

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

**Thursday, 8th March, 2018, 6.30 pm - Civic Centre, High Road,
Wood Green, N22 8LE**

Members: Councillors Pippa Connor (Chair), Gina Adamou, David Beacham, Patrick Berryman, Gideon Bull, Eddie Griffith and Ali Gul Ozbek

Co-optees/Non Voting Members: Helena Kania (Non-Voting Co-optee)

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. ITEMS OF 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 as noted 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 Members' Register of 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 interest 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

To approve the minutes of the meeting held on 8 March 2018.

TO FOLLOW

7. COMMUNITY WELLBEING FRAMEWORK (PAGES 1 - 6)

This paper describes the overall progress made on the Community Wellbeing Framework over the last year and its main components.

8. DAY OPPORTUNITIES DEVELOPMENT (PAGES 7 - 12)

The purpose of this report is to provide Adults and Health Scrutiny Panel members with information on the impact both from a user and a buildings perspective of the closures of the in-house day centres previously managed by Adult Social Care. These are: The Haven, The Grange, Birkbeck, Always and Roundways.

9. PHYSICAL ACTIVITY FOR OLDER PEOPLE SCRUTINY REVIEW UPDATE (PAGES 13 - 38)

In the summer and autumn of 2016, the Adults and Health Scrutiny Panel undertook an in-depth piece of work regarding Haringey's approach to increasing physical activity among older adults and a number of recommendations were made.

This report provides an update on actions that were agreed by Cabinet on 27 March 2017 in response to implementing the Overview and Scrutiny Committee recommendations.

10. CABINET MEMBER Q&A - REVIEW OF THE YEAR

An opportunity to question Councillor Arthur, Cabinet Member for Finance and Health, and Cllr Vanier, Cabinet Member for Adult Social Care and Culture, on their portfolios.

11. NCL JHOSC UPDATE

To receive a verbal update from the Chair.

12. WORK PROGRAMME UPDATE

To receive a verbal update on the Panel's Care Home Commissioning review.

13. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

Felicity Foley, Principal Committee Co-ordinator
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Email: felicity.foley@haringey.gov.uk

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

Wednesday, 28 February 2018

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Report for: Adults and Health Scrutiny Panel, 8 March 2018

Title: Community Wellbeing Framework update

Report authorised by: Dr Tamara Djuretic, Assistant Director of Public Health

Lead Officer: Dr Negin Sarafraz-Shekary, Public Health Specialist
negin.sarafraz-shekary@haringey.gov.uk

Ward(s) affected: ALL

**Report for Key/
Non Key Decision:** Non key decision

1. Describe the issue under consideration

- 1.1 Evidence suggest that non-medical interventions such as social prescribing can be effective in improving health and wellbeing and reducing health care utilisation through promoting self-management. Neighbourhood Connect (a social prescribing) project was piloted in Haringey in 2015. Its evaluation suggested some good outcomes however it failed to demonstrate a good value for money and it struggled to engage effectively with certain hard-to-reach communities (e.g. people with disability) to reduce social isolation.
- 1.2 Our learning so far indicate that in Haringey, a bottom-up approach which focuses on local community assets by building on the existing local resources and expertise is more likely to succeed in improving health as well as being cost-effective and sustainable. Furthermore, it has been recognised that more strategic approach and development of the overall Community Wellbeing Framework is needed to initiate community asset approach, integrate health, care services, and concentrate on preventative interventions that would subsequently reduce demand on services and increase health and wellbeing of Haringey residents.
- 1.3 Community Wellbeing Framework has four main components: asset mapping, co-ordination role in the community, strength-based training for all frontline staff and a range of community activities/interventions for residents to be introduced to.
- 1.4 This paper describes the overall progress made on the Community Wellbeing Framework over the last year and its main components.

2. Recommendations

- 2.1 That the Adults and Health Scrutiny Panel notes progress on Community Wellbeing Framework and, in particular, Local Area Co-ordination project.

3. Reasons for decision

- 3.1 The Panel asked for yearly update on development of Community Wellbeing Framework in March 2017.

4. Alternative options considered

N/A

5. Background information

5.1 Local Area Co-ordination (LAC)

LAC is nationally established model of community approach to improving health and wellbeing of local residents <http://lacnetwork.org/>. This model was adopted in Haringey across health and social care in 2017 and funded from the Better Care Fund for two years.

This is a long term, integrated, evidence based approach to supporting people (of all ages) with disabilities, mental health needs, older people and their families/carers to:

- Build and pursue their personal vision for a **good life**
- Stay strong, safe and connected as contributing citizens
- Find practical, non-service solutions to problems wherever possible
- Build more welcoming, inclusive and supportive communities

Therefore, it is about:

- Preventing or reducing demand for costly services wherever possible
- Building community capacity and resilience
- Supporting service reform and integration, having high quality services as a valued back up to local solutions

This model reflects the direction of the Care Act (2014), NHS 5 Year FV, Personal Health Budgets and Personalisation and will support local areas/services to meet the requirements of the new legislation.

The pathway has been designed locally to address the key objectives of primary, community and social care, to reduce social isolation, be person centred and to promote asset based approach to health and wellbeing (e.g. focusing on positive aspects of ones' life).

5.1.1 Key successes for Local Area Co-ordination project

Partnership group: A partnership group has been set up with agreed Terms of Reference (ToR) which drive the implementation of local area co-ordination. This

group consists of Public Health, Adult Social Care, Voluntary Sector, Healthwatch and Haringey CCG.

Recruitment: The recruitment process involved a session with a group of representative community members (who rated the candidate according to their performance). This was followed by a panel interview. Two Local area coordinators were successfully recruited in November 2017 to work in Hornsey and Northumberland/White Hart Lane areas (location maps included Appendix 1).

Service integration: Both co-ordinators have established a number touch points in the community (e.g. Hornsey Vale Community Centre, Hornsey Library, Selby Centre, HAIL, local supermarkets, foodbanks). They have made several connections to date with a range of community groups (dementia carer groups, local churches, faith and women's groups). They also work in partnerships with the existing network as part of the integrated locality teams), housing services (Homes for Haringey) and social care workers.

Community and stakeholders' engagement:

- Working closely with adult social care and receiving introductions/referrals from social care workers
- Working closely with the Adult Safeguarding Board (ASB)
- The service has been integrated with the Locality Team and co-ordinators attend the weekly multidisciplinary team meetings
- Engagement with local faith leaders (Rabbi, Hornsey Jewish community groups), Local churches and mosques
- Working closely with the local community group (e.g. Hornsey Vale community Centre, 163 community hub, The Antwerp Arms)
- Linking with the local GP practices (e.g. Summerset Gardens in the east of the borough- they have offered a private room to the Local area co-ordinator to see patients in the practice).
- Engagement with local employability services
- Plans in place to engage with local schools in each geographical areas
- Linking with the sheltered housing, community hubs and the services addressing homelessness
- Working closely with support and advocacy services
- Working closely with the community/carers commissioning services
- Working closely with HAIL and CAB in Haringey
- Engagement with women's group, community safety and the regen team in Northumberland Park/White Hart Lane
- Working closely with the Haringey regeneration team and community support workers.

Impact on individuals and addressing the wider determinates of health: Over 30 introductions (including self-referrals) have been made since the project initiation in Nov 2017.

Over 40% of the clients introduced to Local Area Co-ordinators have presented with non-health related issues such as housing and employment. Other presenting issues have been due to being older/ vulnerable, mental health issues (including dementia), disability, homelessness, young/family problems and physical health conditions.

Impact on capacity building and volunteering: Local Area Co-ordinators have been able to encourage some of the people they have met to volunteer for various community centres. This has really contributed and improved the trusting relationships between the co-ordinators and the community groups.

Evaluation and monitoring- a plan has been drafted for approval of the Community Wellbeing Partnership group. The evaluation plan has been developed to measure outcomes by mapping them against the Five Ways to Wellbeing themes. For cost saving analysis, patients /individual's stories will be used to map their journey and to calculate cost-benefit of service costs prevented due to local area co-ordination intervention.

5.2 Asset Mapping

The Bridge Renewal Trust developed a comprehensive on-line directory of community services and other assets in Haringey. This project now has been completed and available on line (<http://bridges.force.com/directory/>). This directory and the Haricare website are used by Local Area co-ordinators to provide information, advice and guidance to residents. The co-ordinators also contribute to keeping the Bridge Renewal Trust's Directory up to date.

5.3 Training for staff and interventions on the ground

Haringey Council supported Bridge Renewal Trust to put a bid together to NHS England for additional funding for social prescribing. This bid includes asks for additional resources aimed at developing interventions in the community. The outcomes of this bid are awaited.

In addition, scoping work is undergoing to establish training needs for frontline social care staff on strength-based approach to assessment and more generally, how to use strength-based communications in interactions with residents.

6. Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan, Haringey's Community Strategy, Better Care Fund and Health and Wellbeing Strategy 2015 - 2018

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

Finance and Procurement

7.1 This is an update report for noting and as such there are no direct financial implications associated with this report.

Legal

7.2 This is an update report for noting and as such there are no recommendations for action that have a direct legal implication.

Equality

7.3 The project will have a prevention-based approach to proactively identify high risk and hard-to-reach group of people, in particular older people, those with disabilities and people with long-term health conditions. Initial roll out of the project is based in areas with high deprivation, health inequality and poor life expectancy.

The person-centred approach of the framework will allow inequalities and isolation issues related to protected characteristics to be addressed.

8. Use of Appendices

Appendix 1- Location map of Haringey Local Area Co-ordination

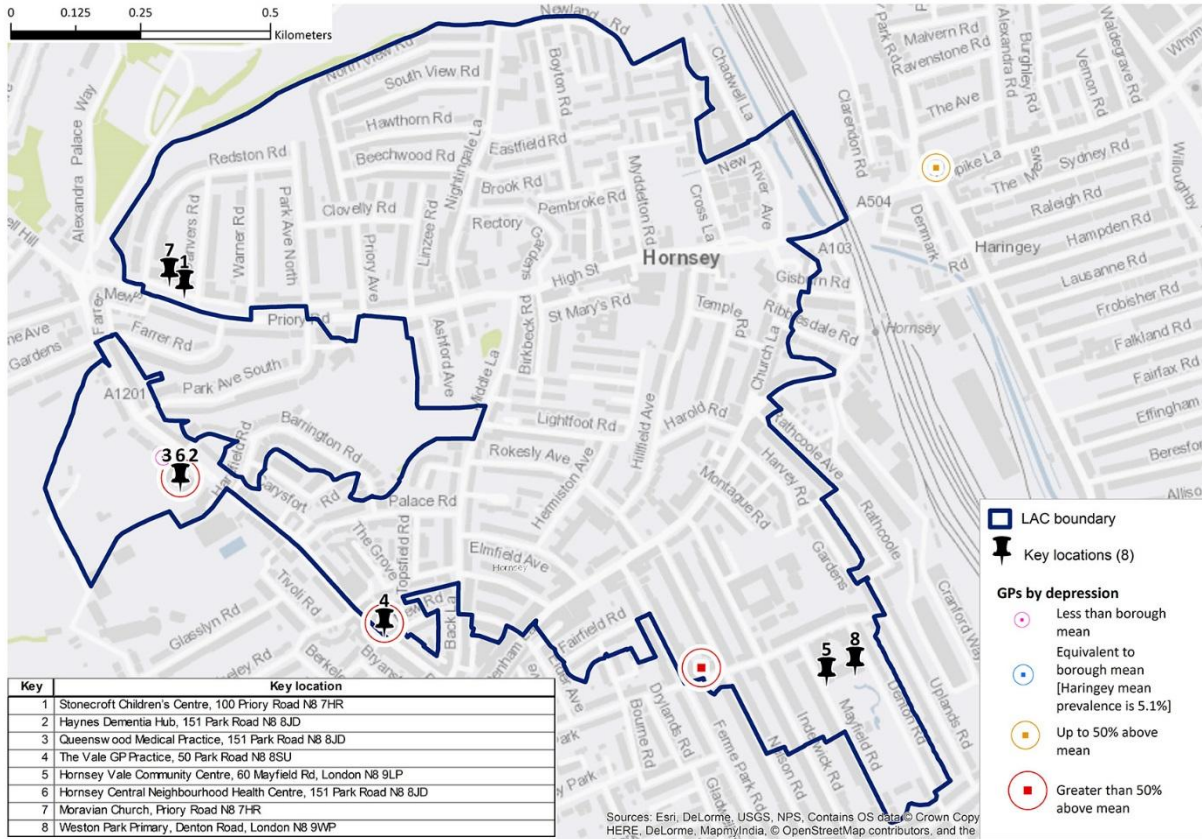
9. Local Government (Access to Information) Act 1985

Health and Wellbeing Strategy 2015 – 2018

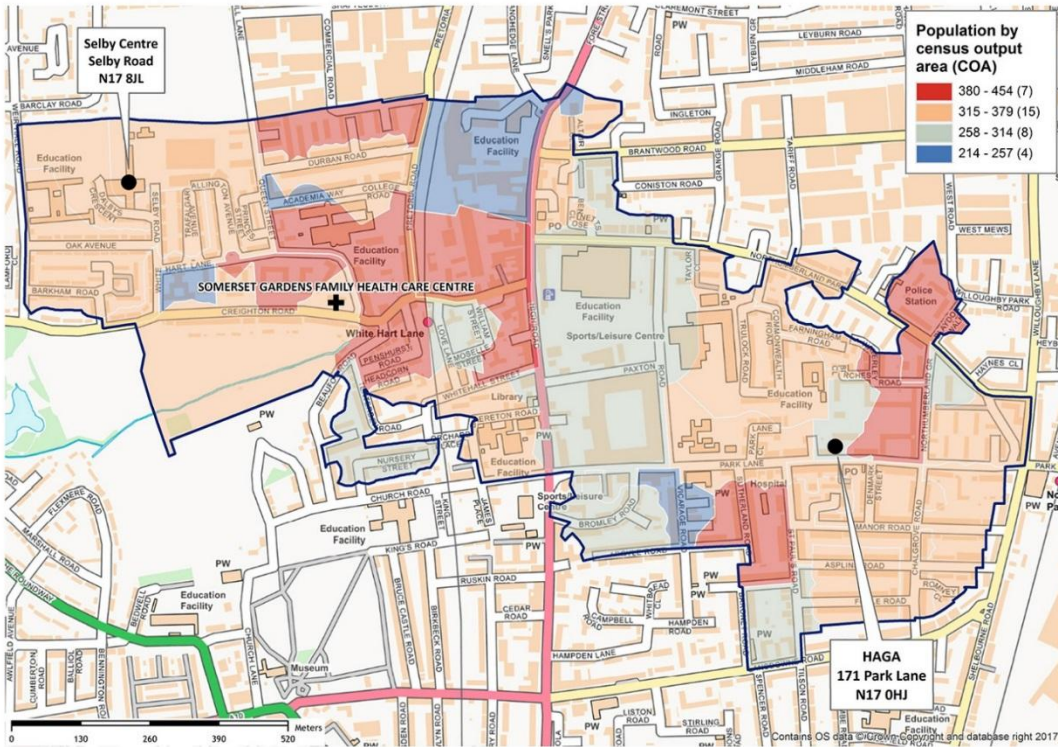
Public Health England Guide to Community centred approaches for health and wellbeing, <https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

Appendix 1

Hornsey Area Map



Northumberland Park/White Hart Lane Area Map



Report for: Adults and Health Scrutiny Panel

Title: Day Opportunities development

Report

authorised by : **Charlotte Pomery, Assistant Director Commissioning**
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Lead Officer: **Rebecca Cribb, Commissioning Manager**
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Ward(s) affected: All

Report for Key/

Non Key Decision: To note

1. Describe the issue under consideration

- 1.1 The purpose of this report is to provide Adults and Health Scrutiny Panel members with information on the impact both from a user and a buildings perspective of the closures of the in-house day centres previously managed by Adult Social Care. These are: The Haven, The Grange, Birkbeck, Always and Roundways.

2. Recommendations

- 2.1 That Adults and Health Scrutiny Panel note this report.

3. Reasons for decision

Not applicable.

4. Alternative options considered

Not applicable.

5. Background information

- 5.1 In November 2015, Cabinet agreed to increase the flexibility and availability of day services within the borough by agreeing to develop and adopt a day opportunities model through:

a) The closure of the Roundways, Birkbeck Road and Always Day Centres for adults with a learning disability;

b) The provision of a new and expanded day opportunities for adults with learning disabilities (including those with complex needs and autism) from Ermine Road Day Centre and through an alternative provider;

c) The closure of The Grange Day Centre; and

d) The provision of a new model of day opportunities for older people and those with dementia from The Haynes Day Centre through an alternative provider.

5.2 The closures were subject to an implementation plan that included:

- a) engagement with all stakeholders including service users and carers;
- b) the re-assessment or review of the care and support needs of service users with a view to identifying suitable alternative provision to meet assessed needs;
- c) the assignment of a Personal Budget Support Co-ordinator to support service users to access other day opportunities; and
- d) a transition plan that was sensitive to and mitigated the impact of the closure and ensures the process of change is safely handled

The transitions and subsequent day centre closures took place between May 2016 and June 2017.

5.3 Service User destinations

5.3.1 A re-assessment or review of the care and support needs of each service user was completed with a view to identifying suitable alternative provision to meet assessed needs. A six week review was subsequently completed for each service user.

5.3.2 The tables below provide information at the destination of the service users following the closure of the in-house day centres. Numbers less than 5 have been suppressed to anonymise service users.

5.3.3 Older People/ Dementia Service Users

5.3.3.1 Of the 69 clients at The Haven and The Grange, 7 (10%) transitioned to the in-house Haynes Dementia Hub; 40 (58%) to external day opportunities providers; 13 (19%) no longer received a day opportunities service but continued to receive other services e.g. home support or residential care; 4 (6%) moved to a Direct Payment; and 5 (7%) were no longer in receipt of adult social care services (which includes deceased clients and those who left the borough).

5.3.3.2 Before clients were re-assessed they were receiving on average 2.1 days of day opportunities per week. For those who continued to receive a day opportunities package, based on a re-assessment of need they continued to receive on average 2.1 days.

Destination(s)	The Haven Clients	The Grange Clients	Total
Number of clients	42	27	69
The Haynes Dementia Hub (in-	0	7	7

house)			
VCS or Private Day Opportunities Provider*	29	11	40
Did not continue with Day Services – continued with other services or received a new service (e.g. home support, residential care)	9	Less than 5	-
Receiving a Direct Payment	Less than 5	Less than 5	Less than 5
No longer in receipt of services (includes deceased and left the borough)	Less than 5	Less than 5	5
Total	42	27	69

*VCS or Private Day Opportunities Providers

Name of organisation	Number of clients supported
The Grace	17
The Cypriot Centre	22
<i>Anonymised</i>	Less than 5

5.3.4 Learning Disabilities Service Users

5.3.4.1 Of the 145 clients at Always, Birkbeck, The Roundways and Ermine Road, 63 (43%) transitioned to the in-house Ermine Road Hub; 32 (22%) to external day opportunities providers; 47 (32%) began receiving their day opportunities from their residential care provider; 13 (9%) received self-directed support; and 3 (2%) were no longer in receipt of adult social care services which includes deceased clients and those who left the borough. After re-assessment 13 clients received day opportunities from more than one provider each week.

Destination(s)	Always*/ Birkbeck Clients	The Roundw ay Clients	Ermine Road Clients	Total
Number of clients	59	27	59	145
Ermine Road Hub (in-house)	31	8	24	63
VCS or Private Day Opportunities Provider**	20	8	Less than 5	32
Residential Home Provider	8	8	31	47
Self-directed Support	6	5	Less than 5	-
No longer in receipt of services (includes deceased and left the borough)	Less than 5	Less than 5	Less than 5	Less than 5

Total (includes duplicates where service users are receiving day opportunities from more than one provider)	66	30	62	158
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*Always service users initially went to Birkbeck until re-assessments/reviews were completed and suitable alternative provision was found.

**VCS/Private Day Opportunities Providers

VCS or Private Day Opportunities Providers (including Residential Home Providers (Res))	Number of clients supported
Acorn Day Opportunities	13
Apollo Accommodation	Less than 5
Choice Support (Res)	Less than 5
Community Hub Services	Less than 5
Connifers Care	Less than 5
Craegmoor Healthcare (Res)	Less than 5
DRS Care Homes (Res)	7
Edenvale Care (Res)	5
Green Pepper	Less than 5
HAIL (Res)	19
Haringey Mencap	Less than 5
Heritage Care (Res)	5
Hoffman Foundation for Autism	Less than 5
Millenium Care	Less than 5
New Options	Less than 5
Oakmont Social Education	Less than 5
Pavillion Leisure Centre	Less than 5
Radiomarathon	Less than 5
Sach Road (Res)	Less than 5
The Markfield Project	Less than 5
Toucan Employment	Less than 5
Vineyard Services UK	Less than 5

5.4 Budget impact

- 5.4.1 The table below summarises the savings and associated costs of the closures. The annual saving in the cost of providing day opportunities was £1.15m.

	number of clients	budget reductions	re-provisioning costs	net annual saving
		£m	£m	£m
Older People/Dementia				
The Haven	42	-0.38	0.11	-0.27
The Grange	27	-0.28	0.04	-0.24
	69	-0.66	0.15	-0.51
Learning Disabilities				
Management	-	-0.4		-0.4
Roundway DC	27	-0.42	0.22	-0.2
Birkbeck/Always	59	-0.49	0.32	-0.17
Ermine	59	-0.53	0.65	0.12
	145	-1.84	1.2	-0.64
Total	214	-2.5	1.35	-1.15

5.5 Buildings update

Former Day Centre	Current use	Planned future use	Status
Birkbeck	Homes for Haringey submitted planning application for conversion to residential. Waiting for planning consent.	Once planning granted the conversion will then be undertaken to residential use.	Currently with HfH with conversion to residential on track.
The Grange	Partly used as offices by the Regeneration team and partly let to Guardians.	Due to be refurbished for the Council's community engagement programme. Also for use by the community.	Currently subject to refurbishment in Q3 2018. Subject to running costs for occupation by the Council. No income from 2 x Guardians but offset against cost of security if vacant and running costs.
Always	Leased in by the Council on a 25 year lease.	Currently used for surveillance. To be occupied by Community Alarm Service from the summer 2018.	Currently used for surveillance. Adaptations to be undertaken shortly for Community Alarm service.
Roundways/The Haven	Feasibility to include a new Health facility and residential development considered but lacks	The site is planned for redevelopment subject to relocating the dentist on site and Citizens Advice	Currently let to 3 x Guardians. No income but offset against cost of security if vacant

	funding from NHS. Currently being reviewed.	Bureau.	and running costs.
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6. Contribution to strategic outcomes

6.1 The provision of a day opportunities model for people in Haringey contributes to the implementation of Priority 2 of the Corporate Plan – Enabling all adults to live healthy, long and fulfilling lives. Within this priority, there are a number of objectives which are also enhanced:

- **Objective 2:** Strong communities, where all residents are healthier and live independent, fulfilling lives
- **Objective 4:** Residents assessed as needing formal care and / or health support will receive responsive and high quality services
- **Objective 5:** All vulnerable adults will be safeguarded from abuse

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

This report is for noting.

Finance

This report is for noting.

Procurement

This report is for noting.

Legal[Name and title of Officer completing these comments]

This report is for noting.

Equality

This report is for noting.

8. Use of Appendices

None

9. Local Government (Access to Information) Act 1985

None

Report for: Adults and Health Scrutiny Panel; 8th March

Title: Update on the Overview and Scrutiny Committee on the **Physical Activity for Older People Project**

Report authorised by: Jeanelle De Gruchy; Director of Public Health

Lead Officer: Andrea Keeble; Commissioning Manager for Active Communities

Ward(s) affected: All

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

1. Describe the issue under consideration

- 1.1 In the summer and autumn of 2016, the Adults and Health Scrutiny Panel undertook an in-depth piece of work regarding Haringey's approach to increasing physical activity among older adults and a number of recommendations were made (as detailed in Appendix 1).
- 1.2 This report provides an update on actions that were agreed by Cabinet on 27 March 2017 (attached as Appendix 1) in response to implementing the Overview and Scrutiny Committee recommendations.

2. Cabinet Member Introduction

- 2.1 The Council welcomes the attention that the Committee has given to how we can address the low rates of physical activity among older people in the borough. Physical activity is one of the strongest positive influences on our health and wellbeing over our lifetime – from our early years, to supporting healthy aging – and key to reducing the demand for health and social care. Our strategic commitment to prevention and maximising independence means that we need to focus on how to increase the physical activity of all our residents, including those who are older.
- 2.2 As the report illustrates, many Council and commissioned services have a role to play in encouraging and enabling physical activity. Our existing commitment to providing free access to leisure centres for those aged 65+ is a strong foundation, but Haringey – in line with the rest of London and England – continues to have low rates of physical activity amongst older people. As such, we welcome the contribution in this report to how our current offer and approach can be amplified even as we face severe financial challenges.
- 2.3 We are developing through our Design Framework for Integrated Health and Care a whole system approach to public health and care which is both broader and deeper than our traditional focus on providing social care. This incorporates our commitment to prevention with efforts of improving health and wellbeing

through all council services and policies. The detailed recommendations provided by the Committee will be aligned with this overall strategic approach.

3. Recommendations

- 3.1 The Overview and Scrutiny Committee is asked to note the progress made to date to achieve their recommendations (attached as Appendix 1).

4. Reasons for decision

- 4.1 n/a

5. Alternative options considered

- 5.1 n/a

6. Background information

- 6.1 Physically active older people have a 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.
- 6.2 The Overview and Scrutiny Committees review of physical activity for older people was established:
- (a) To understand the physical activity for older people's provision locally, particularly for the most vulnerable older people such as those residing in care homes;
 - (b) To consider local and national good practise and emerging evidence around the importance of physical activity and how to increase uptake of physical activity in general and specifically for older people;
 - (c) To reflect on the strategic picture nationally and locally including the drive to integrate action around physical activity in all policy and utilise levers to increase physical activity that are available to the Council and its partners;
 - (d) In light of the above, recommendations were made to the Council for interventions and changes that could be put in place to ensure being active is an easy and attractive choice for older people and thus increase the amount of physical activity older people do.

7. Update on recommendations

- 7.1 The current position regarding the Committee's recommendations are contained in full in Appendix 1. The following summarises these key actions:
- 7.2 Recommendations 1, 16, 17, 18, 19, 20 and 21 – These recommendations relate to the utilisation of all policy levers, training and governance to embed

active lifestyles. For example, an 'Active and Healthy Haringey' is very likely to be a key objective within the Place and People's themes of the emerging Borough Plan and thus impact on physical activity levels amongst older people.

- 7.3 Recommendations 2, 14 and 22 – These recommendations focus commissioning activity. For example, the CCG and the Council's Adult Services have recently developed approaches to integrate physical activity into care pathways.
- 7.4 Recommendations 8, 9, 11 and 15 – These recommendations deal with improving the communication and marketing of physical activity opportunities as well as mapping them. This has led to better and more extensive distribution of marketing materials, better sharing of information and the development of a leaflet which focusses on the activities that are available and suitable for an older audience (available soon).
- 7.5 Recommendations 3, 4, 5, 6 and 10 – The operator of the Council's leisure facilities; Fusion, have a key role to play in increasing access and participation of older people and these recommendations relate to this. Fusion have for example signed up to the Dementia Alliance and now have a number of dementia friendly sessions at the centres.
- 7.6 Recommendations 12 and 23 – These recommendations focus on seeking funding, particularly for an 'Active Ageing' Project. Despite the Council and partners having limited success drawing in external funding to date the Active Ageing project is being progressed. Successes include the Bridge Renewal Trust achieving a contract for the 'Escape Pain' contract which will work to hopefully demonstrate that becoming more active reduces the pain associated with various long term conditions.

8. Contribution to strategic outcomes

- 8.1 The recommendations and responses made will contribute to achieving Priority 2 of the Corporate Plan: 'To enable all adults to live healthy, long and fulfilling lives'.
- 8.2 Linked to the above, a clear contribution to the Health and Wellbeing Strategy's priority of 'Increasing healthy life expectancy' and the key ambition of 'Increasing the number of adults who will be physically active'.

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

9.1 Finance and Procurement

- 9.1.1 Recommendations and responses set out in Appendix 1 are cost neutral. There are financial implications but as detailed in the responses these are subject to:

- External funding being achieved

- Separate decision making processes e.g. any contract negotiation around the Leisure Management contract with Fusion

9.1.2 It is therefore expected that the majority of recommendations could be enacted with minimal financial impact to the Council.

9.1.3 There are no savings identified but it could be expected that savings would accrue over time if older residents were more active and healthy.

9.2 Legal

9.2.1 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 inhabitants of its area.

9.2.2 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.

9.3 Equality

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

- Tackle discrimination and victimisation of persons that share the characteristics protected under 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.

9.3.2 The recommendations of the Panel when fulfilled will contribute towards tackling the poor levels of physical activity amongst older people by advancing equality of opportunity between older people and the wider population.

9.3.3 As many older people are also disabled, the focus on offering more targeted activities for people with dementia and associated conditions is also positive.

9.3.4 Older people make up the largest cohort of the inactive in the borough. Inactivity contributes significantly to a wide range of conditions which inhibit an individual from enjoying life. Efforts to reduce this will improve social cohesion and advance the ability of older people to participate in civic life.

9.3.5 Inactivity in older people is worse for BAME and women in this group, thus a more targeted approach to increase activity, as outlined in the recommendations, will reduce the inequality experienced by people from BAME communities and women.

10. Use of Appendices

10.1 Appendix 1 – Responses and updates to the Overview and Scrutiny Committee report recommendations.

11. Local Government (Access to Information) Act 1985

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Appendix 1

Physical Activity for Older People Project – Conclusions and recommendations of Overview and Scrutiny Committee, responses and updates to recommendations

Overall comments on the report				
	The Council welcomes the attention been given to how we can address the low rates of physical activity among older people in the borough. Physical activity is one of the strongest positive influences on our health and wellbeing over our lifetime – from our early years, to supporting healthy aging – and key to reducing the demand for health and social care			
	Recommendation	Response (Agreed / Not agreed / Partially agreed)	Who and when	Update – Current Progress, March 2018
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	Agreed	Andrea Keeble March 2018	Both the Council’s developing ambition/cross cutting theme for an ‘Active and Healthy Haringey’ and the new strategic direction by the government and Sport England ensures that there must be a greater focus on getting the inactive active. There are multiple benefits of this approach. Older people are the largest and most significant inactive group in Haringey. ‘Active and Healthy Haringey’ are key objectives in the Place & People Theme of the emerging Borough Plan. The Physical Activity and Sport Framework refresh work is underpinning these objectives.
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	Agreed.	Jon Everson / Marco Inzani June 2017 and ongoing	The Design Framework and associated Prevention Pyramid approach was agreed by Cabinet in May 2017. This now helps frame and inform service and commissioning developments across Adults Health and Care. To take the action forward - Next step discussions to inform developments related to Health and Care Closer to Home Networks will seek to reflect the Physical Activity agenda as a key prevention approach in local areas,

	Haringey CCG, be asked to ensure physical activity is included within all care pathways, with interventions available across the prevention pyramid (population, community, personal).			
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.	Agreed	Fusion /Andrea Keeble Annually	In addition to a range of classes within the standard programmes at the centres suitable for older people, Annual Service Planning has identified additional opportunities. The Better with Age programme has been extended to Broadwater Farm and Park Road and several new classes targeted at older people have started at Broadwater Farm.
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.	Agreed	Stephen McDonnell/Andrea Keeble If an opportunity for renegotiation arises	Note any decision about contract renegotiation and the Council's negotiating position are subject to a separate decision making process which has not yet commenced
5	That the Better With Age programme (targeted at 50+) be provided: (i) more frequently at Tottenham Green Pools and Fitness	Agreed	Fusion/Andrea Keeble Annually	See section 3. Additionally Active Communities/Adults and Fusion are in discussion regarding more bespoke classes e.g. for people with dementia

	and (ii) at other locations.			
6	That Fusion be asked to sign up to the Haringey Dementia Action Alliance.	Agreed	Fusion/Andrea Keeble June 2018	Fusion have signed up to the Alliance and their action plan can be viewed: https://www.dementiaaction.org.uk/members_and_action_plans/7159-fusion_lifestyle_haringey
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.	Agreed	Fusion/Andrea Keeble Annually	Data has been analysed and targets for older people's use have been set for this year. Note programme activity section 3 and 5
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	A - Partially agreed B- Partially Agreed	Andrea Keeble, Council Communications Team & Fusion Annual review	A) Fusion is committed to various Open Days to raise awareness and promote the service to older people and people with disabilities B) This is an ongoing piece of work for example in the last year there have been x 2 major billboard campaigns to encourage more 65+ to

	<p>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> <p>(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</p>	C - Agreed		<p>join the leisure centres for free The Council's website is currently being updated and a new leaflet developed focussing on physical activity opportunities for older people.</p> <p>C)Note recent new publicity material for older people from Fusion. Note Dementia Alliance link – see 6</p> <p><u>General Comment</u> Wider than just advice there is a need to, where possible, activate other levers available to the Council and partners; strategic, policy, organisational etc to create a physical activity friendly environment</p> <p>Regeneration opportunities to be exploited to make being active the easy choice through taking a 'Healthy Streets' approach to design, developing green grids, cycle ways etc</p> <p>Behaviour change programmes utilised where funding is available to embed more positive attitudes towards being physically active</p>
9	That the top line messages below be used by commissioners, policy makers and practitioners to ensure clear and	Agreed	<p>Andrea Keeble Jeanelle de Gruchy & partners</p> <p>Ongoing</p>	<p>The main leaflet material issued and updated regularly by Active Communities is distributed widely. This is called 'Free & Affordable Ways to be Active'. This leaflet is extremely popular and has this advice within it as well as details of 'free and affordable physical activity'</p>

<p>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. <p>Physical activity is everyone's business and</p>			<p>Other outreach opportunities to be exploited to get these messages out. An Outreach Plan/Calendar is developed annually to aid the promotion of these messages</p> <p>One You Haringey are offering 6 week introductions to getting physical active and as part of the refresh of their services Public Health have requested that they add some themed activities and in particular some which will appeal to inactive residents and specific demographic groups e.g. older people.</p> <p>Relevant officers from Public Health, Parks and Active Communities are very engaged with the planning team and attempting to embed messages within the base building blocks of the planned regeneration schemes.</p> <p>Behaviour change programmes utilised, where funding is available, to embed more positive attitudes towards being physically active</p> <p>See section 1 regards Borough Plan and inclusion of Active Haringey</p>
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	everyone benefits.			
1 0	That consideration be given to how the Active for Life programme could be incorporated into the wider Fusion contract which ends in 2032, once the Public Health contract for this provision, including GP Exercise Referral and borough wide Health Walks, ends in 2018.	Partially Agreed	Stephen McDonnell / Andrea Keeble / Jeanelle de Gruchy If an opportunity for renegotiation of the Leisure Contract arises	The Active for Life programme will be retendered in November with a view to achieve improved results Fusion will be grading the walks in the future and adding 8 additional walks Note any decision about contract renegotiation and the Council's negotiating position are subject to a separate decision making process which has not yet commenced
1 1	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	Agreed. Agreed Agreed	Ongoing CCG/Marco Inzani Chinyere Ugwu Communications	A, b, c, d and e Regular monitoring and reviews of communication material and its locations by Active Communities staff in liaison with Homes for Haringey, Communications, CCG, Fusion and Public Health Assessment of need for publicity material to be part of the monitoring regime Monitoring results to be reported back to the Haringey Active Network and to date show better compliance than previously March 2018 – All partners have agreed to display and distribute publicity material

	<p>Notice Boards.</p> <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>	<p>d & e - Agreed</p>	<p>Andrea Keeble & Fusion</p>	
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1 2	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.	Partially Agreed – subject to funding	Andrea Keeble/CCG/Bridge Renewal When funding becomes available	Source of such funding to be determined. Meanwhile Active Communities in liaison with Bridge Renewal will assist relevant groups to draw down funds from sources not available to the Council e.g. recently Bridge Renewal have been successful with the ‘Escape Pain’ contract. To get those with LTC/painful conditions to do exercise and monitor results closely
1 3	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	Partially Agreed – subject to funding	Andrea Keeble Ongoing at Lordship and target 2018 for Northumberland Park	A wider discussion is required amongst partners around the value of Silverfit and similar older people’s programmes that utilise a combination of excellent social interaction and fun activities to improve physical activity and reduce social isolation If the good value is agreed, then ensuring that there is reliable source of funding for such programmes is important. There is ongoing discussion regards funding for budget year 18-19
1 4	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 tenant’s/community	Agreed	Jasper South March 2018	While work is still in progress to fully implement the hub model and deliver a full range of activities and services at our eight hub schemes, we have established a number of initiatives that promote physical activity. Examples include – <ul style="list-style-type: none"> • Dance and yoga sessions for LGBTQ community, working with Wise Thoughts • Working with Jacksons Lane, secured funding for 3 years for our Together Project that will enable participation in a range of arts activities • Broadway Brunch – fortnightly lunch, entertainment and

	rooms in blocks, can be used productively for physical activities for older people.			<p>physical activity workshops at different schemes</p> <ul style="list-style-type: none"> • Development of a community garden at Lowry House that would promote well-being through participation in growing and preparing food <p>We are developing a business case to access capital funding for investment at three of our hub schemes, which will improve the usability of communal space, opening up currently unused rooms and creating a more welcoming, versatile environment for residents and visitors accessing activities at the scheme.</p>
1 5	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	Agreed	Colin Bowen Ongoing	<p>The ongoing Voluntary and Community Sector (VCS) Asset mapping includes recently updated information about over 1,000 local providers.</p> <p>The outward facing information is available publicly at http://bridges.force.com/directory/ and is searchable by locality, service type and beneficiary.</p> <p>Asset mapping, including street-by-street mapping will continue during 2018-19 and we are working with the Council to ensure that information on VCS sports clubs and groups providing physical activity is current and up-to-date.</p> <p>Bridge is continuing to work strategically with the lead officer and key staff around the Council's digital offer to ensure that the directory and data are complementary to the Haricare and Family Information Service database.</p> <p>Local Area Co-ordinators are utilising the VCS Directory in order to connect residents up with local support, services and activities, including activities for older people.</p>
1 6	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	Agreed	Andrea Keeble / Jeanelle de Gruchy June 2017	<p>Sub group set up and 1st meeting and TOR concluded. Report back to the Haringey Active Network (CSPAN) quarterly</p> <p>Active Aging mapping completed</p> <p>Website updates ongoing</p>

	<p>(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 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 			<p>A leaflet with Older People activities being developed</p> <p>Networking/attending Day Opportunities Forum</p>
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	<p>other opportunities.</p> <ul style="list-style-type: none"> - 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 Haringey Active Network. This should include an update on each of the bullet points above. 			
1 7	<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</p>	<p>Partially agreed (Focus efforts on health and social care front-line staff. The evidence is that MECC needs to be</p>	<p>Susan Oti</p> <p>September 2017</p>	<p>Every day in Haringey frontline workers from across the public and voluntary sector have numerous interactions with older residents when dealing with a range of issues - MECC training is about learning how to use these engagements to:</p> <ul style="list-style-type: none"> • raise the issue of healthy lifestyles • promote benefits of healthy living • signpost to further support <p>The main topics discussed at MECC training are: alcohol, healthy eating, healthy weight, physical activity, smoking cessation, and</p>

	<p>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>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>	<p>part of a meaningful conversation , so measuring all staff on their MECC use in ‘my conversation’ seemed too broad, we want to focus on the right staff and do it well)</p>	<p>November 2017</p> <p>Annual</p>	<p>emotional health and wellbeing. These behaviours are most closely linked to the development of long term conditions and/or contribute to the life expectancy gap in the borough. By learning early intervention methods our staff can gain the knowledge and confidence to help Haringey residents, colleagues, friends and family make healthier lifestyle choices, it is not extra work it should be part of what we do.</p> <p>There are three MECC training programmes in Haringey, which can be done individually or together. MECC on line – consists of two sessions that last around 40 minutes each and can be done as an individual or a team. MECC face-to-face training is a half-day course available to anyone working in a frontline role in Haringey A more advanced Motivational Interviewing course is also available</p> <p>Many workers across Council staff and the voluntary sector have already been trained being part of Council induction will embed the concept that it is everyone’s responsibility to have MECC conversations.</p> <p>Embedding it in ‘my conversation’ process for key front line staff working with older people will advance workers skills in motivating change</p>
<p>1 8</p>	<p>That the “Care...about physical activity” resource pack be used by the Assistant Director of Commissioning to</p>	<p>Partially Agreed</p>	<p>Charlotte Pomery</p> <p>Further discussions with the sector required</p>	<p>We are in the process of varying the specification and placement agreement in collaboration with providers and partners across North Central London. In the future, this will include explicit requirements with regard to physical activity.</p>

<p>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> <ul style="list-style-type: none"> (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 			<p>We are also revising our contract management framework and will ensure that evidence of take up of physical activity is included in the management information we require in order to monitor performance of the contract.</p> <p>Finally, our quality assurance functions are also being revised to incorporate a number of factors, including take-up of physical activity, which therefore will be picked up in service improvement and quality assurance responses.</p>
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	<p>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>			
1	That Healthwatch	Agreed	Mike Wilson	Healthwatch Haringey are preparing to carry out Enter and View

9	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.		Ongoing	visits to 15 Haringey care and nursing homes between now and April 2018. We are in the process of consulting with Haringey care home residents and their family members and friends to find out about their experiences of physical activity in the care homes where they live/visit. We will use what we find to help design our visits, as well as the 8 standards in the 'Care... about physical activity' self-assessment tool, to help establish a baseline against which improvements in the promotion of physical activity can be measured by commissioners.
20	That progress in relation to promoting physical activity in care homes be monitored via the Adults Quality Assurance board.	Agreed	Adults Quality Assurance Board Lead Head of Governance and Service improvement Helen Constantine Quarterly to the ASS QAB	A service action improvement plan is presented as a standing item to the Adults Quality Assurance Board (ASS QAB). There are also reports of provider monitoring from the Commissioning QA lead to this Board and to the Quality Assurance Sub-Group of the Safeguarding Adults Board Annual reviews are carried out for all recipients of Adult Social Care which can usefully pick up from a user perspective the extent of physical activity and the impact on an individual user's wellbeing. Promoting physical activity in care homes will be incorporated in the action plan and reports from reviews and Commissioning can be monitored.
21	The Cabinet Member for Finance and Health be asked to write to the Care Quality Commission to	Agreed	Jeanelle De Gruchy July 2017	A letter has been drafted to be sent.

	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?			
2 2	<p>That the Director of Commissioning for Haringey CCG be asked to coordinate a meeting between NHS commissioners and the 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, clients are offered opportunities to join a local group (to provide physical and social support.) To consider the role of the Home from Hospital team in escorting clients to this group.</p> <p>(b) That, on completion of the Home from</p>	<p>Agreed</p> <p>Ongoing</p>	<p>Marco Inzani</p> <p>Ongoing</p>	<p>A, b and c</p> <p>Home from Hospital are part of a wider network of services that support peoples discharge from hospital. This includes a range of social and community health care services, including the Reablement Team and the Locality Team. This network of services meets once a month as the Integrated Care (Adults) Group chaired by the Assistant Director of Commissioning. The next phase for the Integrated Care (Adults) Group is to include the developing CHINs so they are linked into the network of services and are supported and support by future developments. There is a commitment that a future meeting will have a dedicated slot regarding physical activity as this is a particular focus for the Central CHIN who are developing GP Gyms.</p> <p>The two Local Area Coordinators have now linked up with the Locality Team and are working to link patients/clients with a range of local community activities including physical activity.</p>

	<p>Hospital service, information on the group/activity attended by the client should be provided to the client's GP. If the client is felt to need support in order to continue to access the group / activity the Locality Team will be notified so that they are able to follow up with the client.</p> <p>(c) That the Discharge Coordination Team at acute Trusts and the Reablement Team and the Locality Team should be fully aware of the Home from Hospital service and should have a clear view of the different ways that they can work together to support clients.</p> <p>CHINs should work with an awareness of the local group activities that are available to people within their geography. This may</p>			
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	<p>involve close working with the local area coordinator. Over time, CHINs should build up intelligence based on regular feedback so raise awareness of any strengths or problems with activities / groups.</p> <p>(d)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>		<p>Colin Bowen June 2017</p>	<p>d) The asset mapping includes information on activities that older people may self-refer or be referred to by a practitioner as social prescribing.</p> <p>This searchable database is live and searchable by the Home from Hospital Team, who are trained to use the database to refer older people (over 80% of their service users) to local community services and activities.</p>
<p>2 3</p>	<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</p>	<p>Agreed – subject to funding</p>	<p>Andrea Keeble Ongoing Haringey Active Network – Older People sub group</p> <p>B & C – Exploring other funding sources</p>	<p>a & b) Note that the Council was not successful in achieving this funding</p> <p>b –we welcome the involvement of Scrutiny Panel in the development of the Project</p> <p>We are progressing the project with the limited funds available</p> <p>c - Alternative funding streams are being sought to progress the project.</p> <p>Note</p>

	<p>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>		<p>for;</p> <ul style="list-style-type: none"> - Silverfit funding - Progressing the exercise classes for GP patients 	<p>Local GP surgeries utilising some CHINS project funding have developed a project following the Westbury model at 3 locations in the borough, branded GP Gyms. As well note the additional classes, mapping, marketing referenced above in 3, 12, 13 and 16.</p>
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