the Fusion Annual Service Plan can be used to provide a wider range of activities for older people within the current leisure centre programme, including at New River Sport and Fitness. | Council / Fusion | 14 |
| 4 | That in addition to the concession/free access already provided, should an opportunity arise to renegotiate parts of the Leisure Centre contract, consideration should be given to using the subsidy to encourage more residents aged 50+ through the door. | Council / Fusion | 14 |
| 5 | That the Better With Age programme (targeted at 50+) be provided: (i) more frequently at Tottenham Green Pools and Fitness and (ii) at other locations. | Council / Fusion | 14 |
| 6 | That Fusion be asked to sign up to the Haringey Dementia Action Alliance. | Fusion | 14 |
| 7 | That consideration be given to how the Fusion Annual Service Plan can be used to facilitate inclusive activities, including those that support older people with learning and/or physical disabilities. | Council / Fusion | 14 |
| 8 | <p>That:</p> <p>(a) A major publicity campaign led by the Council, in partnership with Fusion, be delivered once a year to raise awareness of the concessionary access, leisure provision and activities that are available for older residents.</p> <p>(b) The Communities, Leisure and Partnerships Team review all Council communication material relating to activities for older people, including pages on the Council's website, to ensure information is up to date and clearly describes the activities available and where to go for further information.</p> | Council / Fusion | 14 |

| No | Recommendation | Who | Section |
|----|---|---|---------|
| | (c) Fusion be asked to review all their communication material relating to activities for older people, including pages on their website , to ensure information is up to date and clearly describes the activities available and where to go for further information. | | |
| 9 | <p>That the top line messages below be used by commissioners, policy makers and practitioners to ensure clear and simple advice is provided to older people (including frailer, older people) on physical activity:</p> <ul style="list-style-type: none"> ➤ Taking part in any amount of physical activity will provide some essential benefits to both physical and mental health ➤ Some physical activity is better than none! ➤ Everyone should limit and break up the amount of time spent being sedentary (sitting). ➤ Physical activity should be built up gradually. ➤ Physical activity should provide a sense of enjoyment and purpose. ➤ Physical activity is everyone's business and everyone benefits. | Council / all stakeholders | 14 |
| 10 | That consideration be given to how the Active for Life programme could be incorporated into the wider 2032 Fusion contract, once the Public Health contract for this provision, including GP Exercise Referral and borough wide Health Walks, ends in 2018. | Council / Fusion | 15 |
| 11 | <p>That:</p> <p>(a) The Director of Commissioning for Haringey CCG be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Health Centres and GP Surgeries.</p> <p>(b) The Community and Customer Relations Director for Homes for Haringey be asked to display information about Haringey's Walking for Health Groups on all Estate Notice Boards.</p> | Council / CCG / Homes for Haringey / Fusion | 15 |

| No | Recommendation | Who | Section |
|----|---|------------------------------|---------|
| | <p>(c) The Head of External Communications, Haringey Council, be asked to ensure information about Haringey's Walking for Health Groups is provided on notice boards across the borough, including at all libraries.</p> <p>(d) Fusion be asked to ensure information about Haringey's Walking for Health Groups is displayed at all Leisure Centres across the borough.</p> <p>(e) The Director for Public Health be asked to work with Fusion to ensure information provided about Haringey's Walking for Health Groups, including online, is updated to include information on the duration, type and level (easy, medium, hard) of each walk.</p> | | |
| 12 | That the Council and CCG consider the use of small grants (rather than commissioned contracts) and establish a small grant fund (possibly with collaboration with the wards budgets, overseen by the Bridge Renewal Trust) to support small scale local activity sessions for older people. | Council / CCG | 16 |
| 13 | That, subject to funding being identified, the Council should support (a) the continuation of Silverfit within Lordship Rec and (b) the provision of another session e.g. in the Northumberland Park area. This support should include working with Silverfit to promote sessions across the local community. | Council / Silverfit | 17 |
| 14 | That the Council help to facilitate opportunities for Homes for Haringey to meet with commissioners and providers of activities so that underused spaces in sheltered housing and elsewhere, such as underused lounges and tenants/community rooms in blocks, can be used productively for physical activities for older people. | Council / Homes for Haringey | 21 |
| 15 | That the Council and Bridge Renewal Trust continue to work together to ensure information, concerning physical activity for older people obtained via the asset mapping exercise, is available, accessible and can be used by residents, carers, front line staff and care coordinators before the end of 2017. | Council / BRT | 22 |
| 16 | <p>That the Director for Public Health be asked to establish a sub group of the Haringey Active Network – the local Community Sport and Physical Activity Network (CSPAN) – to focus on Physical Activity for Older People. The sub group should:</p> <ul style="list-style-type: none"> - Have its own terms of reference and a membership representing the broad mix of organisations who are taking up the challenge of providing / commissioning physical activity for older adults | Council | 22 |

| No | Recommendation | Who | Section |
|----|---|---------|---------|
| | <p>across the borough.</p> <ul style="list-style-type: none"> - Share information and resources and create a distinctive learning community of “like-minded people”. - Provide information on volunteer brokerage, including how to access funding, resources, and/or other opportunities. - Give consideration to the format of meetings (e.g. World Cafe methodology) to ensure effective networking across a broad mix of organisations - Report annually to the Haringey Health and Wellbeing Board via the Active Haringey Network. This should include an update on each of the bullet points above. | | |
| 17 | <p>That the Director for Public Health and Assistant Director for Transformation and Resources work together to ensure:</p> <p>(a) All front line staff receive training on MECC as part of their induction to the Council. As a minimum, this should include asking new starters to go online to look at the e-learning tool.</p> <p>(b) Existing frontline workers have an opportunity to discuss training needs in relation to MECC as part of the ongoing “My Conversation” appraisal process. Steps should be put in place to ensure issues in relation to MECC are discussed at least once a year.</p> <p>(c) That (a) and (b) above be used to ensure feedback from staff is reviewed annually to ensure improvements can be made to Haringey’s MECC training offer, including the e-learning tool, in view of experience.</p> | Council | 23 |

| No | Recommendation | Who | Section |
|----|--|-----------------------|---------|
| 18 | <p>That the “Care...about physical activity” resource pack be used by the Director of Adult Social Services to develop Haringey’s Care Home Placement Agreement alongside the commissioning of services as part of the residential/nursing home contact, via DPS during 2017/18, to ensure:</p> <p>(a) Residents have physical activity choices documented in their care plans.</p> <p>(b) All staff understand the importance of daily physical activity and encourage residents at every opportunity to be more active in a way that meets their needs and choices with a clear purpose.</p> <p>(c) Participation in physical activity is valued and is a commitment for everyone who is part of the care home community such as relatives, staff, friends and others.</p> <p>(d) Management provides leadership and support to promote physical activity.</p> <p>(e) The environment facilitates an active lifestyle to take place by being appropriate for the needs and choices of the residents, staff and those in the care home community.</p> <p>(f) Training is available for staff to raise awareness of the benefits of physical activity and ways to enable residents to be active.</p> <p>(g) Connections can be made with accessible local services and organisations to provide specific advice, guidance and support to promote physical activity.</p> <p>(h) Care homes are aware of what local places and spaces are available to support people to be more active on a daily basis and makes use of the available opportunities.</p> | Council | 24 |
| 19 | <p>That Healthwatch Haringey explore using enter and view powers to identify levels of commitment to promote physical activity among care homes in Haringey. Working with commissioners, a base line assessment should be completed during 2017 with a full inspection planned for 2018 once tools outlined in the “Care...about physical activity” resource pack have been introduced in Haringey.</p> | Council / Healthwatch | 24 |
| 20 | <p>That progress in relation to promoting physical activity in care homes be monitored via the Quality Assurance Sub Group of the Haringey Safeguarding Adults Board.</p> | SAB | 24 |

| No | Recommendation | Who | Section |
|----|---|---------------|---------|
| 21 | The Cabinet Member for Finance and Health be asked to write to the Care Quality Commission to recommend that enabling access to appropriate physical activity is recognised as part of the inspection process, within either the question is the service effective or is the service responsive? | Council / CQC | 24 |
| 22 | <p>That the Director of Commissioning for Haringey CCG be asked to coordinate a meeting between NHS commissioners and the Bridge Homes from Hospital Team to ensure the following recommendations are taken forward:</p> <p>(a) That, as part of the Homes from Hospital assessment form, the question on joining a local group (to provide physical and social support) should be discussed at the first meeting with an expectation that a suitable group, to suit the clients individual needs, will be found by the Homes from Hospital team and that a team member escorts the client to this group within the 4 week period.</p> <p>(b) That, on completion of the Home from Hospital service, information on the group/activity attended by the client should be provided to the CHIN (in which the client's GP practice is based). The CHIN care coordinator (or similar role) should then liaise with the client to follow up on how the activity is going and whether it is working, both in terms of physical activity and social interaction.</p> <p>(c) That a member of the Senior Administration team, at each local hospital, should be aware of the Home from Hospital service.</p> <p>(d) Hospital Ward Clerks should be given appropriate information on how to mark a patients record, on discharge from hospital, to indicate they are part of the scheme and how to contact the Home from Hospital team if there is a re admission within a 4 week time frame.</p> <p>(e) That any re admission to hospital by the client during the Home from Hospital support period should be flagged up by the Ward Clerk on the hospital admissions ward and reported to the Home from Hospital team coordinator.</p> <p>(f) The CHIN team should ensure feedback is given, at regular intervals, to the Home from Hospital team</p> | CCG / BRT | 24 |

| No | Recommendation | Who | Section |
|----|---|---------|---------|
| | <p>on outcomes from their referrals to local group activities. This is to strengthen good practice and to flag up any issues with activities/ groups so further referrals can be made elsewhere if necessary.</p> <p>(g) The Bridge Renewal Trust should ensure information gleaned from their asset mapping exercise is made available to their Home from Hospital team, so they can refer clients to the most appropriate activity. This information should also be shared with the CHIN team.</p> | | |
| 23 | <p>That:</p> <p>(a) It be noted the Adults and Health Scrutiny Panel fully support the Council's application to Sport England for funding to help tackle inactivity in older people.</p> <p>(b) If the Council is successful in drawing down the Active Ageing funding, the Adults and Health Scrutiny Panel should be involved in the development of the project.</p> <p>(c) Given the importance of reducing older people's inactivity levels, even if the Council is not successful with its Expression of Interest it is recommended that aspects of Haringey's Active Aging Project be progressed, with alternative funding sought for delivery.</p> | Council | 26 |

4. Reasons for decision

“Many of the main public health concerns in Haringey – such as cardiovascular disease, high blood pressure, stroke, type 2 diabetes, obesity, depression and some cancers – are directly linked to people leading sedentary lives. Even a small shift in lifestyle to become more active on a regular basis can have huge health benefits which can considerably improve quality of life and life expectancy. Physical inactivity has become normal for too many people in Haringey and this has to stop.” (Haringey Physical Activity and Sport Framework 2014-19)

- 4.1 Under the agreed terms of reference, Overview and Scrutiny can assist the Council and the Cabinet in its budgetary and policy framework through conducting in-depth analysis of local policy issues and can make recommendations for service development or improvement.
- 4.2 In this context, the Overview and Scrutiny Committee, on 21 July 2016, agreed the Adults and Health Scrutiny Panel should set up a review project for 2016/17.
- 4.3 The **Terms of Reference** for this task and finish project were to make recommendations on Haringey’s approach to increasing physical activity among older adults, by:
- Identifying what the Council and partners can do, especially in terms of community level interventions (e.g. walking and gardening) and interventions through services (e.g. Silver Fit and One You Haringey);
 - Ensuring the most is being made of everyday interactions i.e. front line staff engaging with residents (Making Every Contact Count);
 - Identifying activities/services that are available and investigating how these are marketed, communicated and sign posted;
 - Working with communities, and engaging older people, to establish the types of activity they like and what the barriers are;
 - Identifying solutions that can be introduced/facilitated/supported by the Council and/or partners.
- 4.4 When addressing the above, it was agreed consideration would be given to older people from hard to reach groups, including those living in care homes and supported living environments; those from minority communities; and those who are socially excluded.
- 4.5 The reasons for carrying out this review include:
- In 2015, over 1 in 4 residents were physically inactive (Public Health Outcomes Framework).

- New models of social care, that encourage people to do more for themselves, are needed to reduce social care costs.
- Participation in physical activity declines with age. This impacts on an older adults ability to remain independent and maintain social contacts.
- Even small amounts of physical activity can lead to health gains and support people to self manage their long term conditions.
- By 2021 there will be a 40% increase in the number of people over the age of 80 living in Haringey. The biggest increases will be seen in the east of the borough, with a 50% increase in Tottenham Hale and 45% increases in Noel Park and Seven Sisters respectively ([GLA Population Projections, 2015](#)).

4.6 The recommendations contained in this report address these concerns.

5. Alternative options considered

5.1 As outlined in section 6, evidence for this review was gathered in a variety of ways. Alternative methods were not considered as this methodology enabled the Panel to address the terms of reference set for the project (see par 4.3).

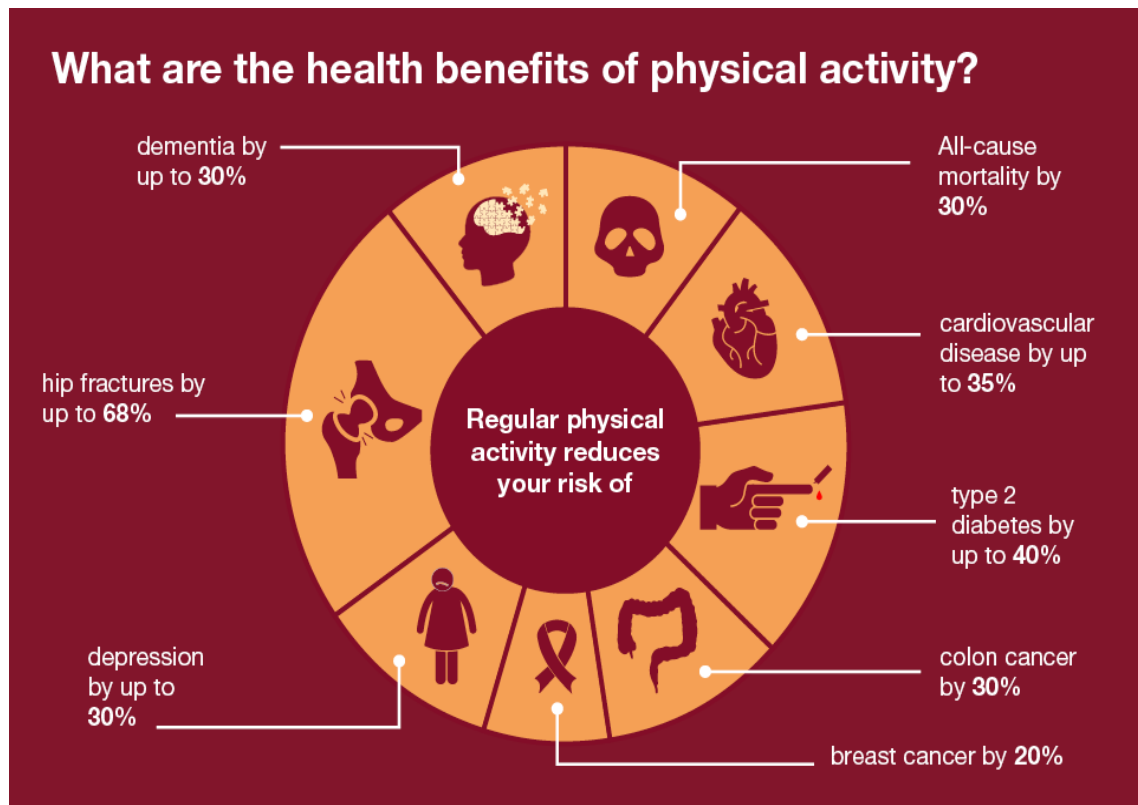
5.2 The options considered during the course of the review are outlined in the main body of the report. However, the Overview and Scrutiny Committee could decide not to approve the Panel's report and recommendations, which would mean they could not be referred to Cabinet for a response.

6. Methodology

6.1 The Panel held 10 evidence gathering sessions, receiving evidence from local stakeholders as well as external contributors. A list of witnesses interviewed as part of the review can be found at **Appendix 1**. In addition, the Panel took part in a number of activities, including Walking for Health and Silverfit Haringey, and assessed a range of documentary evidence (e.g. Committee Reports) and other published material (research papers) to assist in its work.

7. Introduction

- 7.1 Physically active older people have lower risk of ill-health including dementia and have higher levels of physical and cognitive function, psychological well-being and independence than inactive older people.



Source:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf

- 7.2 However, as we grow older, Public Health England reports that we don't do enough to stay healthy. By the age of 75 only one in ten men and one in 20 women are active enough for good health. As a result, encouraging older adults to be more active, creative and connected is a major health and social issue.
- 7.3 The following publications highlight the need for new approaches to improving the health, independence and quality of life for all older residents.

We need a revolution in physical activity and health. In partnership with local and national government, professionals in schools, the health sector, transportation, the sports, leisure and voluntary sectors call all be energized to achieve this common goal. We just need to light the touch paper.

The number of people aged 60 and over is currently 20% of the population. This will rise to 24% by 2030, and in the next 20 years, the number of over 60s will treble. As people age, it can be argued that activity is more, not less important. Retirement can be stimulus to increase activity and try new hobbies. The good news is that it is never too late to adopt a more physically active lifestyle. There is strong evidence that the benefits of physical activity apply even to older adults who have been previously inactive. There is

evidence that physical activity can tackle the growing problem of social isolation as well as health benefits. Targeted and tailored individual interventions are most likely to be successful with older people, as they address specific needs and concerns.

Everybody Active, every day. What works – the evidence. Public Health England (October 2014)

For older adults, the major challenges to their health and wellbeing are the greater risk of cardiovascular and metabolic disease; loss of physical function; loss of cognitive function; increased risk of depression, dementia and Alzheimer's disease; and increased risk of falling. Engaging in physical activity carries low health and safety risks for most older adults while the risks of poor health as a result of inactivity are very high.

Danceactive: Commissioning Dance for Health and Wellbeing. Guidance and Resources for Commissioners. Jan Burkhardt & Jo Rhodes (March 2012)

Studies have shown that tai chi can help people aged 65 and over to reduce stress, improve balance and general mobility, and increase muscle strength in the legs. **NHS Choices (September 2015)**

Regular dance activity can help maintain cognitive function, reduce cardiovascular risk and reduce the risk of falls. Dance programmes involving regular sessions can provide ways to be active, have fun and above all engage socially with others; critical to maintaining mental wellbeing in older people.

Danceactive: Commissioning Dance for Health and Wellbeing. Guidance and Resources for Commissioners. Jan Burkhardt & Jo Rhodes (March 2012)

Key definitions and guidelines on physical activity

- 7.4 Definitions and guidelines on physical activity were considered throughout the review.
- 7.5 The introduction of the UK physical activity guidelines for older adults in 2011 follows the lead of other international countries. They are based on evidence from research and provide information on how much physical activity is required to achieve health and other benefits.

UK Chief Medical Officers' Guidelines

For older adults (65 plus years):

1. Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.
2. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in

bouts of ten minutes or more – one way to approach this is to do 30 minutes on at least five days a week.

3. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.
4. Older adults should also undertake physical activity to improve muscle strength on at least two days a week.
5. Older adults at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week.
6. All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Disabled older adults:

Based on the evidence, the guidelines can be applied to disabled older adults emphasising that they need to be adjusted for each individual based on that person’s exercise capacity and any special health or risk issues.

7.6 Physical activity is defined as “any bodily movement produced by the skeletal muscles that result in an energy expenditure, including a range of leisure-time, routine and occupational activities” (Haringey Joint Strategic Needs Assessment). An “inactive” person is someone who has participated in less than 1 x 30 minutes of moderate intensity exercise in the past four weeks (Sport England).

7.7 However, from the evidence received, the Panel concluded there was no agreed definition of older or old people and that people/organisations differ widely in what they consider to be old. For example, whilst most witnesses accepted the chronological age of 65 years as a definition of 'elderly', it was clear that this did not always match how services for “older adults” were marketed or communicated to various audience groups.

How old is “older”? – comments received during the review

A person above 65, as it has been associated with...state pension age.

Step down in participation levels (to below the national average) happens in mid-50s.

“Inactive” behaviours and attitudes are likely to have earlier origins but inactivity is much less prevalent for 40-50s.

“Over 50s” is quite a common definition within government. This has links to the prevention agenda both nationally and locally across a variety of policy areas. For example, tackling pensioner finance before retirement or by promoting better health/independence before need for A&E/social care etc

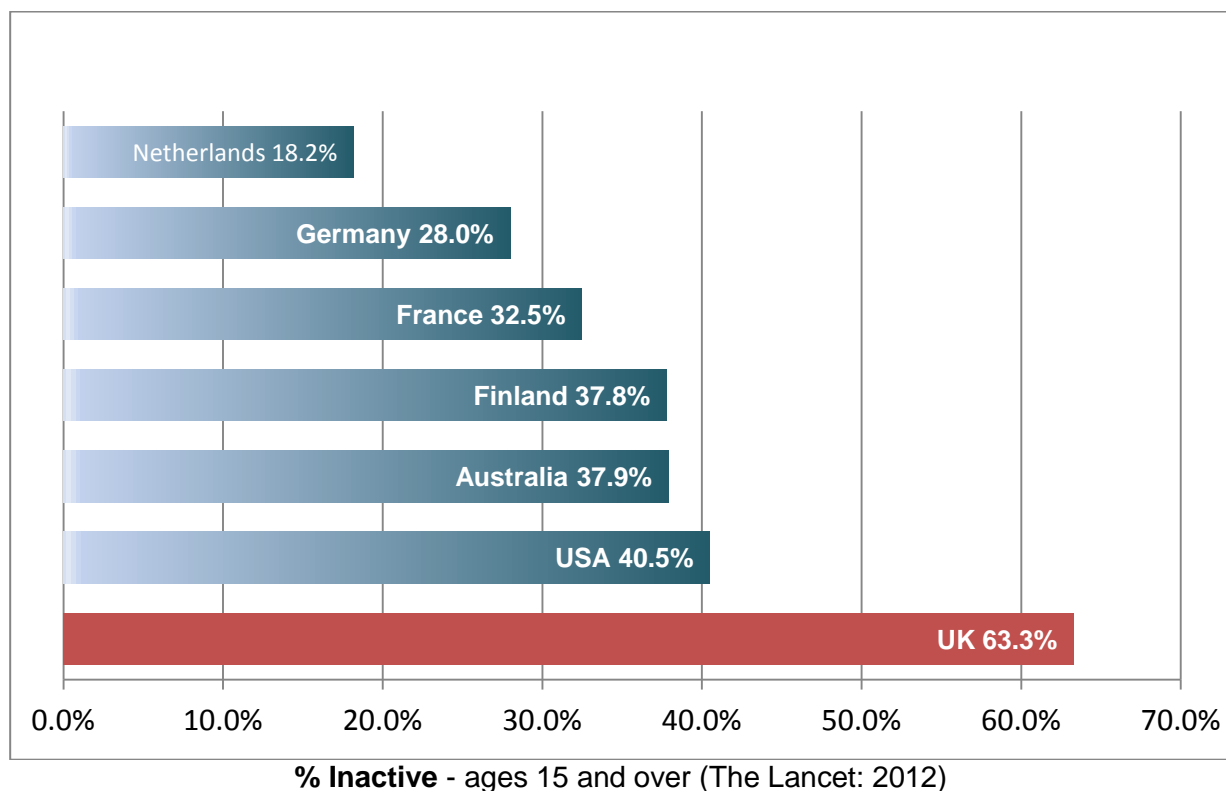
- 7.8 In view of this, it was suggested insight should explore “50+” as a broad starting point but it was agreed age alone was unlikely to be the best factor for breaking down audience groups. The implications of this, in relation to interpreting the guidelines issued by the four Chief Medical Officers of England, Scotland, Wales and Northern Ireland, and service delivery in Haringey, are explored in more detail in section 12.

Findings

8. How active are we?

8.1 During evidence gathering the benefits of physical activity for adults and older adults were well reported and are summarised at **Appendix 2**. Despite this, and as demonstrated by data below, the levels of physical activity remain low across many age groups.

Table 1: How inactive are we?



8.2 Inactivity is a common issue across high income countries, with activity levels decreasing since the 1960s. The reason is physical activity has been designed out of lives over the last few decades. Trends such as increased car ownership and use have reduced manual element of jobs while increased home-based entertainment has designed physical activity out of many people's lives. In short, we are the first generation that needs to make a proactive choice to be physically active.

8.3 Differences in metrics make direct comparison between countries tricky, but international studies in which the same measures have been used consistently show the UK to be much more inactive than comparable countries. The graph above is from data, published in the Lancet in 2012, that looked across 122 World Health Organization member states¹. It demonstrates that the UK is three

¹**Note:** Comparator = Not meeting any of the following per week: (a) 5 x 30 mins moderate-intensity activity; (b) 3 x 20 mins vigorous-intensity activity; (c) equivalent combination achieving 600 metabolic equivalent-min.

times more inactive than people in Holland, twice as inactive as Germany and 50% more inactive than the States.

- 8.4 Public Health England estimates physical inactivity costs the UK at least £7.4 billion per year. This is based on estimates of £0.9 billion in costs to the NHS and £6.5 billion in non-NHS costs (£5.5 billion from sickness absence and £1 billion from premature death of people of working age).
- 8.5 Falls are the commonest cause of death from injury in the over 65s, and many falls result in fractures and/or head injuries. Falls cost the NHS more than £2 billion per year and also have a knock-on effect on productivity costs in terms of carer time and absence from work. Older adults who participate in regular physical activity have an approximately 30% lower risk of falls.
- 8.6 In addition, long term conditions like diabetes, cardiovascular and respiratory disease can lead to greater dependency on domiciliary care, residential and ultimately nursing care (Snooks et al. 2011). This creates avoidable costs for the Council as well as economic and social pressure on families.
- 8.7 The data below (tables 2, 3 and 4) originates from the Sport England Active People Survey (APS) - a self-reported survey. However, the Panel was made aware, from analysis of accelerometer data, that people often engage in less activity than stated in the APS. In addition, sedentary behaviour increases with age and observational evidence using self-reporting and accelerometry indicates that sedentary time rises sharply from age 70 onwards. Furthermore, many older adults spend ten hours or more each day sitting or lying down, making them the most sedentary population.

Table 2: Haringey Overview

| | | | |
|-----------------------|--------|---------|-------|
| Compared with England | Better | Similar | Worse |
|-----------------------|--------|---------|-------|

Public Health England highlights the difference between national and local values using red-amber-green (RAG) ratings. The RAG rating is assigned by calculating whether or not the 95% confidence interval of the local value overlaps with the England value. A green rating should not be interpreted to mean that the issue is not an important public health problem for the local area, rather, comparatively to England, the local area is significantly better.

| Public Health Outcomes Framework - Key Physical Activity Data | | | | |
|--|------|---------|--------|----------|
| Adults 16+ | Year | England | London | Haringey |
| Physical Activity | | | | |
| Percentage of physically active (150 minutes or more a week) | 2015 | 57.0 | 57.8 | 58.2 |
| | 2014 | 57.0 | 57.8 | 59.1 |
| Percentage of physically inactive (less than 30 minutes a week of moderate intensity exercise) | 2015 | 28.7 | 28.1 | 28.3 |
| | 2014 | 27.7 | 27.0 | 26.4 |

Source: <http://fingertips.phe.org.uk/profile/physical-activity>

Table 3: Older Adult Participation

| Sport England Active People Survey | | | | |
|---|-------------------|---------|--------|----------|
| Adults 65+ Only | Year ² | England | London | Haringey |
| Physical Activity | | | | |
| Percentage of physically active 65+ adults (150 minutes or more a week) | 2014 | 39.9 | 35.8 | 37.8 |
| | 2013 | 37.9 | 32.9 | 27.0 |
| Percentage of physically inactive 65+ adults (less than 30 minutes a week of moderate intensity exercise) | 2014 | 45.3 | 49.0 | 46.6 |
| | 2013 | 47.2 | 51.8 | 56.9 |

Source: <http://activepeople.sportengland.org/Query>

8.8 The figures for Haringey are a concern, especially as a Health and Wellbeing target, set out in the Corporate Plan, is to reduce the proportion of physically inactive adults to 25% by 2018.

9. Factors affecting participation in physical activity

9.1 During evidence gathering it became clear physical activity was a complex behaviour in older adults, influenced by a range of factors. These factors operate at individual, social and environmental levels. Some may be modifiable, for example, social support or attitudes. Others are fixed, such as sex or ethnicity.

| | |
|------------------------------|---|
| Psychological factors | Physical activity participation is positively affected by an older adult's: belief in their ability to be active; confidence in their physical abilities perceptions of risk; and general beliefs, attitudes and values. Physical activity participation is negatively affected by: fear of falling or over exertion and concern for personal safety during the activity. |
| Social factors | Mutual trust, shared values and feelings of community among neighbours are linked to increased physical activity levels. Physical activity participation is influenced by 'significant others' such as health professionals, physical activity instructors, care givers, family and friends. Opinions and support given from these 'significant others' can have both a positive and negative effect on participation. |
| Environmental factors | Older adults are more likely than other age groups to not go out or participate in an activity, e.g. walking to the shops, for fear of crime. Pedestrians are most likely to be victims of a road traffic accident, and many older adults are unable to cross a road within the allotted |

² A breakdown to ethnicity/gender/age for the 2015 Active People Survey is not yet available

| | |
|---|--|
| | <p>a time of a traffic light controlled crossing.</p> <p>A lack of transport is frequently cited by older adults as a reason they are unable to take part in activities.</p> <p>Older adults have reported that having somewhere interesting to go motivates them to walk more.</p> <p>A lack of suitable opportunities and settings for physical activity is often reported by this age group.</p> |
| Biological and demographic factors | <p>As age increases physical activity participation decreases while men tend to be more active than women.</p> <p>The decline in physical activity participation with age is higher among: minority ethnic groups; those from lower socio-economic backgrounds; and those who have lower levels of educational attainment.</p> <p>People living alone are more likely to have lower physical activity levels than their married peers.</p> |

- 9.2 Biological and demographic factors are of particular interest, especially in view of findings from the Sport England Active People Survey, outlined below.

Table 4: Sport England Active People Survey – Breakdown

| Physical Inactivity % Less than 30 minutes per week | Year | England | London | Haringey |
|--|------|---------|--------|----------|
| Gender | | | | |
| Males | 2014 | 23.8 | 23.0 | 24.7 |
| | 2013 | 24.6 | 23.3 | 22.2 |
| Females | 2014 | 31.5 | 30.9 | 28.1 |
| | 2013 | 31.9 | 31.7 | 31.2 |
| Socioeconomic group | | | | |
| NC SEC 1-4 (higher socioeconomic group) | 2014 | 23.4 | 22.3 | 21.7 |
| | 2013 | 23.8 | 22.8 | 23.5 |
| NC SEC 5-8 (lower socioeconomic group) | 2014 | 37.0 | 38.5 | 34.3 |
| | 2013 | 37.1 | 38.6 | 31.8 |
| Ethnicity | | | | |
| White British | 2014 | 27.5 | 25.4 | 26.9 |
| | 2013 | 28.0 | 25.9 | 20.7 |
| BME | 2014 | 28.0 | 28.3 | 24.9 |
| | 2013 | 28.8 | 28.9 | 31.7 |

10. The consequences of inactivity

- 10.1 Functional capacity declines with age and is further accelerated by low levels of physical activity. Even among healthy active people, strength, endurance, balance, bone density and flexibility are all lost at about 10% per decade. Muscle power is lost at an even faster rate at around 30% per decade (Health Education Authority: 1999).
- 10.2 Gradually, this loss in physical function will impact upon an older adult's ability to maintain an independent life and perform activities of daily living such as getting out of a chair or using the stairs. By the age of 75, only 40% of men and 20% of women can walk for 30 minutes or more without difficulty (Health Education Authority: 1999).

11. Making physical activity a priority

- 11.1 In view of the above, the Panel was pleased to find out that substantial research has been conducted in relation to promoting physical activity in older adults and heard from several leading academics. However, it should be noted that work is still required to identify the most effective components of physical initiatives in this age group.
- 11.2 The evidence received during the review, highlighted in a briefing from the BHFNC for Physical Activity and Health (2012), indicates physical activity declines and sedentary behaviour increases with age. Physical function, mobility and the ability to perform activities of daily living also declines with age. Regular physical activity can assist in reversing the age-related decline in physical and psychological function.
- 11.3 The benefits of physical activity that can be achieved in later life include:
- Good physical and psychological health and wellbeing
 - Maintaining cognitive function
 - Reaching/maintaining a healthy weight (combined with a reduction in calorie intake through dietary restriction)
 - Preserving physical function, mobility and independence
 - Engaging in opportunities for new learning and experiences
 - Maintaining higher levels of energy and vitality to enjoy life
 - Improvements in quality and quantity of sleep
 - Lower levels of anxiety and depression, improved mood and self esteem

11.4 The importance of maintaining social contacts and remaining engaged with the local community, including sharing activities within families and across a wider community, was also highlighted during the review. For example, feedback from the GLA Get Moving Project (2016) highlighted social engagement had been as important, if not more important to users, than physical activities and that “purposeful activity” was key to improving health and independence.

12. How to use the physical activity guidelines

12.1 The changing demography associated with increasing longevity has brought about a growing awareness of the physical activity related needs of older adults. In recognition of this, and the growing body of evidence supporting the promotion of physical activity amongst older adults, the 2011 joint Chief Medical Officers’ (CMO) report ‘Start Active, Stay Active’, provided guidelines for older adults.

12.2 These guidelines, outlined in section 7, are relevant to all older adults but the Panel agreed that it was not appropriate to consider all older adults as a homogenous population. With an age range of 40 years or more there is significant diversity, and chronological age is not always helpful when describing differences in health, physical function and disease status among older adults. For example, many people in their late 80s do as well as those in their 60s, yet some in their early 70s have a functional status more expected of a 90 year old.

12.3 To assist in clarifying how the CMO guidelines should be applied three groups of older adults have been identified, each with differing functional status and therefore different physical activity needs. They have been described, by the BHFNC for Physical Activity and Health, as:

- **The actives** – those who are already active, either through daily walking, an active job and/or engaging in regular recreational or sporting activity. This group may benefit from increasing their general activity or introducing an additional activity to improve particular aspects of fitness or function, as well as sustaining their current activity levels.
- **Those in transition** – those whose physical function is declining due to low levels of activity, too much sedentary time, who may have lost muscle strength and balance, and/or are overweight but otherwise remain reasonably healthy. National data indicate that this makes up the largest proportion of older adults and that they have a great deal to gain in terms of reversing loss of function and preventing disease.
- **Frailer, older people** – those who are frail or have very low physical or cognitive function perhaps as a result of chronic disease such as arthritis, dementia, or very old age itself. This group may require a therapeutic approach, e.g. falls prevention programmes, and many will be in residential care.

| People | Functional Needs | Services |
|-----------------------|--|--|
| The actives | Focus on maintaining and increasing physical activity levels | Primary care, physical activity, leisure, recreation providers and services |
| Those in transition | Focus upon initiating and maintaining physical activity to improve health and maintain mobility and independence | In contact with adult, social/care services, voluntary sector and housing services |
| Frailer, older people | Focus upon quality life and performance of activities of daily living | Some supported at home, many in residential care |

12.4 Throughout the review it became clear CMO guidelines should be used by commissioners, policy makers and practitioners to:

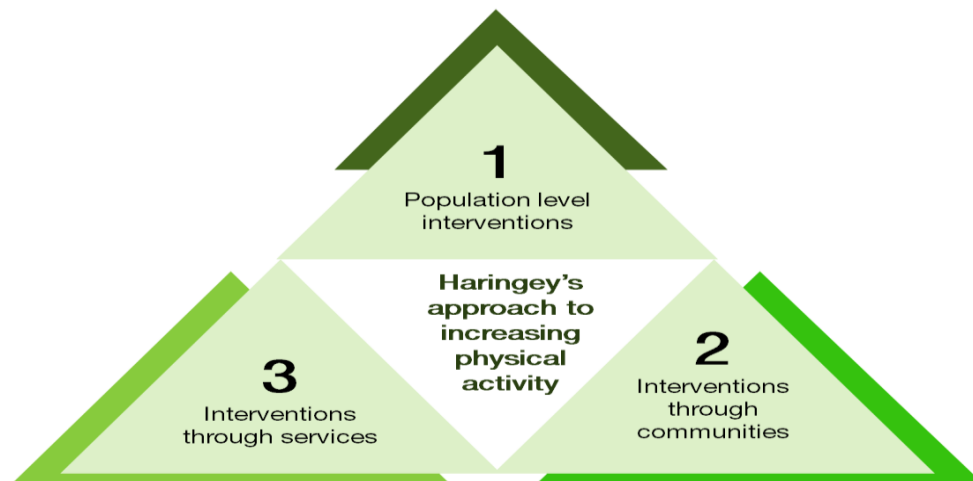
- Inform the professional development and training of those working with older adults;
- Form the basis of any advice given to older adults within motivational settings;
- Underpin and design the implementation of physical activity programmes;
- Provide a focus for national and local campaigns designed to target older adults, once translated into appropriate communication messages;
- Inform educational materials and guidance for older adults;
- Inform the marketing and promotion of local opportunities and programmes for older adults.

12.5 In addition, and in view of the terms of reference, the Panel took a keen interest in those residents identified as being frail or having a very low physical or cognitive function, perhaps as a result of chronic disease such as arthritis, dementia or advanced old age itself. Issues in relation to interpreting the CMO guidelines for this particular group are considered in more detail under section 24.

Strategic Overview – with recommendations

13. Haringey's approach to increasing physical activity

13.1 Haringey's (draft) Physical Activity and Sport Framework sets out a vision for physical activity and sport in Haringey for the period 2014-2019.



13.2 The Framework is about improving the quality of life, health outcomes and community resilience in Haringey with the goal of making the borough a better place to live, work, study and visit. It is designed to help organisations and individuals in Haringey plan, commission and deliver physical activity and sport services so that they directly respond to local needs and meet local strategic priorities

Vision: A More Active and Healthy Haringey.

It's time to get moving...To enable local people and organisations to make physical activity and sport a positive lifestyle choice for all Haringey residents in order to reduce health inequalities, improve wellbeing for all and create a more sustainable community.

Aims: In order to realise this vision, we will work with our partners to achieve 3 key aims:

1. Increasing and sustaining participation by all
 - More people regularly taking part in physical activity and sport
2. Improving health and wellbeing
 - Improved health and wellbeing for children, young people and adults in the borough through active lifestyles
3. Creating opportunities for change
 - Tackling under-representation and using physical activity and sport to change lives.

- 13.3 The Framework is aligned with the strategic priorities of Haringey Council, partners and wider stakeholders. From a Council perspective, the key corporate strategic outcomes and priorities which the Framework will have a direct impact on are set out below:

Haringey's Corporate Plan: 2015-18

| Priority | Objectives |
|--|---|
| Outstanding for all: <ul style="list-style-type: none"> - Enable every child and young person to have the best start in life, including high quality education | Children and young people will be healthier, happier and more resilient and those who need extra help will get support at the right time |
| Outstanding for all: <ul style="list-style-type: none"> - Enable all adults to live healthy long and fulfilling lives | <p>A borough where the healthier choice is the easier choice</p> <p>Strong communities, where all residents are healthier and live independent, fulfilling lives.</p> |
| Clean and Safe <ul style="list-style-type: none"> - A clean, well maintained and safe borough where people are proud to live and work. | We will make Haringey one of the most cycling and pedestrian friendly boroughs in London. |

Haringey's Health and Wellbeing Strategy: 2015-18

| Vision | Priorities |
|---|---|
| <ul style="list-style-type: none"> - All children, young people and adults live healthy, fulfilling and long lives | Reduce Obesity |
| | Increasing healthy life expectancy |
| | Improving mental health and emotional wellbeing |

Prevention and early intervention

- 13.4 The funding and demand challenges facing Haringey's adult social care services are severe. An increasing and ageing demographic base is causing long-term demand pressures for adult social care services, and at the same time Government funding to the local authority continues to shrink year on year.
- 13.5 In addition Haringey's population faces levels of deprivation and health inequalities that are more comparable to the profile of inner-city than suburban areas, yet Haringey has a comparatively smaller funding base to spend on adult care services than neighbouring inner city boroughs.
- 13.6 As a result, in order to deliver the Council's vision of maximising independence, managing future demand pressures, whilst meeting the level of financial

efficiencies needed to achieve financial sustainability, a genuinely transformational approach between Adult Social Services, Public Health and Haringey CCG has been agreed. The road-map to the achievement of this is set out in a design framework for Haringey’s model for integrated Health and Care.

13.7 This framework is not just for health and care services, it is an approach that will be shared with:

- **Other council departments** that have an impact on health and wellbeing, from parks and leisure to planning and licensing.
- **Providers** of services, including both the voluntary and community sector and the private market to ensure Haringey has a local market that provides choice and quality
- **Local communities**, recognising that engagement in our local area and the social capital we have is just as important to our wellbeing as the services we receive.

13.8 Importantly, in order to realise the Council’s vision, prevention and early intervention has been identified as one of the key design principles. By developing a “prevention pyramid”, set out in **Appendix 3**, the Council is challenging itself to consider how it can help people maintain or regain their health whatever their level of need and to factor in the wider determinants of people’s health and wellbeing. As such, as well as services, population-level impacts of local policies and universal services (such as parks and planning), and the role of the community and people’s own networks in helping them to access opportunities to stay well and healthy are central to the model.

Haringey CCG

13.9 The Panel also received input from Haringey CCG in terms of their role in commissioning physical activity for older people.

CCG Context

- CCG mission: moving from buying healthcare to improving health outcomes
- Strongly committed to focusing on health of older people
- 56% of people at high risk of an emergency admission are over 65 years old
- 74% of people over 65 years old have one or more Long Term Condition
- For all emergency admissions in Haringey of residents aged 75 years, 6.9% are related to falls, 15.2% related to respiratory conditions and 19.1% related to cancer

13.10 The following outlines how the CCG works:

- **Primary prevention** (promoting health and preventing ill health) e.g. exercise on referral, integrated wellness service. In this area the CCG work in close partnership with the Local Authority – e.g. Diabetes Prevention Programme.
- **Secondary prevention** (early identification and detection). In this area the CCG works with GPs – e.g. case finding for people with atrial fibrillation.
- **Treatment.** The focus of work in this area is to ensure quick access to the right treatment – e.g. working with hospitals on referral protocols and pathways.
- **Tertiary prevention** (promoting independence, preventing recurrent illness). When there is a risk the CCG will commission programmes to support self-management.

13.11 In terms of commissioning physical activity for older people the CCG made clear that the commissioning of prevention largely sits with Public Health. However, the CCG do work very closely with the Council on a shared approach towards prevention and treatment, particularly for long term conditions. Practical examples of health involvement in physical activity for older adults include:

- CCG commissioning long term exercise programmes for people with chronic obstructive pulmonary disease
- Group-based strength and balance exercise programmes to prevent falls
- GP practice initiating walking groups.

13.12 It should also be noted that the Westbury Medical Centre has been praised by the Care Quality Commission for work in this area:

“We saw one area of outstanding practice: The practice had established a fitness and body conditioning club for patients with, or at risk of developing, long term health conditions and patients experiencing poor mental health. The club had an active membership of over 50 patients and we saw evidence of improved outcomes for patients including evidence of controlled weight loss, improved blood sugar levels and managed reductions in medicines taken. We looked at records of eleven patients who attended the weekly classes and saw that blood sugar levels had reduced by 10% for four patients with diabetes, three patients had managed to reduce or stop certain medicines and three had achieved their targets for weight loss.”

(Westbury Medical Centre, CQC Quality Report; Dec 2016)

Case Study – Westbury Medical Centre

- 48% of patients referred to Active for Life (see section 15) either did not go or dropped out early.
- The Practice ran a walking group but found that people were put off by the weather.
- 2 staff members started to take patients to the Broadwater Farm Community Centre.
- Stayed and participated in a group – kept coming back.
- Now running another session each week.
- Practice members / Healthcare Assistants attending with patients has been key as its sends the message that the practice is involved.

13.13 In summary, Haringey CCG and the Council are working closely together on:

- The Better Care Fund – using funding together for services and support that helps avoid admission to hospital and residential care.
- The management of long term conditions from prevention through to treatment.
- The design framework for Haringey’s model for integrated health and care, including support on early help / prevention and the re-design of adult social care delivery.

13.14 The Haringey and Islington Wellbeing Partnership and the North Central London Sustainability and Transformation Plan also provide opportunities to bring greater focus and resources to promoting health and wellbeing through integration.

Recommendation 1

That the findings/recommendations from the Physical Activity for Older People Scrutiny Review be considered in full as part of the 2017 refresh of Haringey’s Physical Activity and Sport Framework.

Recommendation 2

That, in developing the design framework for Haringey’s model for integrated health and care, the Assistant Director for Adult Social Services and the Director of Commissioning for Haringey CCG, be asked to ensure physical activity is included within all care pathways, with interventions available across the prevention pyramid (population, community, personal).

- 13.15 As a result, in scoping the review, it became clear that a lot was happening to support Haringey's approach to increasing physical activity among older people. With this in mind, and to ensure a tight and focused inquiry it was agreed evidence gathering should focus on community level interventions (e.g. walking and gardening) and interventions through services (e.g. Silver Fit, One You, and Fusion).
- 13.16 During the review a range of activities and services were identified. A summary of free and affordable ways to get fit in Haringey is attached (**Appendix 2**) while further information on interventions through services and communities is provided below.

| |
|--|
| Interventions through services and communities – with recommendations |
|--|

14. Leisure Centres

- 14.1 Haringey Leisure Centres are managed by Fusion Lifestyle – an experienced sport and leisure management organisation in partnership with Haringey Council. This is a long term contact which commenced in December 2012 and expires in 2032. As a registered charity, Fusion continually reinvests to improve sport and leisure facilities in the community.
- 14.2 As part of the contract the Council pays approximately £450,000 per year as a subsidy. This includes concessionary access, leisure provision and activities for older residents.

| Leisure Centre | Older people leisure provision / Concessions |
|-----------------------------------|---|
| Tottenham Green Pools and Fitness | Residents aged 65+ all qualify for a free membership. |
| Park Road Pools and Fitness | Membership includes free access to centre activities and provisions Monday to Friday between the hours of 9am – 5pm and £1.60 per session outside of these hours |
| Broadwater Farm Community Centre | Free access includes swimming, gym, and group exercise classes Concession access for students, carers and residents aged 60-65 Free parking provision via issue of a permit for centres that have a parking facility onsite Some free venue hire |
| New River Sport and Fitness | New River is not included in the overall Leisure Management contract. However New River does offer a concession membership which is available to residents aged 65+ |

- 14.3 Fusion also offers a number of specific sessions targeted at older people, including Better with Age. This is a programme, aimed at residents 50+, that takes place once a week at Tottenham Green Pools and Fitness. It focuses on the social side of exercise by offering a range of enjoyable and low impact activities, such as beginners' aerobics, badminton, swimming and gym sessions. These encourage participants to stay active and to socialise, with hot beverages provided free of charge.

- 14.4 In addition, a good proportion of Fusion’s “Exercise to Music” classes are designed for beginners while an older peoples’ activity morning has been introduced at New River Sport and Fitness.
- 14.5 Evidence received during the review suggests there is scope to develop even more bespoke programmes such as walking football and social tennis. For example, the data below highlights growth in the numbers of 65+ accessing the 65+ membership which offers free access to the leisure centres. This followed a major publicity campaign led by the Council, in partnership with Fusion, during 2016 which is planned to be repeated annually. Further analysis of usage data is required to establish actual use by those who hold a 65+ membership.

Table 5: Attendance Figures 65+

| | Tottenham Green | Park House | Broadwater Farm | Total |
|--|-----------------|------------|-----------------|-------|
| Total no. of live 65+ users | 2,016 | 2,398 | 88 | 4,502 |
| No. of new joiners since 15 August 2016 – 31 August 2016 | 182 | 234 | 5 | 421 |
| No. of new joiners in the same period last year 15 April 2015 – 31 August 2015 | 127 | 175 | 5 | 307 |

*Figures provided by Fusion (October, 2016)

- 14.6 Following a number of day centre closures, locations where older people participated in activities, Fusion are working with adult social services to see what alternative provisions they can provide. This has identified a training need for leisure staff around dementia and those with learning disabilities. With a large provision of activities already in place, Fusion are in the process of condensing this information into a booklet for older people, and will continue to identify additional needs for older people across Haringey.

Recommendation 3

That consideration be given to how the Fusion Annual Service Plan can be used to provide a wider range of activities for older people within the current leisure centre programme, including at New River Sport and Fitness.

Recommendation 4

That in addition to the concession/free access already provided, should an opportunity arise to renegotiate parts of the Leisure Centre contract, consideration should be given to using the subsidy to encourage more residents aged 50+ through the door.

Recommendation 5

That the Better With Age programme (targeted at 50+) be provided: (i) more frequently at Tottenham Green Pools and Fitness and (ii) at other locations.

Recommendation 6

That Fusion be asked to sign up to the Haringey Dementia Action Alliance.

Recommendation 7

That consideration be given to how the Fusion Annual Service Plan can be used to facilitate inclusive activities, including those that support older people with learning and/or physical disabilities.

Recommendation 8

That:

- (a) A major publicity campaign led by the Council, in partnership with Fusion, be delivered once a year to raise awareness of the concessionary access, leisure provision and activities that are available for older residents.
- (b) The Communities, Leisure and Partnerships Team review all Council communication material relating to activities for older people, including pages [on the Council's website](#), to ensure information is up to date and clearly describes the activities available and where to go for further information.
- (c) Fusion be asked to review all their communication material relating to activities for older people, including pages [on their website](#), to ensure information is up to date and clearly describes the activities available and where to go for further information.

14.7 Building on the recommendations above, throughout the review the Panel considered public advice on physical activity. In providing clear and simple advice for frailer, older people the BHFNC for Physical Activity and Health suggest the following messages should be used to summarise the important information included in the CMO guidelines:

- Taking part in any amount of physical activity will provide some essential benefits to both physical and mental health
- Some physical activity is better than none!

- Everyone should limit and break up the amount of time spent being sedentary (sitting).
- Physical activity should be built up gradually.
- Physical activity should provide a sense of enjoyment and purpose.
- Physical activity is everyone's business and everyone benefits.

Recommendation 9

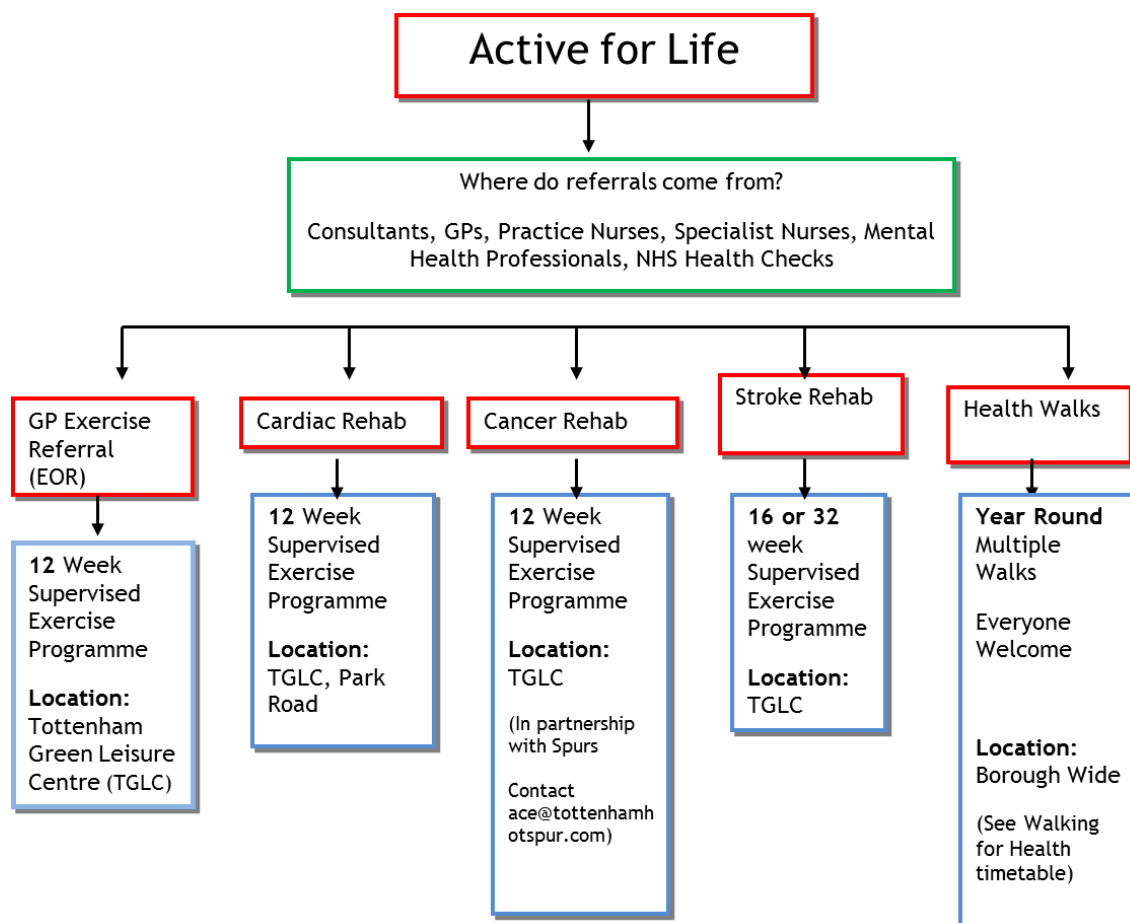
That the top line messages below be used by commissioners, policy makers and practitioners to ensure clear and simple advice is provided to older people (including frailer, older people) on physical activity:

- Taking part in any amount of physical activity will provide some essential benefits to both physical and mental health
- Some physical activity is better than none!
- Everyone should limit and break up the amount of time spent being sedentary (sitting).
- Physical activity should be built up gradually.
- Physical activity should provide a sense of enjoyment and purpose.
- Physical activity is everyone's business and everyone benefits.

15. Active for Life

- 15.1 Active for Life is another programme delivered by Fusion. This public health contract commenced in 2013 and expires in 2018. It's designed to help inactive people to become more physically active by being prescribed exercise by their Doctor.
- 15.2 Figures indicate a large proportion of uptake to the scheme is by those within the 65-74 age bracket. However, any resident, that is registered with a GP in the east of the borough, with any of the following conditions may be eligible for the scheme: Overweight (BMI>30); Chronic Obstructive Pulmonary Disease (COPD); Severe Mental Health; Type 2 Diabetes; Coronary Heart Disease; History of Stroke; High Blood Pressure
- 15.3 Referrals to the scheme come from a variety of sources, including: Consultants; GPs; Practice Nurses; Specialist Nurses; Mental Health Professionals; and via NHS Health Checks
- 15.4 Once referred, residents are contacted by the Active for Life team who arrange an appointment with a scheme advisor. At this stage they discuss the different exercise options that are available. The contract covers exercise

(classes/gym/swimming), an initial free 12 week period during which the participant has follow up motivational interviews and reviews. There are approximately 80 new referrals per month.



15.5 After the twelve week programme, service users will attend a final appointment with a scheme advisor who will discuss opportunities to be more active in the long term.

15.6 With the contract for Active for Life coming to an end in 2018, new and creative solutions, such as those outlined in this report, will be required to ensure suitable options are available.

Walking for Health

“Walking is the nearest activity to perfect exercise”

www.walkingforhealth.org.uk

15.7 Walking for Health is an important part of the Active for Life programme as it is an activity that can be mainstreamed into the existing lifestyles of many older people whilst offering enjoyment to the participant.

15.8 The centrality of walking to the fitness of older people and its success in terms of popularity challenges often-cited barriers of availability, accessibility and cost of exercise regimes.

15.9 There are lots of reasons why walking is so accessible:

- walking is free – you don't need expensive gym membership or special shoes to take part
- you can wear everyday clothes so you won't feel you stand out on the street
- walking is gentle, so you're unlikely to get injured
- it's fun to get together with friends and go for a walk
- it's a healthy way of getting where you need to be
- you can do it almost anywhere at anytime
- you can start off slowly and build up gradually as you get more confident

15.10 Walking makes a great “gateway” to the world of exercise because it often inspires people to try out healthy activities. Aside from boosting health, walking has positive benefits for the whole community too. For example, “leaving the car at home” helps to reduce pollution, end traffic jams and fight climate change. Taking a walk also connects communities and studies show this can help everyone feel part of the community and actively reduces crime.

15.11 In Haringey, Health Walks are included as part of the Active for Life contract. This is a volunteer-led, borough wide, walking programme supported by Fusion. It is open to all residents and volunteers are trained as Walk Leaders and hold appropriate insurance cover. The programme is part of a national initiative led by Walking for Health. It aims to encourage people, particularly those who are the least active, to do regular short walks (30 minutes-45 minutes) within their local community. The walks are sociable and fun.

15.12 All walks are free of charge and all abilities are catered for. To access the scheme patients just turn up at the venue and are asked to complete a brief Health Questionnaire prior to participating on the walk.

15.13 During evidence gathering the Panel also considered other schemes, summarised via the [Smarter Travel Walking Guide \(PDF, 3.5MB\)](#). This includes information on local routes, guided walks, and provides useful contacts across the borough.

15.14 2016 was also promoted as Haringey's “Year of Walking”. This was a local campaign, led by the Council in partnership with the Friends of Haringey Parks Forum, to get even more residents walking. This included the [Haringey Walking Weekend](#) that took place in October. These walks took place across the borough and were coordinated by Haringey residents, active in Residents Associations and Parks Friends Groups, passionate about their environment and their communities.

- 15.15 In addition to the information above, Panel members took part in one of the Walking for Health groups. This has allowed recommendations to be put forward that aim to scale up the level of walking across the borough. It is hoped promoting activities with relatively little cost will actually save money by helping to reduce hospital stays and the need for residential or supported living.

Recommendation 10

That consideration be given to how the Active for Life programme could be incorporated into the wider 2032 Fusion contract, once the Public Health contract for this provision, including GP Exercise Referral and borough wide Health Walks, ends in 2018.

Recommendation 11

That:

- (a) The Director of Commissioning for Haringey CCG be asked to ensure information about [Haringey's Walking for Health Groups](#) is displayed at all Health Centres and GP Surgeries.
- (b) The Community and Customer Relations Director for Homes for Haringey be asked to display information about [Haringey's Walking for Health Groups](#) on all Estate Notice Boards.
- (c) The Head of External Communications, Haringey Council, be asked to ensure information about [Haringey's Walking for Health Groups](#) is provided on notice boards across the borough, including at all libraries.
- (d) Fusion be asked to ensure information about [Haringey's Walking for Health Groups](#) is displayed at all Leisure Centres across the borough.
- (e) The Director for Public Health be asked to work with Fusion to ensure information provided about Haringey's Walking for Health Groups, including online, is updated to include information on the duration, type and level (easy, medium, hard) of each walk.

16. Parks and Open Spaces

- 16.1 Haringey has 382.8 hectares of parks and open space making up 12.8% of the total borough area, which makes it relatively green compared to other parts of London. However in terms of people to open space there is 590 people per hectare compared to the London average of 363 (2001 census).
- 16.2 There are 61 parks and open spaces and 41 hectares of managed allotments, further there is 72 hectares of open space classified as housing open land or

educational and schools open space. There are 70 identified sites of ecological value and three nature conservation reserves

- 16.3 Generally this open space is managed in house by the Parks Operational Team with support from the Public Realm Client and Commissioning Team. Other significant open space in the borough is managed by the Alexandra Park Trust, the Lee Valley Regional Park Authority and the London Corporation.
- 16.4 Within the borough's parks and open space there are a variety of sports pitches and over 100 spaces dedicated to sport and play e.g. playgrounds, ball courts, skateboard areas and outdoor gyms
- 16.5 Utilisation of open space rather than volume of open space is recognised as an important factor in good physical and mental health. Haringey scores reasonably well on these measures however there is much scope to improve access to these important assets through ensuring standards of facilities and upkeep are kept high.
- 16.6 Haringey's 22 Green Flags indicates the excellent quality of our parks generally – but there can be no cause for complacency given their importance for good health. Park activation will become increasingly important in the future and the input of volunteers such as the thriving Haringey Friends of Park Forum should be further encouraged, including providing small amounts of funding for appropriate events and volunteer led improvements.
- 16.7 In addition, throughout the review various witnesses mentioned the importance of small grants (rather than commissioned contracts) to support smaller scale local activity sessions for older people. With this in mind, it is hoped consideration will be given to establishing a small grant fund (possibly with some collaboration with the ward budgets fund) to support this sort of micro, but important, local activity.

Recommendation 12

That the Council and CCG consider the use of small grants (rather than commissioned contracts) and establish a small grant fund (possibly with collaboration with the wards budgets, overseen by the Bridge Renewal Trust) to support small scale local activity sessions for older people.

17. Silverfit

- 17.1 Silverfit are a small charity providing an exciting and age appropriate programme of physical activity for the 45+ cohort. Currently they operate one morning a week in the borough within Lordship Rec. The key to Silverfit's appeal is the excellence of delivery, the peer lead nature of the organisation and the strong social element.
- 17.2 The feedback below was provided to members of the Panel:

“Silverfit for me is about fun and socialising and exercise, keeping active and healthy! I have made friends in cheerleading.....The few months I have been

doing it, my energy levels have improved, my memory and concentration have improved....After each session, we get together to have a cup of tea, and we laugh! I am thinking of attending Silver Cheerleading at other venues.”

“I joined Haringey Silverfit shortly after it first started. After retiring, I wanted to maintain my fitness and mobility, I saw Silverfit was very active in South London, and I was lucky that they came to North London – and that they offered Cheerleading which was very exciting and so much fun! You have to learn a routine which keeps the brain active, I also got friends from another dance class to join in. The social aspect of Silverfit is great, and meeting new people and new friendships is fantastic! I have done a taster of Nordic Walking and also tried Badminton – I would love to do all of them! You must choose something that you enjoy so that you keep exercising and keep going!”

“I really enjoy the social aspect and the coffee we have after the session. I wasn't doing much exercise before and with Silverfit coming so close to my place of residence, I now attend Nordic Walking regularly but also once gave Cheerleading a go! The choice of activities, is great for people to be able to choose what they would enjoy.”

“Members feel a sense of community by attending Silverfit. I have frequently had members asking after each other if one of the group has not attended for a while. The level of concern for each other is heart warming and shows... sessions go way beyond that of people just wishing to improve their health and fitness levels...”

“We...regularly have members who, even though cannot participate in their regular activity, still turn up for the social coffee and tea catch up after the activity ends. The Hub is a fantastic venue and environment which fosters wonderful social interaction amongst the group.”

- 17.2 While Silverfit does generate a small amount of income they still require subsidising. Silverfit is currently funded from the remainder of the Sport England Tottenham Active funding. However to date further funds need to be identified from June 2017 onwards. Further the success that this programme displays in attracting and retaining 50+ residents into physical activity and the health benefits accruing points to the need to provide another Silverfit session locally e.g. in the Northumberland Park area. Funding for one session is approximately £12,000 per annum.

Recommendation 13

That, subject to funding being identified, the Council should support (a) the continuation of Silverfit within Lordship Rec and (b) the provision of another session e.g. in the Northumberland Park area. This support should include working with Silverfit to promote sessions across the local community.

18. NHS Health Checks

- 18.1 The NHS Health Check programme is a public health programme for people aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart and kidney disease, stroke and dementia.
- 18.2 The check takes about 20-30 minutes. and includes simple questions, for example, about family history and any current medication. Several measurements are taken, such as blood pressure, height, weight and a simple blood test to check cholesterol (and blood sugar levels if required). These details are used to calculate personal risk.
- 18.3 The results are discussed and advice and support provided on lifestyle changes that will help improve health and reduce risk. Treatment, medication and referrals to other services may be prescribed to maintain health.
- 18.4 The current programme, provided within some practices in the East of Haringey and in one ward in the West of Haringey (Hornsey), runs until the end of March 2017. From April, a new GP framework (2017-21) has been established for the provision of enhanced services. This provides opportunities to incentivise higher risk residents. Further information about the new Health Check programme can be found in a report that went to Cabinet in February – [“Award of contracts for General Practitioners Services Framework for Prevention Services”](#).
- 18.5 In addition, the Tottenham Hotspur Foundation provides targeted interventions/health checks via the “One You Haringey” campaign (details below).

19. One You Haringey

- 19.1 In April 2016 Haringey, along with a number of other local authorities, re-launched a range of health advice and support services under the NHS “One You” initiative. This is a national brand that’s built on an understanding of C2DE (casual lowest grade workers, pensioners).
- 19.2 Through a range of online apps, small group sessions and 1-2-1 advice, local residents aged between 18 and 74 are provided with the support and tools to become more physically active, smoke less, drink moderately and have a better diet.
- 19.3 Tools include the “How Are You” quiz developed by Public Health England. This is available on the [One You Haringey website \(external link\)](#). This is designed to point residents in the direction of changes that will start the journey to becoming healthier. Depending on the results of the quiz, people will then be offered face to face, online and telephone advice or signposting to other local services. The service, operated by Reed Momenta, is funded by Public Health, and brings together previously separate health services under one combined lifestyle programme available to local residents.

- 19.4 The services offered include a fun and supportive 12 week course to help people achieve and maintain a healthier weight; and advice to create a personal physical activity plan to reduce the risk of diabetes, heart disease and stroke.
- 19.5 In addition, the Tottenham Hotspur Foundation provide community NHS Health Checks for residents aged 40 to 74. To ensure a range of residents are seen, these take place at a variety of venues across the borough, including:
- Seven Sisters Indoor Market: **Latin American community**
 - Tesco Seven Sisters: **African Caribbean, White British**
 - Bruce Grove Post Office: **Eastern European, Roma Gypsy, Indian & Pakistani**
 - Bruce Grove Fish Mongers: **as above**
 - Easy GYM: **Somali and other African communities**
 - Morrison's Wood Green: **Turkish, Kurdish, Cypriot and Polish**
 - Library Wood Green: **as above**
 - Social Clubs: **Turkish and Somali**
 - Hostel: **Romanian**
- 19.6 The service is supported by a group of trained 'Health Champions' who work with their local community to motivate, empower and help people to lead healthier lives. Health Champions are drawn from volunteers in the community or paid front-line staff within organisations, workplaces and faith setting who have regular contact with those who at a greater risk of poorer health. There are currently 30 active Health Champions in place and it is hoped many more will be recruited over the coming months in order to provide health advice, signposting and raising awareness of local opportunities to encourage a healthy lifestyle.

20. Active Travel

- 20.1 The Council promotes active travel with a range of activity funded primarily by Transport for London. This includes promotional events, free bike maintenance training, Dr Bike sessions (pop up bike maintenance) and small grants to community groups to undertake a variety of activity to encourage residents to cycle and walk more.
- 20.2 The Council is committed to improving the infrastructure in the borough to encourage cycling and walking for travel and recreation and details of this are outlined in the Council's Local Implementation Plan (LIP). Actions to improve footpaths, traffic calming etc have the affect of giving confidence to residents including older people to walk and cycle more.

21. Homes for Haringey

- 21.1 Homes for Haringey has over the years delivered robust programmes engaging all residents to be active, including older residents. A number of different approaches have been used, including:
- Facilitating and enabling programmes across neighbourhoods to improve life chances for residents.

- Partnership work and funding
- Helping residents to do more for themselves
- Promoting positive health and well being among staff

21.2 Homes for Haringey promote physical activities with council residents (tenants and leaseholders) in a number of ways, including:

- Provided funds for a number of resident associations to run weekly chair based “dancercise” in various sheltered schemes following the success of free taster classes in 2015.
- Advanced Zumba and dance classes e.g. at Commerce Road.
- Staff and Residents have been trained as walk leaders and are developing walking projects.
- Over 38 estate play days run in partnership with Haringey Play Association between October 2015 and August 2016.
- Encouraging residents to take up training and running Play Days themselves. This has helped to increase skills, community cohesion and reduce ASB.
- Promoting the use of play areas and green areas in neighbourhoods such as Edgecot and Park Lane.
- Community gardening and environment projects.
- Food growing projects run by local residents e.g. at Campsbourne, Ferry Lane, Tiverton, Victoria, Kerswell and Culvert, Commerce Road and others.

21.3 Other programmes, with a specific focus on older people, include:

- A successful and well attended Broadway Brunch Show at various Supported Housing Schemes every month all through 2014/15. High quality performance by an artist from the West End and a 2 course meal. Funding was secured to start this again in November 2016.
- Theatre shows aimed at older people with Dementia. Pilot October 2016.
- “The nature of forgetting” shows that build on the success of the “Desert Island disk” project using music and video stories.

- The Hub and Spoke Pilot

- 21.4 The Hub and Spoke model can offer services and facilities to a wider community as well as to residents of the supported housing scheme. This means that a range of services including housing support can be provided from a central point over a defined geographical area to people within the surrounding community. It can also help to link smaller, less cost effective schemes to a larger network of resources, making them more sustainable, both in terms of shared costs, but also in providing a full range of services. For various services such as reablement services etc, Hub and Spoke can offer a working base not previously available and a network to allied agencies, working at a local level and with local knowledge.
- 21.5 By using this model Homes for Haringey can improve outcomes for residents as they can establish networks with staff from other agencies working locally. This model could suit schemes that have facilities that would enable them to extend the services they currently offer to the wider community and to extend the range of services that they offer to meet the needs of the growing older population.
- 21.6 During evidence gathering, it was highlighted that a number of underused spaces exist in sheltered housing and elsewhere e.g. underused lounges and tenants/community rooms in blocks. At the same time, accessible community space for activities is at a premium.
- 21.7 With this in mind, the Panel was pleased to learn, on the back of one of their evidence sessions attended by One You Haringey and Homes for Haringey, that Commerce Road Community Centre has been identified as a location to hold Adult Weight Management Classes. This will provide significant benefit to the Wood Green community.

Recommendation 14

That the Council help to facilitate opportunities for Homes for Haringey to meet with commissioners and providers of activities so that underused spaces in sheltered housing and elsewhere, such as underused lounges and tenants/community rooms in blocks, can be used productively for physical activities for older people.

22. The Bridge Renewal Trust

- 22.1 The Bridge Renewal Trust is a charity based in Tottenham. They were set up in 2009 as a successor body to the Bridge New Deal for Communities (NDC) that led regeneration in Tottenham from 2000 – 2010. The main purpose of the Trust is to deliver practical ways that people can use to live healthier lives.
- 22.2 The Trust is also the Council's Strategic Partner for the Voluntary and Community Sector (VCS). They work with the sector "to ensure it is stronger, able to attract more external funding and deliver better services". As part of their service offer, they provide support to Haringey's VCS organisations with:

- **Fundraising and bidding support** – information regarding funding and tending opportunities including support with applications.
- **Social innovation** – generating new ideas including earned income and social business models.
- **Organisational development** – starting, growing or managing your organisation.
- **Collaboration and partnership working** – linking you to a partner organisation.
- **Community facilities** – access to affordable community space.
- **Volunteer opportunities and brokerage** – recruiting and managing volunteers.
- **Representation** – getting your voices heard.

22.3 During evidence gathering, the Panel considered both the physical activities for older people provided by the Bridge and the work that they have been leading on in terms of the mapping of community assets across Haringey.

Physical activities for older people by the Bridge

22.4 The Bridge use a community empowerment model in order to help older people and volunteers to set up and run activities that keep them active. This includes:

| |
|--|
| <p>Gardening</p> <p>Intergenerational activities in the garden, which includes all aspects of planning planting, maintaining and using the garden.</p> <p>Activities are led by volunteers at The Community Hut on Tiverton Estate, Seven Sisters and at Helston Court Community Gardens on Helston Court Estate, St Ann’s.</p> |
| <p>Social Prescribing</p> <p>Set up social activity groups in 12 sheltered accommodation venues across Haringey</p> <p>Each group is facilitated by one or more Resident Community champions</p> <p>Initial funding and support provided to set up “seed activities” – e.g. wheel chair exercise, line dancing etc</p> |
| <p>Guided Walks</p> <p>Mapping Tottenham – walks to sites of significant heritage value</p> |

Sign Posting

Foot care + social prescribing – toe nail cutting at various outreach venues

Home from Hospital – practical support to older people at home (see section 24)

Befriending service (formerly provided by Age UK Haringey) – home visit by volunteer befrienders

Chestnuts Care and Connect – weekly club for older people

Community Impact Haringey

Haringey Council's official Voluntary and Community Sector strategic partner

Asset mapping – in term of physical activities for older people 37 organisations, across the borough, have already been identified

Volunteer brokerage

Events and communications

- Weekly Community Impact Bulletin
- Health and Wellbeing thematic forum targets older people
- Annual Community Expo to showcase outstanding work and best practice

- 22.4 During discussions with the Bridge, the Panel agreed that work in relation to asset mapping, especially in relation to physical activities for older people, underpinned many of the recommendations in this report. The Panel recognise that asset mapping, and the sharing of this information, is critical in terms of enabling residents and front line workers to be able to easily access, and make choices that suit them, about the many physical activities that are available across the borough.
- 22.5 Evidence received during the review also highlighted that there is a broad mix of organisations who are taking up the challenge of improving the well-being of older residents. With a range of different services being delivered by lots of different organisations the recommendations below are seen as critical to the success of work that is taking place to increase physical activity among older adults.

Recommendation 15

That the Council and Bridge Renewal Trust continue to work together to ensure information, concerning physical activity for older people obtained via the asset mapping exercise, is available, accessible and can be used by residents, carers, front line staff and care coordinators before the end of 2017.

Recommendation 16

That the Director for Public Health be asked to establish a sub group of the Haringey Active Network – the local Community Sport and Physical Activity Network (CSPAN) – to focus on Physical Activity for Older People.

The sub group should:

- Have its own terms of reference and a membership representing the broad mix of organisations who are taking up the challenge of providing / commissioning physical activity for older adults across the borough.
- Share information and resources and create a distinctive learning community of “like-minded people”.
- Provide information on volunteer brokerage, including how to access funding, resources, and/or other opportunities.
- Give consideration to the format of meetings (e.g. World Cafe methodology) to ensure effective networking across a broad mix of organisations
- Report annually to the Haringey Health and Wellbeing Board via the Active Haringey Network. This should include an update on each of the bullet points above.

23. Making Every Contact Count

23.1 Making Every Contact Count (MECC) is an approach to behaviour change that utilises the numerous day to day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.

23.2 The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors, have thousands of contacts every day with individuals and are ideally placed to promote health and healthy lifestyles.

- 23.3 MECC focuses on the lifestyle issues that, when addressed, can make the greatest improvement to an individual's health: Stopping smoking; Drinking alcohol only within the recommended limits; Healthy eating; Being physically active; Keeping to a healthy weight; Improving mental health and wellbeing.

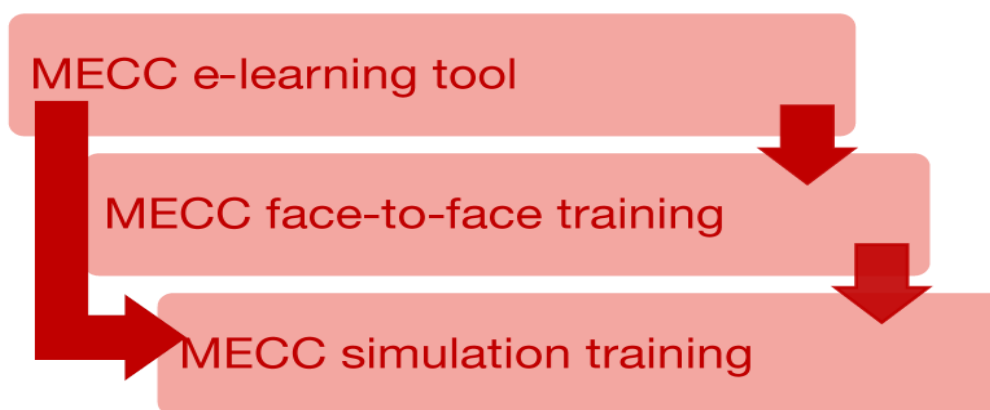
What are the benefits of MECC?

| | |
|---|---|
| Organisational benefits | <p>Implementing MECC can support organisations in meeting their core responsibilities towards their local population health and wellbeing and to meet obligations within the NHS standard contract.</p> <p>It can assist organisations in meeting responsibilities towards their workforces, for example by improving staff awareness of health and wellbeing issues; and in enhancing staff skills, confidence and motivation and potentially bring improvements to staff health and wellbeing.</p> <p>MECC activity can be incorporated as part of existing health improvement or workforce improvement initiatives, for example, when tackling access to healthier food options.</p> |
| Community and local health economy benefits | <p>The benefits of MECC can include improving access to healthy lifestyles advice improvement in morbidity and mortality risk factors within a local population; and cost savings for organisations and the local health economy.</p> <p>It can also support health improvement activity within local communities, and provide an approach that reaches out to community members and groups. MECC can provide a lever to support communities in collaborating together.</p> |
| Staff benefits | <p>For staff, MECC means having the competence and confidence to deliver healthy lifestyle messages and the encouragement for people to change their behaviour and to signpost to local services that can support them to change.</p> |
| National/Population benefits: | <p>It provides a means of maximising the benefit from existing resources for improving population health. For example, it can include advice on low or no-cost activity, such as persuading parents to walk their children to school; or, as part of physical activity advice, encouraging increased use of existing community resources such as leisure centres and swimming pools.</p> <p>MECC can be effective in helping to tackle health inequalities and the impact of the wider determinants of</p> |

| | |
|---------------------|---|
| | <p>health, through supporting individual behaviour change. For example, some local services are using the MECC plus approach to engage local populations in managing debt, action towards gaining employment or in tackling housing issues.</p> <p>The population level approach of MECC can also help address equity of access, by engaging those who will not have otherwise engaged in a 'healthy conversation' or considered accessing specialised local support services, such as for weight management.</p> |
| Individual benefits | <p>For individuals, MECC means seeking support and taking action to improve their own lifestyle by eating well, maintaining a healthy weight, drinking alcohol sensibly, exercising regularly, not smoking and looking after their wellbeing and mental health. For more information please see the MECC Consensus Statement.</p> |

23.4 It is not easy for everyone to raise questions about lifestyle behaviours. MECC requires a range of skills and knowledge in order to staff to gain confidence to support and direct people. Training resources for staff are a key element of a MECC programme. The success of a MECC programme will depend on the quality of the training and on sustaining the competence and confidence of staff to deliver the key messages and information to the public. It is also important that those delivering MECC are able to signpost people to appropriate local services and where possible facilitate contact with these services. MECC training should offer practical advice on how to carry out opportunistic chats, signpost to other services and encourage people to make positive steps towards making a lifestyle change and should ensure that there is a consistent approach to these messages.

23.5 Health Education England has developed a number of packages to support MECC and Haringey's training offer is outlined below.



23.6 Haringey's MECC e-learning tool and face-to-face training both have the same learning outcomes:

- Overview and understanding of the definition of MECC.

- Awareness of the economic, organisational and personal benefits of MECC.
- Understanding of the underpinning principles of MECC and MI (Motivational Interviewing) and its impact in Haringey.
- Awareness of the basic health components of MECC, including messages on smoking, healthy eating, physical activity, alcohol consumption and mental health awareness.
- Ability to identify points of resident contact - when and where to provide with health information, advice and guidance.
- Where to signpost residents to for further support and guidance.

23.7 As of October 2016, more than 400 frontline staff across Haringey's health, local authority and voluntary sectors had attended face-to-face training, provided by Reed Momenta. Feedback from staff includes:

- "...has brought healthy lifestyle choices to the forefront of my thinking – and so will be looking out on how to support my client group." (Family Support Team)
- "...increased my awareness on how to deliver key health messages more effectively." (Early Intervention and Prevention)
- "...has increased my confidence in raising and discussing healthy lifestyle related issues." (Adult Social Services)

23.8 Haringey's e-learning module was launched in September 2016. This is an individual and team learning and development tool that can be accessed via FUSE, Haringey's social learning platform.

Recommendation 17

That the Director for Public Health and Assistant Director for Transformation and Resources work together to ensure:

- (a) All front line staff receive training on MECC as part of their induction to the Council. As a minimum, this should include asking new starters to go online to look at the e-learning tool.
- (b) Existing frontline workers have an opportunity to discuss training needs in relation to MECC as part of the ongoing "My Conversation" appraisal process. Steps should be put in place to ensure issues in relation to MECC are discussed at least once a year.
- (c) That (a) and (b) above be used to ensure feedback from staff is reviewed annually to ensure improvements can be made to Haringey's MECC training offer, including the e-learning tool, in view of experience.

24. Making physical activity a priority for frailer, older people

- 24.1 Frailty is a state of vulnerability and arises from multiple factors. Whilst it is a condition brought about by a combination of old age and disease, physical inactivity is also known to be a significant contributing factor. Many frailer, older people have multiple medical conditions, such as a combination of arthritis, diabetes, cardiovascular disease and dementia, and have very little strength and a fear of falls.
- 24.2 Although many frailer, older people live in residential care and nursing settings, others continue to live in their own home. To do so, they are supported by a range of services which provide assistance with daily living and help sustain independence.
- 24.3 One of the major risks of daily living associated with frailer, older people is the risk of falls. During the review, the Panel received evidence to support the benefits of specific, targeted and progressive exercise programmes to help reduce the risk.
- 24.4 As a result, the importance of interpreting the CMO guidelines for frailer, older people was identified as a priority. The Panel focused on tertiary prevention and looked at what could be done locally to promote a greater quality of life and to reduce the impact of increased health and care needs.
- 24.5 The information below, outlined in guidance from the BHFNC for Physical Activity and Health (2012), provides detail on each of the guidelines with the purpose of providing professionals with greater understanding of their relevance and how they apply to their work with frailer, older people.

Guideline 1: *Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits.*

Some physical activity is better than none:

- Frailer, older people engaging in smaller amounts of physical activity will gain some benefits relative to being inactive.
- It is recommended frailer, older people take part in some physical activity every day.

Doing more physical activity provides greater health benefits:

- The dose-response relationship for physical activity and health indicates 'more is better' in terms of the health benefits of physical activity.

It's never too late to start:

- There is good evidence that the benefits of physical activity also apply in later, later life, even to those who have previously been inactive.

- There is good evidence that frailer, older people in later life can still obtain increases in physical fitness and physical function.

Guideline 2: *Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least 5 days a week.*

Build up to a total of 150 minutes of physical activity each week:

- For some individuals, particularly frailer, older people, 150 minutes may be daunting and seem unattainable due to low levels of fitness or functional capacity. Gradually working towards a goal of 150 minutes a week is recommended.
- The CMO guidelines suggest sessions as short as ten minutes can provide health benefits. Accumulating numerous sessions of ten minutes over a period of time may be a more realistic way for frailer, older people to achieve the CMO guidelines.
- For frailer, older people with low levels of activity, engaging in a small amount of activity, even at a level below the quantity recommended, will provide some health benefits relative to being totally inactive and is a good way to begin.

Physical activity should be aerobic activity of at least moderate intensity:

- The type of activity someone needs to do to qualify as moderate intensity varies from one individual to another. A frailer, older person with low functional capacity may only have to walk at a slow pace for a short time, whereas a very fit athlete may be able to run quite fast for a long time before reaching this level.
- In frailer, older people with low functional capacity, encouraging them to move for longer (ie, progressing from five to ten minutes) may also increase the intensity (ie, from low to moderate) as the individual will have to work harder to sustain the activity.
- Moderate physical activity will cause older adults to become warmer, breathe harder and feel their heart beating faster than usual, but they should still be able to carry on a conversation.
- Many frailer, older people may feel daunted by being asked to raise their heart and breathing rate and may interpret this as an onset of a cardiac event or asthma.

- Education may be required to reassure the frailer, older person that these are normal responses to physical activity and are safe and appropriate for them.
- In an activity like walking, frailer, older people should focus on the perception of the effort they need to make rather than their speed. On a perceived effort scale of 0 (no effort) – 10 (major effort), moderate intensity physical activity is usually rated 5–6.

Guideline 3: *For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity.*

It is neither recommended nor likely that frailer, older people engage in vigorous physical activity.

Guideline 4: *Older adults should also undertake physical activity to improve muscle strength on at least two days a week.*

There is strong evidence for the additional health benefits of muscle strengthening activities.

The strength recommendations are in addition to the 150 minutes a week.

Strength activities should not be undertaken on consecutive days to allow the muscles to rest and repair.

Some everyday activities can be used as strength activities, as well as participation in a class or home-based programme.

Activities that improve strength are those that use the muscles against a resistance or extra weight and where they are performed slowly and repetitively (e.g. 8–12 times).

For a frailer, older adult, body weight or light resistance will initially have a strengthening effect. However as strength improves, heavier weights and slow repetitions will allow the training effect to continue.

Muscle strengthening activities involving all major muscle groups (including the shoulder girdle, arms, trunk, legs and muscles that surround the ankles) will provide substantial benefits for frailer, older people.

Strengthening activities for frailer, older people include using the stairs frequently, Tai Chi or dance, heavy housework or gardening, lifting and carrying, repetitive slow sit to stands (rising from a chair) as well as home-based or group classes that involve strength exercises, e.g. with weights or resistance bands.

Muscle strengthening activities will make the muscles feel more tension than normal, perhaps 'shake' and be warmer.

It is normal and anticipated that the day after strengthening activities are

undertaken there will be mild muscle stiffness, indicating the activity had a training effect.

Education may be required to reassure the older adult that these normal responses to muscle strengthening activities are safe and appropriate for them, and are necessary to improve strength.

Guideline 5: *Older adults at risk of falls should incorporate physical activity to improve balance and coordination on at least two days a week.*

33% of older adults aged 65 plus fall every year. This figure increases to 50% at the age of 80 and is even greater among those living in care homes. There is good evidence that physical activity programmes which emphasise balance training, limb co-ordination, muscle strengthening and are tailored to the individual are safe and effective in reducing the risk of falls among frailer, older people.

The balance recommendations are in addition to the 150 minutes a week.

Activities that improve balance for frailer older adults include standing or moving about whilst standing and fit in one of the following categories:

- reduced base of support, e.g. standing on one leg for a while, going up onto tip toes, walking heel to toe
- movement of the centre of mass, e.g. dancing, standing Tai Chi and yoga, bowling, moving in different directions, most standing exercise classes and most music to movement classes
- using movements that challenge balance by reducing the amount of upper body support, i.e. switching from holding on to then being unsupported during the activity.

Guideline 6: *All older adults should minimise the amount of time spent being sedentary (sitting) for extended periods.*

Prolonged periods of sedentary behaviour are an independent risk factor for poor health. Sedentary behaviour rises sharply from the age of 70 onwards and can be as high as 80% of the day amongst care home residents.

Sedentary behaviour refers to any activity that typically occurs whilst seated or lying down and which requires very low levels of energy expenditure.

Sedentary behaviour may be reinforced by activity restrictions brought about by loss of physical function, fear of falling and by activity limiting living environments.

Breaking up long periods of sedentary behaviour, even in those who are chair bound, is highly recommended. Some examples of ways to help do this are by standing and (assisted) walking around for a few minutes, slow sit to stands or seated physical activity.

24.6 Evidence received during the review highlighted a clear-dose response relationship between physical activity and the prevention of diseases such as coronary heart disease and type 2 diabetes and that greater benefits occur with increased participation. In addition, for those individuals with very limited mobility, including the frailest and those who spend long periods of time sitting, bouts of physical activity and movement that promote circulation will help to reduce the complications of immobility including: deep vein thrombosis (clotting); gravitational oedema (swelling of the legs caused by accumulation of fluid); contractures (thickening of the joint tissues leading to deformity); pressure sores; and faecal impaction (severe constipation).

24.7 Despite the benefits, increasing physical activity among frailer, older people represents a significant challenge. Many may depend on others for basic activities of daily living and have disabling conditions. Similarly, frailer, older people may have cognitive impairments or be concerned about failing or over-exertion. Also, patterns of sedentary behaviour may be well established with no habitual routine of physical activity.

24.8 Frailer, older people will be more motivated to be active when they:

- find a sense of purpose or reason to move, e.g. relevance to their situation and self-identity
- feel safe and can trust those assisting and supporting them
- believe that significant others, e.g. family members, care givers and professionals, have positive attitudes towards their physical activity
- have confidence in the skills of physical activity instructors, teachers and leaders
- are successful and recognise their own achievements
- discover opportunities to interact and socialise with other people
- engage with personal interests and enthusiasms

24.9 Evidence suggests frailer, older people are concerned about over-exertion and causing harm to themselves. Additionally, during physical activity, the fear and risk of falls may be further exaggerated in frailer, older people. However, the risks associated with taking part in physical activity at a health promotional level are minimal for most individuals. Continuing with an inactive lifestyle presents greater health risks than gradually increasing physical activity levels.

24.10 Those that are the least active have the most to gain from taking part in even small increases of regular physical activity. If frailer, older people gradually increase the volume and/or intensity of their physical activity, they are unlikely to face undue risk. In short, the health benefits of physical activity outweigh the risks.

24.11 With this in mind, the Panel looked at how it would be possible for a frailer, older person in Haringey to work towards achieving the CMO physical activity guidelines. The work of the Care Inspectorate in Scotland and opportunities for increasing physical activity with older people via Haringey's Integrated Out of Hospital Project are explored in more detail below.

Physical Activity within the Care Home Setting

24.12 "Care...about physical activity" has been developed by the Care Inspectorate³ (Scotland) in partnership with the BHFNC for Physical Activity and Health to support those who work in the care sector to make physical activity part of every resident's daily life.

24.13 Based on the World Health Organization model of "Health Promoting Settings" this good practice resource provides principles and a self-improvement framework for care homes. It has been designed to stimulate simple solutions and practical approaches to enable all care home residents to choose to be active every day.

24.14 The resource pack, [available via the Care Inspectorate's website](#), includes:

- A booklet with:
 - An introduction to the resource, an introduction to physical activity in care homes and how to make improvements
 - A physical activity self assessment tool and guidance for its use
 - A description of the three key principles to promote physical activity
 - (a) Physical activity and participation
 - (b) Organisational care home culture and commitment
 - (c) Community connections and partnerships
- A DVD to support implementation of the resource pack
- Make Every Move Count – a pocket guide to active living
- A call to action poster
- Physical activity and self assessment tools

24.15 The pack has been designed to support care homes, in Scotland, to make improvements in this area of care, and also, importantly to acknowledge what works well and enables residents to be more physically active. During development of the resource, components were tested in care settings across Scotland.

³ The Care Inspectorate regulates and inspects care services in Scotland.

- 24.16 This useful tool highlights that the needs of the individual should be the starting point for promoting physical activity and encouraging residents to be more active. However, it is difficult to be prescriptive about what activities are appropriate for residents in care homes. Understanding individual interests and abilities, previous successful physical activity experiences and personal beliefs and expectations of others should inform personal choice on suitable activities. This is in addition to using a person centred care plan which includes the medical conditions of the individual as well as the views of other health, therapy and social care professionals.
- 24.17 A key to promoting physical activity is the way in which it can be built into the daily life of the care home such as using activities of daily living for example rising from a chair (assisted), walking and moving around the care home and making use of the outdoors. Being physically active is not the same as taking part in an organised exercise class or walking group, important as they are. It is about opportunities to move more often.
- 24.18 From a public health perspective, helping all older adults to progress from moving, to moving more often, to moving regularly and frequently will produce the greatest reduction in risk. The activities below can be enhanced by group based activities which will provide additional benefits and opportunities such as maintaining social connections.
- **Moving** – such as standing up from a chair several times a day, moving in bed, brushing teeth, and washing face.
 - **Moving more often** – such as walking to the dining room each meal time, walking to rooms to collect an item.
 - **Moving, regularly and frequently** – such as going outside, setting the tables for meals, sorting laundry, feeding the birds and doing meaningful and purposeful activity.
- 24.19 During evidence gathering, differences between the Scottish and English health/care systems were acknowledged. However, the Panel agreed, subject to local commissioning arrangements, the “Care...about physical activity” resource should be used in care homes in Haringey:
- During the induction of new staff to promote the importance of physical activity
 - To support training and education relating to good practice
 - To support continued professional development
 - To improve care and health and wellbeing of care home residents

24.20 The recommendations below have been put forward to ensure local care homes meet NICE guidelines relating to participation in meaningful activity⁴.

Recommendation 18

That the “[Care...about physical activity](#)” resource pack be used by the Director of Adult Social Services to develop Haringey’s Care Home Placement Agreement alongside the commissioning of services as part of the residential/nursing home contact, via DPS during 2017/18, to ensure:

- (a) Residents have physical activity choices documented in their care plans.
- (b) All staff understand the importance of daily physical activity and encourage residents at every opportunity to be more active in a way that meets their needs and choices with a clear purpose.
- (c) Participation in physical activity is valued and is a commitment for everyone who is part of the care home community such as relatives, staff, friends and others.
- (d) Management provides leadership and support to promote physical activity.
- (e) The environment facilitates an active lifestyle to take place by being appropriate for the needs and choices of the residents, staff and those in the care home community.
- (f) Training is available for staff to raise awareness of the benefits of physical activity and ways to enable residents to be active.
- (g) Connections can be made with accessible local services and organisations to provide specific advice, guidance and support to promote physical activity.
- (h) Care homes are aware of what local places and spaces are available to support people to be more active on a daily basis and makes use of the available opportunities.

Recommendation 19

That Healthwatch Haringey explore using enter and view powers to identify levels of commitment to promote physical activity among care homes in Haringey. Working with commissioners, a base line assessment should be completed during 2017 with a full inspection planned for 2018 once [tools outlined in the “Care...about physical activity” resource pack](#) have been introduced in Haringey.

⁴ <https://www.nice.org.uk/guidance/gs50/chapter/Quality-statement-1-Participation-in-meaningful-activity>

Recommendation 20

That progress in relation to promoting physical activity in care homes be monitored via the Quality Assurance Sub Group of the Haringey Safeguarding Adults Board.

Recommendation 21

The Cabinet Member for Finance and Health be asked to write to the Care Quality Commission to recommend that enabling access to appropriate physical activity is recognised as part of the inspection process, within either the question is the service effective or is the service responsive?

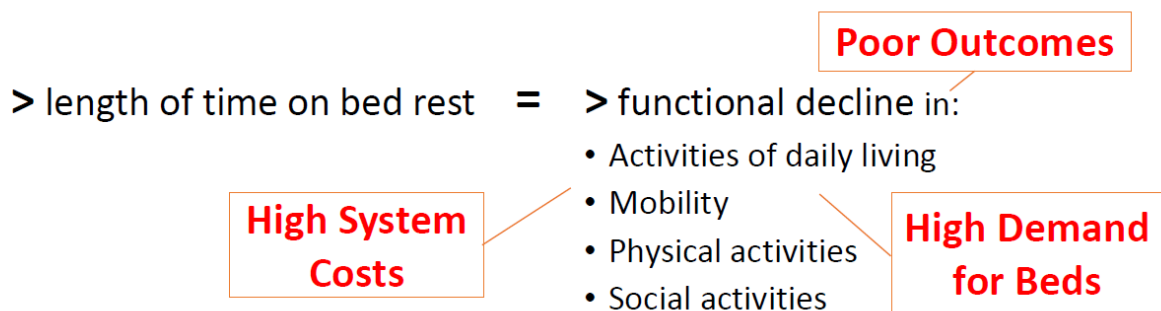
Haringey’s Integrated Out of Hospital Project

24.21 Haringey CCG has been working with North Middlesex University Hospital to deliver improvements in the Accident and Emergency four-hour waiting time target trajectory. This waiting times target trajectory is supported by improving the flow of patients through the hospital and reducing the length of time they spend in hospital.

24.22 A key focus of the Five Year Forward View, which has been translated into the priorities for the North Central London Sustainability and Transformation Plan (STP), is to reduce the length of time that people spend in hospital. The key rationale for this is deconditioning i.e. the longer that people remain in a hospital bed the greater their functional decline (this includes a reduction in activities of daily living, mobility, physical activities, and social activities).

“10 days in hospital (acute or community) leads to the equivalent of 10 years ageing in the muscles of people over 80” (Gill et al: 2004: Journal of the American Medical Association).

24.23 Deconditioning leads to poorer outcomes for patients, high demand for beds and overall higher health and social care system costs.



24.24 A recent audit across the four acute providers in North Central London (North Middlesex; Whittington; Royal Free; University College London Hospital) stated that there was a 98% bed occupancy rate and 18% of the beds were occupied by patients who were medically fit for discharge.

24.25 Haringey has made a commitment to improve outcomes for patients; reduce the pressures and demand for beds; and reduce costs for the health and social care system.

24.26 Haringey CCG is leading the work to improve patient discharge, through strengthening the support of out of hospital services, as a way of reducing the length of time that people stay in hospital. This work has been initiated with North Middlesex University Hospital through a programme called Safer Faster Better (described below) and North Central London STP have recognised the good progress this is making and are looking to spread the learning to other areas.

Integrated Out of Hospital Summary

| | |
|--|---|
| Improve coordination, capacity and quality of services that will both prevent frail/pre-fail adults going to hospital and efficiently discharging people when they go into hospital: | Primary Care (Before Hospital) Services that are primarily linked to/based in GP practices including: Locality Teams; Mental Health Hubs; Primary Care Hubs; Dementia Navigators |
| | Hospital Services (In Hospital) Services that are primarily linked to/based in hospitals; including: Home from Hospital; North Middlesex at Home; Discharge to Assess; Integrated Discharge Teams; Mental Health Discharge Co-ordinators; Seven Day Working |
| | Intermediate Care Services (After Hospital) Services that are primarily linked to community/home based services including: Bed Based Intermediate Care; Reablement; Cavell/Bridges Ward; Rapid Response. |

24.27 In terms of the route out of hospital for older adults, the Panel was particularly interested in-

- The Home from Hospital Service
- The development of Care Closer to Home Integrated Networks (CHIN)
- The Locality Teams pathway, including ongoing communication within Locality Teams

24.28 Home from Hospital is a council commissioned service provided by Bridge Renewal Trust. The service provides practical and emotional support to patients aged over 50 years old to return home safely from hospital on discharge.

Home from Hospital – adapted from The Home from Hospital Patient Brochure

“We accompany the patient home and provide up to three home visits for up to four weeks after discharge to prevent unnecessary re-admission”

The service helps people due to be discharged from hospital who meet the following criteria:

- Residents of Haringey aged 50 or over.
- Requiring discharge from Whittington or North Middlesex Hospitals.
- Give consent or have been determined that it is in the patient’s best interests to access the service.
- Would benefit from practical support at home but not including personal hygiene, domestic cleaning or laundry.
- Home and social situation deemed not at risk.
- Able to be safe at home alone with this service.
- No longer requiring acute medical care.
- Money available for basic amenities (food, transport, fuel).
- At risk of hospital admission / readmission if no support is provided.
- Worried about returning home and / or live alone and have no apparent support from family or friends.

The service cannot help: Non Haringey residents; Children and adults under the age of 50 years; People with complex needs.

The service encourages patients to regain their independence on returning home, by providing social and practical personalised support including:

- Accompanying patients home following hospital discharge.
- Three home visits and up to four weeks of support after hospital discharge.
- Supporting patients to collect pension / benefits / prescriptions.
- Practical assistance with essential food shopping (non-financial).
- Practical assistance with contacting appropriate services to ensure residents feel safe and well with access to amenities – heating, lighting and hot water.
- Practical assistance with checking/ topping up gas/electricity and paying bills (non-financial).
- ‘Check and chat service’ – telephone calls for the first 4 weeks following discharge from hospital to check how patients are settling back in the community.
- Provision of information and links, signposting and referrals to local community activities and local services.
- Help with making and accessing GP appointments and other health and social care appointments.
- Practical assistance with accumulated posts, completion of forms, letter writing and posting.

The service does not provide: Personal care; Financial support; Support to meet complex needs

The service works closely with the Hospital discharge teams, occupational therapists and social workers to identify eligible patients who can benefit from the service. **In addition to self-referral / family referral, clients can be referred into the service through a number of routes:**

- Hospital discharge as part of a period of reablement
- GPs, social services or community health services
- Integrated health and social care projects


- 24.29 There have been 502 referrals into the service since the initial contract with The Bridge Renewal commenced in September 2015 to October 2016.
- 24.30 Between September 2015 and September 2016 55% of referrals came from the North Middlesex Hospital and 42% came from the Whittington Hospital. 74% of all referrals were aged over 75.
- 24.31 In the same period, 74% of patients discharged from hospital who received services from Home from Hospital did not have a hospital readmission within 28 days of their hospital discharge.
- 24.32 During various interviews the development of Care Closer to Home Networks and the Locality Teams pathway, including ongoing communication within Locality Teams, were considered. Interviewing representatives from Haringey CCG, Council Officers and representatives from The Bridge Renewal Trust allowed the Panel to look at ways to strength the ability of Home from Hospital and CHIN coordinators to work together.

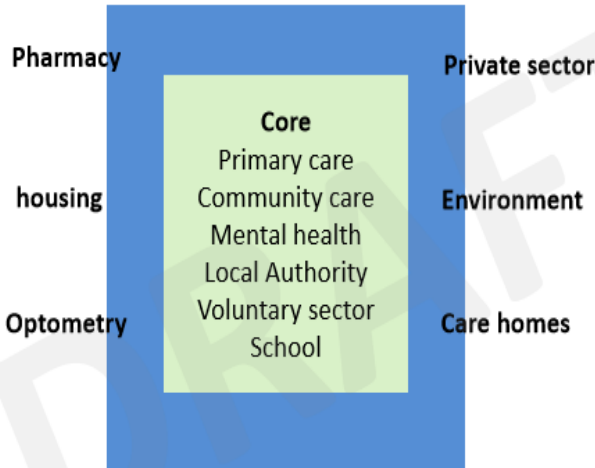
The Broad Model for CHINs

Care closer to home integrated networks (CHIN)

Principle
Network/hub does commissioning and providing

- Network has a multidisciplinary teams – pulled from core group supplemented by locally determined key players





Covers a meaningful population size e.g. 50-80K

Commissioning

- Needs analysis (public health and outcomes)
- Agree care pathways that are in scope
- Delegated budget
- Set an agreed commissioner plan
- Review aim to reduce variation – to achieve upper 25% across key players

Providing

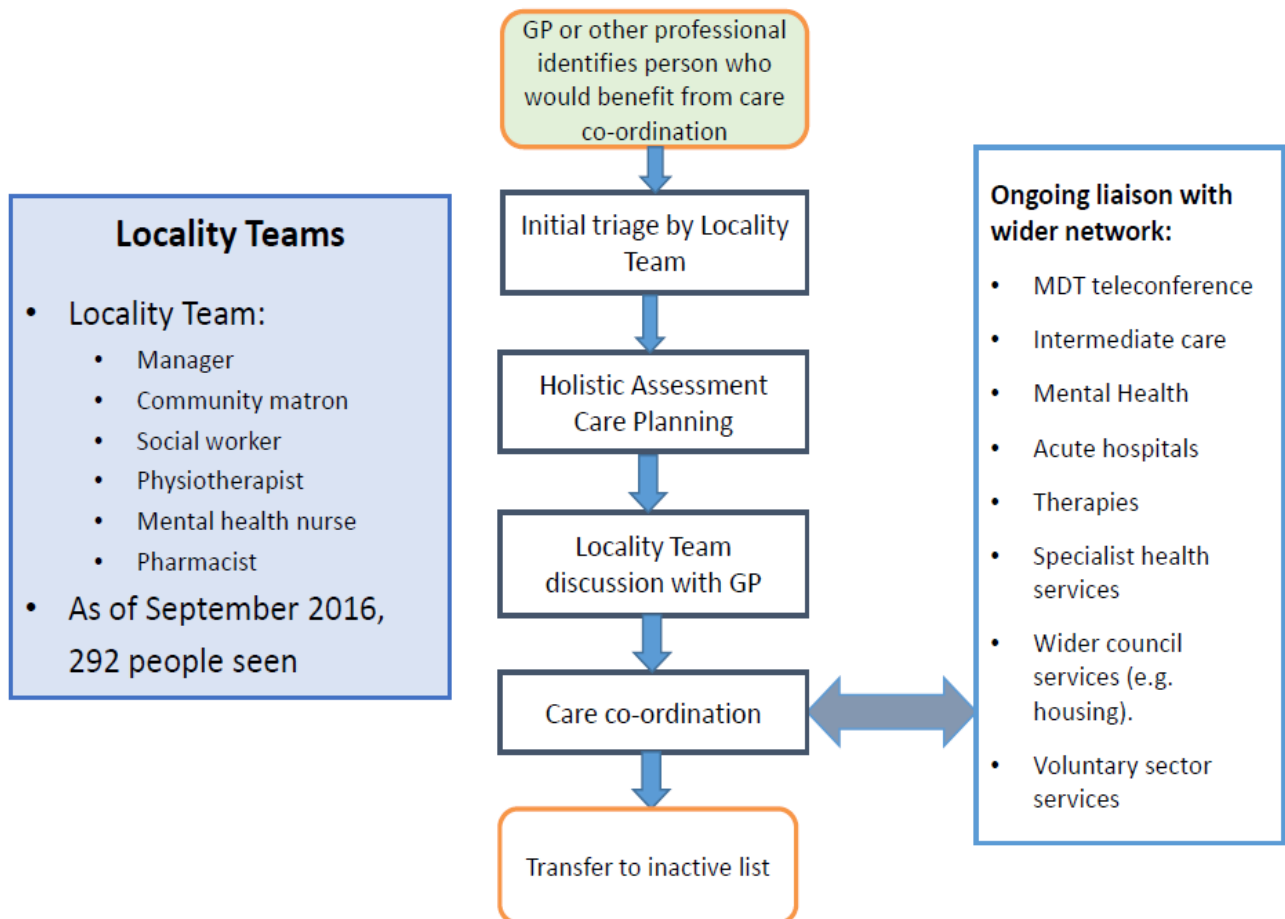
- Acute reactive – clinician agnostic
- LTC chronic – clinician specific
- Rehabilitation
- Admission prevention
- Discharge facilitation

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- 24.33 The Panel recognise that Care Closer to Home Networks are yet to be established. As a result, this offers an opportunity to influence the function of the network in promoting and monitoring the impact of physical activity. In

making recommendations, the Panel has assumed there will be a “CHIN care coordinator” or similar role in each CHIN.

Locality Team Pathways



24.33 The Panel’s findings indicate that people remain independent and better connected within their community if they have access to, and are part of, a group activity. The social aspect of belonging to a group cannot be underestimated as it strengthens their sense of belonging and provides strong motivation to leave the house to participate in an activity with research to show both physical and mental health wellbeing outcomes.

24.34 Moving forwards, the Panel believe the recommendations below will help ensure residents are signposted to suitable and meaningful activities. By enhancing physical and mental wellbeing it is hoped that these practical steps will keep residents out of hospital.

Recommendation 22

That the Director of Commissioning for Haringey CCG be asked to coordinate a meeting between NHS commissioners and the Bridge Homes from Hospital Team to ensure the following recommendations are taken forward:

(a) That, as part of the Homes from Hospital assessment form, the question

- on joining a local group (to provide physical and social support) should be discussed at the first meeting with an expectation that a suitable group, to suit the clients individual needs, will be found by the Homes from Hospital team and that a team member escorts the client to this group within the 4 week period.
- (b) That, on completion of the Home from Hospital service, information on the group/activity attended by the client should be provided to the CHIN (in which the client's GP practice is based). The CHIN care coordinator (or similar role) should then liaise with the client to follow up on how the activity is going and whether it is working, both in terms of physical activity and social interaction.
 - (c) That a member of the Senior Administration team, at each local hospital, should be aware of the Home from Hospital service.
 - (d) Hospital Ward Clerks should be given appropriate information on how to mark a patients record, on discharge from hospital, to indicate they are part of the scheme and how to contact the Home from Hospital team if there is a re admission within a 4 week time frame.
 - (e) That any re admission to hospital by the client during the Home from Hospital support period should be flagged up by the Ward Clerk on the hospital admissions ward and reported to the Home from Hospital team coordinator.
 - (f) The CHIN team should ensure feedback is given, at regular intervals, to the Home from Hospital team on outcomes from their referrals to local group activities. This is to strengthen good practice and to flag up any issues with activities/ groups so further referrals can be made elsewhere if necessary.
 - (g) The Bridge Renewal Trust should ensure information gleaned from their asset mapping exercise is made available to their Home from Hospital team, so they can refer clients to the most appropriate activity. This information should also be shared with the CHIN team.

25. **Tottenham Active**

- 25.1 Tottenham Active was a joint Sport England and Council funded project to improve rates of physical activity in Tottenham. While not specifically targeting older people; as inactivity is more prevalent amongst this cohort the take up by older Tottenham residents was around 40% of the total participants.
- 25.2 The project began in June 2013 and the funding ended in June 2016. However, as was intended sessions continue. Various activities pump primed with

Tottenham Active funding are now in a sustainable phase and thus ongoing. This includes a number of sessions for older people, outlined earlier in the report, such as Better with Age, at Tottenham Green Pools and Fitness, and Silverfit.

26. Towards an Active Nation

- 26.1 Following from the governments new "[Sporting Future: A New Strategy for an Active Nation](#)", last year Sport England released "[Towards an Active Nation](#)".
- 26.2 The Sport England strategy (2016-21) outlines five key outcomes:
- Physical wellbeing
 - Mental wellbeing
 - Individual development
 - Social and community development
 - Economic development
- 26.3 The strategy also includes seven investment principles – one of these is "Reducing Inactivity". In recognition that inactivity affects older people to a greater degree with quite a big drop off from 50+ in activity levels; Sport England have focused first in terms of funding opportunities on reducing inactivity in the 55+ age group.
- 26.4 The Council has submitted an Expression of Interest (EOI) to this funding opportunity and expect to hear back in early April 2017 as to whether the application will be progressed to stage 2.
- 26.5 The scrutiny work in this area (including taking evidence from Sport England) has contributed significantly to the development of the EOI and the Scrutiny Panel hope to be involved in the development of the project should the Council be successful in drawing down the funding.
- 26.6 Given the importance of reducing older people's inactivity levels, even if the Council is not successful the Panel hope that aspects of the project are still progressed, with other funding sought.
- 26.7 As part of Sport England's strategy development a suite of KPIs are now in place. The main KPI relating to older people is KP12 "Decrease the percentage of people physically inactive". Other KPIs for this area are KP13 "Increase percentage of adults utilising outdoor space for exercise and health reasons" and KP18 "The demographics of volunteers in sport to become more representative of society as a whole".
- 26.8 Specific project outcomes relate to numbers attending interventions, and the gender and ethnicity of attendees. Well being measurements will also be

collected along with health data where available. For example, blood sugar levels and blood pressure readings.

- 26.9 Well being and health data in particular can tell a powerful story and will be important evidence when seeking funding for this preventative work from the CCG and NHS.

Recommendation 23

That:

- (a) It be noted the Adults and Health Scrutiny Panel fully support the Council's application to Sport England for funding to help tackle inactivity in older people.
- (b) If the Council is successful in drawing down the Active Ageing funding, the Adults and Health Scrutiny Panel should be involved in the development of the project.
- (c) Given the importance of reducing older people's inactivity levels, even if the Council is not successful with its Expression of Interest it is recommended that aspects of Haringey's Active Aging Project be progressed, with alternative funding sought for delivery.

27. Contribution to strategic outcomes

- 27.1 In agreeing a tight and focused scope, consideration was given to how this scrutiny review could contribute to strategic outcomes.
- 27.2 The recommendations outlined in this report will, if taken forward, contribute to policy and practice across priorities outlined in both the Corporate Plan and Haringey's Health and Wellbeing Strategy.

Corporate Plan

- 27.3 Priority 2 – "Enable all adults to live healthy, long and fulfilling lives", especially objectives relating to: "A borough where the healthier choice is the easier choice"; and "Strong communities, where all residents are healthier and live independent, fulfilling lives".
- 27.4 Priority 3 – "A clean, well maintained and safe borough where people are proud to live and work" especially the objective relating to making "Haringey one of the most cycling and pedestrian friendly boroughs in London".
- 27.5 There are also links to the cross cutting themes of "Prevention and Early Intervention", "A Fair and Equal Borough", "Working Together with our Communities", "Value for Money", "Customer Focus", and "Working in Partnership".

Haringey's Health and Wellbeing Strategy

27.6 Priority 1 – “Reducing obesity”; Priority 2 – “Increasing healthy life expectancy”; and Priority 3 – “Improving mental wellbeing”.

28. Statutory Officers Comments

Legal

28.1 This report sets out the recommendations of the Adults and Health Scrutiny Panel on Physical Activity for Older People. If the recommendations are accepted by the Overview and Scrutiny Committee they will be considered by the Cabinet who will respond.

28.2 Under Section 9F of the Local Government Act 2000 (“LGA”), the Overview and Scrutiny Committee has the power to make reports or recommendations to Cabinet on matters which affect the Council’s area or the inhabitant of its area. Reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.

28.3 The Overview and Scrutiny Committee must by notice in writing require Cabinet to consider the report and recommendations and under Section 9FE of the LGA, there is a duty on Cabinet to respond to the Report, indicating what (if any) action Cabinet, proposes to take, within two months of receiving the report and recommendations.

Finance

28.4 The costs of undertaking this scrutiny review have been contained within existing budgets while the Panel has put forward a number of recommendations for consideration.

28.5 Recommendations should only be adopted if there is a robust business case that demonstrates they offer value for money and resources have been identified. This is particularly important in view of issues raised in the body of the report, including:

- A lack of funding generally to progress community based activities for older people and to prevent/manage long term conditions
- The funding for the Active for Life contract coming to an end in March 2018
- External funding opportunities, such as investment from Sport England’s Active Ageing Fund, being limited.

28.6 At this stage some of the recommendations are fairly high level and further work will be required to fully assess the financial implications. However, many of the recommendations should be low cost and could be met from existing resources.

28.7 It is therefore expected that the majority of recommendations could be enacted with minimal financial impact to the Council. However, before Cabinet could

agree to implement the recommendations it will be necessary, as part of Cabinet's response, to ensure that the cost of doing so is known and budgeted for.

Equality

- 28.8 The Council has a public sector equality duty under the Equality Act (2010). This requires the Council to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act;
 - Advance equality of opportunity between people who share a protected characteristic and those who do not;
 - Foster good relations between people who share a protected characteristics and those who do not.
- 28.9 During the review, the Panel considered these duties in relation to the nine protected characteristics (age, disability, gender reassignment, marriage/civil partnership status, pregnancy/maternity, race, religion, sex, sexual orientation). In particular, the Panel has reviewed health inequalities resulting from physical inactivity, including issues regarding age, sex, disability and race, as well as wider equality issues, such as, socio-economic status.
- 28.10 Details of different physical activity rates and health inequalities based upon protected characteristics influenced the report and shaped recommendations. For example, findings from the Sport England Active People Survey (2014) highlighted in sections 8.
- 28.11 The recommendations contained in this report are based on physical activity guidelines for older adults, issued by the UK Chief Medical Officers' (CMO), and consider particular adjustments related for disabilities predominately caused by the ageing process, such as dementia and physical impairments.
- 28.12 These guidelines, based on evidence from global research, are applicable to all older adults, irrespective of gender, race or socio-economic status. However, as highlighted in the report, physical activity is a complex behaviour, influenced by a range of factors. These factors operate at individual, social and environmental levels. Some may be modifiable, for example, social support or attitudes. Others are fixed, such as sex or ethnicity.
- 28.13 While the CMO guidelines are relevant to all older adults, it is not appropriate to consider all older adults as a homogeneous population. With an age range of 40 years or more there is significant diversity, and chronological age is not always helpful when describing differences in health, physical function and disease status among older adults. As a result, while the CMO guidelines can be applied to all older adults it is difficult to be too prescriptive and consideration should be given to individual needs and abilities.

28.14 In order to assist in clarifying how the CMO guidelines should be applied, by commissioners, policy makers and practitioners, three groups of older adults have been identified in this report (actives; those in transition; and frailer, older), each with differing functional status and therefore different physical activity needs (see section 12).

28.15 In any recommendations requiring communications to residents, consideration will be needed in regards to providing reasonable adjustments. This includes easy read versions for people with learning disabilities, and different formats for people with sensory impairments.

29. Use of Appendices

Appendix 1 Review contributors

Appendix 2 Get active in Haringey

Appendix 3 Haringey Prevention Pyramid

30. Local Government (Access to Information) Act 1985

- Haringey Physical Activity and Sport Framework 2015-2019 (Haringey Council)
- Physical activity benefits for adults and older adults (UK Chief Medical Officers Guidelines, 2011)
- Haringey's Health and Wellbeing Strategy 2015-2018 (Haringey Health and Wellbeing Board)
- Snooks H, Cheung WY, Gwini SM, Humphreys I, Sanchez A, Sirwardena N (2011). 'Can older people who fall be identified in the ambulance call centre to enable alternative responses or care pathways?'
- British Heart Foundation National Centre for Physical Activity and Health, Loughborough University (2012). "Physical activity for older adults (65+ years)"
- British Heart Foundation National Centre for Physical Activity and Health, Loughborough University (2012). "Physical activity for older adults (Guidance for those who work with frailer, older people)"
- Thomas Pocklington Trust (2014). 'Physical activity among older people with sight loss'
- Hallal PC, Andersen LB, Bull FC, Guthold R, Haskell W, Ekelund U, for the Lancet Physical Activity Series Working Group (2012) Global physical

activity levels: surveillance progress, pitfalls, and prospects. *The Lancet*, published online.

- Skelton DA, Young A, Walker A, Hoinville E. Physical Activity in Later Life: Further analysis of the Allied Dunbar National Fitness Survey and the HEASAH. London: Health Education Authority. 1999. pp. 40-58.
- Gill et al (2004) Hospitalization, restricted activity, and the development of disability among older persons. *Journal of the American Medical Association*, 292(17), pp.2115-2124
- Phoenix C and Orr N. Moving Stories: Understanding the Impact of Physical Activity on Experiences and Perceptions of (Self-) Ageing – Key Findings.
- Scottish Care Inspectorate and BHF National Centre for Physical Activity and Health (2014) "[Care...about physical activity](#)" resource pack.

External links have been included in this report. Haringey Council is not responsible for the contents or reliability of linked web sites and does not necessarily endorse any views expressed within them. Listing should not be taken as 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.

Appendix 1

Review contributors

The Committee interviewed the following witnesses as part of their evidence gathering – in order of their appearance before the group

| Name | Job Title / Role | Organisation |
|---|--|-------------------------------|
| Scoping | | |
| Dr Jeanelle de Gruchy | Director of Public Health | Haringey Council |
| Beverley Tarka | Director of Adult Social Services | Haringey Council |
| Charlotte Pomery | Assistant Director of Commissioning | Haringey Council |
| Session 1 | | |
| Marion Morris | Head of Health Improvement | Haringey Council |
| Deborah Saunders | Senior Health Trainer | One You Haringey |
| Chinyere Ugwu | Community and Customer Relations Director | Homes for Haringey |
| Kevin Young | Community and Resident Engagement Manager | Homes for Haringey |
| Helidon Topulli | Support Service Manager | Homes for Haringey |
| Andrea Keeble | Commissioning and Client Manager, Active Communities, Leisure and Partnerships | Haringey Council |
| Mark Munday | Divisional Manager | Fusion Lifestyle |
| Session 2 | | |
| Mike Wilson | Director | Healthwatch Haringey |
| Joyce Sullivan | Senior Community Development Officer | Public Voice |
| Gordon Peters | Chair | Older Peoples Reference Group |
| Dr Eddie Brocklesby | Director | Silverfit |
| Dr Samuel Nyman * | NIHR Career Development Fellow | Bournemouth University |
| Fiona Ross | Senior Policy and Project Officer, Diversity and Social Policy Team | Greater London Authority |
| Session 3 | | |
| Sue Southgate | Service Manager, Integration and Personalisation, Adult Social Care | Haringey Council |
| Prof Christina Victor * | Professor of Public Health / Vice-Dean Research | Brunel University London |

| Name | Job Title / Role | Organisation |
|---------------------------------------|---|---|
| Geoffrey Ocen | Chief Executive | Bridge Renewal Trust |
| Colin Bowen | Service and Business Development Manager | Bridge Renewal Trust |
| Session 4 | | |
| Emma Pawson | Health Improvement Leader | Public Health England (London Centre) |
| Dr Cassandra Phoenix* | Associate Professor in Critical Health Psychology | University of Bath |
| Bob Laventure* | Consultant on Physical Activity and Older People | British Heart Foundation National Centre for Physical Activity and Health |
| Joel Brookfield | Strategic Lead, Local Outreach | Sport England |
| Session 5 | | |
| Rachel Lissauer | Acting Director of Commissioning | Haringey CCG |
| Session 6 | | |
| Marco Inzani | Head of Integrated Commissioning | Haringey CCG |
| Cassie Williams | Assistant Director, Primary Care Quality and Development | Haringey CCG |
| Session 7 | | |
| Martin Haines | Inspection Manager Adult Social Care Directorate | Care Quality Commission |
| Session 8 | | |
| Sanjay Mackintosh | Head of Strategic Commissioning | Haringey Council |
| Marcelle Van-Tull | Referral Coordinator | Bridge Home From Hospital Service |
| Session 9 | | |
| Vivien Hanney | Health Improvement Commissioner | Haringey Council |
| Katrina Heal | Senior Health and Wellbeing Co-ordinator | Tottenham Hotspur Foundation |
| Session 10 | | |
| Carol Pusey | Manager of Protheroe House | One Housing Group |
| Alice Williams | Dementia and Activities Officer (Protheroe House and Lorenzo House) | One Housing Group |
| Phone Interview | | |
| Prof Janice Thompson* | Professor of Public Health Nutrition and Exercise | University of Birmingham |

**Further information detailing the research interests / work of academics interviewed as part of this scrutiny review can be found via the hyperlinks included above.*

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There are lots of
FREE

Haringey
LONDON

and affordable ways to
GET ACTIVE

in Haringey



Move more live longer
www.nhs.uk/change4life



Healthy
Haringey

Parks and Open Spaces

- Tennis, outdoor gyms, walking, jogging, ball courts, paddling pools, table tennis and much more.

www.haringey.gov.uk/parks

Swimming Lessons for Beginners

- Every Wednesday 6-7pm at Tottenham Green pools.
- Only £10 for 10 sessions.

Register at tottenham.active@haringey.gov.uk

Silverfit

- Silverfit provides fitness sessions for the over 45s. Sessions take place on Tuesdays at 10.30am at Lordship Rec, Lordship Lane N17. You can choose from yoga, badminton, cheerleading and walking.

www.silverfit.org.uk

Better with Age

(targeted at 50+ but no age restriction)

- Tottenham Green Pools and Fitness, N15 4JA - Friday's 9.30am to 12.30pm - Loads of activities (gym, swimming, badminton, aerobics, racketball etc) on offer for 1 price. Concessions prices available and choice and 65+ members free. Free refreshments.

One You Haringey

- One You Haringey provides a free lifestyle and wellbeing service that helps residents manage their weight, stop smoking, drink more moderately, become more physically active and have a health check up.

0208 885 9095

info@oneyouharingey.org
www.oneyouharingey.org



Targeted Referral Programmes

- Talk to your GP about whether you qualify or not - GP Referral and Cardiac, Stroke and Cancer Rehabilitation.

0208 885 7307

More information at: afl@fusion-lifestyle.com

Free Guided Health Walks

- Variety of start times and places. Walks approximately 30 minutes of a fairly easy pace around your local area.

0208 885 7307

More information at: afl@fusion-lifestyle.com



Affordable Leisure Centres

- Discounts available for concessions who are Haringey residents including free access for 65+ Monday to Friday 9am to 5pm.
- Also free for registered carers accompanying the person they are caring for.

www.haringey.co.uk/leisure

Gardening and Green Gyms

www.haringey.gov.uk/tcv

Back to Netball

- Lots of affordable sessions around the borough - Call Sophie.

07872 407213

sophie.johnson@englandnetball.co.uk

Dance, Exercise and Movement

www.haringey.gov.uk/dance

Sport and Physical Activity Opportunities for People with Disabilities

- A variety of activities on offer from various organisations catering for different disabilities.

www.haringey.gov.uk/inclusion

Tennis

- Affordable coached session at Bruce Castle Park, Sunday: 10.30am to 12.30pm.
- Tennis for Free: coached session, Saturdays 11am to 1pm in Priory Park.
- Turn up and play for free in these parks: Priory Park, Stationers Park, Downhills Park, Down Lane Park, Chapmans Green and Chestnuts Park.
- Haringey Adult Tennis League - www.localtennisleagues.com/haringey



Haringey Walks

- Join our campaign to promote Haringey as a walking friendly borough. www.haringey.gov.uk/haringeywalks

'Your Pace No Race' and other Jogging Networks

- Your pace no race – every last Sunday of the month at Lordship Rec Eco Hub from 11am. (The race where no-one comes last!)
- Park Run – free timed 5K run every week at Finsbury Park and Alexandra Park.

www.parkrun.org.uk
www.londonathletics.org/takepart

Get into Fitness

- Introduction to exercise focusing on core muscles and preparation for regular workouts every Friday 1.30-2.30pm at Tottenham Green Pools and Fitness, N15 4JA.
- £1 per session, 50p concessions.
- More information at getactive@haringey.gov.uk

GoodGym

- You get fit and give something back to the community at the same time!
- Combines running, getting fit and volunteering within a 1.5 hour session. Meet every Wednesday at 6.45pm at Tottenham Green Pools and Fitness, N15 4JA.

www.goodgym.org

FREE outdoor gyms at Ducketts Common, Finsbury Park, Downhills Park, Chestnuts Park, Somerford Grove and Lordship Rec.



Macmillan after cancer exercise scheme

- Free 12 week exercise referral programme for people living with or who have beaten cancer. foundation@tottenhamhotspur.com

Sport



- To find a sports opportunity near you, go to: www.getactivelondon.com

Cycling Opportunities

- Book a free organised ride, free training, or a free cycle maintenance course to learn how to look after your bike. Check out free bike servicing with Dr. Bike. www.haringey.gov.uk/smartertravel

Need more information? Email: get.active@haringey.gov.uk

Physical activity benefits for adults and older adults

-  **BENEFITS HEALTH**
-  **IMPROVES SLEEP**
-  **MAINTAINS HEALTHY WEIGHT**
-  **MANAGES STRESS**
-  **IMPROVES QUALITY OF LIFE**

REDUCES YOUR CHANCE OF

| | |
|--------------------------------|-------------|
| Type II Diabetes | -40% |
| Cardiovascular Disease | -35% |
| Falls, Depression and Dementia | -30% |
| Joint and Back Pain | -25% |
| Cancers (Colon and Breast) | -20% |

What should you do?

For a healthy heart and mind

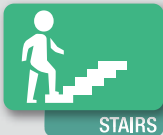
To keep your muscles, bones and joints strong

To reduce your chance of falls



VIGOROUS

MODERATE



MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY
(BREATHING FAST
DIFFICULTY TALKING)

MODERATE INTENSITY
(INCREASED BREATHING
ABLE TO TALK)

OR A COMBINATION OF BOTH

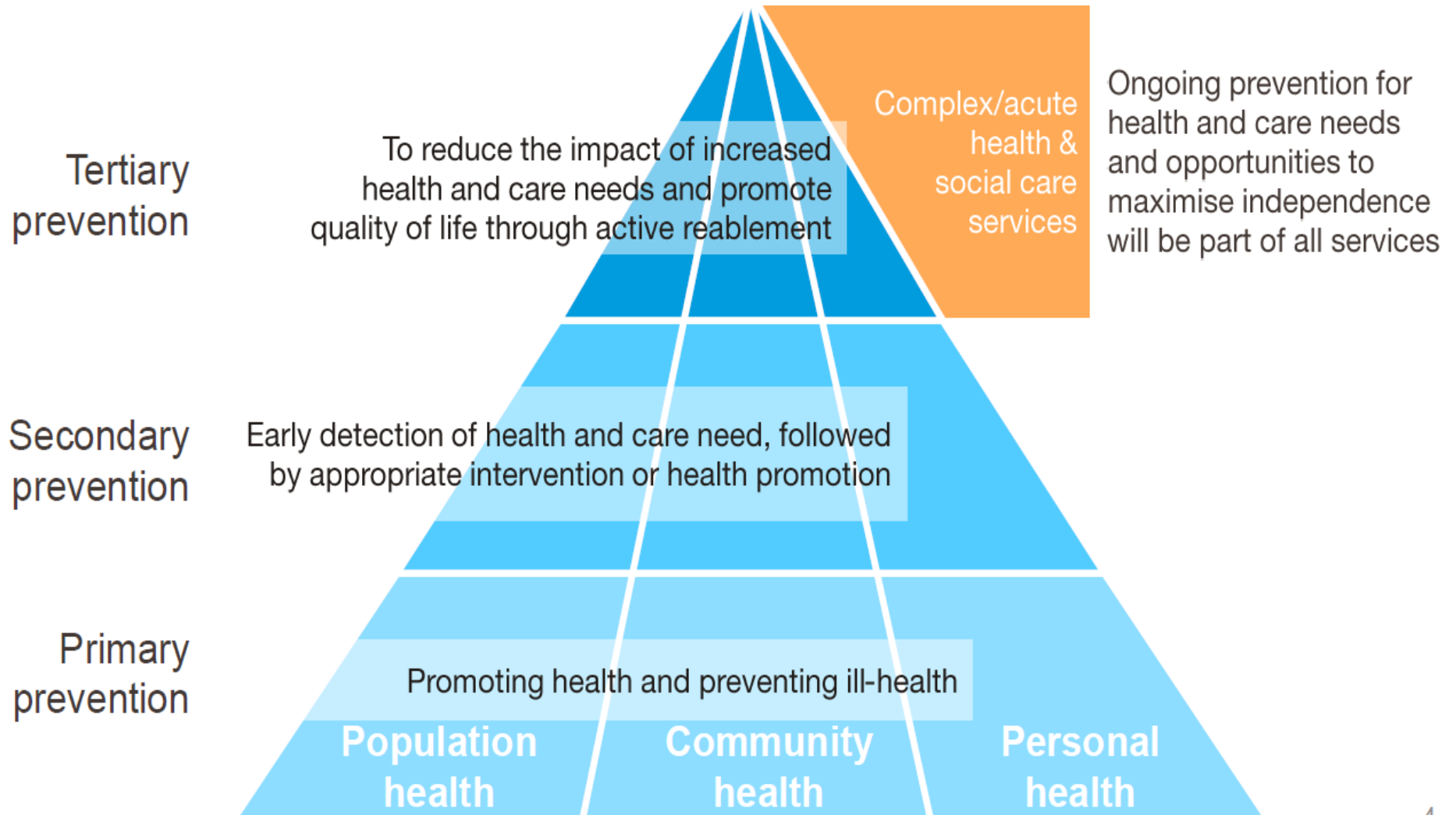
BREAK UP SITTING TIME

2 DAYS PER WEEK

Something is better than nothing.
 Start small and build up gradually:
 just 10 minutes at a time provides benefit.
MAKE A START TODAY: it's never too late!

The Prevention Pyramid

Haringey's whole population approach to health and wellbeing



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Report for: Overview and Scrutiny Committee - 27 March 2017

Item number: 12

Title: Scrutiny Review on Child Friendly Haringey

Report authorised by: Cllr Hearn, Chair of Children and Young People's Scrutiny Panel

Lead Officer: Robert Mack, 020 8489 2921 rob.mack@haringey.gov.uk

Ward(s) affected: All

**Report for Key/
Non Key Decision:**

1. Describe the issue under consideration

- 1.1 Under the agreed terms of reference, the Overview and Scrutiny Committee (OSC) can assist the Council and the Cabinet in its budgetary and policy framework through conducting in-depth analysis of local policy issues and can make recommendations for service development or improvement. The Committee may:
- (a) Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
 - (b) Conduct research to assist in specific investigations. This may involve surveys, focus groups, public meetings and/or site visits;
 - (c) Make reports and recommendations, on issues affecting the authority's area, or its inhabitants, to Full Council, its Committees or Sub-Committees, the Executive, or to other appropriate external bodies.
- 1.2 In this context, the Overview and Scrutiny Committee on 21 July 2016 agreed to set up a review project to look at Child Friendly Haringey.

2. Cabinet Member Introduction

N/A

3. Recommendations

- 3.1 That the Committee approve the report and its recommendations and that it be submitted to Cabinet for response.

4. Reasons for decision

- 4.1 The Committee is requested to agree the report and the recommendations within it so that it may be submitted to the Overview and Scrutiny Committee for approval.

5. Alternative options considered

- 5.1 The Children and Young People’s Scrutiny Panel could decide not to agree the report and its recommendations, which would mean that it could not be referred to the Overview and Scrutiny Committee for approval.

6. Background information

- 6.1 The rationale for the setting up of the review, including the scope and terms of reference, is outlined in paragraphs 1.1 to 1.5 of the report.

7. Contribution to strategic outcomes

- 7.1 This review relates to Corporate Plan Priority 1 – “Enable every child and young person to have the best start in life, with high quality education”.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance and Procurement

- 8.1 Where there are financial implications of implementing the recommendations within this report, it is important that the recommendations are fully costed and a funding source identified before they can be agreed. If the recommendation requires funding beyond existing budgets or available external funding, then Cabinet will need to agree the additional funding before any proposed action can proceed.

Legal

- 8.2 Under Section 9F of the Local Government Act 2000 (“LGA”), the Overview and Scrutiny Committee has the power to make reports or recommendations to Cabinet on matters which affect the Council’s area or the inhabitant of its area. Reports and recommendations will be presented to the next available Cabinet meeting together with an officer report where appropriate.

- 8.3 The Overview and Scrutiny Committee must by notice in writing require Cabinet to consider the report and recommendations and under Section 9FE of the LGA, there is a duty on Cabinet to respond to the report, indicating what (if any) action Cabinet, proposes to take, within 2 months of receiving the report and recommendations.

Equality

- 8.4 The Council has a public sector equality duty under the Equalities Act (2010) to have due regard to:
- Tackle discrimination and victimisation of persons that share the characteristics protected under S4 of the Act. These include the characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (formerly gender) and sexual orientation;

- Advance equality of opportunity between people who share those protected characteristics and people who do not;
- Foster good relations between people who share those characteristics and people who do not.

8.5 The Panel has aimed to consider these duties within this review and, in particular;

- How policy issues impact on different groups within the community, particularly those that share the nine protected characteristics;
- Whether the impact on particular groups is fair and proportionate;
- Whether there is equality of access to services and fair representation of all groups within Haringey;
- Whether any positive opportunities to advance equality of opportunity and/or good relations between people, are being realised.

9. Use of Appendices

Appendix A: Draft report of Scrutiny Review on Child Friendly Haringey.

10. Local Government (Access to Information) Act 1985

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Scrutiny Review: Child Friendly Haringey

A Review by the Children and Young People's Scrutiny Panel

2016/17

| | |
|-------------------------|-------------------------------|
| Panel Membership | Cllr Kirsten Hearn (Chair) |
| | Cllr Mark Blake |
| | Cllr Toni Mallett |
| | Cllr Liz Morris |
| | Cllr Reg Rice |
| | Uzma Naseer (Co-opted Member) |
| | Luci Davin (Co-opted Member) |
| | Ms Y Denny (Co-opted Member) |
| | Mr C Ekeowa (Co-opted Member) |
| | |

Support Officer: Robert Mack, Principal Scrutiny Support Officer

Rob.mack@haringey.gov.uk

0208 489 2921

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| Chairs Foreword | 3. |
| Recommendations | 4. |
| 1. Background | 6. |
| 2. Introduction | 7. |
| 3. Work by Other Local Authorities | 10. |
| 4. Haringey | 18. |
| 5. Feedback from Children and Young People | 20. |
| 6. Conclusions and Recommendations | 23. |
| Appendix A; Participants in the Review | 27. |

CHAIR'S FOREWORD

What does Child friendly mean? Such laudable intentions don't always deliver. Failure can consign such notions to the bin of the worthy sound bite. We wanted to explore different models of so-called "Child Friendly" Councils to see if we could avoid the pitfalls associated with such wide-sweeping intentions and learn from others to inform what we might do, to deliver real change for all Haringey's children.

When applied to local authorities, "child friendly" generally means the process for the implementation of the United Nations Convention on the Rights of the Child. This means ensuring that children know their rights, can access services when they need them and are involved in designing, implementing and evaluating services aimed at them. It also means making sure that services work with children rather than doing things for or to them. In addition, it recognises that children have a wide range of needs and wants which go beyond just the services specifically designed for them. Being "child friendly" invites politicians, Council workers, contractors and organisations delivering something on behalf of the people of the borough to always have at the front of their mind, "what is this service like for children", so that from street design to bin collections, from development of open spaces to the first point of contact, we bring children to the heart of all we do. That can only make what we do better for everyone.

The Panel has been inspired by the work that several other "child friendly" local authorities have undertaken. This has included a whole Council approach to committing to being child friendly, clear focussed objectives; engaging and involving children in making the Council "child friendly"; insisting that every worker from Councillors and the chief executive all the way through the organisation down, commits to the aim and acts to make it a reality. Adopting a similar approach in Haringey would make a real difference to the lives of Haringey's children. Action should also be taken to include partners and especially the voluntary sector in this.

Gains from becoming a "Child Friendly" borough will not be achieved overnight and will not happen unless partners are also on board. It is a long term process. It is also important that there is real substance and commitment to change within such an approach. Were the Council to also become a Unicef Child Rights Partner, this would assist with the development of a meaningful strategy and provide robust external challenge, thus providing firm foundations. It would also provide accreditation and therefore additional recognition of the progress that has been made by the Council in recent years.

The Council's ultimate ambition should be to ensure that Haringey becomes a truly great place to grow up in. Becoming a "Child Friendly" borough puts the ambition at the forefront of future plans for children and young people in Haringey. In becoming child friendly, we commit wherever we encounter children, to do our utmost to protect and promote their human rights, no matter or who they are or the difficult circumstances they present to us with.



Kirsten Hearn
Chair

RECOMMENDATIONS:

1. That the Council declares its intention to become a “Child Friendly” borough, with this approach embedded in everything that the Council does and driven by strong political and officer commitment.
2. That a “Child Friendly borough” strategy be developed for Haringey and that this includes the following:
 - A clear local vision of what a “Child Friendly” borough should look like;
 - Enhanced arrangements for listening and responding effectively to the voice of the child;
 - Engagement of children in the design, implementation and evaluation of services designed for them;
 - Child impact assessments and evaluation to be considered within proposed new policies and reviews or change to existing policies;
 - Action to ensure that children know their rights; and
 - A coordinating mechanism.
3. That, as part of the development of a “Child Friendly” strategic approach, engagement take place with partners and the voluntary sector in order to secure their collaboration.
4. That an application be made by the Council to become a Unicef Child Rights Partner.
5. That the following issues, based on feedback and performance information, are key priorities for children and young people in the Council’s new Young People’s Strategy and the focus of any projects developed as part of the Unicef Child Rights Partners scheme;
 - Community safety for young people and, in particular ensuring that they are able to travel safely around the borough;
 - Youth facilities and activities which provide fun as well as opportunities for personal, educational and social development;
 - Mental health and the promotion of social and emotional well-being;
 - Housing and, in particular, the avoidance of homelessness; and
 - Reducing the percentage of children living in households living in poverty.

1. Background

- 1.1 As part of the work planning process for 2016/17, it was suggested that the Panel should look in depth at how Haringey could become a “child friendly” borough. This would include considering what would constitute a “child friendly” borough and the actions that might be required by the Council and its partners to achieve such a goal.

Terms of Reference

- 1.2 It was agreed that the terms of reference would be as follows:

“To consider and make recommendations on the feasibility of the Council declaring its intention to become a Child Friendly City, including;

- What it may entail;
- Potential benefits;
- Risks and resource issues; and
- What a scheme for Haringey might look like.”

Sources of Evidence:

- 1.3 Sources of evidence were:

- Research and policy documentation from Unicef and a number of different local authorities;
- Interviews with officers from the Council, other local authorities and Unicef;
- Consultation responses for a range of young people within Haringey; and
- Performance information.

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

Membership

- 1.5 The membership of the Panel was as follows:

Councillors: Kirsten Hearn (Chair), Mark Blake, Toni Mallett, Liz Morris and Reg Rice.

Co-opted Members: Ms Uzma Naseer and Ms Luci Davin (Parent Governor representatives), Ms Y Denny and Mr E Ekeowa (Church representatives).

2. Introduction

- 2.1 A number of local authorities in the UK have undertaken initiatives that have aimed to make them become “child friendly”. These have included Leeds, Bristol, Calderdale and Brighton. Action to achieve this has focussed upon ensuring that children:
- Know their rights;
 - Can access services when they need them; and
 - Help to design, implement and evaluate services designed for them.
- 2.2 All of the initiatives undertaken have been inspired, to a greater or lesser degree, by the concept of “Child Friendly Cities”. This is the process for the implementation of the United Nations Convention on the Rights of the Child, led by local government. It is a global initiative led by Unicef (the United Nations International Children's Emergency Fund), with the aim of fulfilling the right of every child and young person to participate in and express opinions on the city in which they live, safely, equally and with respect and influence.
- 2.3 The initiative has been running for 20 years and has covered 20 different countries and 195 local authorities. The objective of it is to embed children's rights into everything that local authorities do and improve the lives of children by “recognising and realising their rights”. It is envisaged as a practical process that must engage actively with children and their real lives. The concept is considered to be equally applicable to the governance of all communities which include children, irrespective of their size.
- 2.4 There is a Unicef framework dating from 2004 that is intended to provide a foundation for all localities. A Child Friendly City is expected to guarantee the right of every young citizen to:
- Influence decisions about their city;
 - Express their opinion on the city they want;
 - Participate in family, community and social life;
 - Receive basic services such as health care, education and shelter;
 - Drink safe water and have access to proper sanitation;
 - Be protected from exploitation, violence and abuse;
 - Walk safely in the streets on their own;
 - Meet friends and play;
 - Have green spaces for plants and animals;
 - Live in an unpolluted environment;
 - Participate in cultural and social events; and
 - Be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability.
- 2.5 The Unicef framework also contains “building blocks” to assist local authorities in developing their schemes and these may be more relevant to authorities in the UK. They provide an outline of what might be the necessary pre-requisites for becoming “child friendly”:
1. Children's participation;
 2. A child friendly legal framework;

3. A city wide Children's Right Strategy;
 4. A Children's Rights Unit or coordinating mechanism;
 5. Child impact assessment and evaluation;
 6. A children's budget;
 7. A regular "State of the Borough – Children" report;
 8. Making children's rights known; and
 9. Independent advocacy for children
- 2.6 Some local authorities in the UK have taken this original Unicef initiative and used it as a starting point for developing a framework of their own. Although schemes are focussed on local authorities, they have also involved active involvement from a range of partners as well as the voluntary sector. Some have also included private sector involvement.
- 2.7 The development of Child Friendly Cities is based on recognition that children have a wide range of wants and needs. They require a co-ordinated and strategic response from local authorities so the children's rights and the voice of the child are embedded in the full range of Council activities – not just Children's Services - as well as partnership bodies and governance.

Unicef

- 2.8 Until three years ago, the Child Friendly Cities initiative was based on the above mentioned generic framework. In recognition of the fact that some of the items on the list of children's rights were less relevant to cities in more highly developed countries, Unicef decided that the initiative would benefit from being more adaptable to local conditions.
- 2.9 A new scheme – Child Rights Partners – was developed for the UK and piloted with five local authorities. It was decided not to accredit authorities at this stage as the scheme was still under development. The local authorities that work was undertaken with were:
- Derry and Strabane;
 - Leeds
 - Tower Hamlets;
 - Newcastle; and
 - Glasgow
- 2.10 The Panel received evidence from Naomi Danquah from Unicef regarding their work. She reported that there is a perception that the role of Unicef is only concerned with aid for countries to the south of the globe. However, Unicef works globally and is a source of expertise for governments across the world. In the UK, their work covers fundraising and lobbying and, in addition, they have also promoted three programmes;
- The Baby Friendly initiative;
 - Rights Respecting Schools; and
 - Child Rights Partners.
- 2.11 The local authorities that were involved in the Child Rights Partners initiative did not want a prescriptive approach but instead wished to learn from each

other and fit their programme to local priorities The projects undertaken by each local authority varied considerably;

- Leeds took on a whole city approach as well as undertaking a specific project on care leavers;
- Derry and Strabane looked at embedding children's rights in their community plan and ensuring children and young people were involved in its development. They also undertook work to address sectarianism. Mapping took place of where children and young people from different communities went and funding was obtained to develop safe spaces designed by young people from all communities.
- Tower Hamlets initially undertook a focussed piece of work on commissioning of services for substance abuse;
- Glasgow focussed on early years. Professionals had found it difficult to challenge parents and joint training was arranged to develop a greater understanding; and
- Newcastle looked at applying a rights-based approach to their children's social care services. Children and young people also wrote a Children's Rights Charter that became the foundation of the Council's Children and Young People's Plan 2015-2020.

2.12 Ms Danquah stated that the initiative had helped to empower children and young people so they were better able to access services. Support had also been provided for staff so that they are able to develop better relationships and improvements made in how services communicate with each other. An evaluation of the pilot scheme was currently being undertaken by Queens University, Belfast. The wider Unicef Child Friendly Cities programme is also being re-modelled and New York has recently adopted the UK model. The aim is to have a standardised model that is contextualised to fit local conditions.

2.13 The Panel noted that from 2017, local authorities in the UK will be able to work towards accreditation from Unicef. Local authorities involved will have to take a whole authority approach and, in addition, select six specific areas to focus on at the start of the process. The initiative is intended to be a partnership between the local authority, young people and the third (voluntary) sector. Private sector involvement is also possible. Joint applications from a number of local authorities will be accepted. There are a number of areas that local authorities can focus their work on, such as political commitment, workforce knowledge and improving services. The choice of focus will depend on local issues and priorities.

2.14 Five local authorities will be selected initially. Ms Danquah emphasised the fact that it is not intended to be a "tick box" exercise and will require a strong commitment to change. The criterion for involvement are:

- Political commitment. It will require Cabinet sign off and not merely support from officers;
- The commitment shown needs to be both vertical and horizontal in terms of the organisation. There also needs to be a commitment to participation;
- There needs to be a governance group to oversee the process. This can be an existing group; and

- There needs to be evidence of a local vision and it cannot just be thoughtless commitment.
- 2.15 A fee of £25,000 will be payable by each local authority selected. Unicef are very much aware that this might prove to be a sticking point for many local authorities due to current budgetary issues. Local authorities will receive 40 days of Unicef time in return, including training, mentoring, use of resources and participation in networks. The aim is to build capacity within local authorities so that they are not reliant on Unicef. The scheme is to be launched in May 2017.
- 2.16 If more than 5 local authorities are interested in participating, involvement can be staggered. Where interest is expressed, Unicef will want to gain an understanding of where local authorities are and what projects they might be interested in pursuing. Although the deadline for expressions of interest was February, the initiative is ongoing so this will not preclude applications being made after this date.

3. Work by Other Local Authorities

- 3.1 There are a number of local authorities that describe themselves as “Child Friendly” but, whilst they all appear to be based on the Unicef concept, they have interpreted this in different ways. Whilst most of them are Unicef Child Rights Partners, there are some that are not and it is not necessarily a prerequisite.

Leeds City Council

- 3.2 The Unicef initiative was the inspiration behind the work that Leeds City Council have undertaken to become a “Child Friendly City” and they are also a Unicef Child Rights Partner. They have used this as a basis for developing a very ambitious scheme aimed at Leeds the best city in the UK to grow up in.
- 3.3 Extensive consultation with children and young people and local performance information was used to develop “12 wishes”. These are the issues and changes that children and young people felt that would make the most difference to their lives in Leeds:

Leeds City Council “12 Wishes”

1. Children and young people can make safe journeys and easily travel around the city.
2. Children and young people find the city centre welcoming and safe, with friendly places to go, have fun and play.
3. There are places and spaces to play and things to do, in all areas and open to all.
4. Children and young people can easily find out what they want to know, when they want it and how they want it.
5. Children, young people and adults have a good understanding of children’s rights, according to the United Nations Convention on the Rights of the Child.
6. Children and young people are treated fairly and feel respected.
7. Children and young people have the support and information they need to make healthy lifestyle choices.
8. All our learning places identify and address the barriers that prevent children and young people from engaging in and enjoying learning.
9. There are a greater number of better quality jobs, work experience opportunities and good quality careers advice for all.
10. All children and young people have their basic rights met.
11. Children and young people express their views, feel heard and are actively involved in decisions that affect their lives.
12. Places and spaces where children and young people spend time and play are free of litter and dog fouling.

- 3.4 The instigation for the development of Child Friendly Leeds came from the current Director of Children's Services. When appointed, he had stated his ambition to make Leeds a "child friendly city" and the work that had been undertaken subsequently was driven by this.
- 3.5 The Council's Children and Young People's Plan 2015-19 outlined the five outcomes that the Council was seeking to achieve in respect of children. These are:
- All children and young people are safe from harm;
 - All children and young people do well at all levels of learning and have skills for life;
 - All children and young people enjoy healthy lifestyles;
 - All children and young people have fun growing up; and
 - All children and young people are active citizens who feel they have a voice and influence.
- 3.6 There has been a consistent focus on these. There are 14 priorities below these outcomes;
1. Help children to live in safe and supportive families;
 2. Ensure that the most vulnerable are protected;
 3. Improve achievement and close achievement gaps;
 4. Increase numbers participating and engaging;
 5. Improve outcomes for children and young people with special educational needs and/or disability;
 6. Support children to have the best start in life and be ready for learning;
 7. Support schools and settings to improve attendance and develop positive behaviour;
 8. Encourage physical activity and healthy eating;
 9. Promote sexual health;
 10. Minimise the misuse of drugs, alcohol and tobacco;
 11. Provide play, leisure, culture and sporting opportunities;
 12. Improve social, emotional and mental health and well being;
 13. Reduce crime and anti-social behaviour; and
 14. Increase participation, voice and influence.
- 3.7 In addition, 3 "obsessions" had been identified on which there is relentless focus;
- Safely and appropriately reduce the number of children who are looked after;
 - Reduce the number of young people not in education, employment and training; and
 - Improve school attendance.
- 3.8 Three behaviours have underpinned their strategy;
- Listening and responding to the voice of the child;
 - Restorative Practice: doing with, not for or to;
 - Outcomes based accountability: is anyone better off?

- 3.9 The current figures for looked after children are currently the best that they had ever been, with a 14% drop in numbers. The authority had previously been something of an outlier in terms of their number of looked after children. £20 million has now been saved from this budget. In addition, they currently had their lowest NEET rate ever, although they acknowledged that more improvements needed to be made. There has also been a very large reduction in the number of children and young people not in school.
- 3.10 Whilst there had been some adjustments to their strategy, there has been a strong and consistent message. Work has also been undertaken with local businesses to assist in promoting the child friendly approach. There are also 600 child friendly Leeds ambassadors, who come from a wide cross section of the city, including schools and the third sector.
- 3.11 There has been a large amount of learning and development work that has taken place to develop restorative practice, with over 8,000 professionals trained across the city, including NHS officers and refuse collectors. The restorative approach needs to be adopted by everyone and this started at the top.
- 3.12 The use of family group conferences (FGCs) has been expanded from 30 per year to 50 per month. This is a simple but effective model of social care practice that involves sitting down with families to identify solutions jointly. They felt that there had been very positive outcomes from this. They emphasised that it requires a large amount of preparation times and the input of skilled people.
- 3.13 Leeds have also undertaken strong workforce development. There are now only 11 agency social workers out of a work force of 300. There had previously been a large number of newly qualified social workers but many of these have stayed with the authority and the benefits of this are now starting to be seen. There is a deliberate policy of progression and it is possible for staff to begin as students and finish up as director.
- 3.14 The authority has four dedicated officers in its Voice, Influence and Change team who have a role in developing the voice of the child and spreading its influence. There is a Student LSCB that has been running for 18 months and whose purpose is to provide a children and young people's perspective on the work of the LSCB and advise on the most effective methods for engaging children and young people in safeguarding topics. There was also a children in care council and a care leavers council. Whilst there was a no youth council youth, there was a youth forum, which met quarterly. The last forum meeting had involved over 180 primary school children.
- 3.15 There is a children's mayor, who is elected by Year 6 children. Children who are standing wrote a manifesto which is then put to the vote. 35,000 children had voted in the last election. The person elected presents their manifesto to full Council, which was responded to by officers.

- 3.16 Officers from Leeds stated that it was not just about listening to the voice of children but ensuring that they had influence, which is more difficult. Work is undertaken to ensure that the feedback that is obtained was representative of the city as a whole and areas where there is under representation are targeted. They felt that it is necessary to have a skilled and committed team to support this work.
- 3.17 The progress that has been made by Leeds has been recognised by OFSTED. They had previously been assessed as inadequate in an inspection of safeguarding and Looked After Children that took place in 2010 and had an Improvement Notice placed on them. Following this, a wholesale service restructure took place with a new Senior Leadership Team appointed and a new strategic vision for children's services in the city developed, which was "Child Friendly Leeds". The Improvement Notice was lifted in 2011. In 2015, the authority was inspected again and rated as "good".
- 3.18 There is strong cross part support for the child friendly approach. Members understand that they have an important role to play, particularly in listening to children and young people. The authority is committed to the strategy and has held its nerve when there had been challenges. They had invested in family group conferences and workforce development. Whilst £20 million had been saved through their approach, their budget had gone down more quickly than this. The authority is also trying to manage better the placement of looked after children out of the area.
- 3.19 In respect of the Unicef Child Rights Partners initiative, they had been involved for three years and, whilst this had been an interesting experience, it had not been without its challenges. Unicef had had an international perspective and some of this did not translate well. Whilst they had been glad to be involved, they have decided not to continue, particularly as a charge is being introduced.
- 3.20 The feedback that had been obtained from children and young people, as outlined in the "12 Wishes" had enabled them to challenge other services and partners to respond to issues that were not directly the responsibility of their service.

Tower Hamlets

- 3.21 Tower Hamlets began working with Unicef in 2013 through their Children and Families Partnership Board. Unicef had approached Tower Hamlets due to the borough's high levels of child poverty. A visit was made to Tower Hamlets on behalf of the Panel to hear the views of officers who had been involved in the initiative there.
- 3.22 They stated that the theoretical model used by Unicef was similar to the approach used in Every Child Matters. Tower Hamlets had been tasked with coming up with a project to focus their activity on and selected commissioning

as it was felt that this was an area where they could do better. The area of commissioning that was chosen initially for the work was substance misuse. The Unicef approach involved looking at the needs of children holistically and this is now embedded in their practice. They had found that fewer young people are now exiting substance misuse services early but it is possible that this is due a particularly good provider being appointed.

- 3.23 The Council's Corporate Parenting Board had also re-examined its engagement and participation practices using the child rights based approach. It was found that younger children were not accessing the children in care council. As a result of this, there are now two children in care councils in Tower Hamlets – one for the young children and one for the remainder. In addition, many children are placed outside the borough and a shortfall in engaging with them had been identified. The provider had therefore been asked to work with relevant children and young people and involve them in a national advocacy scheme. Extra money was provided for the commissioning of the service to provide for the additional engagement identified as being necessary.
- 3.24 The child rights approach is now part of commissioning for all children's services. It had also been incorporated into the strategic planning for the development of their Children and Young People's Plan. The Unicef seven child rights principles had provided the analysis framework for the needs assessment. These are:
- Dignity;
 - Participation;
 - Life, survival and development;
 - Non-discrimination;
 - Transparency and accountability;
 - Best interest; and
 - Interdependence and indivisibility.
- 3.25 It was felt that the Child Rights Partner initiative had brought a lot of benefits to Tower Hamlets. It had enabled a shared language to be developed in respect of children's rights. Unicef also brought a lot of expertise and added value to the work that had been done by the Council. In particular, they had provided a lot of training and support, which was considered to be of excellent quality. They felt that they were now better able to meet the needs of children and young people and deliver improved outcomes as services are targeted more effectively.
- 3.26 Although it was felt that the child rights approach was sound, it had been a challenge to generate an understanding of it internally. It could appear overly academic but professionals involved in children's social care tended to understand what it is about. They felt that the approach would not necessarily cost more and can lead to better outcomes for children and young people. Training is a very large element of the process and it was felt that Unicef are outstanding in delivering this. All commissioners had now been trained in the approach.

- 3.27 It was felt that there may be a need to commit resources in excess of the £25,000 that UNICEF are asking for future participation as a Child Rights Partners though. In particular, it would require someone to administer and co-ordinate the work internally.

Derry and Strabane

- 3.28 The Panel heard that Derry had had Unicef Child Friendly City status for a number of years and had focussed its work relating to this on promoting play and engagement. Unicef had then changed the focus of the Child Friendly City initiative in the UK with the introduction of the pilot Child Rights Partners scheme, which they had also participated in.
- 3.29 Local government in Northern Ireland had been restructured in 2015 and Derry and Strabane were brought together as a consequence of this. New Northern Irish legislation had also created a need for community planning. Derry and Strabane had made ensuring that their plan met the needs of children and young people a key objective. As part of the development process, they had gone out into the community to consult with young people on what the important issues were for them and how they felt that they could best be addressed. This had been done through a series of workshops. The role of local government had been explained using images and the Child Rights approach had been central to their work.
- 3.30 Including hard-to-reach groups had proven to be a challenge. It had been felt to be particularly important that there was representation from communities suffering from significant social disadvantage. Neighbourhood renewal and the youth service had assisted with helping to identify suitable young people. The neighbourhood renewal process focussed on the most deprived areas in Northern Ireland and was aimed at assisting with the transformation from conflict to peace. There had been a lot of community engagement as a part of this, with the aim of bringing people from different communities together. This had worked well as there was a shared agenda in addressing deprivation.
- 3.31 They felt that involving children and young people in the community planning process had been the key success of their child friendly initiatives but there had been challenges in bringing about policy change and getting buy-in from senior management.
- 3.32 As part of the Child Rights Partners process with Unicef, training had been undertaken with elected Members and senior management and this had translated well into action. It had not been possible to just go through the motions as part of this process. They had the highest respect for Unicef and did not think that the work that they had undertaken would have got off the ground without their input. They felt that Unicef had been quite “hands off” in their approach. The Council had needed to come up with solutions themselves and Unicef had helped them by making them think.

Bristol

- 3.33 Bristol's child friendly initiative differs at it is very much a community generated initiative, with the voluntary sector and higher education institutions taking a prominent role. The local authority does not take a leading role. It is co-ordinated by the Bristol Child Friendly City network, which was initiated by three community organisations, in partnership with the University of Bristol. It is described as being inspired by the Unicef Friendly Cities initiative. The priorities of the Bristol initiative are based around the built environment and the development of a democratic voice for children and young people. It is well regarded locally and is felt to have influenced policy and planning.
- 3.34 The aims for Bristol Child Friendly City are to promote action and change so that all children are better considered in the physical and democratic 'space' of Bristol. This is underpinned by wider initiatives to create a safer, healthier, more equal and connected city for everyone.
- 3.35 Following consultation with voluntary and statutory organisations, children, young people and academics in 2015, a three part vision was developed, consisting of longer term aims, each with an 'action for change' that can be achieved in the shorter term. These are as follows:
- “1. All children have safe, independent mobility and access to the city of Bristol and its resources, including streets, communities, green space, the city centre, play, sport, arts, culture/youth culture. Children will have richer, healthier lives where they can discover, connect, pursue interests and abilities, play, learn, enjoy, participate and grow up with a sense of belonging and ownership. Children will be more present and visible, creating a truly inter-generational city. Focus for action/change: Free bus travel for under 16's in Bristol
 2. All children feel heard and have a say in decision making on things that affect their lives. Children will grow up to feel more trusted, equal, active citizens and engaged, empowered adults. Bristol will benefit from their unique perspectives and contributions, both now and in the future. Focus for action/change: 16 year olds able to vote in mayoral elections. Effective routes identified for civic/democratic participation of under 14's.
 3. Adults in positions of power make decisions with all children in mind. The planning of new places, spaces and initiatives will consider the needs of children. Bristol will be better for children and people of all ages, and more accountable to young citizens. Focus for action/change: Children become a key consideration in any strategic city processes.”

The Welsh Government

- 3.36 The UN Convention on the Rights of the Child has been adopted by the Welsh government as the basis of policy making for children and young people and this was now enshrined in law there. It made a specific commitment to improving the lives of children and young people and stated its aim to provide opportunities and experience for them to grow, to ensure that they know and understand about their rights and that there is help for them as and when they

need it. They introduced the Rights of Children and Young Persons (Wales) Measure in 2011 and this embeds consideration of the United Nations Convention on the Rights of the Child into law.

- 3.37 The Measure places a duty on Welsh Ministers to have due regard to The United Nations Convention. It applies to decisions of the Welsh Ministers about any of the following:
- Proposed new legislation;
 - Proposed new policies; and
 - A review of or change to an existing policy and/or legislation.
- 3.38 A Children's Rights Scheme was developed under the Measure and this includes the need the undertake Children's Rights Impact Assessment (CRIA) in respect of any of the above. It is felt that the scheme encourages consideration of the wider impacts of work outside specific policy areas.

4. Haringey

4.1 In undertaking its work, the Panel considered the areas that might be prioritised for action as part of a “Child Friendly” strategy. The Panel heard from officers in the Children and Young People’s Service about what are the key areas for Haringey, based on performance information:

- Haringey is the 28th most deprived local authority area in the country and the 6th most in London. Conversely, the borough is also contains some of the least deprived wards in the country;
- When housing costs are taken into account, one third of the borough’s children are living in poverty, which is the 9th highest level in London. Haringey households have been affected significantly by the cumulative impact of welfare reform. The number impacted is 22,696 (20%) households;
- The number of looked after children has steadily declined from a peak of 610 in 2011 to its current level of 429. It is nevertheless still above the average for London and England;
- The highest single cause of referrals to social care is domestic violence (22%), followed by physical abuse (16%). There are a growing number of referrals due to homelessness. However, neglect is the biggest cause of children being taken into care (14%).
- 95.3% of primary schools and 100% of secondary schools were now rated a good or outstanding. Of particular note was the fact that the educational achievement of looked after children was consistently amongst the best in the country.

4.2 The Panel noted that there is not currently a specific overarching strategy in respect of the promotion of children’s rights issues. However, there is a Young People’s Strategy as well as a Youth Offer, although a lot of resources have been lost in recent years. Action has also been taken to capture the voice of the child although it was acknowledged that this could be improved. In particular, there is the Haringey Youth Council, which has recently been reconstituted. There is also Aspire, which acts as the borough’s children in care council. It was noted that the Youth Council includes representation from children with disabilities. In terms of looked after children, the Independent Reviewing Officer is required to provide challenge and ensure that the rights of children were observed.

4.3 Officers reported that schools have their own systems for promoting children’s rights and some use the UNICEF Rights Respecting Schools framework. This can include the use of young people as mediators, many of whom had proven to be very effective. In respect of looked after children, there was the London wide pledge for children and young people in care, which Haringey has signed up to.

- 4.4 In respect of the evidence that had been received by the Panel from Leeds, it was felt that there was substance behind their child friendly initiatives. They have progressed from being challenged to stability and, in addition, they are also now able to say that they no longer have specific thresholds. The whole process had taken six years in total. Consideration was now given to the potential impact of all Council decisions on children. In addition, the “three obsessions” within the Children and Young People’s Plan had helped to focus action.
- 4.5 In terms of Haringey, officers felt that a “quick win” would be to get the Council thinking corporately about children’s issues. Child and young people are affected by and require a wide range of public services and it was felt there was a need to broaden the sense of responsibility.
- 4.6 The Panel noted that the Corporate Plan has one more year remaining and plans are being put to place to develop the new one. Officers felt that a child friendly focus could be fed into these discussions. Political and senior management commitment would be of particular importance in taking this forward. The approach could be adapted so that it was more specific to Haringey and incorporating local initiatives, such as Signs of Safety which is the model of children’s social care that is currently used. A child friendly approach need not have cost implications – it could focus on the resources that the Council had and how these could be used to best effect. It could also assist in generating commitment. In addition, an ambassador scheme such as that which was in operation in Leeds, with a role in engaging with the community, could also have potential in Haringey.

5. Feedback from Children and Young People in Haringey

- 5.1 The Panel obtained feedback from a range of children and young people in Haringey on the issues that are of importance to them. This was inspired by the work undertaken by Leeds City Council in developing their “12 Wishes”.

Haringey Youth Council

- 5.2 At the first meeting of the re-constituted Haringey Youth Council, young people debated the issues that were of most concern to them. The three biggest concerns were identified as follows:

1. Crime and gangs
2. Youth clubs and activities for young people
3. Mental health

- 5.3 It is envisaged that, once the Youth Council's Terms of Reference are finalised and adopted, future meetings will involve input from the lead officers for these areas within the Council to ensure that the Youth Council's views are integral to service planning.

- 5.4 The Panel also submitted a number of specific questions to the Youth Council and the responses were as follows:

- *What would make Haringey a better place for you to live and grow up in?*
 1. Better access to youth centres and free activities for young people to attend in the evenings after school and weekends.
 2. At the moment there is only one council youth club (Bruce Grove) open three days a week and it is only in one area which is not accessible for all young people in Haringey to get too.
 3. If the community were more involved in helping to organise itself
- *What sort of things would make you feel safer in Haringey?*
 1. More visible Police presence but police that are from Haringey and who have a knowledge of local young people.
 2. TSG officers to be less aggressive
 3. More street lights for e.g. at the basket ball courts
- *What do you think would improve the mental health of young people?*
 1. Easy access to services for mental health problems
 2. Online booking facilities for appointments
 3. Modern apps that young people can download access to services in a contemporary way
- *In what way could activities and facilities available for young people in Haringey be improved?*
 1. More funding and a wider range of activities available for young people to take part in
 2. Mentoring opportunities for young people to have one to one support

- *How could the views of young people best be obtained by decision makers? (e.g. through meetings/social media etc.)*
1. Put questions directly to the Youth Council
 2. Questions can also be put directly to secondary and primary schools where opinions can canvassed on a wide range of subjects. If the questions are specific the whole borough can be feasibly asked.

Aspire

- 5.5 The Panel met with and obtained feedback from Aspire, who are Haringey's Children in Care Council. Aspire members present stated that their priorities were to have fun and be safe and, in particular, to be able to get around without any problems.
- 5.6 They stated that a lot of young people do not feel safe and are worried about gangs. Some are reluctant to travel to other areas of the borough away from where they live due to the "post code" issue. Officers referred to a recent visit that was made to Nandos in Wood Green as a treat for Aspire members where one young person from Aspire had needed to be escorted to safety by member of staff due to concern for his safety. Officers also reported that the post code issue can affect the life chances of young people as they can be reticent to go to other areas for education or training.
- 5.7 Other issues that arose were:
- Street lighting in some areas was felt to be not bright enough. In particular, areas on some housing estates could be dimly lit;
 - There were not enough youth clubs. These allowed young people to meet and make friends;
 - Housing could be a big issue for young people leaving care. They had access to a lot of support when in care, particularly from social workers, and could find it difficult when this was no longer available. Housing services did not appear to make any allowances for them being young or having been in care and it could be very stressful dealing with them.
- 5.8 It was felt that the best way to engage with children and young people was to use social media. Officers commented that how people spoke to young people was important in being able to get messages across.

The Markfield Project

- 5.9 Feedback was also received from the Markfield Project, who met with young people on their Youth Steering Group. They raised the following issues as being important to them:
- Safety rated very highly in the young peoples' priorities;
 - Mental health support was also an important area;
 - Money/work was an issue for all young people and they stated the need for apprenticeships and work opportunities;
 - Inclusion was thought to be of key importance for disabled young people and society generally;

- Social opportunities and fun was an area that came up throughout the discussion, particularly in relation to the needs of disabled young people. The young people wanted to see more youth clubs and activities for young people that promoted choice and independence; and
- Housing and local environment was also an important issue for our young people. They talked of the need for better cleanliness in the streets, less vandalism, litter and generally having a nicer environment. They felt better housing was also needed. Safety arose again in this discussion and one young person said “Living in Broadwater Farm doesn’t feel safe.”

6. Conclusions and Recommendations

- 6.1 The Panel is of the view that adopting a “Child Friendly” ethos could have a number of potential benefits for Haringey;
- The development of an enhanced corporate focus on children’s issues;
 - The potential to deliver better outcomes for children and young people by developing, through improved engagement, services that are more responsive to their needs; and
 - A greater emphasis on the key areas that may assist the borough in obtaining a “good” Ofsted rating for relevant services.
- 6.2 The Panel also noted the evidence from Leeds that becoming “Child Friendly” was not incompatible with the need to save money. Savings of £20 million were made by Leeds through a substantial reduction in the number of looked after children and it was felt that this may have been at least in part to their “Child Friendly” approach and its strong emphasis on working together with children and families to find solutions.
- 6.3 The Panel feels that there would be benefit in the Council aiming to become a “Child Friendly” borough, with this approach embedded in everything that the Council does and driven by strong and wide ranging political and officer commitment.

Recommendation 1:

That the Council declares its intention to become a “Child Friendly” borough, with this approach embedded in everything that the Council does and driven by strong political and officer commitment.

- 6.4 The new Young People’s Strategy should be developed to support the Council’s aspiration to become a “Child Friendly” borough. It is important that becoming “Child Friendly” is a meaningful process with genuine substance and commitment to change behind it. Plans within the Strategy to become a “Child Friendly” borough should therefore include the following elements, which are based on the Unicef framework;
- A clear local vision of what a “Child Friendly” borough should look like;
 - Enhanced arrangements for listening and responding effectively to the voice of the child;
 - Engagement of children in the design, implementation and evaluation of services designed for them;
 - Child impact assessments and evaluation to be considered within proposed new policies and reviews or change to existing policies;
 - Action to ensure that children know their rights; and
 - A coordinating mechanism.
- 6.5 Although it has been very impressed by the work undertaken by Leeds, The Panel nevertheless believes that a Haringey model should be adopted that reflects the needs, characteristics and aspirations of the local area. In

particular, Haringey has its own model of social care practice, which is called Signs of Safety and also follows a collaborative approach.

Recommendation 2:

That a “Child Friendly borough” strategy be developed for Haringey and that this includes the following:

- *A clear local vision of what a “Child Friendly” borough should look like;*
- *Enhanced arrangements for listening and responding effectively to the voice of the child;*
- *Engagement of children in the design, implementation and evaluation of services designed for them;*
- *Child impact assessments and evaluation to be considered within proposed new policies and reviews or change to existing policies;*
- *Action to ensure that children know their rights; and*
- *A coordinating mechanism.*

- 6.6 The Panel feels that action to enable Haringey to become a “Child Friendly” borough will have a greater chance of success if it is not just a Council initiative but involves a range of partners. The Panel would therefore recommend that action be taken to secure the collaboration of partners and, in particular, the voluntary sector.

Recommendation 3:

That, as part of the development of a “Child Friendly” strategic approach, engagement take place with partners and the voluntary sector in order to secure their collaboration.

- 6.7 The Panel also recommends that consideration be given to applying to become a Unicef Child Rights Partner. The Panel is mindful that there would be cost implications arising from this but is of the view that this would provide a number of benefits, including highly rated training, external challenge and the opportunity to achieve accreditation, which would provide a benchmark of the progress that has been made by the Council. In addition, it would give great standing to the Council’s “Child Friendly” scheme and help ensure that it does not become a “tick box” exercise. Becoming a Child Rights Partner would also provide access to a network of other authorities and the opportunity to share learning through this.
- 6.8 There are a number of options that could be explored for the development of the application, including partnerships with the voluntary sector, private sector involvement and a joint application with other boroughs. However, active involvement of children and young people should be a pre-requisite of any application.

Recommendation 4:

That an application be made by the Council to become a Unicef Child Rights Partner.

- 6.9 The Panel has also considered the issues that should be focussed on as part of a “Child Friendly” strategy. It has based this on feedback received from children and young people on what would make Haringey a better place for them to live and grow up in as well as performance information. The following would appear to be the priority areas for children and young people in the borough;
- Community safety. The Panel has heard from young people on a number of occasions about their concerns relating to community safety, violence and especially the “post code” issue that exists in some parts of the borough. This would appear to be a source of worry and, in some cases, risk for many young people. The Panel is particularly concerned at the possibility that it may be adversely affecting the life chances of some young people through deterring them from taking up opportunities in other parts of the borough. Although reference is made to safety in the current Young People’s strategy, it is acknowledged that improvements could be made in work to address this issue;
 - Youth facilities and activities. Play, leisure, culture and sport are not only fun but also very important aspects in the development of young people. Unfortunately, youth facilities have suffered as a consequence of cuts made necessary by austerity but it is clear from the feedback from young people that they feel that more priority now needs to be given to them;
 - Mental health. There has been a large increase nationally in demand for mental health services for children and young people in recent years, which services have struggled to cope with. In particular, depression and anxiety have increased by 70% in the past 25 years. Haringey has also historically had disproportionately high levels of mental illness. The inclusion of the issue in the top three concerns of members of Haringey Youth Council shows that it is now a very real concern for many young people;
 - Housing. The Panel heard evidence of the increasingly adverse impact that housing need is having on children and young people. This came both from feedback from young people – especially care leavers - and performance information, which showed an increasing number of referrals to social care due to homelessness; and
 - Poverty. Some areas of Haringey are still amongst the poorest in the UK and action is still clearly required to address this. Giving disadvantaged children the best possible start in life greatly increases their chances of escaping poverty.
- 6.10 Many, if not all, of the above areas are not just the responsibility of the Council but also of a range of partners. A clear strategic focus on them and the fact that they are supported by feedback from children and young people could enable the Council to challenge partners more effectively.

- 6.11 The Panel would also recommend that, should the Council proceed with its application to become a Unicef Child Rights Partner, the specific areas selected for project work reflect the above mentioned priorities.

Recommendation 5:

That the following issues, based on feedback and performance information, are key priorities for children and young people in the Council's new Young People's Strategy and from the focus of projects that may be developed as part of the Unicef Child Rights Partners scheme:

- Community safety for young people and, in particular ensuring that they are able to travel safely around the borough;
- Youth facilities and activities which provide fun as well as opportunities for personal, educational and social development;
- Mental health and the promotion of social and emotional well-being;
- Housing and, in particular, the avoidance of homelessness; and
- Reducing the percentage of children living in households living in poverty.

Appendix A

Participants in the Review:

Naomi Danquah – Unicef

Bonnie Curran - Bristol City Council

Sue Rumbold, Andy Lloyd Head and Jane Kaye – Leeds City Council

Wesley Hedger – London Borough of Tower Hamlets

Helen Harley and John Meehan – Derry and Strabane District Council

Haringey Youth Council

Aspire

Youth Steering Group - The Markfield Project

Jon Abbey and Gill Gibson – Haringey Children and Young People’s Service