

NOTICE OF MEETING

ADULTS & HEALTH SCRUTINY PANEL

Thursday 11th March 2021, 7.00 pm - MS Teams meeting ([view it here](#))

Members: Councillors Pippa Connor (Chair), Patrick Berryman, Zena Brabazon, Nick da Costa, Sheila Peacock, Daniel Stone and Lucia das Neves

Co-optees/Non Voting Members: Helena Kania

Quorum: 3

1. FILMING AT MEETINGS

Please note that this meeting will be recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting, you are consenting to being filmed and to the possible use of those images and sound recordings.

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 (PAGES 1 - 10)

To approve the minutes of the previous meeting.

7. CABINET MEMBER QUESTIONS

An opportunity to question the Cabinet Member for Adults & Health, Cllr Sarah James, on developments within her portfolio.

8. LOCALITY WORKING (PAGES 11 - 44)

To provide a presentation to the Panel on 'locality working', a community-based approach that aims to better address need in local neighbourhoods, reduce inequalities and build better outcomes with and for residents.

9. WORK PROGRAMME UPDATE (PAGES 45 - 48)

To discuss priorities for the Panel's 2021/22 Work Programme. This is the last Panel meeting of the 2020/21 municipal year and the new Work Programme for 2021/22 will be developed shortly.

10. NEW ITEMS OF URGENT BUSINESS

To consider any items admitted at item 3 above.

11. DATES OF FUTURE MEETINGS

Dates of 2021/22 Panel meetings to be determined.

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Wednesday, 03 March 2021

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**MINUTES OF THE MEETING OF THE ADULTS & HEALTH
SCRUTINY PANEL HELD ON THURSDAY 10TH DECEMBER 2020,
6.30pm - 9.35pm**

PRESENT:

**Councillors: Pippa Connor (Chair), Zena Brabazon, Nick da Costa,
Sheila Peacock, Daniel Stone, Helena Kania and Lucia das Neves**

Co-optee: Helena Kania

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. ITEMS OF URGENT BUSINESS

It was noted that the Panel would discuss the Work Programme at the end of the meeting.

4. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Nick da Costa declared an interest by virtue of his ownership of a company working with the NHS, medical providers and healthcare practitioners on a variety of projects, none of which, to his knowledge, work in Haringey Borough though they do work in surrounding areas and with service providers across London.

5. DEPUTATIONS/PETITIONS/ PRESENTATIONS/ QUESTIONS

None.

6. MINUTES

Cllr Brabazon requested an update on the action recorded in the minutes of the previous meeting to have further conversations with Barnet Enfield & Haringey Mental Health Trust (BEH-MHT) on difficulties with mental health-related casework. Cllr Connor reported there had been some initial dialogue on this with Andrew Wright at BEH-MHT by email and that he would then be looking into this in more detail. Further progress on this would be reported to the Panel. **(ACTION)** The minutes of the previous meeting were agreed.

RESOLVED: The minutes of the previous meeting on 17th November 2020 were approved as an accurate record.

7. SCRUTINY OF THE 2021/22 DRAFT BUDGET / 5 YEAR MEDIUM TERM FINANCIAL STRATEGY (2021/22 - 2025/26)

Brian Smith, Business Partner, introduced the report on the Council's draft budget for 2021/22 and 5-Year Medium Term Financial Strategy (MTFS) for 2021/22 – 2025/26 and proposals relating to the Panel's remit, highlighting the following points:

- That, as noted in Section 5 of the report, at the start of the year the Council's budget gaps for the two years from 2021 - 2023 had been assumed to be £1.9m and £3.1m.
- However, the impact of Covid-19 had resulted in considerable pressures on the Council's budget. A Recovery and Renewal workstream had been undertaken to develop a better understanding of the new context.
- As a result of the Covid crisis and the consequent diversion of Council officers to other tasks, a slippage of £1.6m from pre-agreed savings plans had been reprofiled into the next two years.
- An element of growth had been built into the Adults & Health budget in order to meet rising demand.
- The Council budget for 2020/21 could be set with the use of £5.4m of reserves. However, the current budget shortfall for 2022/23 was projected to be around £8m.

Cllr Sarah James, Cabinet Member for Adults & Health, commented that the Council was in an unprecedented situation, not just due to the pandemic, but also with the impact of Brexit approaching. In terms of Adults and Health, she said that there was a need to tackle poverty and inequality, to meet a rising demand for services and to invest in prevention and early intervention to help stop needs from escalating which would otherwise cost more further down the line. Savings proposals therefore focused on income generation rather than cuts to services. In response to a question from Cllr das Neves about how Haringey compared to other local authorities, she said that while some other Councils may have greater reserves to rely on, Haringey's position having invested services and being able to present a balanced budget put the Council in a relatively good position.

Cllr Brabazon queried the size of the budget gap, noting that it was quoted as £17m in paragraph 1.10 on page 23 of the agenda pack, but that she had heard a lower figure quoted in a previous briefing. Brian Smith said that the cost pressure to the Council remained at £17m, though this could change depending on the level of government grants

provided. However, progress had been made on identifying additional savings to reduce the gap to the point that the Council needed to draw only £5.4m from reserves in order to balance the budget for 2021/22. Asked whether any of the additional savings that had been identified to achieve this had come from the Adults & Health budget, Brian Smith said that there were different elements to the Council's position. Some of this related to increased income generation and there had been some savings slippage carried forward to the following financial year but there were no new savings to be considered by the Panel. Income generation relating to Adults & Health included addressing delays in assessments of financial packages and reviews of packages where circumstances have changed. Around £500,000 of income generation had been considered by the Panel the previous year in relation to the 2020/21 budget.

Referring to Table 7.5 on page 47 of the agenda pack, Cllr da Costa asked for further details on the projected budget for the Adults budget beginning with £83.78m in 2020/21 and then decreasing and increasing in subsequent years. Brian Smith said that the pre-agreed savings set out in Table 7.3 on page 44 of the agenda pack accounted for part of the reductions up to 2022/23, while projected increases in demand for services accounted for growth in the budget in the later years. Asked by Cllr da Costa why the budget figures for Adults appeared to be significantly higher than the same forecasts presented the previous year, Brian Smith said that this was accounted for by the shifting of some services between Directorates. For example, commissioning for homelessness services had moved from Housing commissioning to Adults commissioning.

Cllr Brabazon asked for further explanation on the "delayed and undeliverable savings" set out in Table 7.2 on page 44 of the agenda pack, which were quoted as £1.6m for Adults in 2021/22. Brian Smith said that this represented savings that had previously been agreed but were then not possible to deliver due to the Covid-19 pandemic. However, it was expected that these savings could be reprofiled into the following two years. While they accounted for part of the Council's overspend in the current financial year, there were no new savings in this section to consider.

Asked by Cllr Brabazon for further explanation on the agreed savings of £11.2m for Adults set out in Table 7.3 on page 44 of the agenda pack. Brian Smith said that this represented savings that had been agreed in previous years which were set out in more detail in the Savings Tracker on pages 87 & 88 of the agenda pack.

Cllr das Neves noted that savings proposals B2.8 (Mental Health) and PA5 (In-house Negotiator) had been marked as red on the RAG rating provided in the savings tracker in the Cabinet papers and asked about the implications of this. John Everson, AD for Adults, said that the items were marked red because of the late start in delivering savings/mitigations caused by Covid. In response to concerns expressed by Cllr Brabazon that the savings had not been achieved, Beverley Tarka, Director of Adults and Health, added that, while it had not been possible to deliver the savings on an in-house negotiator as resources were diverted due to the pandemic, an NCL-wide approach on commissioning had been developed over the last couple of years to negotiate better value

for money prices with providers on care services. Going forward, there would be a focus on the learning disability market which was a high cost area for the Council.

Cllr da Costa questioned how realistic the reprofiled savings would be noting that, according to the Cabinet papers, the target for savings in the current year was £5.073m, of which only £2.142m had been achieved, with a variance of £1.246m and slippage of £1.865m. Brian Smith said that the previous year, 90% of the savings target had been achieved in-year with the remainder being achieved in the current year. He said that the plans were robust with a business case for each of the savings, so he believed that these were achievable.

Cllr Connor asked for clarification on the “service growth budget adjustment proposals” set out in Table 7.1 on page 43 of the agenda pack, and it was confirmed that the £2.3m under ‘Adults’ for 2021/22 in the table represented extra money that had been added to the base budget. Asked by Cllr Connor whether additional money would also be added for subsequent years, Sean Huang, Principal Accountant, said that the £2.3m represented a revision following a demand projection exercise carried out last year. Brian Smith added that, because the Connected Communities programme’s focus on early intervention, this was leading to an increase in demand for low level packages but would result in savings from reduced take-up of high-level packages in the future.

In response to a question from Cllr das Neves about the Council’s attitude to the role of innovation and risk, Cllr James said it was important not to be afraid to try new things and this required space to allow new ideas to develop. Creativity was also required to deliver services in a different way at a times when resources were reducing instead of simply continuing to cut services. She added that the Connected Communities programme was a good example of investment in innovation that could produce savings in the long term. Beverley Tarka added that attracting investment for programmes involving innovation and working closely with communities could deliver more sustainable adult social care outcomes. Charlotte Pomery, AD for Commissioning, referred to work on the new Autism Hub, which involved bringing an old building back into use and working closely with services users and carers on a co-production approach, as another example of innovation and of meeting people’s needs at an earlier stage. Understanding how best to use assisted technology and an increasing reliance on digital and online provision would also become increasingly important in future. She added that the use of capital investment was a crucial part of developing innovative programmes.

Cllr Connor asked for further details on the new commissioning arrangements referred to under item B2.8 (Mental Health) and the reduction in the cost of care packages referred to under item PA6 (Transfer of High Cost Day Opps) on the savings tracker. John Everson said, as these were previously agreed savings, these would only have been new at the time that the Panel originally considered them and would have included aspects such as positive behaviour support or methods of commissioning the market differently. Charlotte Pomery said that new commissioning arrangements also included the wellness service commissioned with Mind in Haringey, the early intervention service and the new approaches around mental health community enablement.

Referring to items B2.7 (Haringey Learning Disability Partnership) and B2.9 (Physical Support) on the savings tracker, Cllr Connor asked whether additional income from the NHS could be brought in. John Everson said that income and savings were treated differently but that the Council had aimed to maximise income including through sources such as the Better Care Fund or Covid-related funding that had become available, such as on discharge arrangements for example. These aspects were factored into the current budget position.

Asked by Cllr Connor for more details on the further savings referred to under item PA9 on the savings tracker, John Everson and Brian Smith said that it was a combination of savings that were accelerated to cover a gap and the delivery of them was now built in to current plans.

Cllr das Neves asked about investment in Osborne Grove Nursing Home, specifically on the increase in costs and about possible service provision outside of the Borough. Charlotte Pomery said that the latest iteration of the plans seen by the Panel was the option to maximise provision on the site through a 70-bed nursing home, a 20 unit supported housing development and 8-10 beds for end-of-life care for people with a history of complex homelessness. This was based on local demand but also an increased need for nursing care rather than residential care and the increased uses on the site would enable different but complementary aspects of older age care such as dementia and autism/learning disabilities. This approach could also bring in outside investment. In terms of working with other Boroughs, Osborne Grove is close to the border of Islington and, as mentioned previously, Haringey was closely aligned to the NCL commissioning approach. However, the main driver in the proposals was to meet the needs of Haringey residents.

Asked by Cllr das Neves about performance on the delivery of capital programmes, Charlotte Pomery said that there had been a significant amount of work within the Council on project management processes with a focus on realistic programming, collaborative work and getting the specifications right. However, the impact of Covid and Brexit would continue to impact on projects including on external contractors and supply chains. John O'Keefe, Head of Capital and Major Projects, said that, in terms of slippage, some projects are highly dependent on other factors to proceed. The budget for the Wards Corner project, for example, had been put in place some time previously but had been held up for years by planning issues. In terms of the more controllable type of slippage, the Council had revised its procedures to ensure appropriate teams with appropriate project management methodology applied to the right projects with clear governance. Asked by Cllr das Neves about the visibility of the risk registers, John O'Keefe said that all the project teams have risk registers which the Capital Board would look at but he wasn't sure who else in the organisation would see these.

Cllr Brabazon asked whether the savings proposal B2.7 on the Haringey Learning Disability Partnership, as recorded on the Savings Tracker in the agenda pack, could be achieved and whether this would involve job losses as this seemed unclear from the

documentation provided. Beverley Tarka said that the savings did not involve job losses and that the approach involved market management, demand management (such as through the Connected Communities programme) and operational management (improving skill set of staff). Beverley Tarka said that she could provide a slide to the Panel which outlined examples of these three approaches. **(ACTION)** Asked by Cllr Brabazon whether the savings of £4.29m in this area as set out on the action tracker was realistic, Beverley Tarka noted that the savings would be reprofiled over the MTFS period but that they were still achievable, particularly through the market management aspect, as the number of providers were small and so by broadening the market across the NCL sub-region with a dedicated negotiator, real inroads could be made into the cost of care. Asked about the impact of the London Living Wage, Beverley Tarka said that the issue in the negotiations was not what care staff were being paid but the profit margins of the providers. Brian Smith added that there were separate lines within the budget on growth and on savings and the London Living Wage was factored into the growth.

Cllr da Costa commented on the quality of the information provided, noting that the savings tracker in the agenda pack did not match with the savings tracker in the Cabinet papers and also did not reflect the reprofiling that had been carried out. Brian Smith said that part of the issue was that finance officers need to report on the savings agreed at the outset of the year as this was the marker to measure against, though there had been significant changes in-year. Asked by Cllr Connor for an explanation of the “savings with mitigations” section in the Cabinet papers, Brian Smith said that the mitigations are a consequence of growth or doing things differently, such as by investing to save. These mitigations would be tracked during the MTFS period in the same way that savings are. Cllr Connor suggested that the Panel may wish to request that further information on the savings with mitigations be provided to the Overview and Scrutiny Committee when the Panel’s recommendations were discussed later in the meeting. .

New Savings Proposals 2021/22 – 2023/24

The Panel then considered the new savings proposals as detailed in the agenda pack.

AS101 – Fast Track Financial Assessments & AS102 – Client Contributions

Cllr Connor asked why, according to the pro forma for these items, no Equality Impact Assessment (EqIA) had been carried out, even though this is required of MTFS savings proposals. Officers established that this had in fact been completed but that it had not been provided in the pack, so this would be provided to the Panel. **(ACTION)**

Asked about the proposal itself, Beverley Tarka confirmed that this represented income generation, rather than savings. She described the proposal as an improved efficiency of their processes which would help to prevent people from getting into debt by conducting the financial assessment earlier in the process.

Adults & Health Capital Bids

The Panel then considered the Adults capital programme. John O'Keefe explained that there was only one new item in the programme which was item 221 (Mosaic System Implementation). He explained that the procurement for this item was currently taking place and that the outcome would either be an enhancement of the existing case management system or the replacement of the system. If a replacement was chosen then the budget for this would be higher.

Cllr Brabazon asked how much had been spent in 2020/21 on the eight existing capital schemes set out in the table of page 85 of the agenda pack in 2020/21. John O'Keefe said that, as of Q2, there had been an outturn of around £1m across the Adults capital programme as a whole. This was projected to reach £4m by the end of the year against a budget of £17.8m. The Covid-19 pandemic had caused a profound impact on the programme with projects delayed and supply chains disrupted, resulting in a significant underspend. Cllr Brabazon commented that in these circumstances there would need to be rigorous project management of the capital programme in 2021/22 because, as had been set out earlier in the meeting, the innovation from capital projects had a significant impact on the revenue budget. Cllr Connor noted that an understanding of the oversight of projects would be of particular relevance to the Panel's recommendations. Cllr James noted that she was particularly pleased with progress on a number of projects such as Waltheof Gardens and Osborne Grove, given the extraordinarily difficult circumstances that there had been this year.

Cllr da Costa noted that the budget for item 217 (Burgoyne Road) had been reduced from a forecast of £3m last year to £2.5m this year and asked whether this represented a saving. John O'Keefe said that the budget had not been reduced because it was necessary to obtain permission from Cabinet to carry forward underspends from the previous year so this would be adjusted in June.

Cllr da Costa noted that the budget for item 214 (Osborne Grove) had previously been projected at £35.9m but was now projected to be £43.1m and asked for an explanation on this. John O'Keefe replied that the budget had been increased to reflect the larger scheme that was now being proposed. This level of investment was supported by the draft business case.

Cllr da Costa asked whether an operational budget had been allocated to run any new system provided under item 221 (Mosaic system). Beverley Tarka said that she would need to look into this and provide a written response. **(ACTION)**

Asked by Cllr Connor why there was no information about Waltheof Gardens in the capital programme, John O'Keefe said that there was no anticipated capital spend on this from 2021/22 as the project would be completed by then. Charlotte Pomery said that the overall spend on the project in 2020/21 would have been in the region of £450-480k and confirmed that the opening of the service was expected in January 2021.

Referring to Table 8.3 (Financing Strategy) on page 57 of the agenda pack, Cllr da Costa asked for further explanation of the £54.17m of self-financing from savings and the £14.482m of external funding. John O'Keefe said that the former figure accounts for the savings/income that can be expected to be achieved following the capital investment that is made, for example the income generated after the Osborne Grove redevelopment as specified in the business case. The latter figure predominantly comprised of the Disabled Facilities Grant. Asked by Cllr Connor where the savings are accounted for, John O'Keefe explained that following a capital investment the savings would be deducted from the relevant service budget and transferred to the treasury management budget which pays for the costs of the borrowing.

Asked by Cllr Brabazon about the underspend in 2020/21 on item 213 (Canning Crescent Assisted Living), Charlotte Pomery reported that work had been carried out on the design brief and that it was out to tender with award of contract expected in the next couple of months and delivery on track for early 2022.

Asked by Cllr Connor which reserve funds were being used to fund the £5.4m required to balance the budget, Brian Smith said that a response on this would need to be provided in writing. **(ACTION)** Asked by Cllr Connor how much of the £5.4m gap was attributable to the Adults budget, Brian Smith said that there was not a straightforward answer for this because there were cost pressures and loss of income across the services and there were general Covid grants from Government.

Panel recommendations to Overview & Scrutiny Committee

The Panel then considered what recommendations it could make on the budget to the Overview and Scrutiny Committee.

Cllr das Neves said that it would be useful for the Overview and Scrutiny Committee to have a good understanding of the management of risk around capital budgets and clear visibility of how that is tracked and who sees it. Cllr da Costa agreed with this and added that there was very little information in the papers about the levels of confidence in delivery.

Cllr da Costa said that information should be provided to the Overview and Scrutiny Committee on the savings with mitigations and the impact of this.

Cllr Brabazon suggested that there should be more clarity on the Savings Tracker as there had been two different versions provided, one for Cabinet and one for the Panel and neither of these provided the full information that she would like to have seen. Specifically, she suggested that the information provided should be in one document and set out more clearly the situation in the current financial year and what funds have been carried forward to the next year. She felt that scrutiny required a better understanding of whether savings could realistically be achieved, perhaps by setting out practical examples or cases studies to illustrate how these would work in practice. Cllr Connor concurred with this,

commenting that further information should be provided to the Overview & Scrutiny Committee including how the savings on the tracker can be achieved, including mitigations and slippage. She also commented that the slide referred to by Beverley Tarka on how savings would be achieved on the Haringey Learning Disability Partnership could provide a useful practical illustration.

Cllr Brabazon said that if any jobs losses (or posts not being filled) were involved in any budget changes then this should be clearly highlighted in the documentation. It would also be useful to see reporting on the capital budget that included the progress made against the key milestones and deadlines.

Cllr das Neves said that, given the impact of Covid, it was important to understand how the impact of unexpected events were built into budget plans. Cllr Connor said that the figures were still not clear on the pressures to the Adults budget caused by Covid and where that pressure was in the budget. A table on this for the Overview and Scrutiny Committee would therefore be useful. She also noted that further information had been requested on which reserve funds were being used to cover the £5.4m budget gap.

Cllr da Costa referred to the point raised earlier in the meeting where it had been explained that a significant increase in the Adults budget was a consequence of certain services moving between Directorates and suggested that a breakdown of this for Adults would be required to have a full understanding of the size of the Adults budget over the MTFS period.

Cllr Connor referred to the additional funds being added to the Adults budget due to increased demand pressures and noted that additional demand for low-cost packages was expected in future due to the needs identified by the Connected Communities programme. She suggested that information on what work had been carried out on future demand pressures and what had been budgeted for this should be provided to the Overview & Scrutiny Committee.

Cllr Brabazon requested that more information should be provided to the Overview & Scrutiny Committee on item 209 (Assistive Technology) of the capital budget in order to understand how this money was being spent and what the expected results of this would be.

Cllr Connor commented that on item 221 (Mosaic System Implementation) of the capital budget there was a large variance between the possible options of £650k and £2.5m so it would be useful for the Overview and Scrutiny Committee to understand a little more about this.

Helena Kania commented that it was particularly important for the Panel to receive the information that it asks for ahead of the meeting as it was otherwise difficult to scrutinise. Cllr Connor noted that there was some information provided in the Cabinet papers that was not included in the Panel's agenda pack and proposed that the Panel should make a

recommendation to the Overview & Scrutiny Committee that the information received by the Panel captures everything within the Adults section of the budget.

Cllr Connor suggested that further information should be provided in future years on progress towards the amount of additional income generation that had previously built into the plans so that the Panel could track whether this was actually being achieved as intended.

8. NEW ITEMS OF URGENT BUSINESS

Cllr Connor provided a short update on the Work Programme reporting that:

- There had been a discussion with the Chair of the Housing & Regeneration scrutiny panel about a possible joint meeting on the health needs of people in sheltered housing. However, there was currently an issue with capacity in the Housing & Regeneration scrutiny panel's work programme so there may be a delay until it would be possible to fit this in.
- The Scrutiny Review on commissioning was still incomplete and required a further meeting to complete the evidence gathering so it was hoped that officers would be able to assist with this early in 2021.
- She suggested that an informal meeting of the Panel could be arranged to discuss additional quick task and finish projects that the Panel could undertake in 2021. This was agreed by the Panel.

9. DATES OF FUTURE MEETINGS

Panel Members were requested to note that the date of the last meeting of the Panel in 2020/21 had been changed and would now take place on Mon 1st March 2021 (6:30pm).

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

Report for: Adults and Health Scrutiny Panel, 11th March 2021

Title: Locality Working in North Tottenham

Report authorised by: Charlotte Pomery, Assistant Director of Commissioning

Lead Officer: Rochelle Jamieson, Head of Adults Transformation Programme

Ward(s) affected: All

1. Describe the issue under consideration

- 1.1 The Council and partners, notably in the NHS and voluntary and community sectors, have been developing for some time ways of working which better address need in local neighbourhoods, seeking to reduce inequalities and build better outcomes with and for residents. More recently the work has made progress through the Borough Partnership which aims to develop integrated working through a whole systems approach recognising the wider social determinants of health as critical to improving the lives of local residents.
- 1.2 This brief report introduces a set of slides, attached as Appendix 1, and which will be presented to the Adults and Health Scrutiny Panel to inform a wider discussion on localities working in Haringey.

2. Cabinet Member Introduction

- 2.1 N/A

3. Recommendations

- 3.1 The Adults and Health Scrutiny Panel is asked to note the presentation and to comment on the work to develop localities working in the borough, with a focus on North Tottenham.

4. Reasons for decision

- 4.1 N/A

5. Alternative Options Considered

- 5.1 N/A

6. Background Information

- 6.1 The presentation attempts to set out the community based approach being adopted through the Haringey Borough Partnership which entails a range of practitioners from different sectors working alongside residents and communities to co-design and improve health and wellbeing outcomes. The presentation seeks to set out the background to

locality working and how a strengths based approach is building local relationships and leading to sustained improvement in outcomes. Bringing together partners across a range of disciplines to address holistically local resident need is building sustainable pathways and making sure that practitioners work closely together around individual households, as well as more strategically.

7. Contribution to Strategic Outcomes

- 7.1 Locality working supports delivery of the Borough Plan 2019 – 2023 and enables the integrated working needed to support the work of the Borough Partnership.

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

- 8.1 N/A

9 Use of Appendices

- 9.1 Appendix A – Presentation

10. Local Government (Access to Information) Act 1995

- 10.1 N/A

Locality Working in North Tottenham

Adults & Health Scrutiny Panel

11th March 2021

Agenda

Introduction: Background to Locality Working

Connected Communities

Localities in practice

Working in North Tottenham

Questions and Discussion

Background to locality working

Approach

Learning to date

What are we trying to achieve with residents?

We want to work alongside residents to prevent issues arising and nip them in the bud early, through more integrated public services and more resilient local communities.

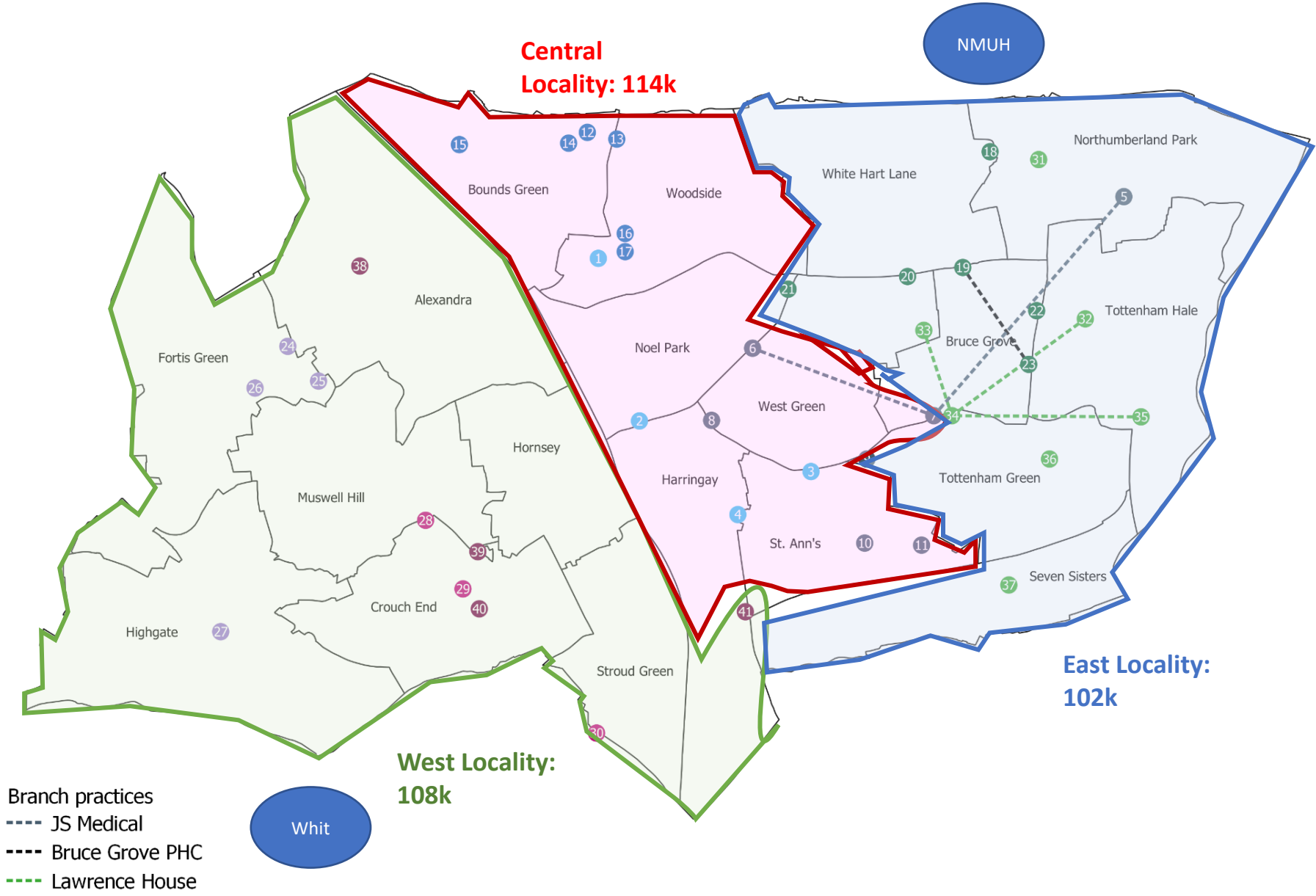
Locality
working
vision

- A **simpler, more joined up** local system that offers the right support at the right time that manages the growth in demand and reduces duplication in the system
- **Integrated, multi-disciplinary** teams from across the public sector working together on the same geography and tackling issues **holistically**, focused on **relationship-building and getting to the root causes**
- A workforce who feel **connected** to each other and able to work **flexibly**, better able to meet people's needs
- A new system **partnership with the voluntary sector** to co-ordinate local activity, networks and opportunities – so that we make the best use of the **strengths and assets of our communities**

Enabled
by

- A **holistic , person-centred** approach to care
- A joint approach to the **shared public estate** with services delivered from fewer, better buildings, enabling estate rationalisation and new social housing.
- **Integrated data and systems**
- A **mature approach to finance**, risk and reward across the local system.
- **Joined-up governance** of strategy and spend with the Council and NHS – so that we are jointly deploying our resources to achieve the most impact

Shape of Localities in Haringey, showing ward boundaries



Summary of some key locality demographics data

West	Central	East
<ul style="list-style-type: none"> • Least number of shielded and vulnerable • Most green space • Poor transport links • Increasing spread of residents over 65 years • <i>In Early help – 42% rise in cases from the West (Jan-August) taken 30% of referrals more than the Central Area. Mental health, financial hardship – COVID related. DA also increased.</i> 	<ul style="list-style-type: none"> • Moderate amount of shielded and vulnerable • Moderate amount of green space • Good transport links • Higher levels of disability • General Health bad or very bad • Higher rates of older people living in poverty • Significantly higher rates of crime • Higher density (Square km) • Higher food insecurity • More jobs at risk due to C-19 (Wood Green north and Harringay Ladder South particularly) 	<ul style="list-style-type: none"> • Highest shielded and vulnerable people • Highest deprivation • Highest prevalence of childhood obesity • Least green space • Good transport links in SE Haringey • Higher levels of disability • General health bad or very bad • Higher rates of older people living in poverty • Significantly higher rates of crime • Higher density (Square km) • Greater number of children getting Free School Meals • Significantly higher food insecurity • More jobs at risk due to C-19 (White Hart Lane particularly)

Moving to a Haringey wide localities approach

Following the successful test and learn at Northumberland Park Resource Centre in North Tottenham, the Haringey Borough Partnership agreed that this would be used as a blueprint to roll out the localities model across Haringey.

Underpinning the successful test and learn was:

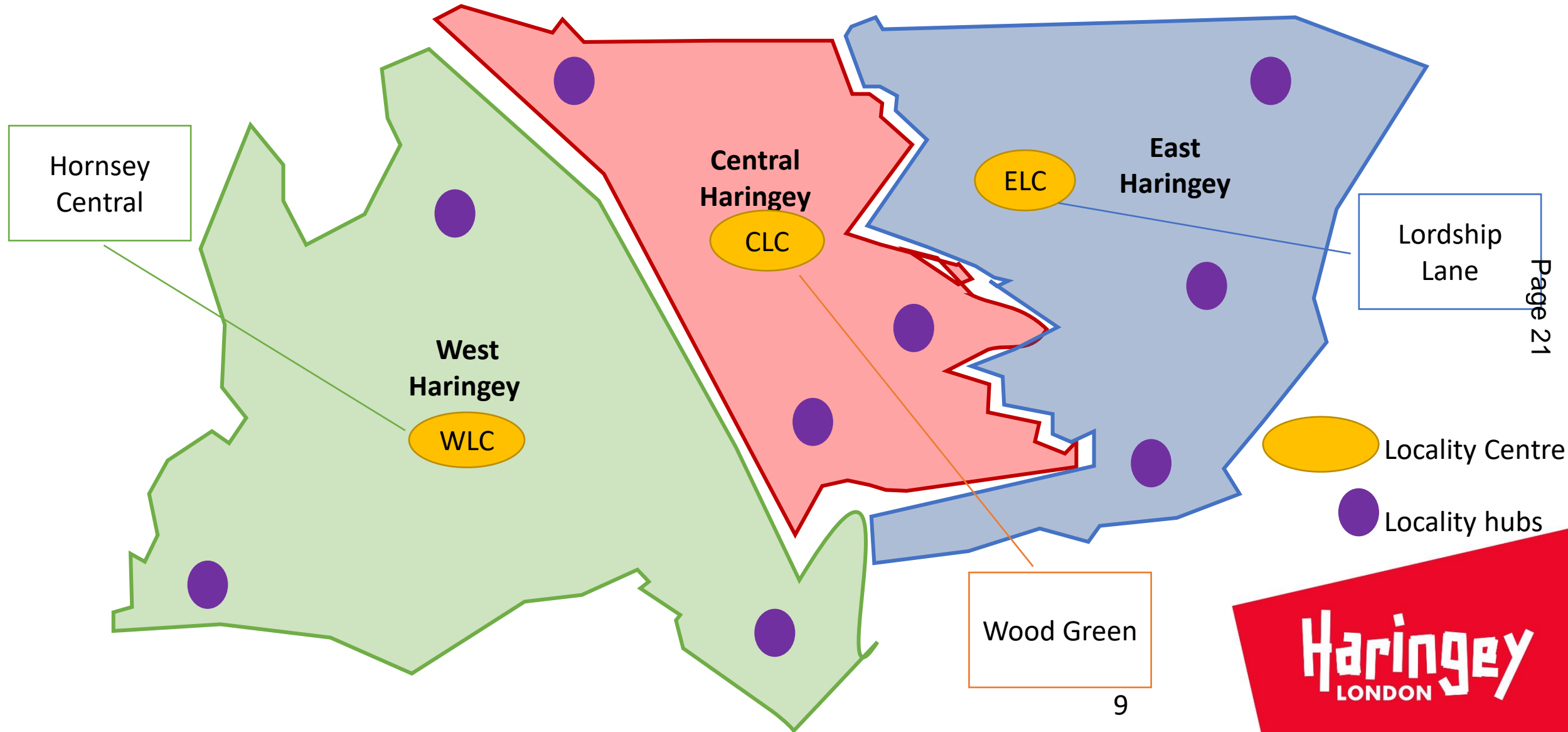
- Being accessible and open to residents
- Being located within communities and working alongside them as equal and valued partners
- A strong focus on working with people as early as possible, and collaboration
- A real and tangible commitment from the Borough Partnership, from making sure frontline staff could be there through to enabling them to work differently. This was sustained even as working together moved largely online through the pandemic

Moving to a Haringey wide localities approach

Rollout planning:

- We are mobilising transformation towards locality-based working focusing on four key areas:
 - o Locality Leadership teams
 - o Strengths based practice through workforce development
 - o A number of Community Locality Hubs to enable locality-based working
 - o An Integrated Locality Centre within each locality (estates and infrastructure)
- We are aligning localities to a number of priorities and structures across the partnership (children's networks, Primary Care Networks, etc).
- Connected Communities forms an integral part of the localities model and provide a bridge between residents and statutory services where they identify issues that require more support.
- Connected Communities will continue to support alongside other parts of the network to work towards the best result for the person / family.

Proposal to develop three Integrated Centres and wider number of Community Hubs



Connected Communities

Approach

Update and next steps

Case studies

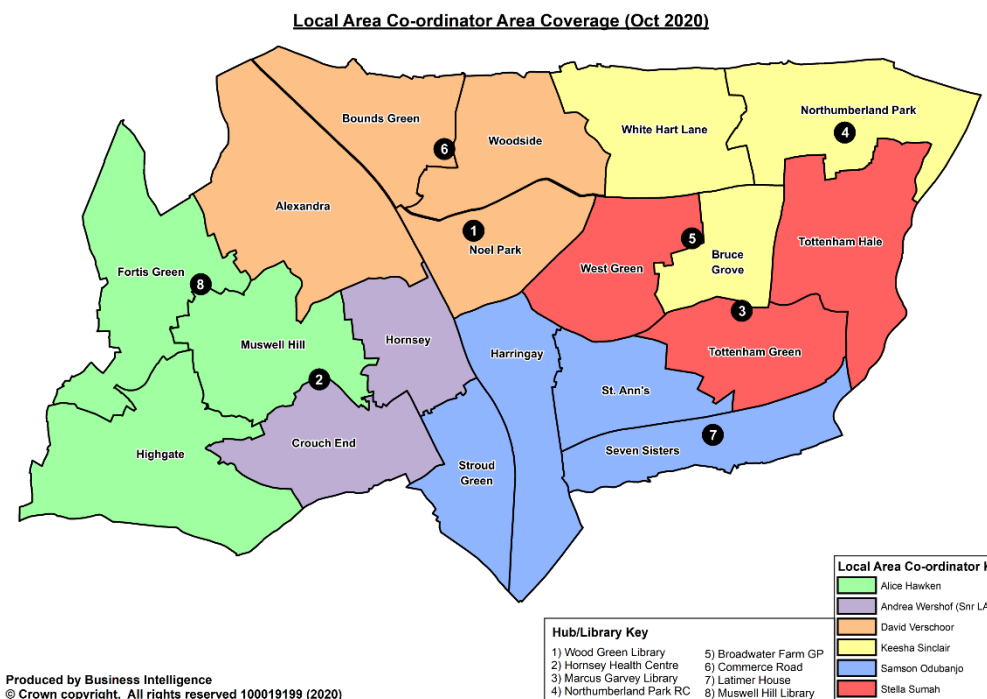
Currently, due to C19 restrictions we are working from Wood Green and Marcus Garvey Libraries, Hornsey Health Centre, Northumberland Park Resource Centre and Commerce Road Resident Centre.

From April we hope to have daily provision (except Wednesday) in Northumberland Park Resource Centre, Wood Green, Marcus Garvey and North Middlesex Hospital. We will have weekly provision in a further four hubs: Broadwater Farm GP, Commerce Road Resident Centre, Latimer House and Muswell Hill Library. The hub staffing team across the week will include:

- Housing specialists
- Citizens advice bureau
- Employment support
- Support workers
- Health colleagues including community-based services such as drug and alcohol support, sexual health clinics etc

The patches and hub placements have been designed to broadly correlate with the 'East, West and Central' localities whilst being mindful of population sizes and how residents move across the borough.

Each patch is led by a Local Area Coordinator (LAC) who is responsible for hub development and building and fostering the strengths of local communities and community groups.



There will be no geographical restrictions on residents seeking support i.e. they may live in one patch but prefer to get support from a hub in a different patch.

Each LAC will also have a thematic lead area to support partnership working in VCS i.e food, dementia friendly etc

The focus continues to be working alongside residents

We are continuing to respond to C19 for example through the phoneline, proactive contact of all positive C19 residents, local track and trace and CEV and self-isolation support.

A key action between now and April will be to ensure that learning from this is including in activity beyond April. For example, text messages have proved a very popular means of communication.

The C19 work has also helped to engage residents who were **‘surviving’** but could be supported to **‘thrive’**. This includes supporting residents to be eligible for sick pay and to obtain tenancy agreements as well as wider financial work and ‘connections’.

Connected Communities is the lead team in implementing the Pilot Local Welfare Assistance Scheme and in developing and implementing the long-term Scheme to be implemented from April

The linkages between Contact Tracing, the Discretionary Self-Isolation Grants and the extended Qcovid Modelling for the Shielded Patient List are being forged built on a strengths based approach

There are strong links too with building locality based working across the borough, across Health, the VCS and the Council – examples include: NRC, the libraries, the former Irish Centre building

We have run a number of proactive campaigns around pension credit, the Council Tax Reduction Scheme and Severe Disability Premium. The summer pension credit campaign increased residents income by almost £90,000 a year.

We will be planning a schedule of these proactive campaigns over the next year as part of the expansion of the Connected Communities programme. These will use data and insight to identify areas where further support could be offered to residents and use these as an entry point to help support residents from 'surviving' to 'thriving.'

Our 'Social Return' metric continues to be developed and there are plans to use it more widely across both the Council and in funding bids. This metric is an important part of shifting our focus from what is important for residents to what is important to residents.

How will we know we have been successful?

- **September:** September is our 'anniversary' so it is always a good time to reflect on what we have achieved and a good forward marker for where we want to be. The key measures of 'success' in September 2021 will be:
 - Strong, complete data that shows our impact
 - Our Social Return On Investment tool being used for Council buildings and projects: Looking at all the value to residents and not simply just 'outputs'
 - 6 established community hubs that feel different to each other but use the same key principles
 - Strength based, person centred holistic support being 'The Haringey Way' not 'The Connected Communities Way'

Haringey Connect

Connected Communities

- Expand and broaden, as part of a network of supports located within communities
- Work collaboratively with partnership teams
- Embed as part of the locality-based model, with a focus on helping earlier and prevention
- Outbound campaigns e.g. pension credit, the Council Tax Reduction Scheme and Severe Disability Premium
- Codesign changes to address inequalities and inequity
- Review and update planning based on learning to date

The Way We Work

- Identify key themes for change
- What will be different – with specific change plans for areas impacted
- Understanding ‘how we do things around here’
- Reviewing behaviours, symbols and systems and how this shapes how we work
- Develop plan to create change
- Change management support

Direct link person between Connected Communities, Haringey Connect and policy/strategy .

From March 2021: 4 days of capacity across the Connected Communities team for staff to support in a ‘consultancy’ role the work of Haringey Connects. This will include thinking about how we integrate learning from the Covid 19 response into service delivery and some work to help services work in the Haringey Connect way.

Case Study 1

The Issue

- Recently discharged from North Mid Hospital with Covid- 19.
 - Rent arrears.
 - Issues with rent affordability.
 - Mobility for JP
 - Universal credit claim declined.
- Employment support for BP.

The Solution

- Referred through to the Royal British Legion for veterans housing, grants & army pension application
 - Referral to FRT and awaiting OT assessment for JP
- Applied for CTR and SMI form, which is pending
- Referred through to SHINE London for utility arrears/grants
 - Referred to CISWO for miners grants

The Outcome

- Intro to Natasha for BP employment support
- Negotiated rent reduction with the landlord from £1200 to £800 backdated to April 2020
- Attendance Allowance first payment in October 2020 for JP.

CLIENT

BP & JP

STAFF

SOPHIE

Case Study 2

The Issue

- Single mother of 2, claimed asylum in March but due to Covid-19 and Home Office backlog, hasn't heard back yet.
- She was really struggling to pay rent and pay bills and has been threatened with eviction.
- Mum doesn't speak much English

The solution

- Supported with an application for the British Red Cross grant which was awarded and helped her pay for food and some bills.
- Also supported with an application for Free School Meals that was accepted in a matter of days
- Still meeting with Support Worker regularly for emotional and practical support

The Outcome

- Completed a referral to Children's Services via MASH as the family were destitute.
- NRPF team gave her an emergency payment to cover her for a couple of months whilst she waits for the Home Office.
- Mum wants to start ESOL classes so has been signposted to HALS

CLIENT

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ALICE
MYERS

Case Study 3

The Issue

- Mother to 5 children, with her 2 youngest still living with her
- She has a mild learning disability, depression and several long-term health conditions which means that she cannot walk very far or work
- Son has schizophrenia and is regularly verbally abusive towards mum.
- RN was very distressed when she was introduced because she was unable to afford food, struggling to pay her debts/rent/bills and could not afford to replace the fridge freezer which had broken
- None of her family members were able to offer financial support and she was worried about telling them she could not cope.

The Solution

- Listening and understanding how RK's was struggling to manage her children, pay the debts and bills and afford foods
- Completing grant applications and discussing her needs with the housing association who were able to pay for her to get a new fridge freezer
- Introduction to Citizens Advice Haringey for debt advice and income maximisation
- Encouraging RN to contact her GP regarding her mental health and physical issues so that she could receive appropriate medical support
- Advocating on her behalf with the housing association and St Ann's care coordinator to support with dealing with her son's mental health issues

The Outcome

- RK is motivated to complete the admin tasks because there is someone to bounce ideas off and ask questions
- She feels less isolated and more motivated
- Has identified ways in which she can manage her own mental health through dedicated time for her dancing which she does not have to feel guilty about
- RK's mum is on the waiting list for a disability parking bay and the Halliwick Centre for Personality Disorder support.

CLIENT

RN

STAFF

ALICE
HAWKINS

Page 30

Localities working in practice

Leadership teams

Workforce development & deployment

Estates development

Locality services

- Not a formal 'new team'
- Brings together staff who work in the area
- Place to work together (both space and ethos)
- Benefits:
 - Developing relationships with each other
 - Linking more into the community, learn more about it
 - Shared learning / co-working
 - Reducing referrals, hand-offs and duplicated activity
 - Joint problem solving and holding risk
 - Increasing awareness, and use, of community and voluntary services and communities to support people
- Core staff include:
 - People working in the area e.g. Connected Communities, VCS, Community services, Council, Mental Health, Community Health, Department of Work and Pensions, Homes 4 Haringey



Locality Leadership Teams

- To ensure that the strategic vision of localities could be operationalised the Place Board setup three locality leadership teams.
- These teams were made up of all borough partnership organisations including the Primary Care Networks (GP's).
- The focus of initial meetings was on two central themes to understand these in relation to the specific needs of each locality area:
 1. The identification of appropriate estates to operate our hubs from (including what is needed from these community hubs)
 2. The identification and mobilisation of workforce.
- To ensure alignment and coordination during implementation, the leadership teams have been collapsed into a single leadership team to guide the work to open a physical hub in each locality by August 2021

Workforce Development – Champions Programme

- Haringey is working with Research in Practice to move to a different way of working with people across the borough called strengths based working.
- Strengths based working is a way of working that focuses on the strengths that people have, their hopes, wishes and aspirations. So that conversations start with “What matters to you?” rather than “What’s the matter with you?”.
- We are calling this new way of working as Head, Heart and Hands. The head is how we think of things, the heart how we feel and the hand is how we do things with people.

Head: This is our intellectual side, the knowledge we use understanding of situations. This can include Legal literacy, theory, community and resources.

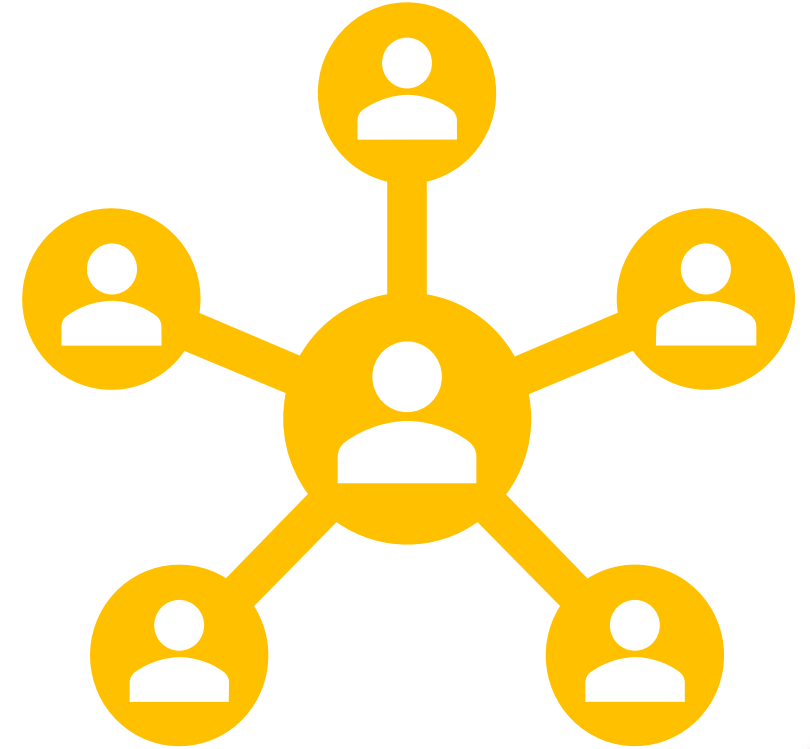
Heart: This is about engaging at an emotional level. Practice is driven by passion, compassion and belief in ability for growth and change. The relationship is the intervention

Hands: This symbolises practical application – the doing part of practice. Creativity used to support personalised well-being.



Workforce Development – Champions Programme

- This a whole systems approach that focuses on everyone working at every level across the local system. It is a long term approach that we are hoping to develop together.
- Part of this work is the development of a champion's network, who will be promoting the work across the borough. We also see this group as being instrumental in the development of locality working in Haringey.
- The champions will be supported through a learning offer described in this paper that has been tailored to support change needed across the system.
- Champions have been identified from across the borough partnership with a large portion of those being part of the locality leadership team.



Work in progress: wider estates development

West Haringey

- Hornsey Central is Covid mass vaccination site, the empty pharmacy has been refurbished for this
- Post-vaccination, working with stakeholders around how this site could be an Integrated Locality Centre and contribute to locality working, particularly for Connected Communities and community organisations
- Model envisages Community Locality Hubs

Central Haringey

- Wood Green Integrated Locality Centre is in development
- Model envisages Community Locality Hubs

East Haringey

- Working towards Lordship Lane as main Integrated Locality Centre for health and social care delivery
- Aware of need to ensure good access and to create transport links with Community Locality Hubs
 - In the first instance with Northumberland Park Resource Centre – more detail in following slides
 - Selby Centre: exploring what health and wellbeing services could be delivered from the site
 - Broadwater Farm: Working to explore the delivery of a replacement medical centre on the estate, to align with other services such as Homes for Haringey and to provide a wider health and wellbeing offer in partnership with Connected Communities

Working in North Tottenham

Neighbourhood Resource Centre: Northumberland Park Community Locality Hub

Background Context

- Key asset in Northumberland Park
- Office spaces for hire
- Several office spaces, one large breakout room
- The premises was previous occupied by several services from Employment and Skills, VCS organisations, Children and Young people services and Housing support
- Currently two active services – space has been underutilised for some time



What has happened so far?

Test and learn at Northumberland Park Resource Centre, with a focus on practical ways to:

- be accessible and open to residents
- work alongside communities as equal and valued partners
- work with people as early as possible, and collaboration
- ensure frontline staff could be there and enable them to work differently.

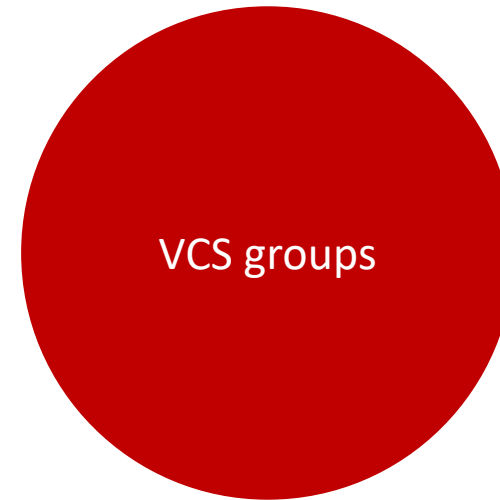
North Tottenham Localities hub ran from the site from December until lockdown, and then virtually through the pandemic

- Activity on Tuesdays both started to develop a new way of accessing services & started conversations/generating ideas for use of the building
- Work to consider options for light-touch changes to space to enable better community use

NT localities hub: developing a vision

- **Increase community use** of an underutilised building to address a deficit of community space across Northumberland Park
- Provide open access to multi-agency input and support through **Connected Communities**
- Continue to focus on **working alongside residents and communities through co-production**
- **Improve access to care** by bringing it direct to residents in Northumberland Park – and link better with other services in the Locality, including Lordship Lane Medical Centre for example
- **Provide a workspace hub** for staff from LB Haringey, NHS and other statutory partners (including housing and police) and existing and new community tenants to foster new relationships and collaboration

Demand for the space:



The Vision:

The ambition is to remodel the NRC into a **holistic hub** to make better use of the assets and create a locality-based centre for the delivery of a range of services, activities and outcomes with and for the benefit of local people.



The hub will have three primary functions:

- **Locality centre** to deliver a range of services from the council and partners, with both back of house office space and space to meet and greet clients
- **Community hub** with space available for local groups and organisations
- **Office space (to rent/ in-kind support)**



Questions and Discussion

- How can we further enhance community involvement?
- Are there other perspectives, services or approaches we need to include?
- How do we make sustainable change?

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Adults and Health Scrutiny Panel

Work Plan 2020 - 21

1. Scrutiny review projects; These are dealt with through a combination of specific evidence gathering meetings that will be arranged as and when required and other activities, such as visits. Should there not be sufficient capacity to cover all of these issues through in-depth pieces of work, they could instead be addressed through a “one-off” item at a scheduled meeting of the Panel. These issues will be subject to further development and scoping. It is proposed that the Committee consider issues that are “cross cutting” in nature for review by itself i.e. ones that cover the terms of reference of more than one of the panels.		
Project	Comments	Status
Adult Social Care commissioning	<p>This scrutiny review was established to examine the process behind commissioning decision-making including the overall strategic approach to commissioning, how decisions are tracked and measured, what key performance indicators are used, how return on investment is calculated and what criteria are used for tendering decisions.</p> <p>The Panel held an initial briefing session with Council officers in November 2019 followed by a number of evidence sessions with Council officers and external witnesses from January 2020 to March 2020.</p> <p>The Review was suspended in March 2020 due to the Covid-19 pandemic. Final evidence sessions are planned for March/April 2021.</p>	In progress

2. **“One-off” Items; These** will be dealt with at scheduled meetings of the Panel. The following are suggestions for when particular items may be scheduled.

Date	Agenda Items
2020-21	
21 September 2020	<ul style="list-style-type: none"> • Learning Disabilities/Autism Centre & Autism Hub <ul style="list-style-type: none"> ○ Update on the opening of the new services at Waltheof Gardens in the changed circumstances resulting from Covid-19. • ‘Stock take’ on current situation with Adult services <ul style="list-style-type: none"> ○ Summary of how services have been affected during the Covid-19 pandemic and what has been learnt. • Care homes in Haringey <ul style="list-style-type: none"> ○ Summary of the impact of Covid-19 on care homes in Haringey so far, including infection/fatality numbers and details, which care homes were most significantly affected. • Work Planning <ul style="list-style-type: none"> ○ To discuss items for the work plan for the Panel for 2020/21.
17 November 2020	<ul style="list-style-type: none"> • Domestic abuse <ul style="list-style-type: none"> ○ Action being taken by the Council to support people affected by domestic abuse given the increased risk factors resulting from Covid-19 restrictions. • Mental health

	<ul style="list-style-type: none"> ○ Challenges with the co-ordination of mental health services during the Covid-19 pandemic and action being taken by the Council to support the mental health needs of people in isolation due to Covid-19 restrictions, particularly those who do not have support networks. • Haringey Safeguarding Adults Board – Annual Report 2019/20 • Cabinet Member Questions – Adults & Health
10 December 2020 (Budget Meeting)	<ul style="list-style-type: none"> • Budget scrutiny
11 March 2021	<ul style="list-style-type: none"> • Locality working in North Tottenham • Cabinet Member Questions – Adults & Health

Possible issues for 2021/22 Work Programme:

- CQC overview (*likely to be on agenda for June 2021 Panel meeting*)
- Living Through Lockdown report (Joint Partnerships Boards) – response to recommendations (*likely to be on agenda for June 2021 Panel meeting*)
- Impact of NCL CCG merger
- New community mental health model
- VAWG progress (including number of refuge spaces)
- IAPT waiting times

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