Scrutiny Review – Adult Social Care Commissioning & Co-production

A Review by the Adults & Health Scrutiny Panel – 2020/21	
Panel Membership	Cllr Pippa Connor (Chair)
	Cllr Patrick Berryman
	Cllr Nick da Costa
	Cllr Eldridge Culverwell
	Cllr Mike Hakata
	Cllr Felicia Opoku
	Helena Kania (Co-opted Member)

Scrutiny officer: dominic.obrien@haringey.gov.uk

Tel: 020 8489 5896

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1.   Chair's Foreword

I am really pleased that the Panel have come up with a framework of recommendations to embed co-production, not only within Adult Social Care but also across all council departments.

The review actually began with the aim of understanding the commissioning process. We believed that in the unpicking of this outwardly complex area, we could support our providers and residents in navigating this system. However, it became clear after many meetings that commissioning was too expansive for one scrutiny review.

One area that caught our attention was the new emphasis on co-production.

Co-production has a number of definitions. As this review gathered pace there was a rolling repetition of what residents wanted co-production to mean: residents, our service users and carers, wanted to have an equal voice during the decision-making meetings; they wanted a defined role with terms of reference for the specific project with minutes taken and actions agreed; a desire not only to be there at the start of the project, but to monitor its delivery and advocate for any changes within the commissioned service. They wanted their opinions to count.

In the Council we talk a lot about the 'resident voice' and how we should consult or engage with our service users when we look to change a service. During this review the term empowerment was a recurring theme, as residents understood that their lived experience gave them a powerful voice within this commissioning process. They could be an integral part of the team, helping guide and develop new service delivery that genuinely works for those who will using it.

This review concentrated on co-production as the process by which the resident voice could be set within a supporting framework to ensure it was at the heart of the decision-making and delivery-monitoring process.

The recommendations around the charter, governance and framework ensures everyone is clear where responsibility lies, and the role of our residents within this process.

The involvement of residents, service users and carers is laid out, and I hope the clarity around this is kept, as this will be key in allowing all departments to embrace co-production.

Further recommendations to better support our care workforce, innovative ideas around an in-house project, and assisting residents at the stressful time of their first care assessment are proposed.

Finally, the phrase that is often used but difficult to define is social value. Social value is a key component within the commissioning of projects. A commitment to define what this means for project delivery and local residents is vital to ensure our projects really do support our local communities.

I would like to acknowledge the tremendous support we had both from Officers and members of the public who spoke candidly about the current co-production initiatives, without whom we couldn't have developed these detailed recommendations.

To our Adults and Health Scrutiny Panel Members who, although some Cllrs left and others joined during the two years, all remained committed throughout the process as they believed that empowering our residents would really support and enhance our commissioning process.

To Dominic O'Brien our Scrutiny officer who enabled and wrote this review a huge thank you.

Councillor Pippa Connor, Chair of Adults & Health Scrutiny Panel

2.   Recommendations

Charter & Framework Structure for co-production	
1	**CHARTER ON CO-PRODUCTION PRINCIPLES – A Charter should be developed and published in collaboration with service users and other stakeholders to set out the principles that underpin the Council's approach to co-production. This should include a commitment to the participation of the community of service users and their families/carers and a culture of communication and collaboration in the development of services.**
2	**CO-PRODUCTION FRAMEWORK - A co-production Framework should be developed to assist departments throughout the Council to deliver co-production in a consistent and systematic way, including at the very beginning of a project and to continue monitoring service delivery after completion of the project.**
3	**OVERSIGHT OF CO-PRODUCTION – The Borough Partnership Board should be responsible for the oversight of co-production in projects in Haringey.**
Involvement of service users and carers in co-production	
4	**BEGINNING OF A PROJECT - Co-production should begin from the inception of a project. An assessment should be undertaken to identify the residents/service users that would be most affected by this project and a clear undertaking made by the Council to contact all those residents to invite them to be involved. This objective should be specified in the co-production Framework.**
5	**TERMS OF REFERENCE - Terms of reference should be applied to co-production projects that would specify who was involved in co-production and their role. They would also determine the frequency of meetings, requirement for minutes and recording/tracking of actions. Terms of reference should be made public and be easily accessible. This objective should be specified in the co-production Framework.**
6	**LINK BETWEEN COUNCIL AND JPB - The Council should provide a response to the Scrutiny Panel on how it intends to improve communication between the Council and the Joint Partnership Board including commitments on officer attendance at meetings, information updates to the reference groups where required and the recording, tracking and reporting back on actions agreed.**
7	**WORKFORCE DEVELOPMENT - The Council should give consideration to prioritising the understanding of co-production principles and practical steps for implementation as part of workforce development across the Council.**

8	**WIDER REFERENCE GROUPS** - The Council should aim to keep co-production steering groups involved in the monitoring of the service after the completion of a project. The Council should also consider widening the membership of group to involve local residents when moving into the delivery phase if appropriate for the specific project. This objective should be specified in the co-production Framework.
9	**PROACTIVE COMMUNICATION WITH CARERS** - The Council should consider what options it has available to proactively contact the main community groups and people on its lists of registered carers on a regular basis to update them on developments with local services and to invite them to become involved with co-production.
10	**JPB ANNUAL REPORT** - The Joint Partnership Board should provide an annual report to the Adults & Health Scrutiny Panel summarising the work of the reference groups on co-production. This should be included in the Panel's work programme each year with an agenda item scheduled on one of the Panel's formal meetings.
11	**IN-HOUSE INFORMATION SESSIONS FOR RESIDENTS** - In-house information sessions about services should be run for service users, families, carers and other residents on their specific areas of interest. The aim would be to build their knowledge about how the commissioning and delivery of services works, generate debate and improve the co-production process. This could be run on a 3-monthly or 6-monthly basis and could include external speakers with specialist knowledge.
Navigating local services	
12	**SUPPORT LOCAL WORKFORCE TO NAVIGATE LOCAL SYSTEMS** – Further guidance and training should be provided for Council staff to improve their navigation of local services.
13	**IMPROVE COUNCIL WEBSITE NAVIGATION** - The Council website should be reviewed and updated with a view to making services more accessible.
Care Services	
14	**SUPPORT FOR LOCALITY-BASED FORUMS** - Regular locality-based Home Support and Reablement Stakeholder Forums be established as soon as reasonably practicable.
15	**CAREER PROGRESSION FOR CARE WORKERS** - Opportunities for care workers to upskill should be made available through short-term and long-term courses:

	- Opportunities to provide Continuing Professional Development (CPD) should be explored through the North Middlesex University Hospital and Whittington NHS Trust. - The Transformation Fund could be a possible source of funding to support this initiative. - Local recruitment strategies should also set strategic aims to address this issue.
16	**PILOT PROJECT FOR IN-HOUSE CARE TEAM** - A pilot project should be established to set up and run an in-house team of care workers employed under local authority terms and conditions and measured by a set of criteria against equivalent out-sourced contracts.
17	**PROVIDE WRITTEN INFORMATION BEFORE CARE ASSESSMENTS** - Service users and their families should be provided with written information in advance of their first care assessment in order to ensure that more people have a full understanding of the process and what to expect.
Social Value	
18	**SOCIAL VALUE** – The Panel welcomed the Council's commitment to social value and suggested that the Council should consider how social value could be included in the co-production charter and framework in order to enable a joined-up approach.

3.   Context to the Review

3.1   A key outcome of the Council's Borough Plan 2019-23 is that all adults are able to live healthy and fulfilling lives with dignity, staying active and connected in their communities. How Health and Adult Services are commissioned and how they can contribute to delivering towards this outcome is an issue of particular significance and so the Panel determined that it would conduct a review into how this process was currently working.

3.2   At its opening evidence session, the Panel heard from various officers about a broad range of issues relating to commissioning with discussions about Insourcing Policy, Procurement Strategy and Community Wealth Building approach, involvement of the community and voluntary sector and joint commissioning with the NHS.

3.3   The Panel then spoke to various local groups representing services users and carers where the Panel heard about their direct involvement in the commissioning of services through a process of 'co-production' with the Council. The Panel also went on to take evidence about new model of home support and reablement, the establishment of a new organisation to represent and support disabled people in Haringey and about the concept of 'social value' in commissioning. After initially starting with a broad terms of reference, these were the issues that the Panel subsequently set out to explore in further detail.

3.4   The Panel has made recommendations about the topics set out in paragraph 3.3 but acknowledges that some of the questions posed by the original terms of reference have not been fully explored by this Review. This has enabled a more specific focus on topics that emerged during the early evidence sessions. Other areas not covered by this Review could potentially by explored by the Panel in the future.

3.5   It should also be noted that evidence collection began in November 2019 and continued until March 2020 when the Review was interrupted by the Covid-19 pandemic. The Review was suspended as officers from the Adult Social Care team were unavailable due to their duties in responding to the pandemic. The Review did not resume until March 2021.

4.   Terms of reference

4.1   The original terms of reference for the scrutiny review was to examine the current arrangements for commissioning of services within the remit of Adults & Health including:

- The overall strategic approach to commissioning, including how health and social care commissioning is being joined up locally.

- The approach to communicating information about available services to residents who are likely to benefit from them.
- The 'social value' model of commissioning, including how social value elements are embedded within contracts and balanced against financial priorities and how their outcomes are measured.
- The role of the Bridge Renewal Trust in the commissioning process in Haringey.
- The budget assigned to commissioning of adult and health services, how best value for money is achieved, how outcomes are measured and what approach is taken in determining which local community groups receive contracts.

5.   Background to Commissioning in Haringey

5.1   The Panel's evidence gathering for the Scrutiny Review began in November 2019 with presentations from several senior colleagues from across the Council and the Haringey Clinical Commissioning Group (CCG) to provide an overview of the commissioning of health and social care services. There were presentations made to the Panel about the Council's Insourcing Policy, Procurement Strategy, Community Wealth Building approach, the Commissioning Cycle, involvement of Community & Voluntary Sector and joint commissioning with the NHS. This chapter of the report summarises the background information that was provided to the Panel.

5.2   The Council describes commissioning as *"the process by which public service organisations work with residents and other stakeholders to identify needs and outcomes and to plan, procure, deliver and evaluate the services they deliver for their residents."*

5.3   The Council's Borough Plan for 2019-2023 sets out the Council's five priority areas (Housing, People, Place, Economy and Your Council together with a set of 20 outcomes. This provides a framework to guide the delivery of services by the Council including through its partnership work with the CCG, the Police, the voluntary and Community sector and others.

5.4   Officers highlighted six areas in the Borough Plan where the Council had committed to objectives that are associated with commissioning:

Theme	Commitment	Implementation
Fairness and Inequalities	We will reduce the gap in outcomes for different residents.	Fairness Commission
Prevention	We will work alongside residents at all stages from the earliest years of a child's life through to old age to prevent needs arising wherever possible and to intervene earlier so that needs do not become too entrenched.	Connected Communities, Local Area Coordinators, North Tottenham Locally
Safeguarding	We will step in to safeguard children, young people and adults who are at risk of harm, neglect or exploitation.	(Ongoing Statutory)
Economic Wellbeing	We will get as many people into work and financially independent as we can, whatever their backgrounds.	Community Wealth Building, Economic Development Strategy, Insourcing Policy, Procurement Strategy
Community Involvement	We will work alongside local communities in confronting challenges early and in building	Community Engagement plan

	cohesive, supportive and connected communities which nurture, protect and support all residents.	
Partnership	We will continue to develop our partnerships so that we can achieve what we have set out to do together, developing integrated services which improve residents' experiences and have the greatest impact.	Borough Partnership

5.5   These six areas are all taken from the People Priority (Priority 2) of the Borough Plan which covers the outcomes on Children & Young People and on Adults & Health.

Insourcing Policy

5.6   The Council's Insourcing Policy, approved by the Cabinet in October 2019, introduced an approach which specifies that the Council intends to deliver more services directly and that insourcing is the default preference. The rationale for this approach, as stated in the Insourcing Policy as *"a belief in public services, in public ownership and control, and that in taking responsibility for direct service delivery we can improve outcomes for our residents".*

5.7   The benefits of this are described in the Policy as including:
- Greater scope for collaborative working with the local community in the design and delivery of public services.
- The development of the skills and knowledge of the Council's workforce and the organisational capacity and infrastructure.
- Increasing the number of locally employed people with the terms and conditions provided by the Council.
- Increased scrutiny and accountability of public service delivery.

Procurement Strategy

5.8   A new five-year Procurement Strategy for 2020 to 2025, approved by the Cabinet in October 2019, set out the key priorities for the Council's strategic approach to procurement:
- Value for Money
- Community Wealth Building
- Promotion of Social Value
- Commercialisation
- Contract and Performance Management
- Measuring our success

5.9   The Procurement Strategy notes that Haringey Council spends approximately £350-400m per year through procurement. It reiterates the principles of the Insourcing Policy that the Council's preference is *"to deliver services in-house where it is financially prudent and does not diminish quality"*. In circumstances where it has been determined that it is necessary to use a third party, the Council's preference is *"to have the services delivered by local organisations where possible provided the costs remain within the affordability envelope"*[1].

5.10   Officers informed the Panel that a key point of the Procurement Strategy is to support local and smaller organisations, including by:
- Working more closely with the Community & Voluntary Sector and publicising opportunities.
- Breaking down larger contracts so that smaller organisations with less capacity have greater opportunities to bid for them.
- Fair treatment in supply chains and adapting processes to make them easier for smaller organisations.

5.11   There was a commitment to dedicate 10%-25% of the scoring methodology to social value when tendering contracts.

Community Wealth Building approach

5.12   Community Wealth Building is an approach to local economic development, described in a report to Cabinet in October 2019 as one that *"aims to create prosperity for all by focusing on who is benefiting from wealth creation; building an economy which is rooted in the local place; and working with anchor organisations to agree collective action."* [2]

5.13   Haringey Council's specific definition of Community Wealth Building, adopted by the Cabinet in October 2019, was set out in the following four points:
- Using all the Council's available levers, to make sure that every public pound delivers maximum public good and wherever possible builds the prosperity of local people and businesses as it travels through the local economy.
- Employing these levers to support and enrich Haringey's residents and communities – economically, through employment, and socially - with an emphasis on those who are struggling.
- Residents having more of a stake in public services and the Haringey economy.

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[1] Paragraph 1.3, Report on Procurement Strategy 2020-2025, Item 36, Meeting of the Cabinet, 8th Oct 2019
https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=9153&Ver=4
[2] Paragraph 1.1, Report on Community Wealth Building Approach, Item 37, Meeting of the Cabinet, 8th Oct 2019
https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=9153&Ver=4

- Working with partners – other public bodies, businesses and voluntary organisations – to embed a community wealth building approach across the Borough.[3]

5.14   In terms of procurement, this means awarding more public contracts to local businesses, social enterprises, co-operatives and voluntary/community organisations in order to keep more money recirculating in the local economy as well as a greater emphasis on Social Value.

The Commissioning Cycle

5.15   Camlee Voisin-Baptiste, Senior Commissioning Officer for Housing Related Support, explained the commissioning process to the Panel as applied through the commissioning framework of the Council. She said that the four key stages of commissioning were:

- **Analyse** - Assessing Need. This includes market research and market engagement events with providers and consultations with service users are carried out along with benchmarking exercises with neighbouring boroughs and analysis of any gaps in existing services.
- **Plan** – Planning Services. This involved the development of a commissioning plan which may include procuring new services, adjusting existing services or ending services that were no longer required.
- **Do** – Procuring Services. Detailed tender specifications are provided and questions are asked to help evaluate whether potential providers are capable of delivering the required services. An Implementation plan is put in place after contracts are approved by Cabinet.
- **Review** – Monitoring Quality. This includes reviewing the effectiveness of the contract through regular contract monitoring meetings and feedback from service users

Involvement of Community & Voluntary Sector

5.16   The Council's Borough Plan 2019-23 includes the objective of *"a strong and diverse voluntary and community sector, supporting local residents to thrive"*[4]. The Council's approach to its collaborative relationship with the local community and voluntary sector is set out in the Voluntary and Community Sector (VCS) Pledge within the Borough Plan.

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[3] Paragraph 6.3.1, Report on Community Wealth Building Approach, Item 37, Meeting of the Cabinet, 8th Oct 2019 https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=118&MId=9153&Ver=4
[4] Haringey Council Borough Plan 2019-23, Priority 2, Outcome 8 b)

5.17 The VCS Pledge includes commitments from both the Council and the VCS in four categories[5]:

- **Listening** – this includes a commitment from the Council to participate in standing forums and listen to the VCS about a wide range of issues.
- **Resources** – this includes a joint commitment to work collaboratively to attract additional resources into the borough, such as by providing data and endorsements of bids which fit strategic priorities.
- **Independence & Diversity** – this includes joint commitment to empower marginalised groups, such as by supporting them into employment, ensuring that their voices are heard and providing early help and services to residents.
- **Other Support** – this includes commitments from the Council to support capacity building within the VCS and to use public sector purchasing power where possible to support the local VCS.

5.18 The Panel also received evidence from Geoffrey Ocen, the CEO of the Council's Strategic VCS Partner, Bridge Renewal Trust (BRT). The role of the Strategic VCS Partner is to provide the VCS with capacity building and fundraising support, networking and partnership development opportunities, provide guidance on recruiting and managing volunteers and providing communication between the Council and the CVS. In 2018-19, 310 organisations were registered with the BRT and £3.39m of funding applications for organisations were secured.

5.19 The BRT had been commissioned as the Council Strategic Partner with three strategic outcomes:

1) A vibrant, inclusive, viable and self-sufficient voluntary and community sector in Haringey. This had involved exploring new partnerships and opportunities for collaborations with over 70 local organisations.
2) A strong partnership between the Council and the sector, and between members within the sector, to deliver shared priorities. This had involved holding strategic and thematic forums and partnership working on projects.
3) The reputations of the VCS and the Council are enhanced by sharing the good partnership working practice. This had included a Haringey VCS Expo event held in November 2019 with over 700 attendees.

5.20 The Panel heard that the CCG independently commissions the BRT to carry out community engagement activities.

Joint Commissioning

5.21 Rachel Lissauer, Director of Commissioning and Integration at Haringey CCG, explained that the CCG's commissioning differed from the Council in that it had a

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[5] Haringey Council Borough Plan 2019-23, p.57

small number of high value contracts with the Acute Trusts that accounted for over 50% of its £420m annual commissioning budget. The active commissioning for acute trusts involving asking probing strategic questions rather than setting detailed specifications for services. Commissioning with the voluntary and community sector more typically involves more detailed specifications in the contracts.
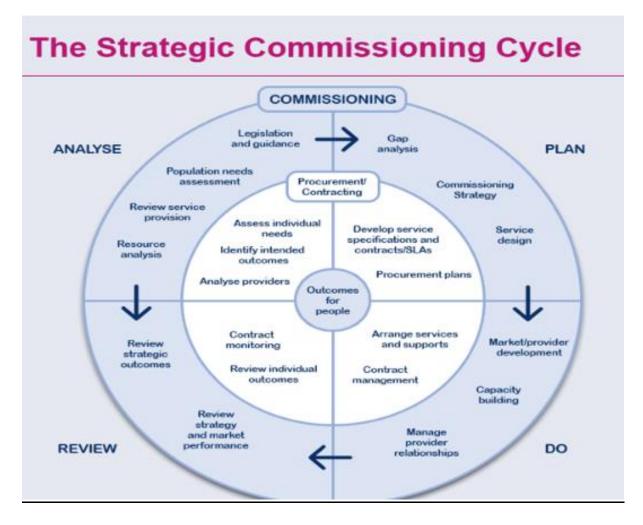
5.22   The merger of the 5 CCGs in North Central London into 1 CCG would help to provide a more coordinated, strategic approach to the major contracts with Acute Trusts and other providers that span different boroughs or to work together in more specialised areas such as perinatal mental health where there were a relatively small number of patients with higher cost treatments. This also allowed a more partnership-based approach in areas such as community wealth building with joint budgets between the CCG and the Councils in areas such as mental health, learning disabilities and through the Better Care Fund. The Borough Partnership and the Health and Wellbeing Board helped to identify shared priorities with democratic accountability.

5.23   Tim Miller, Joint Assistant Director for Vulnerable Adults & Children at the Council and CCG said that joint commissioning was already well developed in areas such as mental health, learning disabilities and intermediate care/reablement. There was also some joint funding of care packages, though the Council still funded the majority of these. Joint commissioning approaches were particularly useful in circumstances where there were outcomes that the NHS and Council required that could not easily be achieved separately, including by developing care pathways.

5.24   The common principles of joint commissioning were described as:
- Designing services with residents, voluntary/community sector partners and a range of professionals including clinical staff;
- Delivering outcomes for both the Council and the CCG that either organisation couldn't achieve by itself;
- Efficiency and benefits of scale from working and investing together;
- Brings together clinical and non-clinical services and pathways to address whole-person / whole-community issues.

5.25   The Council and the CCG commissioned together mostly through aligned budgets where the commissioners from the Council and the CCG worked together and there were some Council contracts, some NHS contracts and some joint contracts. In some areas there were pooled budgets where the money was brought together into one pot and one organisation then managed it together on behalf of the others. Personal health/care budgets involved a degree of power sharing and devolving decision making to individual residents.

6.   Chad Gordon Autism Campus

6.1   The Panel received evidence and asked questions about the process for developing new services for adults with learning disabilities/autism at the Chad Gordon Autism Campus in Waltheof Gardens which officially opened in August 2021. This provided the Panel with a detailed example of how the Commissioning Cycle process (as outlined in paragraph 5.15) and co-production with service users worked in practice

6.2   Two new services were hosted at the campus, described by the Council as:
- The Haringey Opportunities Project – a dedicated positive behavioural support day service offering specialist support for people with severe and complex learning disabilities and autism. The building has capacity for 30 users per day with access to a brand-new training kitchen.
- The #ActuallyHaringey Autism Hub – a space co-produced with autistic residents and community groups, offering support and advice to the local autistic community, including skills-based training. There is access to a garden where local residents can showcase their skills in music, cookery, gardening and art.[6]

6.3   Georgie Jones-Conaghan, Joint Commissioner for Adult Learning Disability and Autism explained to the Panel that this project involved two disused buildings, one of which was previously used as the Haven Day Centre for older adults and the other as the Roundways Day Centre for people with learning disabilities, autism and behaviours that challenge. These services had previously been decommissioned but the buildings were now being brought back into use as part of a recommissioned scheme with different services. This would involve a Day Opportunities centre providing specialist support for people with severe and complex learning disabilities and autism. An Autism Hub would also be opened, providing support, advice and skills-based training.

6.4   The important elements to consider when commissioning services at Waltheof Gardens included:
- The needs and views of service users, potential users and family carers.
- Who the strategic partners are and what they think – this included the CCG as some clients with high support needs may be joint funded.
- The statutory and political landscape – this included the requirements of the Care Act 2014 such as the need to have a local care market and the Autism Act 2009 which sets statutory obligations for autism care pathways for example.

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[6] *Haringey officially open Chad Gordon Autism Campus in Tottenham*, Aug 13th 2021, Haringey Council news page https://www.haringey.gov.uk/news/haringey-officially-opens-chad-gordon-autism-campus-tottenham

- The history of the service and the relationship with their stakeholders – there were active local carer groups and there had been campaigns against the previous closure of services at Waltheof Gardens.
- The resources available – while the requirement was for high quality services, value for money was also important as savings were required during 2020/21.

6.5   The strategic commissioning cycle used by commissioners was illustrated to the Panel.

The Strategic Commissioning Cycle

6.6   At the 'Review' stage, commissioners look at what services currently provide, whether it is fit for purpose and whether it meets the needs of service users and carers. In the context of Waltheof Gardens, an important consideration was that some service users were having to travel out of borough for day opportunity services. Existing day opportunity services in the borough were looked at with benchmarking carried out to help identify value for money in spending on care packages. Asked whether this was the stage at which building formerly used by the Haven was considered, Georgie Jones-Conaghan said that, as a commissioner the need and the services were the priority rather than the buildings which could be identified later in the process.

6.7   The Autism Hub that was being provided was for clients who did not necessarily have a learning disability and required low-level targeted support, including peer support, on issues such as mental health or housing which would help them to avoid reaching a crisis point. In identifying through the Review stage what services were available for autistic adults without a learning disability, the answer was very little and so the commissioning of the Autism Hub helped to address this unmet need.

6.8   The Analyse stage is where commissioners determine what it is that is needed. This involved user-led research with the Severe and Complex Autism and Learning Disability (SCALD) reference group and visiting examples of excellence in and out of the borough including Daylight Spectrum in Islington and Centre 404 in Hornsey. Commissioners also looked at the impact within the CCG of the health needs for this cohort, including cases of complex joint or fully health funded families who previously struggled to find day opportunities.

6.9   Other research included:
   - Desktop reviews of users' needs (e.g. younger people transitioning to adult services)
   - Looking at the needs of younger people coming through transitions;
   - Benchmarking of the cost of similar services;
   - Financial modelling of different service models.

6.10   The 'Planning' stage is where commissioners then develop the strategy:
   - For the Learning Disabilities and Autism Day Opportunities centre the key points of the strategy were to be in-borough, with high quality specialised positive behavioural support (PBS) in an autism friendly environment. It must also provide a regular and trusted break for carers. This would be for adult users (18+) and there had been around 17-20 service users identified as of January 2020. It was thought that the maximum capacity would be around 30 service users.
   - For the Autism Hub, the key points of the strategy were to be in-borough, focusing on wellbeing for people who self-identify as autistic and their support circles. It would also aim to deliver an autism friendly borough, support for low level mental health needs, and support to gain and maintain employment. This was aimed at people of employment age so potentially could be accessed by anyone 16+.

6.11   Both services were being co-designed and would have co-production built into their service models so that they adapt around what services users and their families want and need, with support from commissioners rather than having service models imposed upon them.

6.12   The Planning stage also involved developing the procurement model. The form of the service dictated the delivery model/procurement route (e.g. the skills required, whether the service would be outsourced).

6.13   It was determined that the Autism Hub required a service that could employ and nurture autistic people in the support worker roles. There would be an in-house resource manager, an autism coordinator, an autism support worker and other posts such as an administrator and a handyperson that people with mild learning disabilities would likely be recruited to. Additional external support, such as DWP Access to Work, would still be available for people who were employed if required.

6.14   The Learning Disabilities and Autism Day Opportunities service required highly specialised Positive Behaviour Support (PBS) skills. The Council did not currently have those skills and in-house capability would be built up over time but there was also a PBS framework that had five providers (four of which were voluntary sector) for the provision of skilled local workers. These would be overseen by the in-house resource manager so the overall model would be a hybrid one.

6.15   The capital works to the buildings had been challenging as they had initially not been fit for purpose, with poor acoustics and a layout that was not ideal. Architects had been brought in to configure the spaces and make improvements.

6.16   The 'Do' stage was then about mobilising the service, monitoring and steering it. This involved recruiting the in-house staff, procuring the specialised PBS provider and reviewing potential users and their families so that they were happy and ready to attend the service. Another aspect was developing communications for all stakeholders, including bi-weekly meetings to manage issues and steer the service. Embedding user-led governance and the arrangements for regular monitoring and commissioning support arrangements were also a priority.

6.17   Co-production would include feedback from regular carer and key worker meetings about issues that they wanted to see progress on and then bringing that to commissioners. This involves the whole team of people around the individual service users who best understand their needs.

6.18   After mobilisation of the service, the commissioning process then moves back to the Review stage again to evaluate the outcomes that the services achieve and aim to develop and hone the services based on strong user and family feedback and engagement.

6.19   Queried about the commissioning of transport, the reliability of which was a major concern for service users and their families, Georgie Jones-Conaghan said that the PBS providers would provide the transport and tend to work in a person-centric way,

favouring public transport or taxis over minibuses. Asked about the potentially implications of gradually bringing more staff in-house Georgie Jones-Conaghan said that priority was to bring in a service that was known to be good quality and that there was a two-year break clause in the contract should a change in the procurement arrangements be required.

March 2021 update

6.20   In March 2021, Georgie Jones-Conaghan presented further details to the Panel on the new Chad Gordon Autism Campus at Waltheof Gardens. The Campus was described as one of the Council's ways of responding to the growing need and gap in services for autistic residents. The Chad Gordon Autism Campus is part of the Council's wider Learning Disability Day Opportunities Transformation Programme. The Council vision was to enable all adults with learning disabilities in Haringey to have meaningful day opportunities and person-centred support in their local community. This includes creating spaces in buildings as well as stronger links with the community.

6.21   Significant investment had been put into two new services:

#ActuallyHaringey

6.22   #ActuallyHaringey (#AH) was the 'autism hub' service that provides early help for autistic adults who may not have access to other appropriate support. This aimed to provide support in areas where services were currently lacking, for example for autistic people who do not have a learning disability and find that there is little provision for them after finishing SEN college. This is particularly important as autistic people typically experience lower levels of employment, higher levels of mental illness and suicide and a lack of acceptance in society.

6.23   #AH had started operating but only virtually due to the pandemic. A launch event was expected in the summer. In terms of other activities, the service would be delivering training to help make Haringey a more autism friendly borough, referrals were beginning to come in (from adult mental health pathways, from those leaving SEN education and through self-referral), peer support groups were being set up and a bid had been made for a dedicated autism employment coach.

Haringey Opportunities Project (HOP)

6.24   The Haringey Opportunities Project (HOP) would provide day opportunity services for people with learning disabilities, autism and complex needs. These service users have some of the most complex needs in society who have historically been placed in institutions depriving them of liberty. The NHS England, 'Transforming Care'

agenda expects local authorities to meet these complex needs closer to home and the HOP was part of Haringey Council's commissioning strategy to meet this objective.

6.25   Work was underway to publicise the new services and contact was taking place with families of potential service users. The service provider, Centre 404, were mobilising to start providing services and were in the process of recruiting for the various supported employment roles for people with LD/autism within the services. These roles would include admin/reception, handyperson, gardeners, etc. and apprenticeship support would be provided through a link with the College of Haringey, Enfield and North East London (CONEL).

<u>Co-production and Co-design</u>

6.26   Georgie Jones-Conaghan underlined the key differences between the main options relating to co-production:

Consultation – Although engaging with stakeholders through a consultation process has been widely used in the past, it can erode trust as it can be seen as a fait accompli with the Council effectively asking residents to validate their plans. The Council was therefore moving away from this option in this context.

Co-design – This involves engaging with stakeholders at a much earlier stage, asking them to help to design the services and become involved in the commissioning process. This means that officers need to be open to challenge and to differing ideas. This is the process that has been adopted in the development of #AH and the HOP.

Co-production – This is when the stakeholders, and particularly the users of the service are involved in all aspects of the service, including the delivery and leading of the service. This is the most empowering model for stakeholders but involves some loss of control for the commissioning authority. There can also be some challenges in enabling some groups to participate in this in a meaningful way, for example those with severe learning disabilities. Having already co-designed the #AH and HOP services, the next stage would be to co-produce them.

6.27   The design of the HOP had included working closely with carers groups and families who had been involved in procuring Centre 404 as the new service provider and designing the buildings with architects. They had also been involved in a review of local day opportunities to help inform the plans for the service.

6.28   The #AH service had been developed based on the needs and wishes of autistic residents and with the involvement of autistic people and groups to determine the support and services that would be needed. A number of staff with autism had been recruited in order to help embed "neuro-diversity" and a lived understanding of autism within the service.

6.29   In relation to #AH, there was already a cohort of residents who are keen to own the autism hub and to take part in running it, particularly because people want to further the value of lived experience and neurodiversity within services to make them more autism friendly. A co-production framework had been developed and measures that had already been put in place to help facilitate co-production included:

- The new hub would have the infrastructure for both paid and unpaid autistic peer support staff.
- The service specification included the vision that was created by autistic people, and the performance management and key performance indicators are measured by the engagement with autistic people.
- Funding was being sought to develop volunteering programmes.

6.30   A draft performance monitoring template for #AH was provided to the Panel. The four key areas for monitoring were:

- **Employment, training, and education** - All autistic adults to have access to appropriate educational tools and resources. Training to be available with adaptions when needed. Equal opportunities for accessible paid and unpaid employment.
- **Health and wellbeing** - Universal access to health care professionals who have a knowledge of autism and making reasonable adjustments for appointments. Destigmatise Autism as an 'illness'. Support adults who consider they may have autism to seek a diagnosis. Empowering those with autism to have access to all sorts of wellbeing tools and techniques.
- **Community accessibility and autism acceptance** - To make Haringey a more Autism friendly borough. To support adults to engage with the autistic community. To provide tools, training and awareness to families, friends, community groups, businesses, and employers. To ensure each adult with autism has a core support network. Promote autism awareness and safety for all emergency services/ front line services and to ensure people with autism feel safe within their community.
- **Skills for a better life** - ensuring adults with autism have access to all universal services, decent safe housing and a foundation knowledge of self-care, money management, healthy relationships, intimacy and sexual health and awareness, drug and alcohol use, addictions (various), sexual exploitation, social media usage/internet safety, food and exercise, all basic life skills (cooking, laundry, sleep hygiene.)

6.31   The Panel understands that a six-monthly report would be compiled by the service and a meeting then held with the commissioner to look through service

performance, celebrate success and discuss opportunities for improvement.
Examples provided of the type of issue that would be looked at included:

- Rolling total number of #AH service users annually;
- Summary of impact autistic people are having to codesign the service (service delivery, governance and service improvement);
- Celebrating service, team or user successes;
- Service challenges – strategic or anything requiring escalation;
- Income generated from Chad Gordon.

6.32   It was noted that the Council was relatively new to co-production and so there would inevitably be some tensions between the views of the stakeholders and the Council's vision, strategic aims and political aims.

6.33   In relation to the HOP, the users were likely to have a low capacity to engage with the everyday decision making but it was still hoped that a co-produced service could be achieved. The one-to-one nature of the service meant that person-centred support could be developed as each service user would have their own support and activity plan. The service could therefore be led by the desires, actions, behaviour and needs of the service users.

6.34   Asked whether there would be a 'management group' Charlotte Pomery said that there was already a group of parents/carers and service users that the Council had been working with during the development of the services, but the intention was that this group would continue to be active and steer the process going forward. Georgie Jones-Conaghan added that a steering group was being set up for #AH with nominations being made for the Chair.

6.35   Asked about potential criticisms from residents, Georgie Jones-Conaghan said that some residents would have had a relationship with the Council for many years and if they did not feel that this had been a positive relationship there could be some mistrust. Some residents may also not want to be involved in the decision-making process and may instead just look to the Council to provide a good service. It would therefore be important to recognise that there may be different levels at which people will want to become involved and to be aware of the history and the context with which people are becoming involved.

6.36   A key point was raised by a Member about how best to empower stakeholders while also allowing them to shoulder responsibility. It was recognised that the Council would effectively be losing some control and that there would be challenges in getting that balance right and managing risk. Georgie Jones-Conaghan and Charlotte Pomery addressed these points with the following comments:

- That the appropriate response to this is to have clear co-production frameworks which set out roles and responsibilities and explain what service users will be leading on and what areas the Council will have more control.
- While there may be areas of tension, a good co-production model should help to facilitate mediation and enable compromise and trust. Dialogue, structure and a good feedback loop would be essential.
- With engagement and support for the model across the Council, including from Members, this will help to shift the culture of the Council to take risks and to escalate any issues that emerge.

6.37   A Member of the Panel asked how coproduction would be embedded in the culture, design and review of the new services at the Chad Gordon Autism Campus and how the balance would be struck between empowerment of its users, and control of the local authority. Georgie Jones-Conaghan explained that the service specification states how coproduction is part of the architecture and design of the new service and that the performance monitoring framework linked to the outcomes of the service show how coproduction forms part of the service review.

6.38   She added that there was still work to do in developing the governance of the service to ensure that those with lived experience of autism are part of its leadership. Having the right culture would be key and harder to influence as this needed to be something which was felt from the ground up rather than imposed. They were trying to create the right conditions for coproduction through proactively recruiting autistic staff and/or those with lived experience of autism to be part of the team. She noted that the team were all passionate about user involvement and engagement, having worked in person centred services before. This was one of the key behaviours being looked for at the recruitment stage, particularly by the Chair of the Haringey Autism reference group, who was part of the panel.

6.39   Georgie Jones-Conaghan continued that moving into the new building base at the Chad Gordon Autism Campus would enable a greater sense of community as people could drop in and come together more readily in a safe space. There was a mandate for users to have a lot of control over this service but where there may be instances of a conflict then the service would work with users to mediate and find a way through. The governance would be very important to ensure appropriate dispute resolution if or when conflicts arose and to ensure that the service hears from the overall user base, and not just a few voices that may be strong but unrepresentative, which can develop over time.

7. Disability Action Haringey

7.1   Another key area considered by the Panel in relation to the involvement of residents and service users in the delivery of services, was the recent establishment of Disability Action Haringey (DAH), a Deaf and Disabled Persons' Organisation (DDPO). The aim of DAH was to support disabled people in Haringey to maintain their independence and freedom and to become the voice of the disabled community in Haringey through its members.

7.2   The Panel spoke to Council officers about the development of DAH and the support that the Council had provided to this process. Charlotte Pomery, Assistant Director for Commissioning, explained that this had begun with the identification of a need for a disabled-led organisation in the Borough that could take on a number of roles. She said that some of the work that the Council needed to do was around the social model of disability and ensuring that everything that the Council is doing is more enabling of disabled people.

7.3   Rebecca Cribb, Commissioning Officer, emphasised that the Council had started from scratch to establish DAH and as part of this journey had been working with Graham Day, the Chair of DAH, to identify a group of passionate interested disabled residents to join this new organisation.

7.4   As part of the same journey, the Council also began to develop a specification for Peer-Based Direct Payment Support Services. The commissioning of DAH and the commissioning of the direct payment support services were separate, but the two processes were being pursued in parallel.

7.5   Written information provided to the Panel set out the background of DAH. Successful models of Deaf and Disabled People's Organisations (DDPOs) elsewhere had shown that they can:
- Help local authorities to meet broader policy requirements (such as improving peer support or supporting disabled people into employment).
- Add value - by delivering effective services based on the authentic voices of the people who use the services.

7.6   The aims of establishing a DDPO in Haringey were to:
- Become the voice of disabled people
- Achieve better outcomes for disabled people in Haringey
- Strengthen the social model of disability
- Reduce pressure on adult social care services

7.7   In November 2019, a working group of local disabled people was convened, co-chaired by Graham Day and Salli Booth. Meetings were held monthly and were

supported by Council officers. The working group carried out tasks necessary for the establishment of the DDPO including:

- Developing the constitution
- Charity registration
- Recruitment of a CEO
- Finding a suitable workspace
- Partnership development and networking

7.8   In October 2020, Disability Action Haringey (DAH) was registered as a Charitable Incorporated Organisation (CIO). A Board of Trustees was then established and the recruitment process for a CEO began in November 2020. In March 2021, a recruitment process began to increase the number of DAH Trustees, supported by the Council and the Bridge Renewal Trust.

7.9   A Grant Funding Agreement was in place for 2021/22 to 2022/23 to support DAH with a view to a sustainable model being established during that period. The funding was to be used to:

- Recruit and employ a CEO
- Development infrastructure such as IT, Payroll and Accounting, Legal and HR Support
- Necessary insurance such as employer liability and product/professional liability
- Secure the use of suitably accessible premises

7.10   Key Performance Indicators would measure progress on objectives including:

- Act as the voice of disabled people and advocate for service users (growing participation, membership numbers, social media presence, etc)
- Reduce and remove barriers to universal services
- Developing community-based services
- Evidence of organisational stability (including diversification of income)

7.11   Graham Day, the Chair of DAH, gave evidence to the Panel, noting that DAH was aiming to become the voice of disabled people within Haringey and that the organisation had a strong vision, valuing human rights and the contribution that disabled people can make to society. It would therefore be important to develop a strong and diverse membership base to be effective. Advocacy on welfare benefits is something that DAH would be looking to deliver once sustainable funding had been secured.

7.12   The recent pandemic had significantly affected their work as 40% of the working group of local disabled people had been lost due to Covid and ill-health. The requirement to hold meetings online had also had an impact on co-production.

7.13   Graham Day acknowledged that the Trustee Board needed to be expanded and an advert was currently out for this with a number of strong candidates having come forward already.

7.14   Asked about communication with residents, he said that DAH did not yet have a website and so this was an important priority in terms of making information available. (This has subsequently been set up at: https://www.d-a-h.org/). Social workers across the Borough had been made aware of DAH so awareness would hopefully be spreading through this route.

Direct Payment Support Services

7.15   The rationale for the commissioning of Direct Payment Support Services was that Direct Payment levels were lower in Haringey than in comparable boroughs. Haringey's Direct Payment levels are 23.6% compared to the London average of 25.5%.

7.16   Direct Payments are payments made by the Council to enable a person with assessed care needs to organise their own care and support rather than have this arranged and manged by the Council. This allows people to have choice and control over the services that they receive. However, a key barrier to the take up of Direct Payments in Haringey is the lack of timely and good quality peer support and support in recruiting, retaining and developing personal care assistants. Peer support services delivered through user-led organisation are recognised as best practice because service users find it easier to seek advice from someone who is independent of their local council.

7.17   The aim of the initiative was therefore to develop, with key stakeholders, a specification for direct payment peer support services and personal (care) assistant market development and support services, which focuses on the outcomes to be delivered and ensures that success and progress can be measured and monitored. A series of service specification discussions and workshops were held from August 2020 including with the involvement of the DAH working group and trustees.

7.18   The service specification for 2021/22 to 2022/23 has the objective to provide services, underpinned by peer support that will:
- Support the increase and maintain numbers of people taking direct payments.
- Better inform disabled people, helping them explore how DP's can enable increased independence and an improved quality of life and find personalised solutions to any issues which may create barriers for them as individuals.
- Ensure disabled people are provided with good information in their preferred format at the right time to support choice and decision-making.

- Develop and sustain a vibrant personal assistant market.

7.19   The monitoring arrangements for the service would involve key officers and stakeholders meeting on a quarterly basis to identify and respond to themes arising, challenges, barriers and to share success stories.

7.20   Officers acknowledged that there were significant challenges involved with these projects, including because there was no existing council-wide approach to co-production and co-design. It would not be a straightforward task to develop a truly representative group of disabled residents with a joint vision and it was also noted that the implications and impact of working with residents who are giving their time voluntarily and have their own lives and challenges, including managing health issues, should not be underestimated. The impact of the Covid-19 pandemic, which disproportionately impacted on disabled people and prevented physical meetings had also led to additional difficulties during the development process.

Relationship between the Council and DAH

7.21   A Panel Member highlighted the challenges described on one of the slides as the need for a clear and transparent separation of relationships between the Council and DAH as both the voice of disabled people and a provider of services. She said that this could be an inherent problem because being an advocate is very different role to being a provider. There can also be difficulties in being an advocate when the Council is providing the funding.

7.22   Charlotte Pomery responded that this was recognised by the Council as a tension, but that all of these initiatives have a cultural change element and are part of the wider Adult Social Care redesign. It was acknowledged that this model is not straightforward and was new territory for everyone so it was useful to discuss the details. Advocacy and a social model of disability had been recognised as very important from the beginning and was fundamentally about how the borough can enable the lives of disabled people to be as fulfilling as they can be. The cultural shift would need to be enabled by a political framework, an officer framework and by the wider environment in which everyone is working. It was also important to do this at the right pace and when the organisation is ready. Examples from similar organisations successfully operating in boroughs such as Hammersmith & Fulham have a multi-faceted of campaigning, advocacy and as a provider and had become a powerful voice for disabled people which Haringey could learn from.

7.23   Graham Day added that DAH wanted to become the voice of disabled people in the community and to advocate for them. The advocacy service would need to be supported by sustainable funding so this would be independent from the Council.

7.24   In response to a question from the Panel, Graham Day said that support would be provided by DAH to people who are looking to have new Direct Payments and there would be a new Personal Assistant (PA) register employing local residents and directing them to training if they need it. This would be managed by a full-time member of staff. In terms of overall staffing there would be the CEO plus two full-time and one part-time members of staff to support the organisation. A Panel Member highlighted that there were significant responsibilities for DAH in terms of HR and safeguarding responsibilities and in providing the credentials through the PA register.

<u>Hammersmith & Fulham DDPO</u>

7.25   In June 2020, the Panel spoke to the CEO of Action on Disability Hammersmith, the DDPO in Hammersmith & Fulham Borough, and the Strategic Leads of Co-production at Hammersmith & Fulham Council.

7.26   Hammersmith & Fulham Council had set up a Disabled People's Commission in 2016 with the aim of working with disabled residents to look at the barriers that they experienced. The Commission's final report, published in 2018, recommended that the Council must work in co-production with disabled residents, should resource co-production, promote co-production across the borough and put together a co-production support strategy. It also recommended that the Council should co-produce a quality assurance and social and economic value framework to define the values, behaviours and characteristics of all service providers and organisations funded or commissioned by the Council[7].

7.27   A co-production implementation group had then been set up, including disabled residents, Councillors and senior Council officers to provide the strategic leadership required to take forward those recommendations. The group's terms of reference states that it aims to *"push for a culture of co-production that means that all residents can work together with the Council, in a true and equal way"[8]*.

7.28   The co-production approach had been backed at the highest level of Hammersmith & Fulham Council with support from the Chief Executive and the Leader of the Council. A strategic senior officer for co-production had been appointed under the Chief Executive's office.

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[7] Hammersmith & Fulham Disabled People's Commission https://www.lbhf.gov.uk/councillors-and-democracy/resident-led-commissions/disabled-people-s-commission
[8] Hammersmith & Fulham Co-production Implementation Group terms of reference https://www.lbhf.gov.uk/councillors-and-democracy/co-production/co-production-implementation-group-hfcig-terms-reference

7.29 Work progressed through the co-production recommendations of the Disabled People's Commission have included:

- implementing the recommendations from a Direct Payment review which looked at direct payment support in the Borough
- co-producing 'what is good direct payment support' and setting up a new direct payment support service, funded by the Council from January 2020 and based at Action on Disability.
- working with residents to review how residents can access Council services
- resourcing the Disability Forum Planning Group to make sure that new planning applications create new buildings that are accessible and inclusive.
- working with residents to develop the Disabled People's Housing Strategy (DPHS).

8.   Views of carers on co-production

8.1   The Panel spoke directly to carers at a meeting of the Severe and Complex Autism and Learning Disability (SCALD) reference group about their experience of co-production in relation to the Chad Gordon Autism Campus. The Panel also received evidence from a number of key individuals who had been directly involved with various different co-production projects in Haringey. There were:

- Mary Langan (Osborne Grove & Waltheof Gardens co-production groups)
- Gordon Peters (Osborne Grove co-production group)
- Isha Turay (Carers Working Group)
- Vida Black (Learning disability carers representative)
- Sharon Grant (Co-chair – Joint Partnership Board)

Severe and Complex Autism and Learning Disability (SCALD) reference group

8.2   In March 2020, the Members of the Panel spoke to a meeting of the Severe and Complex Autism and Learning Disability (SCALD) reference group. The group comprises of carers who aim to represent the interests of service users with complex needs and highlight issues relating to the quality of and access to health and social care services in Haringey. SCALD worked with commissioners and architects on the design of the Chad Gordon Autism Campus.

8.3   Comments from the SCALD group in March 2020 included concerns about the feedback provided to the group. Meetings were held with commissioners but minutes were not usually taken. Some members of the group also felt that their specific concerns were not followed up and said that feedback should be provided to them on issues discussed and action points agreed.

8.4   Concerns were also expressed that SCALD was not made aware of meetings that commissioners may be having with other groups of carers. Some members of the group felt that the process was weakened by the lack of coordination and communication between the various groups of carers.

8.5   It was also commented that SCALD was not always aware of meetings that commissioners may be having with the architects about the development of the new day centres and felt that they were therefore not always directly involved in some the decision making about design issues.

8.6   It was felt that too much was left to the discretion, skills and ability of the Commissioners, but that a protocol and guidelines ought to be in place when commissioning a new service and that these should be written and available to carers' groups and the wider public. The group felt that, as commissioning involves

gathering evidence, this evidence should be available to all so that it is clear why a decision reflects best practice.

8.7   The group suggested that transparency about budget constraints was needed at meetings with commissioners so that there could be clear discussions about what could realistically be achieved at the outset of projects such as development of the new day centres.

8.8   Overall, the group felt that old methods of consultation were still being used and that, for the Council to properly introduce a co-production approach, there should be a new set of policies and procedures with training for all participants involving the recording of evidence, minuting of meetings, following up on feedback and ensuring continuity.

8.9   In follow up questions to representatives of the group in February 2022, it was felt that the situation with recording/feedback on actions related to the Chad Gordon Autism Campus had not improved since 2020. Families/community groups had to chase the Council for information and there was no direct point of contact for the service provider. Another member said that they felt that views had been listened to. It was suggested that a more structured approach, such as a meeting every 3-4 months with minutes/actions, could be beneficial. 'RAG' ratings could be used, with positive interventions at a senior level when red ratings are triggered.

Co-production witnesses

8.10   A number of themes emerged in conversations with the key individuals who had been involved with co-production in Haringey.

Osborne Grove co-production

8.11   The redevelopment of Osborne Grove Nursing Home is a major project that involves closing the facility in order to demolish the existing building and allow for the building of a new expanded 70-bed nursing home. The Panel heard that the co-production work associated with this project had been a good and productive example of how it should work.

8.12   Those involved with the co-production highlighted that they had been invited at an early stage to be involved in discussions about the new proposals for the nursing home. There had been a long lead-in process involving a lot of the people who had been involved in opposing the closure. Discussions took place early on about what the design of the building might look like and the multi-purpose nature of the site including community use of the building.

8.13   A steering group was established which had agreed terms of reference
        encompassing the co-production process from beginning to end. Members of the
        Steering Group were included in the tender evaluation and agreed with the
        appointment of the construction company. While they weren't involved with all of
        the finance details, they had been involved in the discussions about value for money
        of the bids. The design development went through a number of stages, including
        discussions with the architects and the comments of the Steering Group were taken
        into consideration, including input on the needs of those with learning disabilities or
        autism who might become residents at the nursing home.

8.14   The steering group's comments were fed into the information provided to the
        Cabinet. Overall, it was felt that the steering group's input had contributed towards
        the overall design and that the co-production had been a genuine reciprocal process
        involving people representing users of services alongside professionals and
        managers.

Low Traffic Neighbourhoods (LTNs)

8.15   A co-production project that was not considered to have worked as well was on the
        proposals for Low Traffic Neighbourhoods (LTNs) which prioritise walking and cycling
        and prevent vehicles from using certain roads. The LTNs impacted on elderly people
        and people with disabilities who often need assistance in getting from one place to
        another.

8.16   Discussions on LTNs were late and there was a narrow understanding of disabilities
        as only people with physical disabilities were consulted and not those with learning
        disabilities for example. In addition, only those within the direct LTN area were
        consulted and not those who might need to travel through the area. When these
        points were explored in online meetings it was apparent that very limited
        consultation had taken place with campaigning and service user groups. None of the
        reference groups that were part of the Joint Partnerships Board (JPB) had known
        about these plans.

8.17   The online consultation meeting was not recorded and minutes were not taken so
        there was no record of the opinions expressed or what actions would be taken as a
        result of the discussions. There had been a promise of further consultation on
        exemptions to allow some groups to travel within the LTNs but those meetings had
        not yet taken place. This had been a disappointing example of co-production with
        staff not prepared properly to engage with vulnerable groups.

8.18   It was felt that co-production from the inception of a project was necessary and that
        it was important to assess who were the people directly affected that would need to
        be consulted. In this case, this preparatory groundwork did not seem to have been

done and officers appeared to be surprised that there was a strong reaction from community groups who were very concerned about the proposals.

Conclusions of the Panel on co-production

8.19 The Panel welcomed the progress on co-production made by the Council so far, acknowledging that Haringey Council was in the early stages of the co-production journey and that co-production was well supported by the Council Leader, the Cabinet and the officers that the Panel had spoken to. The co-production work on the Osborne Grove nursing home redevelopment project had generated particularly positive feedback.

8.20 The Panel was conscious of the significant cultural shift required throughout the whole organisation in order to genuinely make co-production a reality in the design and delivery of services. To help achieve this, the Panel concluded that there must be a clearly agreed set of principles which should be set out in a Charter developed in collaboration with service users.

8.21 The co-production Charter should include strong commitments on communication so that service user/carer groups always have a clear understanding of what action is being taken in response to views that they have expressed as part of the co-production process. Services users and carers should also be directly involved in the setting and monitoring of success measures so that the priorities of communities are at the forefront of service delivery. Reciprocity and equality around the table were also considered to be key principles for inclusion in the Charter.

8.22 The Panel welcomed the positive feedback on co-production relating to some projects but noted that this high standard was not achieved particularly when it involved teams that were less familiar with co-production working. The Panel recommended that a co-production Framework should be developed to enable co-production to be embedded in a more systematic way across the Council with a robust structure from the outset.

8.23 The Panel was also aware of the work of the Haringey Borough Partnership, a body comprising of senior leaders from the Council and local NHS Trusts and community representatives from Public Voice and the Bridge Renewal Trust. The Haringey Borough Partnership has developed a shared set of priority actions to improve health and wellbeing in the Borough and makes joint decisions based on shared priorities. The Panel felt that co-production needed to be supported at a senior level across major partners if it was going to be successfully prioritised and that the Haringey Borough Partnership was therefore the appropriate body to have oversight over co-production in Haringey.

RECOMMENDATION 1 - A Charter should be developed and published in collaboration with service users and other stakeholders to set out the principles that underpin the Council's approach to co-production. This should include a commitment to the participation of the community of service users and their families/carers and a culture of communication and collaboration in the development of services.

RECOMMENDATION 2 – A co-production Framework should be developed to assist departments throughout the Council to deliver co-production in a consistent and systematic way, including at the very beginning of a project and to continue monitoring service delivery after completion of the project.

RECOMMENDATION 3 – The Borough Partnership Board should be responsible for the oversight of co-production in projects in Haringey.

Co-production from the inception of a project

8.24   The importance of early involvement with stakeholders was a theme that came up repeatedly in conversations with those involved with co-production. In order to include the right people from the beginning of a project, witnesses suggested that there should be means of deciding from the outset who was affected and therefore who to contact and involve. This could be included as an element of the co-production framework. In the longer term, data collection could be a contributing factor in selecting stakeholders, for example through a database of residents, services users, carers and others who had previously indicated an interest in a particular issue.

RECOMMENDATION 4 – Co-production should begin from the inception of a project. An assessment should be undertaken to identify the residents/service users that would be most affected by this project and a clear undertaking made by the Council to contact all those residents to invite them to be involved. This objective should be specified in the co-production Framework.

Terms of reference

8.25   The Panel felt that properly thought out and transparent terms of reference were an important part of any co-production process. This would help to make clear what was being asked of stakeholders and set out practical requirements such as the frequency of meetings.

8.26   Evidence received by the Panel suggested that carers/service user groups were not always able to obtain feedback on actions that were agreed at meetings. The Panel agreed that terms of reference which specified officer attendance, a requirement for

minute taking and for the recording, tracking and reporting back on actions could help to address this problem.

RECOMMENDATION 5 – Terms of reference should be applied to co-production projects that would specify who was involved in co-production and their role. They would also determine the frequency of meetings, requirement for minutes and recording/tracking of actions. Terms of reference should be made public and be easily accessible. This objective should be specified in the co-production Framework.

<u>Officer link to the Joint Partnership Board</u>

8.27   Concerns were expressed by key individuals involved in co-production about the flow of information between the Council and stakeholders including the reference groups of the Joint Partnership Board. The Panel received evidence that officers attended some groups of the Joint Partnerships Board more than others and that it was not always easy to obtain regular updates, feedback on issues discussed or on actions that were agreed at meetings. The opinion was also expressed that if co-production was valued then it had to be properly resourced as stakeholders would not continue to engage if they did not feel that it would be worthwhile and could make a difference.

8.28   The Chair of the Panel queried whether a dedicated officer role specifically tasked with maintaining a link to the JPB, including the handling of communications and support for the oversight of co-production work, would provide the additional resource required to strengthen the link between the Council and the JPB. However, senior officers felt that this would be unnecessary as there was already senior representation at the JPB and that Public Voice was funded by the Council to provide an administrator who carried out note taking.

8.29   Nevertheless, the Panel took the view that there was still an ask around stronger officer involvement in the JPB and support for each individual reference group by a named officer who would be responsible for following up specific actions. The Council would therefore need to make clear how it intended to address the concerns expressed.

RECOMMENDATION 6 – The Council should provide a response to the Scrutiny Panel on how it intends to improve communication between the Council and the Joint Partnership Board including commitments on officer attendance at meetings, information updates to the reference groups where required and the recording, tracking and reporting back on actions agreed.

<u>Staff training and workforce development</u>

8.30   Key individuals who had been involved with co-production groups told the Panel that, while there were some positive examples, where co-production had been more "hit-and-miss" was lower down the staffing hierarchy where officers had less experience of dealing with the diversity of a co-production enterprise, working with families with relevant experience and outside experts.

8.31   The experience of the consultation over Low Traffic Networks (LTNs) was cited as an example of the co-production approach not being embedded across the Council. Staff lower down the commissioning ladder and in departments with less experience of co-production therefore needed more support and training to be able to implement a good co-production model.

8.32   Senior officers suggested that staff training might not in itself be sufficient to achieve this objective and that a wider effort around culture change and workforce development would also be required to embed co-production across the Council. The Panel accepted that staff training could only be part of the answer to this.

RECOMMENDATION 7 – The Council should give consideration to prioritising the understanding of co-production principles and practical steps for implementation as part of workforce development across the Council.

<u>Wider reference groups</u>

8.33   The Panel also considered what happened to a co-production group after a project had been completed. After a service had become operational, the main function of the co-production group might seem to have been completed but there were further opportunities for stakeholders to continue to have an input on monitoring the service and having a say on how it was being run. There was also a risk at this stage that the information flow from the Council might not be maintained in the same way and that stakeholders may not be kept informed on latest developments.

8.34   In the evidence received by the Panel about the Osborne Grove co-production work it was noted that Steering Group would continue until at least 2024 when the project was scheduled to be completed. That will have been a 6-year process by that point and it was suggested that there was no reason why the Steering Group's involvement could not continue after that.

8.35   One possible option would be a managed transition of co-production into the operational phase. This didn't necessarily have to involve the Steering Group just continuing unchanged and it could become a wider reference group involving residents and Ward Councillors, given the planned community use of the building.

Sub-groups to discuss issues relating to specific groups of service users could still be formed where appropriate.

8.36 The Panel heard that 'Friends' groups on local parks such as Alexandra Park, do involve residents who aren't typically involved in local committees so this could be a potential model. There were also some active people involved with nearby Residents' Associations that could potentially play a role.

RECOMMENDATION 8 – The Council should aim to keep co-production steering groups involved in the monitoring of the service after the completion of a project. The Council should also consider widening the membership of group to involve local residents when moving into the delivery phase if appropriate for the specific project. This objective should be specified in the co-production Framework.

8.37 Key individuals who had been involved with co-production groups expressed the view that a lot of carers in the borough were not aware of current projects and what was happening with services in the borough. While some carers may be reasonably well informed if they were directly involved with committees or co-production groups, a lot of carers in Haringey were quite isolated and this had got worse due to the pandemic.

8.38 It was suggested to the Panel that the Council should be more proactive in trying to involve carers in discussions in planning/decision making and to update them about developments. It was noted that there were a lot of existing community groups and voluntary organisations that could easily be contacted. The Council also already had the contact details of carers that were registered with them so this was another straightforward route of contact. The Council could provide updates and ask them directly how they would like to be involved.

8.39 The Panel was also reminded that there was considerable diversity in Haringey and so consideration needed to be given to how to involve people who, for example, did not speak English.

RECOMMENDATION 9 – The Council should consider what options it has available to proactively contact the main community groups and people on its lists of registered carers on a regular basis to update them on developments with local services and to invite them to become involved with co-production.

Annual report from Joint Partnership Board to Scrutiny Panel

8.40 The Panel also considered the role that Scrutiny could have in supporting co-production in the future. The Panel noted that the JPB has a strong and independent role in co-production, with the various reference groups having direct involvement

with a range of projects. It was proposed that the JPB could provide a report summarising the co-production work of the reference groups on an annual basis to the Adults & Health Scrutiny Panel in a similar way that other bodies such as the Haringey Safeguarding Adults Board currently does.

RECOMMENDATION 10 – The Joint Partnership Board should provide an annual report to the Adults & Health Scrutiny Panel summarising the work of the reference groups on co-production. This should be included in the Panel's work programme each year with an agenda item scheduled on one of the Panel's formal meetings.

Information sessions about service delivery

8.41   The Panel also discussed possible barriers in commissioners and communities working together, noting that commissioners bring valuable professional expertise and that service users/carers bring valuable lived experience of how services are working in practice. Building the knowledge of service users/carers about how services are commissioned and delivered could therefore improve the co-production process. The Panel proposed that in-house information sessions about services could be run for service users, families, carers and other residents on their specific areas of interest, perhaps on a 3-monthly or 6-monthly basis and could include external speakers with specialist knowledge.

RECOMMENDATION 11 - In-house information sessions about services should be run for service users, families, carers and other residents on their specific areas of interest. The aim would be to build their knowledge about how the commissioning and delivery of services works, generate debate and improve the co-production process. This could be run on a 3-monthly or 6-monthly basis and could include external speakers with specialist knowledge.

Navigation of local services

8.42   The Panel noted that some Council officers and others in the local workforce who support service users don't always know how to navigate local systems to find the services or resources that are required. The Panel considered that when accessing pages about services on the Council's website it was often difficult to find necessary information on how to access the services such as relevant contact details.

RECOMMENDATION 12 - Further guidance and training should be provided for Council staff to improve their navigation of local services.

RECOMMENDATION 13 – The Council website should be reviewed and updated with a view to making services more accessible.

9. Home Support and Reablement

9.1 In March 2021, the Panel received a presentation from officers on a new model of home support and reablement, noting that the current model of home support as not currently where the Council wanted it to be.

9.2 The new model would be aligned with the development of locality-based working with providers organised into three locality areas in the west, centre and east of the Borough. There would be a smaller number of trusted providers working collaboratively in each of the locality areas with other providers, residents and integrated teams. The model would focus on outcomes for users, recruit local people and provide surety of income to providers through guaranteed volumes.

9.3 The aims and aspirations of the new model included:
- Promotion of independence for service users – by working in an enabling way and reducing the need for care and support.
- Outcomes for services users – either increased independence where possible or supporting the person to retain their current level of independence and quality of life.
- A small network of carers for services users to ensure consistency of care.
- Flexibility on the timings of the delivery of services based on the individual's outcomes or changing needs.
- A collaborative partnership approach with high levels of trust between all parties involved in the care and support of service users.
- Introduction of the requirement to pay the London Living Wage (LLW).

9.4 Two contracts had been successfully awarded in the first phase of procurement in February 2020 in the west and east of the Borough which had been operational since September 2020. However, the quality of the bids overall was not adequate to award further contracts and so a review was undertaken to gain feedback from the providers on the procurement process and a series of supplier engagement and bid-writing sessions was held. The second phase of procurement in October 2020 was more successful with a higher volume and quality of bids received. Ten more contracts were subsequently awarded (4 in the east, 4 in central and two the west) which were due to begin in April 2021.

9.5 Under the previous system, the commissioning arrangement was for spot-purchase of home support hours via a Dynamic Purchasing System (DPS) to a detailed specification with a minimum of 30 minutes for visits. There were around 1,100 services users receiving a total of around 1 million hours of home-based support from around 50 active providers, 19 of which accounted for around 80% of the hours in a year.

9.6   Significant pressures on the budget were anticipated. The average rate paid for home care was £14.20 per hour but the Council's commitment to paying the London Living Wage meant that the rate paid was estimated at the equivalent of £18.50 per hour. In addition, the expected increase in the proportion of older people in the population was estimated to require the delivery of around 270,000 additional hours of home-based support between 2017 and 2025.

9.7   The process of developing the model involved a 5-month review of Home Support in 2017 with support from the Design Council, an independent charity and the government's adviser on design. This involved a design-led approach, putting people at the centre of services with good communication and collaboration. In particular, the Design Council recommended the use of their 'Double Diamond' approach with the two diamonds representing a process of exploring an issue more widely or deeply (divergent thinking) and then taking focused action (convergent thinking)[9]. This helped with the methodology required to develop the model.

9.8   The review examined how the Council could:
   - Improve the sustainability of the market-place and sector workforce retention
   - Promote better outcomes and support people to live well in their homes
   - Manage all of this within a constrained financial environment

9.9   As part of the review stakeholders including service users, carers, providers and care workers were spoken to through face-to-face interviews, telephone interviews, focus groups and surveys. While services users and carers were mostly happy with the quality of the service, the main problems identified were found to be:
   - Travel-time
   - Issues with workforce retention
   - Issues with sector career progression
   - Use of zero-hour contracts
   - Issues with insufficient number of hours of care provided (concerns about social isolation)
   - Lower rates of pay than other nearby boroughs such as Islington and Camden
   - Spot commissioning a source of uncertainty for providers

9.10   A number of events and workshops was then held between 2017 and 2019 to test the findings from the review and to seek views on proposed new commissioning models. Views were sought through a Member working group, the older people and autism reference groups and mixed workshops with providers, service users and practitioners.

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[9] https://www.designcouncil.org.uk/news-opinion/what-framework-innovation-design-councils-evolved-double-diamond

9.11 The procurement process involved competition through the Dynamic Purchasing System (DPS) with providers able to submit separate offers for each of the three localities. Providers were awarded a contract in a locality based on a ranking of overall scores on quality and price. Tenders were evaluated by commissioners, the Quality Assurance Team, Practitioners and a representative from the Older People's Reference Group.

9.12 Monitoring arrangements were through regular contract monitoring meetings which include service user feedback in addition to discussion relating to performance and the service specification.

9.13 Panel members noted that profit margins for providers were often very tight and asked how the Council ensured that corners were not being cut, for example by making employees pay for their own phone calls or travel. Charlotte Pomery said that providers were required by law to pay for travel time and that this kind of issue was a core part of contract monitoring.

9.14 Asked about training for care workers, Charlotte Pomery said that the Council values caring as a profession and wants care workers to feel valued to be able to progress. The status of the role had increased in recent years and there had been recognition of the contribution that care workers had made during the Covid-19 pandemic. The aim was to provide further opportunities for career progression and upskilling by learning on the job and by linking workers to available training. Conversations were ongoing with the CCG and with Whittington Health on developing these areas. The Chair of the Panel noted that the Panel had previously looked into training, standards and upskilling for care workers in a previous scrutiny review and would continue to monitor this issue in the future.

9.15 Charlotte Pomery emphasised that reablement services would continue under the new model working alongside care services. The culture shift involved working with users in a more enabling way and a focus on hospital discharge would aim to enable people to regain mobility as much as possible.

9.16 Panel members noted that a person-centred focus may be more time intensive to allow for a person to feed into their own care planning and that the provider would need to be on top of this. Charlotte Pomery said that some upskilling of staff would be required in order to do this and acknowledged that the additional requirements would be one of the tensions with providers but that this could be managed with the right support for staff and continuity of care. Rebecca Cribb added that intensive work with two providers had started on ways of working including on training needs for staff and that by building up to this way of working this would put both the Council and providers in a stronger position to deliver what was required and manage risk.

9.17   Asked what type of measures are used to monitor care staff, Charlotte Pomery said that there are quality assurance processes, that visits are logged with timesheets, that care plan reviews take place supported by the service user and their family members. The Council is also alerted to potential problems when family members complain about an issue and there is a wider network of people locally who are able to pick up on any issues.

9.18   On concerns that some service users see different carers every day, Rebecca Cribb said that continuity of care was part of the service specification and something that the Council monitors on a monthly basis so providers have to evidence how they are performing in that respect.

9.19   A Panel Member asked what kind of data was required from providers as part of the contract monitoring meetings that had been mentioned as part of the earlier presentation. Pauline Simpson said that data is requested on training (which is compared with a training matrix for potential gaps), on complaints (which is cross-referenced with the Council's data), on visit timescales, on recruitment and on travel time. Payroll information is required is order to verify compliance with the London Living Wage. Service user feedback can also be provided which can be followed up directly with service users if necessary.

9.20   On the next steps for co-design, the borough-wide Stakeholder Group would be reconvened to update on the roll-out of the model and to agree for approach for ongoing stakeholder involvement. This included:
- People accessing care
- Carers/Family Members
- Representatives of Reference Groups
- Disability Action Haringey
- Health and social care practitioners
- Commissioners/Quality Assurance

9.21   The Panel was informed that the Council would also explore establishing regular locality-based Home Support and Reablement Stakeholder Forums. The Panel welcomed this proposal, noting the opportunity to align to the Council's locality working model that the Panel had discussed with officers at a recent Panel meeting[10].

9.22   Based on the discussion about pay and training for care workers, and also from evidence previously gathered as part of a previous scrutiny review from 2018/19

[10] Item 7, Adults & Health Scrutiny Panel, 11th March 2021
https://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=804&MId=9379&Ver=4

which had looked at pay conditions and training in another part of the care sector[11], the Panel felt that there was very little structure in place in the Borough to enable effective career progression for care workers. The Panel therefore concluded that opportunities to upskill should be made more easily available through short-term and long-term courses. This could involve skills to support their existing role or further roles that they may want to progress to.

9.23 The Panel also considered the pay and conditions of care workers more generally in the context of the Council's Insourcing Policy that had been discussed earlier in the Review. The Panel proposed that a pilot project should be established to set up and run an in-house team of care workers employed under local authority terms and conditions. The pilot project should be measured against a set of criteria (including on work conditions, training, continuity of care, quality of care and value for money) and then compared to equivalent out-sourced contracts. This pilot could be financed through the Transformation Fund.

9.24 The Panel also wished to reiterate concerns about the care assessment process. As part of the Panel's 2019/20 Scrutiny Review on Day Opportunities spoke to several carer groups and a key theme that had emerged was that carers often reported that they had difficulty in accessing information about the assessment and care plan[12]. Panel Members also found that this was often an issue when speaking to residents as part of their local casework. As part of the ongoing work in this area that was discussed as part of this Review, the Panel believed that service users and their families and provided with written information in advance of their first care assessment in order to ensure that more people have a full understanding of the process and what to expect.

RECOMMENDATION 14 - Regular locality-based Home Support and Reablement Stakeholder Forums should be established as soon as reasonably practicable.

RECOMMENDATION 15 – Opportunities for care workers to upskill should be made available through short-term and long-term courses:
- **Opportunities to provide Continuing Professional Development (CPD) should be explored through the North Middlesex University Hospital and Whittington NHS Trust.**
- **The Transformation Fund could be a possible source of funding to support this initiative.**

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[11] Scrutiny Review on Care Home Commissioning, Adults & Health Scrutiny Panel 2018/19 https://www.haringey.gov.uk/local-democracy/how-decisions-are-made/overview-and-scrutiny/scrutiny-reviews/scrutiny-reviews-2018-19
[12] p.30-31, Scrutiny Review on Day Opportunities, Adults & Health Scrutiny Panel 2018/19 https://www.haringey.gov.uk/local-democracy/how-decisions-are-made/overview-and-scrutiny/scrutiny-reviews/scrutiny-reviews-2018-19

- **Local recruitment strategies should also set strategic aims to address this issue.**

RECOMMENDATION 16 – A pilot project should be established to set up and run an in-house team of care workers employed under local authority terms and conditions and measured by a set of criteria against equivalent out-sourced contracts.

RECOMMENDATION 17 - Service users and their families should be provided with written information in advance of their first care assessment in order to ensure that more people have a full understanding of the process and what to expect.

10.   Social Value

10.1   The Public Services (Social Value) Act 2012 requires the public sector to consider how they can also secure wider social, economic and environmental benefits.[13] This means that bidders for public sector contracts need to consider what they can offer in addition to the requirements of the contract itself that would benefit the local community, businesses and the environment.

10.2   Margaret Gallagher, Performance Manager, provided information to the Panel about a model that her team had worked on to reflect social value on outcomes in prevention and early intervention. She said that social value was a difficult thing to measure and monetise and so research had been carried out on various examples of best practice, including the Derby model which was eventually felt to be the best match for Haringey. This involved methods of capturing the social value and then applying this to the outcomes and potential cost avoidances that the Local Area Coordinators (LACs) had recorded in their work with 520 individuals over an 18-month period. The outcomes were validated and auditable with the figures on values taken from research by various other bodies including the NHS, Public Health, Socialbank and the University of Manchester. Outcomes were measured in areas including employment, health & well-being and crime along with the cost avoidances of the outcomes that would otherwise have occurred such as a care home placement, a prison placement or regular attendance at a day opportunities centre.

10.3   There were two LACs in the Borough and for each outcome that they recorded, two figures were provided:
- the percentage of individuals they had seen where they had aided with that outcome, and
- the percentage of that outcome that they saw as attributable to them on average (e.g. if they worked together with another third party every time for a certain outcome then they could assume that 50% is attributable to them and third to the 3rd party).

10.4   This enabled a formula to be produced which calculated the yearly social return for each outcome per individual seen by the LACs. The average social return per individual was calculated by adding the values for each outcome and came to £14,126 per individual seen.

10.5   The total cost avoidance figure over a period of time was calculated by an "Average Time period (years) post intervention x Average Annual Social Return(£14,126) x Number of individuals seen by LAC". Based on 18 months of LAC data with 520 individuals seen this was calculated as a cost avoidance of £5.5m.

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[13] Social Value Act: information and resources - GOV.UK (www.gov.uk)

10.6   The overall aim was to calculate a Social Return on Investment (SROI) figure. This was calculated by dividing the cost avoidance figure of £5.5m by the total costs of delivering the intervention in the same period. Based on the salary costs of the 2 LACs and 1 Head of Service equalling £315,500, this resulted in an SROI figure of £17.46 of cost avoidance for every £1.00 invested. However, this was likely to be overstated as the wider overheads of the LAC work had not been factored in. It was also important to factor in the social value provided by other public bodies involved in supporting that individual. LACs had been interviewed as part of the process to assess an attributable value percentage to their intervention with the individual.

10.7   Margaret Gallagher informed the Panel that it would be easier to calculate the true SROI as the programme was expanded. It was noted that local authorities using similar models had achieved a SROI ratio of around £3.00/£3.50 to £1.00.

10.8   There had been challenges in measuring the social value of factors such as social isolation or depression/anxiety. Individuals were therefore measured on a 1 to 5 scale based on their own self-assessment on outcomes such as "I feel confident", "I feel connected" or "I feel able to achieve my goals. Improvement/decline on this scale could then be measured and then applied to the yearly social return. This accounted for approximately 57% of the cost avoidance calculated in the current model as the costs associated with relief from depression and anxiety was so high.

10.9   A Member of the Panel observed that some of the savings that resulted from these interventions would be seen by other public bodies such as the NHS or the Prison Service. Margaret Gallagher said that a larger dataset would be required to calculate the cost avoidances to individual stakeholders. It was clarified that these would not necessarily be immediately cashable savings but may instead reduce future spending by reducing demand on services. Going forward there would be a combined SROI for the Connected Communities programme which included the work of the LACs.

10.10   Charlotte Pomery confirmed that two meetings had taken place with the Community Centres Network and the Bridge Renewal Trust to discuss a possible impact discounted rent system for community organisations that rent Council-owned buildings. This was part of an ongoing rent review which would result in rent increases in some circumstances, but one possible model was for the outcomes data on social value to be taken into account and a discount applied to the rent based on what had been delivered. Asked by Cllr Connor how these outcomes would be verified, Charlotte Pomery acknowledged that a method would need to be agreed that could accurately measure outcomes but was also proportionate in terms of the paperwork required.

RECOMMENDATION 18 – The Panel welcomed the Council's commitment to social value and suggested that the Council should consider how social value could be included in the co-production Charter and Framework in order to enable a joined up approach.

Appendix A

Review contributors

Session 1 – 18th Nov 2019 – Officer briefing

Charlotte Pomery – AD for Commissioning

Farzad Fazilat – Head of Brokerage

Lucy Fisher – Policy Manager

Margaret Gallagher – Performance Manager

Tim Miller – Mental Health Enablement Lead

Camlee Voisin-Baptiste – Senior Commissioning Officer

Rachel Lisseaur - Director of Commissioning and Integration at Haringey CCG

Session 2 – 29th Jan 2020 – LD/Autism Commissioning

Georgie Jones-Conaghan - Lead Commissioner LD & Autism

Session 3 – 4th Mar 2020 - SCALD

Members of the Severe and Complex Autism and Learning Disabilities (SCALD) group

Session 4 – 9th Mar 2020 – Community & Voluntary Sector

Geoffrey Ocen – CEO, Bridge Renewal Trust

Poppy Thomas – Commissioning Officer

Florence Guppy – Programme Manager

Session 5 – 2nd Apr 2020 – DDPO

Graham Day – Co-chair - Deaf & Disabled People's Organisation (DDPO)

Salli Booth - Co-chair - Deaf & Disabled People's Organisation (DDPO)

Hilary Young – Project Manager

Session 6 – 29th June 2020 – Action on Disability Hammersmith

Tara Flood & Kevin Caulfield – Strategic Leads on Co-production - Hammersmith & Fulham Council

David Buxton – CEO – Action on Disability Hammersmith

Session 7 – 25th Mar 2021 – Home Support and Reablement

Rebecca Cribb (Commissioning Officer)

Charlotte Pomery (Assistant Director for Commissioning)

Bobbi Virgo (Procurement Strategic Partner (Care)

Pauline Simpson (Provider Manager HLDP)

Session 8 – 30th Mar 2021 – Chad Gordon Autism Campus & Disability Action Haringey

Rebecca Cribb (Commissioning Officer)

Rochelle Jamieson (Head of Adults Transformation Programme)

Georgie Jones-Conaghan (Lead Commissioner for Adult Learning Disability and Autism)

Charlotte Pomery (Assistant Director for Commissioning)

Hilary Young (Project Manager)

Graham Day – Chair - Deaf & Disabled People's Organisation (DDPO)

Additional evidence – Feb 2022-Mar 2022

Mary Langan (Osborne Grove & Waltheof Gardens co-production groups)

Gordon Peters (Osborne Grove co-production group)

Isha Turay (Carers Working Group)

Vida Black (Learning disability carers representative)

Sharon Grant (Co-chair – Joint Partnership Board)