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**AGENDA FOR THE EXECUTIVE**

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Members of the Executive are summoned to attend a meeting to be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on **26 November 2015 at 7.30 pm.**

**John Lynch**  
**Head of Democratic Services**

Enquiries to : Philippa Murphy Tel: 020 7527 3184  
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Despatched : 18 November 2015

**Membership**

Councillor Richard Watts  
Councillor Janet Burgess MBE  
Councillor Joe Caluori  
Councillor Paul Convery  
Councillor Andy Hull  
Councillor James Murray  
Councillor Claudia Webbe  
Councillor Asima Shaikh

**Portfolio**

Leader of the Council  
Executive Member Health and Wellbeing  
Executive Member Children and Families  
Executive Member Community Safety  
Executive Member Finance and Performance  
Executive Member Planning and Development  
Executive Member for Environment and Transport  
Executive Member for Economic and Community  
Development

**Quorum is 4 Councillors**

**Please note**

It is likely that part of this meeting may need to be held in private as some agenda items may involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972. Members of the press and public may need to be excluded for that part of the meeting if necessary. Those items are at Section H of the agenda - Paragraph 3, Schedule 12A of the Local Government Act 1972 applies.

Details of any representations received about why the meeting should be open to the public - none



## Declarations of interest:

If a member of the Executive has a **Disclosable Pecuniary Interest\*** in an item of business and it is not yet on the council's register, the Councillor **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent. Councillors may also **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency. In both the above cases, the Councillor **must** leave the room without participating in discussion of the item.

If a member of the Executive has a **personal** interest in an item of business they **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but may remain in the room, participate in the discussion and/or vote on the item if they have a dispensation from the Chief Executive.

- \***(a) Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.
- (b) Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) Land** - Any beneficial interest in land which is within the council's area.
- (e) Licences-** Any licence to occupy land in the council's area for a month or longer.
- (f) Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

**NOTE:** Public questions may be asked on condition that the Chair agrees and that the questions relate to items on the agenda. No prior notice is required. Questions will be taken with the relevant item.

Requests for deputations must be made in writing at least two clear days before the meeting and are subject to the Leader's agreement. The matter on which the deputation wants to address the Executive must be on the agenda for that meeting.

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<b>G.</b>	<b>Urgent non-exempt matters</b>	
	Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.	
<b>H.</b>	<b>Exclusion of press and public</b>	
	To consider whether to exclude the press and public during discussion of the remaining items on the agenda, in view of their confidential nature, in accordance with Schedule 12A of the Local Government Act 1972.	

**I. Confidential / exempt items for information**

- |     |   |     |
|-----|---|-----|
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**J. Urgent Exempt Matters**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

The next meeting of the Executive will be on 14 January 2016

# Agenda Item 3

London Borough of Islington

**Executive - 22 October 2015**

Minutes of the meeting of the Executive held at Committee Room 4, Town Hall, Upper Street, N1 2UD on 22 October 2015 at 7.30 pm.

**Present:** Councillors Watts, Burgess, Hull, Murray, Webbe and Shaikh

**Also Present:** Councillor Gallagher for item C7

Carol Gillen, Whittington Trust  
Paul Calaminus, Camden and Islington NHS Foundation Trust  
Paul Sinden and Gillian Greenhough, ICCG

**Councillor Richard Watts in the Chair**

**192 APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Caluori and Convery.

**193 DECLARATIONS OF INTEREST**

None.

**194 MINUTES OF PREVIOUS MEETING**

That the Minutes of the meeting on 24 September be confirmed as a correct record and the Chair be authorised to sign them.

**195 SECTION 75 ANNUAL PARTNERSHIP REPORT - ISLINGTON COUNCIL AND WHITTINGTON HEALTH**

Councillor Burgess introduced the report highlighting the success of integrated working across the services to keep people at home and the reduction in hospital admissions from care homes.

Carol Gillen from the Whittington Trust agreed that the partnership is working well and that we are building resilience into the system.

**RESOLVED:**

That the annual report attached as Appendix 1 be noted and the achievements of the S75 Partnership working between London Borough of Islington Adult Social Services and Whittington Health for adults and older people be endorsed.

Reason for decision – to enable councillors to be aware of the achievements made through joint working with the Whittington Health NHS Trust.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

**196**      **SECTION 75 ANNUAL PARTNERSHIP REPORT - NHS PARTNERSHIPS CAMDEN AND ISLINGTON FOUNDATION TRUST**

Councillor Burgess introduced the report highlighting the importance of the new single point of access. Challenges remain, including the number of clients not in employment and the overrepresentation of black and ethnic minority people assessed under the Mental Health Act.

Paul Calaminus from the Camden and Islington NHS Foundation Trust added that housing was a very important part of recovery and provision of settled accommodation has been an important element of the partnership.

**RESOLVED:**

That the annual report be noted.

Reason for decision – to enable councillors to be aware of the achievements made through joint working with the Camden and Islington Trust.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

**197**      **SECTION 75 ANNUAL PARTNERSHIP REPORT - ADULTS AND CHILDRENS COMMISSIONING - ISLINGTON COUNCIL AND ISLINGTON CLINICAL COMMISSIONING GROUP**

Councillor Burgess introduced the report highlighting achievements, including reduced hospital admissions and improved access to treatment for mental health patients.

Paul Sinden and Gillian Greenhough both agreed the success of the partnership was due to long established, close working links. Paul Sinden added that there would be more positive changes in the near future including a piece on work on housing estates and the digital care record. Gillian Greenhough added that the Primary Care Mental Health Team was also being introduced shortly and the pilot had shown a massive reduction in admissions

**RESOLVED:**

That the annual report be noted.

Reason for decision – to enable councillors to be aware of the achievements made through joint working with the Islington Clinical Commissioning Group.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

**198**      **BEST TEAM - RECOMMENDATIONS FROM THE POLICY AND PERFORMANCE SCRUTINY COMMITTEE REVIEW**

Councillor Gallagher introduced the recommendations from the Policy and Performance Scrutiny Committee's mini review into services provided by BEST, which is becoming part of the Islington Learning and Support service. Councillor Gallagher advised that the recommendations focussed on three main areas; supporting young people into work, a Get Set to Work scheme for residents and increasing personalised

support for the residents who need it most.

**RESOLVED:**

1. That the report of the Policy and Performance Scrutiny Committee be received.
2. That the Executive Member's response be reported to a future meeting of the Executive, having due regard to any relevant implications.

Reason for decision – to allow the Executive to consider the recommendations of the Policy and Performance Scrutiny Committee.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

199

**COMMUNAL HEATING - RECOMMENDATIONS FROM THE ENVIRONMENT AND REGENERATION SCRUTINY COMMITTEE REVIEW**

**RESOLVED:**

1. That the report of the Environment and Regeneration Scrutiny Committee be received.
2. That the Executive Member's response be reported to a future meeting of the Executive, having due regard to any relevant implications.

Reason for decision – to allow the Executive to consider the recommendations of the Environment and Regeneration Scrutiny Committee.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

200

**BUDGET MONITOR - MONTH 5**

**RESOLVED:**

- 1.1. That the overall forecast revenue outturn for the General Fund of a £3.5m overspend, be noted, and that in the event of an overall overspend at the end of the financial year this would be funded from the one-off corporate contingency reserve in the first instance, be noted. (Paragraphs 3.1 and 4.11, Table 1 and Appendix 1 of the report).
- 1.2. That the HRA is forecast to break-even over the financial year be noted. (Paragraph 3.1, Table 1 and Appendix 1 of the report).
- 1.3. That the latest capital position with forecast capital expenditure of £109.4m in 2015-16 be noted. (Paragraph 6.1, Table 2 and Appendix 2 of the report).

Reason for decision – to allow Members to monitor the budget.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

**201**      **RECOVERY OF ABANDONED LUGGAGE TROLLEYS AND SHOPPING TROLLEYS**

**RESOLVED:**

1. That the outcome of the consultation be noted. That the statutory powers to deal with abandoned shopping trolleys and luggage trolleys under section 99 and Schedule 4 of the Environmental Protection Act 1990 shall apply to the Council's area with effect from 25 January 2016 be agreed.
2. That the charging structure and arrangements for implementation of a trolley retrieval service as set out in paragraph 3.11 of this report be agreed.

Reason for decision – to adopt the provisions of Schedule 4 of the Environmental Protection Act 1990, in order to deal with abandoned trolleys in Islington.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

**202**      **CONTRACT AWARD FOR ALCOHOL MISUSE RESIDENTIAL CARE SERVICE FOR OLDER MEN**

**RESOLVED:**

That the award of a contract to St Mungo's Broadway to deliver the Older Men Alcohol Misuse Residential Service, commencing 1 April 2016, for a period of three years with the option of three 12-month extensions, at an annual value of £368,000, be agreed.

Reason for decision – to enable the continuation of residential service provision for men over the age of 45 with a significant history of alcohol misuse and homelessness. Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

**203**      **CONTRACT AWARD FOR ALCOHOL MISUSE RESIDENTIAL CARE SERVICE FOR OLDER MEN - EXEMPT APPENDIX**

**RESOLVED:**

That the information in the exempt appendix to agenda item F11 be noted (see Minute 202 for decision).

MEETING CLOSED AT 7.57 pm

CHAIR



Report of: **Executive Member for Finance and Performance**

Meeting of:	Date	Ward(s)
Executive	26 <sup>th</sup> November 2015	All

Delete as appropriate	Exempt	Non-exempt

## **SUBJECT: Revised Corporate Health and Safety Policy 2015-16**

### **1. Synopsis**

- 1.1 This report seeks approval of a Corporate Health and Safety Policy for 2015-16. The proposed corporate policy is based on the 2014-15 policy, with a number of amendments which are described below in 3.6. The policy was independently reviewed by The Royal Society for the Prevention of Accidents (ROSPA) in August 2013; the findings from that review can be located at Appendix 2.

### **2. Recommendations**

- 2.1 That the Council's **Corporate Health and Safety Policy** at Appendix 1 be authorised

### **3. Background**

- 3.1 British Standard (BS) Occupational Health Safety Assessment Series (OHSAS) 18001:2007 requires that top management define and authorise the organisation's health and safety policy and ensure that, it:
- is appropriate to the nature and scale of the organisations health and safety risks;
  - includes a commitment to prevention of injury and ill health and continual improvement in health and safety management and performance;
  - includes a commitment to at least comply with applicable legal requirements and with other requirements to which the organisation subscribes that relate to its health and safety hazards;

- provides the framework for setting and reviewing health and safety objectives;
- is documented, implemented and maintained;
- is communicated to all persons working under the control of the organisation with the intent that they are made aware of their individual health and safety obligations;
- is available to interested parties; and
- is reviewed periodically to ensure that it remains relevant and appropriate to the organisation

3.2 The scope of the policy (statement, organisational responsibilities and arrangements) in relation to health and safety within the Council will cover:

- the Council's role as a major employer and the commitment of the senior management team as duty-holders to secure the health and safety of employees and contractors, and those affected by the way the Council delivers services to residents, service users, pupils, and visitors;
- the Council's role as a major purchaser of services from other organisations and as such our role to influence and monitor health and safety standards within those contracted supplier organisations; and
- the Council's role as a landlord where the council is the owner of housing, apartments, land and real estate which is rented or leased to individuals or business and the duty to keep its property portfolio safe and free from health hazards

3.3 As a local authority the Council has a diverse portfolio of services including housing and accommodation, leisure and culture, health and social care, public health, development and planning, highways, waste management and recycling, amenity management, schools and children centres, support to families, public health, consumer advice and protection.

3.4 The policy accords the same duty of care to both employees and non-employees covering residents, service users, pupils, and visitors to safeguard the health, safety and welfare of all.

3.5 Therefore the policy will ensure so far as is reasonably practicable, that adequate provision is made for non-employees, whether young people, people in receipt of care, or other members of the public when visiting or occupying council-owned premises or using Council equipment, or when the Council undertakes activities in the community.

3.6 Changes from the previous Corporate Health & Safety Policy 2014-15 are:

- Section 3: **Organisation** (page 14) – deleted the post holder (Head of Accommodation, Facilities and Corporate Landlord) and Director – Corporate Property Services and replaced with Assistant Director, Operations and Customer Services. (responsibilities remain unchanged – 'like for like' transfer).
- Section 4: **Corporate Arrangements** (page 28)– replace with a list of Council arrangements.

## 4. Implications

### 4.1 Financial implications:

All of the future actions identified in the revised corporate health and safety policy and improvement strategy can be contained within the existing health and safety budget so long as funding remains on-a-par with the 2014-15 budget commitments.

### 4.2 Legal Implications:

The Council has a duty to prepare (and, if necessary, revise) a written statement of its general policy with respect to the health and welfare at work of its employees and the organisation and arrangements for carrying out that policy. In addition, the Council must bring such information to the notice of all its employees (Health and Safety at Work, etc. Act 1974 s 2(3)). Such information

should be placed on easily accessible notice boards. In addition, information relating to health, safety and welfare must be given to employees by means of posters and leaflets approved and published by the Health and Safety Executive.

#### 4.3 **Environmental Implications:**

There are no environmental issues arising

#### 4.4 **Equality Impact Assessment:**

The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

### 5. **Conclusion and reasons for recommendations**

5.1 By reviewing and amending the policy, and bringing it to the notice of its employees, the Council can demonstrate its compliance with section 2(3) of the Act.

Section 2(3) of the Health and Safety at Work etc. Act 1974 states:

“Expect in such cases as may be prescribed, it shall be the duty of every employer to prepare and as often as may be appropriate revise a written statement of his general policy with respect to the health and safety at work of his employees and the organisational arrangements for the time being in force for carrying out that policy, and to bring it to the statement and any revision of it to the notice of his employees.”

#### **Appendices**

Appendix 1: Corporate Health and Safety Policy 2015-16

Appendix 2: Desktop Review of Health and Safety (ROSPA)

Appendix 3: Barbour Checklist (Corporate Health and Safety Policy)

**Background papers:** (available online or on request)

Final report clearance:

**Signed by:**



16 November 2015

Executive Member for Finance and Performance      Date

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# Corporate Health & Safety Policy

## Statement, Organisation and Arrangements

*Health & Safety at Work etc., Act 1974 Section 2(3)  
Management of Health and Safety at Work Regulations 1999 Regulation 5*

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A copy of this Policy shall be brought to the attention of all employees. This Policy supersedes the previous Policy dated September 2014 and shall be reviewed annually or revised as necessary in the light of operational or strategic developments

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### **DOCUMENT CONTROL**

The only controlled version of this Policy can be accessed on the Health and Safety Intranet site. Printed copies of this Policy, together with electronic copies held on local computers and other storage devices are uncontrolled.



Certificate Number 10416  
OHSAS18001



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## 1.0 INTRODUCTION

### 1.1 MISSION STATEMENT

In all areas of its business Islington Council shall develop and use best current practices and ensure that all requirements of the relevant statutory provisions for health and safety are met in full.

Everybody affected by or involved with Council activities (employees, service users, pupils, residents, partners, contractors and members of the public throughout their interaction with the Council) shall experience a safe and supportive environment; ensuring that they can access, live, learn and work within and leave our premises without injury or damage to their health.

The Council will provide suitable competency based training wherever it is necessary, and encourage all employees and visitors to develop and support a positive safety culture.

In summary, the Council will strive to provide a safe environment where people enjoy living, learning and working.

### 1.2 SCOPE OF THE POLICY

The Corporate Health and Safety Policy for Islington Council is applicable across the entirety of its undertaking as an employer, covering those aspects of health and safety which the Council has a legal responsibility for.

The scope of this Policy statement, organisational responsibilities and arrangements in relation to health and safety within the Council will cover:

- The Council's role as a major employer and the commitment of the senior management team as duty-holders to secure the health and safety of employees and contractors, and those affected by the way the Council delivers services to residents, service users, pupils, and visitors;
- The Council's role as a major purchaser of services from other organisations and as such our role to influence and monitor health and safety standards within those contracted supplier organisations; and
- The Council's role as a landlord where the Council is the owner of housing, apartments, land and real estate which is rented or leased to individuals or business and the duty to keep its property portfolio safe and free from health hazards

As a local authority the Council has a diverse portfolio of services including housing and accommodation, leisure and culture, health and social care, development and planning, highways, waste management and recycling, amenity management, schools and children centres, support to families, public health, consumer advice and protection.

This Policy accords the same duty of care to both employees and non-employees covering service users and members of the public to safeguard the health, safety and welfare of all.

Therefore this Policy will ensure so far as is reasonably practicable, that adequate provision is made for its customers, whether young people, people in receipt of care, or other members of the public when visiting or occupying Council-owned premises or using Council equipment, or when the Council undertakes activities in the community.

It supersedes the previous policy dated September 2014 and shall be reviewed annually or revised as necessary in the light of operational changes or policy developments.

The requirements detailed in this Policy are also applicable in principle to Local Authority Schools and should be adopted, where relevant, in school-specific health and safety policies. Islington local authority schools are required to comply with UK health and safety legislation, on which all Council corporate health and safety arrangements are based. Schools are required to document site-specific arrangements that address the requirements of the Health and Safety at Work etc. Act 1974,

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The Education (Schools Premises) Regulations 1999 and more specifically the Management of Health and Safety at Work Regulations (MHSWR) 1999. The Council and local authority schools also have a legal requirement to co-operate with each other and share information relating to risks to their employees health and safety. To facilitate this requirement local authority school arrangements must address the requirements of the Council arrangements where relevant and applicable e.g. accident and incident reporting to (the Council's) Corporate Health and Safety. Local authority schools should implement site-specific arrangements to ensure the safety and wellbeing of their employees, other employees (including Council staff) and persons visiting the school (including pupils, members of the public, trespassers, etc.) Local authority schools' management teams can choose to:

- Tailor the requirements of this Policy to be school-specific (using the template located on Fronter) or
- Reject this Policy because the requirements are already covered in other schools' policies and/or documentation

This Policy is augmented by corporate health and safety arrangements and departmental operating arrangements, method statements and safe systems of work as deemed appropriate.

As required under the Health and Safety at Work etc. Act 1974, Section 2.3, this Policy provides a statement of intent, the organisational structure responsible for affecting this Policy and the arrangements which comprise the procedures along with systems for ensuring the protection of all people who could be put at risk from the Councils' activities.

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## **2.0 POLICY STATEMENT**

### **2.1 LEADER OF THE COUNCIL'S STATEMENT**

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On behalf of the Elected Members of Islington Council I support the principles below in the Council's approach to managing health and safety which are expanded in the Chief Executive's Statement:

- That managing health and safety is an integral part of the way we manage the Council's affairs.
- That the Council must lead by example in this area.
- That the health and safety implications of decisions, particularly budget setting, must be considered alongside other decision-making criteria.
- That members have a key part to play in the monitoring and review of health and safety performance.
- That the health and safety management system is built upon a risk management framework so that risks to employees, contractors and others affected by the Council's activities might be minimised.
- That sufficient resources will be provided to enable an effective safety management system to develop.

I am committed to review regular performance reports and an annual review of this Policy statement via the Council's Corporate Management Board and Joint Executive Health and Safety Committee.

**Cllr Richard Watts  
Leader of the Council  
September 2015**

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## 2.2 CHIEF EXECUTIVE'S STATEMENT

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I am committed to safeguarding the health, safety and welfare of Council staff, contractors and others affected by our activities (covering service users, pupils, residents and visitors) and accept that I have ultimate responsibility for the delivery of safety within the Council. It is my intention that the Council will set an example in how to manage safety effectively and encourage other organisations with whom we work to strive for good standards of health and safety.

I believe that this commitment can best be delivered through the following safety policy:

- By use of risk assessment processes, that is, the identification and, so far as is reasonably practicable, the control of risk to eliminate personal injury, ill-health, fire or damage to property by applying good practice in procedures and legislation compliance, training and inspection practices and security of persons and property).
- By developing and leading a blame-free safety culture in which all Council staff will be encouraged to identify and prevent unsafe acts at source.
- By ensuring that the management of safety is a prime responsibility of line managers throughout the Council.
- By developing a culture that 'if it's not safe – do not do it'. No-one will ever be expected to work unsafely nor will they be penalised for a cessation of work in such circumstances.
- By establishing safety objectives and targets within the business planning process aimed at the process of cost effective continuous improvement. These initiatives will be measurable and supported by monitoring and review systems. Processes to manage health and safety will include those to influence the budget process and the administration of the budget once set, to ensure that adequate resources and funding are made available.
- By ensuring that all contractors, suppliers and other organisations (including partnerships) both share and understand our safety commitments before they start work and while work is in progress.
- By encouraging the understanding and implementation of the policy at all levels as well as employee involvement and consultation in the management of safety.
- By maintaining adequate records to enable easy presentation of evidence of the operation of safety systems.

The Corporate Management Board (CMB) collectively and explicitly accepts responsibility for health and safety and as a result has set up and empowered the Joint Executive Health and Safety Committee to which it has delegated a series of responsibilities. These include the approval of an annual report to CMB on health and safety performance; the regular receipt and action of reports on progress; the monitoring of a series of key performance indicators selected by CMB.

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The health and safety policy is unlikely to be successful unless it actively involves everybody at work. We all have an individual responsibility to ensure our own safety and to avoid doing anything that will put others at risk. Whilst managers have a duty to undertake and record risk assessments, every employee must apply the control measures that have been introduced to reduce those risks. If staff are concerned about potential risks arising from work activity, they must inform their manager immediately.

Overall it will be supported by my personal example in workplace visits.

**Lesley Seary**  
**Chief Executive**  
**September 2015**

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## 2.3 LEAD DIRECTOR FOR HEALTH AND SAFETY STATEMENT

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On behalf of the Corporate Management Board I unequivocally accept my responsibility for health and safety. As the Lead Director for Health and Safety I will proactively direct health and safety within the Council and ensure a comprehensive review of our health and safety management arrangements in order to improve performance.

As outlined within the Health and Safety Risk Register, I will regularly ensure that an assessment has been completed of the significant health and safety hazards posed by the Council's activities and an appropriate set of health and safety arrangements are in place to control these hazards. The implementation of these arrangements will be monitored and reviewed on a regular basis with action taken to redress any deficiencies and ensure continual improvement. Particular attention will be made to the provision and maintenance of:

- (a) Plant, equipment and systems of work that are safe.
- (b) Safe arrangements for the use, handling, storage and transport of articles and substances.
- (c) Sufficient and adequate information, instruction, training and supervision to enable people to recognise and avoid hazards and make a positive contribution towards their own safety and health whilst at work.
- (d) A safe place of work and safe access to and egress from it.
- (e) A healthy working environment.
- (f) An effective health and safety consultative structure involving senior and line management and employee representatives.

I shall ensure Council provides sufficient funds and resources for the implementation of this Policy and the necessary health and safety arrangements.

The Council as a public body will demonstrate best practice and is committed to pursuing progressive improvements in health and safety performance through the development and implementation of an agreed strategy. The procurement process will lead in achieving effective action on health and safety considerations and promoting best practice right through the supply chain, this will include contractors, service providers and partners engaged to help the Council provide services.

**Mike Curtis**

**Corporate Director Finance & Resources**

**September 2015**

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### 3.0 ORGANISATION

The Council is organised into five departments:

- Children's Services
- Environment and Regeneration
- Finance & Resources
- Housing and Adult Social Care
- Chief Executive Office

Whilst this individual Policy statement demonstrate commitment and gives direction to the development of a positive health and safety culture, an organisational framework has been established to enable the necessary management action to be taken. This Policy promotes co-operation between individuals and groups, ensures they communicate and identifies relationships and competencies.

#### KEY RESPONSIBILITIES

#### MEMBERS AND OFFICERS RESPONSIBILITIES

##### 3.1 MEMBERS OF THE EXECUTIVE AND OTHER ELECTED MEMBERS

3.1.1 Members of the Executive and other elected Members have responsibility for and are expected to:

- (a) Ensure that suitable resources and strategic direction are available to discharge the Council's health and safety responsibilities; and
- (b) Monitor, via reports, the overall performance of the Council's health and safety management systems.

##### 3.2 EXECUTIVE MEMBER (PORTFOLIO HOLDER)

3.2.1 The Elected Member will, with the support of the relevant Directors have responsibility for and are expected to:

- (a) Ensure that the Council health and safety performance is reviewed annually and a report is prepared for both consideration within the Council and publication (the report shall cover our health and safety management activities and performance during the preceding year and set priorities for the year ahead; and
- (b) Present the annual review of the Council's corporate health and safety policy to the Executive.

##### 3.3 THE CHIEF EXECUTIVE

3.3.1 The Chief Executive has overall responsibility for ensuring, so far as is reasonably practicable, the provision of a safe and healthy work environment for all Council employees and those persons who may be affected by the Council's activities.

3.3.2 The Chief Executive has responsibility for and is expected to:

- (a) Promote a positive safety culture and the values and beliefs within this policy, by establishing.
  - **safety organisation** that defines responsibilities and relationships;
  - **planning and implementation** of policy through an occupational health and safety management system;
  - **monitoring systems**, both active and reactive, that inform on safety performance;

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- **performance review and auditing** systems for informed development of health and safety systems;
- (b) Appoint a Lead Director for Health and Safety delegated to manage the Council's corporate health and safety organisation on behalf of the Corporate Management Board; and
- (c) Ensure health and safety is a regular agenda topic at Corporate Management Board meetings, and is kept regularly informed by the Lead Director for Health and Safety of significant health and safety developments and performance matters.

### 3.4 THE LEAD DIRECTOR FOR HEALTH AND SAFETY

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3.4.1 The Lead Director for Health and Safety has responsibility for ensuring that health, safety and welfare management issues are properly addressed by the Corporate Management Board and more widely across the Council.

3.4.2 The Lead Director for Health and Safety has responsibility for and is expected to:

- (a) Monitor the employer's statutory duties arising from the Health, Safety and Welfare at Work etc. Act 1974 and all other safety legislation responsibilities as they apply to the Council and its employees, and ensure they are fully met;
- (b) Take primary responsibility for the management of health, safety and welfare, including the effective planning, organisation and control and the monitoring and review of management health and safety systems;
- (c) Monitor the development and implementation of appropriate strategic objectives, sufficient health and safety policies and safety systems for an efficient, safe and healthy workplace environment;
- (d) Receive relevant reports on a quarterly basis on departmental health and safety activity and developments. Topics of these reports may include:
- reviews of health and safety performance;
  - ensuring the departmental health and safety arrangements reflect current Corporate Management Board priorities;
  - ensuring management systems provide for effective monitoring and reporting of the Council's health and safety performance;
  - information on significant health and safety failures and of the outcomes of investigations into their causes;
  - ensuring health and safety risk management systems are in place and remain effective; and
  - the effective resourcing of health, safety and welfare across the Council;
- (e) Receive notification of health and safety enforcement issues and ensure they are effectively resolved; and
- (f) Ensure that information is issued to the Chief Executive in a timely manner and annually in the form of a health and safety report.

The Lead Director for Safety will also monitor that:

- (g) Sufficient competent advisors in health and safety matters are available to support both the corporate and departmental management functions;
- (h) Suitable and sufficient resources are available for the training, instruction and supervision of staff so as to ensure their competency to perform tasks without risk to themselves or others;

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- (i) An efficient system of risk management is established that forms an essential element in the development of a pro-active safety culture;
- (j) An effective health and safety communication structure is established, that allows for an efficient two-way flow of information between the Corporate Management Board and employees, and swift resolution of problems arising;
- (k) Health and safety responsibilities are properly assigned and accepted at all levels;
- (l) Sufficient funds and resources are available and used effectively to meet corporate health, safety and welfare requirements; and
- (m) A system for the reporting of accidents is established and that serious accidents and incidents are investigated and action taken to prevent or reduce opportunity for re-occurrence.

### 3.5 CORPORATE DIRECTORS

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3.5.1 Corporate Directors have personal responsibility for the implementation of this Policy both corporately, as members of the Corporate Management Board and departmentally as heads of their departments. In order to do this effectively, they must establish effective health and safety management systems and practices in their directorates.

3.5.2 Corporate Directors have responsibility for and are expected to monitor that:

- (a) Statutory health and safety responsibilities and corporate standards are met;
- (b) The necessary strategies and resources are available to meet their obligations;
- (c) An effective system for staff consultation and staff representation is established;
- (d) Staff are provided with the appropriate level of supervision, training and instruction required to perform safely without significant risk to themselves or others;
- (e) Significant hazards are adequately risk assessed and risk control measures are implemented, monitored and regularly reviewed;
- (f) Safe working conditions are provided and safe working practices are established;
- (g) Regular and effective monitoring and review of policy and practices; and
- (h) Due regard is paid to health and safety in the purchase and use of services, materials, plant and equipment or substances.

3.5.3 The scale and complexity of the Council's activities requires not only a Corporate Health and Safety Policy, but also departmental management arrangements giving details of local responsibilities and arrangements at a departmental level. Each Corporate Director will compile a Departmental Health & Safety Arrangements document, which will be made available to all departmental staff. This information will be used as part of the local induction process to inform staff of health and safety arrangements specific to them. Guidance on the structure of this document is shown within the Consultative Framework (see 3.16).

3.5.4 Corporate Directors will appoint themselves or a Service Director to Chair the Departmental Health and Safety Committee who will assist the Corporate Director in the management of health and safety within the department (see section 5.0 below).

### 3.6 SERVICE DIRECTORS

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3.6.1 Service Directors have responsibility for managing a number of service areas, and normally report to the Corporate Director. Their role is to ensure the implementation

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of this policy within their area of responsibility and to ensure that line managers are aware of and implement corporate and service health and safety policy.

3.6.2 Service Directors have responsibility for and are expected to monitor that:

- (a) Corporate and service safety messages, strategies and policies are disseminated throughout their area of responsibility;
- (b) Enforcement issues are resolved by taking immediate and effective action and their Corporate Director is informed of significant safety issues;
- (c) Consultation with staff and safety representatives on matters of health, safety and welfare, taking corrective action as required;
- (d) Structures and arrangements are established for:
  - the assessment of risk, to be reviewed annually or following significant change, and the application of control measures that seek to eliminate or minimise risk to all persons who may be affected;
  - the reporting and investigation of accidents and incidents, and that lessons are learned that will reduce the likelihood of repetition or similar incidents occurring;
  - dealing with emergencies, including the appointment and organisation of key staff to ensure a prompt and effective response to injury of staff or an incident requiring the emergency evacuation of premises; and
  - quarterly workplace inspections by employee representatives and team managers;
- (e) Training strategies for their service include appropriate occupational health and safety training, that systems are set up to ensure new entrants receive induction safety training and that transferred employees receive appropriate safety training for their new roles;
- (f) All statutory registers and records are accurately maintained;
- (g) Ensure appropriate British, European and industry health and safety standards and best practice are met or surpassed;
- (h) Arrangements are established for assisting injured staff and for the safe evacuation of persons in case of an emergency arising; with contingency arrangements in place to assist immediate business recovery; and
- (i) Mandatory tests and maintenance are carried out to safety systems such as fire prevention equipment, security devices, work equipment, electrical equipment, etc.

### 3.7 LINE MANAGERS

3.7.1 Line managers have day-to-day operational responsibility for the health and safety of their staff and those persons affected by their operations.

3.7.2 Line managers have responsibility for and are expected to:

- (a) Ensure implementation of corporate and departmental management arrangements and safe systems of work;
- (b) Ensure all hazards are risk assessed as required, control measures are identified to reduce or minimise any risks and assessments are annually reviewed;

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- (c) Carry out risk-based safety inspections of their staff workplaces as appropriate and using an authorised form;
- (d) Ensure that regular tests and maintenance are carried out to safety systems such as fire precautions, staff security devices, work equipment, personal protective clothing and equipment;
- (e) Keep under review, systems of work in order to raise standards;
- (f) Ensure that all staff receive sufficient supervision, instruction and training, including induction and refresher training, to ensure their competency to work without risk to themselves or others;
- (g) Investigate or causing to be investigated all accidents, serious near-miss incidents, assaults or serious equipment failure or other potentially harmful incidents;
- (h) Ensure appropriate accident reporting systems are properly completed and processed through the reporting procedure;
- (i) Monitor the health and well-being of employees for symptoms of work-related stress or health issues that could affect their ability to perform safely or to the required standard;
- (j) Co-operate with employees and their representatives to raise standards of safety awareness in an endeavour to create safer working conditions; and
- (k) Advise senior management in respect to health, safety and welfare issues of importance, especially those issues with resource implications.

### 3.8 EMPLOYEES

3.8.1 All employees, whether permanent, part time or temporary, have a responsibility to:

- (a) Take reasonable care of themselves and any other people who may be affected by their acts or omissions at work;
- (b) Co-operate with their managers and other staff so that safety requirements and standards may be met;
- (c) Undertake any mandatory training that is provided; and
- (d) Not interfere with, or misuse, anything provided by the Council in the interests of health, safety and welfare.

In order to carry out the above, all employees must:

- (e) Make themselves familiar with and comply with, relevant safety instructions at all times;
- (f) Use approved personal protective equipment for the purpose for which it was supplied;
- (g) Report to their manager incidents that have led to or may lead to, injury or damage and assist in the investigation of such incidents if required;
- (h) Use any machinery, equipment, safety devices, transport and substances in accordance with safety instructions and the training given and report any problems;
- (i) Make full use of any system of work designed to reduce the risk of injury to themselves;

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- (j) Not work under the influence of alcohol or drugs; and
- (k) Discuss with their line manager any work-related stress issues or health issues that could affect their ability to perform safely or to the required standard.

### 3.9 EMPLOYEE REPRESENTATION

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- 3.9.1 The Council recognises and fully accepts the requirements of the Health and Safety (Consultation with Employees) Regulations 1996 and the Safety Representatives and Safety Committee Regulations 1977. It will co-operate with Council recognised trade union appointed safety representatives and elected staff representatives for safety when introducing measures to ensure the health and safety at work of employees. The Council will therefore incorporate employee representation into the health and safety consultative structure.
- 3.9.2 Safety representatives appointed by their trade union may represent non-trade union employees within the representatives agreed constituency but subject to the employees' agreement. Non-trade union representatives for safety may represent employees but only following agreement from the employees to be represented. All appointments and facilities will be subject to those rules and conditions as established for that purpose by the Council.
- 3.9.3 Safety representatives will be provided with sufficient facility time to carry out their responsibilities and time-off with pay for relevant training. Their functions will include:
- (a) To make representation to management in respect to health, safety and welfare issues affecting employees;
  - (b) To inspect the workplace each quarter year;
  - (c) To investigate accidents, hazards and dangerous occurrences;
  - (d) To attend safety committees; and
  - (e) To support the Council in the promotion of a positive health, safety and welfare culture.

## CORPORATE RESPONSIBILITIES

### 3.10 CHAIR OF THE JOINT EXECUTIVE HEALTH AND SAFETY COMMITTEE

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- 3.10.1 The Chair will have responsibility for and is expected to:
- (a) Attend and facilitate the Joint Executive Health and Safety Committee;
  - (b) Liaise as appropriate with the corporate health and safety manager on the development of health and safety management systems and operations and to seek resolution to problems arising;
  - (c) Update and report occupational health and safety topics from the committee to the Corporate Management Board; and
  - (d) Monitor senior management application of health and safety policy, arrangements and safe systems of work.

### 3.11 CHAIR OF THE DEPARTMENTAL HEALTH AND SAFETY COMMITTEE

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- 3.11.1 All Council departments will appoint a Chief Officer who will Chair their Departmental Health and Safety Committees.
- 3.11.2 The Departmental Chair will appoint (in consultation with the Corporate Health and Safety Adviser) suitably competent person/s to the post of Safety Co-ordinator who will assist the Chair in the management of health and safety in the department.
- 3.11.3 The Departmental Chair will have responsibility for and is expected to:
- (a) Attend and facilitate the departments health and safety committee;

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- (b) Liaise as appropriate with the relevant corporate health and safety adviser on the development of health and safety management systems and operations and to seek resolution to problems arising;
- (c) Represent the department through attendance at corporate health and safety committees and consultative briefings;
- (d) Update and report occupational health and safety topics from the committee to senior management team meetings; and
- (e) Monitor senior management application of health and safety policy, arrangements and safe systems of work.

### 3.12 DIRECTOR – CORPORATE PROPERTY SERVICES

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3.12.1 The Assistant Director, Operations and Customer Services has responsibility for the corporate property portfolio throughout the Council and ensure the provision of fit for purpose, safe and well-maintained accommodation.

3.12.2 The Assistant Director, Operations and Customer Services has responsibility for and is expected to monitor that:

- (a) Every three/five years, arrangements for the testing and inspection of premises fixed electrical installations are undertaken and highlight any significant issues to the Lead Director of Safety and any remedial actions required;
- (b) The testing of portable electrical equipment using internal or external electricians according to an agreed schedule;
- (c) Only construction and maintenance contractors who have demonstrated their competence and resourcing to undertake work safely are selected;
- (d) Contractors receive and supply when requested, information that will enable them to carry out their work safely and without adversely affecting others;
- (e) Premises-related risk assessments containing significant findings and recommendations are acted upon;
- (f) Building fabric and services are maintained in good condition and effective working order;
- (g) Where appropriate, generic and site specific method statements to cover the work of personnel are developed by contractors, implemented and monitored and provided to the Council (the client);
- (h) Any design and specification work carried out by a contractor takes into account the safety of those using and maintaining the installation and that information is provided to the client on an on-going basis;
- (i) Clients are aware of their duties under the Construction, Design and Management (CDM) Regulations and that no construction work subject to CDM should commence until the client is aware of their duties;
- (j) Prior to starting CDM work and where the work is part of a project which is 'notifiable' under the regulations, the contractor must verify to the client that an F10 form has been completed and submitted to the HSE and that details of the name of the client representative, the identity of the CDM Co-ordinator and the relevant information from the Construction Phase Plan have been obtained;
- (k) Provision is made for the safe keeping/maintenance of the CDM Regulations health and safety file on completion of the project; and

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- (l) Reports are made to the Lead Director of Safety and/or the relevant departmental representative/s regarding any significant health and safety concerns which are not able to be resolved.

### 3.13 PREMISES MANAGERS (RESPONSIBLE PERSON – BUILDING)

3.13.1 All Council workplace premises will have an appointed member of staff with responsibility for ensuring premises are maintained in a safe and secure condition for staff and visitors. It is recognised that the management of premises will be influenced by size, tenancy arrangements and ownership. However, it will be the premises manager (or equivalent) that has particular responsibility to ensure:

- (a) Required premises related risk assessments are undertaken and regularly reviewed, including general building, water safety, asbestos and fire safety risk assessments;
- (b) Where alterations are proposed to site activities or to the layout of the premises, the fire safety risk assessment for the premises is up-dated with the assistance of Corporate Health & Safety;
- (c) Risk assessments of harmful substances used in the maintenance of the premises, are implemented and available to managers of staff working in the premises;
- (d) Arrangements and necessary resources are available to make safe any spillage or breakage that could lead to exposure to persons of hazardous substances or materials;
- (e) Waste management arrangements are established covering premises and clinical waste;
- (f) Premises related safety systems and arrangements are effectively established and regularly reviewed, appliances and plant are serviced within the required timeframes and required records are maintained and available for inspection;
- (g) Emergency arrangements and site schematics are established, maintained and available for use (conspicuously displayed) to the Council standard;
- (h) An emergency team is appointed that includes trained Incident Officer, fire marshals and first aiders, and that sufficient information on a buildings emergency arrangements is given to staff to ensure they know how to respond in an emergency;
- (i) Emergency fire alarm, detection and lighting systems are regularly serviced and tested and safety signage is appropriate and in place;
- (j) Regular emergency building evacuation exercises (fire drills) are carried out;
- (k) Escape routes and passageways are without obstruction and free from trip or slip hazards, especially cabling and other service supply lines;
- (l) All building and services contractors are employed in accordance with the Council's Procurement Code;
- (m) Contract management (accommodation and facilities) are consulted before any arrangements are initiated involving contractors undertaking work regarding:
  - alteration to a buildings structure or its grounds;
  - substantial change to a buildings use (whether partially or wholly);
  - significant change to a buildings water or energy supply or environmental control systems; or

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- alteration or removal from service (whether partially, wholly or temporary), a buildings fire alarm, detection or sprinkler system;
- (n) 'Contractor Authorisation Forms' are in place and are subject to periodic monitoring to confirm they function correctly;
- (o) An 'Asbestos Management Pack' is compiled, comprising details of location and condition of any asbestos that may be present, and is always available for inspection;
- (p) A Premises Managers Manual is maintained for each premises, which comprises updated records of maintenance and inspections
- (q) common areas are safety inspected using the authorised forms;
- (r) High standards of housekeeping and tidiness are maintained and cleaning staff are properly informed about local fire arrangements and the required health and safety standards; and
- (s) Systems for environmental control are regularly serviced and are without risk to health.

### 3.14 COMMISSIONING OFFICERS

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3.14.1 Commissioning officers have responsibility for investigating, quantifying, specifying and recognising a requirement to be procured on behalf of the Council.

3.14.2 Commissioning officers have responsibility for and are expected to ensure:

- (a) A health and safety impact assessment is completed for each contract at the beginning of the process in order to identify potential hazards and evaluated risks associated with procuring the contract;
- (b) The impact assessment is brought to the attention of the relevant corporate health and safety adviser in a timely manner in order to establish a clear understanding of what risks are involved;
- (c) Where appropriate, advice received from the corporate health and safety adviser is incorporated into procurement documentation e.g. within the advert, contract specification and pre-qualification questionnaire;
- (d) During the contract evaluation process, inherent risks are identified and are to be satisfactorily controlled by the contractor/supplier; and
- (e) Health and safety performance is appropriately monitored based on the risk e.g. by evaluating application of the contractors / suppliers management system and accident / lost time injury statistics, etc.

### 3.15 PROJECT MANAGERS, DESIGNERS & PERSONS PROCURING WORK TO PREMISES

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3.15.1 It is important that premises and workplaces are designed in a way which reduces the risk of injury from premises related hazards. In order to avoid or control risks project managers, designers and persons procuring work to premises will have responsibility for and are expected to ensure:

- (a) Corporate Landlord or the relevant 'Person Responsible for Premises' are notified and consulted with regards any works to be undertaken on premises the Council own or occupy;
- (b) Recommendations made in relation to health and safety are considered and implemented to avoid, eliminate or control hazards;
- (c) Adequate risk assessments are undertaken and appropriate action taken to control any risk identified;

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- (d) All risk assessments, method statements and relevant documentation are submitted to Corporate Landlord or the relevant 'Premises Responsible Person' prior to commencement of works and copies of all documentation are kept on site for inspection for the duration of the works; and
- (e) Corporate Asbestos are notified within 7 days of completion of works of any asbestos containing materials so that asbestos documentation can be updated.

### 3.16 RISK ASSURANCE MANAGER

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3.16.1 The Risk Assurance Manager has responsibility for and is expected to ensure:

- (a) Manage the Council's extensive insurance portfolio and to ensure that procedures are in place to protect the Council's assets and interests;
- (b) Provide advice and guidance on operational risk issues across the Council.

## SCHOOL RESPONSIBILITIES

### 3.16 SCHOOL GOVERNORS

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3.16.1 The governing bodies of community, community special and maintained schools are corporate bodies. A corporate body has a legal identity separate from that of its members. Individual governors are generally protected from personal liability as a result of the governing body's decisions and actions. Governors should act at all times with honesty and integrity and be ready to explain their actions and decisions to staff, pupils, parents and anyone with a legitimate interest in the school.

School Governors of community, special and voluntary controlled schools have responsibility for and are expected to:

- (a) Ensure they are aware of their duties and responsibilities under safety legislation and ensure that the head teacher is aware of and implements the Council's health and safety policy;
- (b) Give due consideration to health and safety when developing, amending and delivering school policies and when allocating associated responsibilities and resources;
- (c) Ensure, so far as it is within their power, that school specific health and safety arrangements are developed and effectively implemented to deliver the Council's health and safety policy;
- (d) Co-operate with advice and directions issued by the Council relating matters concerning health and safety or establish and adopt other equally effective measures; and
- (e) Ensure that in respect of any project that they initiate, consider and appropriately consult, on issues affecting the health and safety of all persons at the planning stage and include any necessary measures to control risks

### 3.17 HEAD TEACHERS

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3.17.1 Head teachers will liaise with the governing body to ensure the health, safety and welfare of employees, pupils and others who may be affected by the school premises or activities. The head teacher is responsible for the day to day management of the school and therefore has responsibility for and is expected to ensure:

- (a) An appropriate school-specific health and safety policy is developed and effectively implemented and its requirements are communicated to all relevant persons;
- (b) Local management arrangements are introduced which effectively implement the requirements of corporate, departmental or other policy or arrangements of the Council, including arrangements which control risks associated with the

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school premises or activities and emergency response arrangements (e.g. fire evacuation arrangements);

- (c) Property Services are notified and consulted with regards any works to be undertaken on premises the Council own or occupy;
- (d) School premises are maintained in a safe state of repair, in accordance with the requirements and arrangements of the Council, including those associated with the assessment and appointment of contractors;
- (e) The co-operation with the requirements, guidance or directions issued by the Council relating to matters concerning health and safety;
- (f) Sufficient assessments are conducted for significant risks arising from the school premises and activities;
- (g) That they act as the Person Responsible for Premises, in liaison with Property Services;
- (h) All staff receive adequate training, instruction and supervision to enable them to carry out their responsibilities and work safely;
- (i) That they keep themselves informed of the general requirements of health, safety and welfare legislation and standards relevant to premises and activities;
- (j) That health and safety is a core element at all scheduled meetings, such as monthly staff meetings that regularly include such matters; consider incorporating health and safety as a permanent agenda item and where necessary, establish a local health and safety committee;
- (k) All hazards associated with workplaces and activities for which they are responsible are identified and suitable and sufficient risk assessments are in place; and
- (l) Employees have access to the Health and Safety Executive “Health and Safety Law – What you should know” poster or the associated leaflet.
- (m) Ensure that the school has access to competent health and safety advice.

### 3.18 HEADS OF DEPARTMENT

3.18.1 Heads of Department are responsible for the effective implementation of health and safety arrangements in their area of responsibility and are expected to:

- (a) Allocate appropriate health and safety responsibilities to line managers and supervisors, ensuring they are understood and effectively implemented;
- (b) Keep up to date with legislative changes, code of practice, industry best practice and corporate and departmental arrangements;
- (c) Ensure all hazards associated with workplaces and activities for which they are responsible are identified and suitable and sufficient risk assessments are in place;
- (d) Ensure risk control measures identified by risk assessment are implemented and their effectiveness monitored;
- (e) Monitor health and safety performance of employees and contractors;
- (f) Ensure all employees within their control are provided with adequate training, instruction, supervision and information to allow them to work safely;
- (g) Ensure all accidents, occupational ill health and hazardous incidents are reported and investigated in accordance with the relevant arrangements;

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- (h) Co-operate fully with, in liaison with Corporate Health and Safety, enforcing authorities and their inspectors in relation to any enquiries and investigations;
- (i) Ensure only competent contractors are engaged and their work is suitably monitored and supervised to ensure they discharge their health and safety responsibilities appropriately;
- (j) Ensure all plant, equipment, personal protective equipment and other safety devices are maintained, repaired and replaced as necessary;
- (k) Ensure all statutory and other appropriate tests are carried out on equipment at appropriate intervals; and
- (l) Identify health and safety deficiencies within their area of responsibility and take remedial action, seeking advice where necessary from competent persons including health and safety practitioners. Where significant and on-going concerns are identified ensure the relevant head teacher or director is informed.

### 3.19 EMPLOYEES (TEACHING AND NON-TEACHING STAFF)

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3.19.1 Employees must take reasonable care for their health and safety and that of others and co-operate fully with school management on health and safety matters. In particular employees will, have a responsibility to;

- (a) Not interfere with or misuse anything provided in the interests of health and safety;
- (b) Report any medical condition which makes them unfit for, or at increased risk from any particular work activity either temporarily or permanently;
- (c) Attend safety training courses as and when directed to do so;
- (d) Assist management with the assessment and control of risks;
- (e) Use equipment (including personal protective equipment), machinery or dangerous substances in accordance with instruction and training;
- (f) Report any accidents, hazardous event or conditions to their manager and to seek first aid treatment for any injury sustained at work;
- (g) Co-operate with any investigation of health and safety in their workplace; and
- (h) Make themselves familiar and comply with relevant health and safety policies, arrangements, safe systems of work and notify their line manager of their safety training needs.

## HEALTH AND SAFETY SUPPORT RESPONSIBILITIES

### 3.20 HEALTH AND SAFETY PRACTITIONERS

---

3.20.1 The Council will appoint sufficient competent health and safety practitioners to advise and support management and staff in fulfilling their health and safety responsibilities.

3.20.2 To help establish a positive health and safety culture they will maintain close contact with other Council specialists and safety representatives.

3.20.3 The role includes the development, provision, monitoring and review of:

- (a) Health, safety and welfare strategy, policy and safe systems of work; and
- (b) Health and safety management structures and organisation; and health and safety training and information services.

3.20.4 They will also provide health and safety strategic and support services, including:

- (a) Planning of the health and safety agenda;
- (b) Assessment of risk controls;

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- (c) Liaison with enforcement authorities, partnerships and other external bodies as appropriate;
- (d) Accident investigation and safety inspections; and
- (e) Performance reporting to appropriate committees.

The name and location of each health and safety practitioner can be found on the Health and Safety section of the Council's intranet page.

### 3.21 CORPORATE ASBESTOS ADVISER

---

3.21.1 Asbestos management is facilitated throughout the Council and there are specialist advisors employed to undertake asbestos management duties in accordance with the requirements of service-specific arrangements and relevant legislation.

Point of contact re: asbestos management issues can be sought from Corporate Property Services within the Finance and Resources department.

3.21.2 The Asbestos Management Adviser will have responsibility for and is expected to:

- (a) Liaise with the Occupational Health and Safety Review Group to ensure suitable and sufficient management arrangements are in place throughout the Council for asbestos; and
- (b) Liaise with directors, head teacher, health and safety practitioners and premises managers to determine the level of asbestos information, instruction and training requirements within the Council portfolio.

### 3.22 LEGIONELLA MANAGEMENT

---

3.22.1 Legionella management is facilitated throughout the Council via the Contracts and Repairs team, Accommodation and Facilities supported by Corporate Health and Safety Advisers who act as specialist advisers in relation to Legionella management.

3.22.2 Premises managers are appointed as the responsible person for legionella within council owned buildings.

3.22.3 Contracts and Repairs Team, Accommodation and Facilities manage the council's legionella contracts for risk assessments, six monthly inspections and repairs.

3.22.4 Housing and Adult Social Services employ a contracts officer to monitor the management of legionella within Housing Property Services specifically in the council Housing stock.

3.22.5 Commissioning Officers will monitor the compliance of legionella in areas where services are provided to the council e.g. leisure centres

3.22.6 Head teachers are responsible for legionella management within schools and can arrange risk assessments and inspections via Asset Management, Children's Services.

3.22.7 The Corporate Adviser for Schools will monitor legionella compliance within schools by means of annual auditing and inspections.

3.22.8 Corporate Health and safety will monitor the management of Legionella within the council by means of auditing of premises management and auditing of third party organisations who provide services to the council.

3.22.9 Corporate Health and Safety provide training in Legionella management for premises managers and external bodies where required.

### 3.23 OCCUPATIONAL HEALTH SERVICE (HEALTH MANAGEMENT)

---

3.23.1 The role of the Occupational Health Service provided under contract by Health Management is to promote and monitor the health and well-being of our workforce.

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They shall assist managers with:

- (a) The management of sickness absence and ill health;
- (b) Rehabilitation and redeployment or any adjustments necessary to an employees work activities or workplace;
- (c) Retirement of employees who are no longer fit to perform their work activities;
- (d) The effective support and provision of specialist advice regarding the management of employees ill health;
- (e) Undertake pre-employment health screening and medicals as well as statutory and 'best practice' health surveillance and activities; and
- (f) Manage records associated with their activities in accordance with the Access to Medical Reports 1988 and the Access to Health Records Act 1990.

### 3.24 RADIATION PROTECTION OFFICER

---

3.24.1 The Radiation Protection Officer (RPO) is the competent person to provide the Council's community schools services in line with CLEAPSS (Consortium of Local Authorities providing support in science and technology in Schools) RPA (Radiation Protection Adviser) services.

3.24.2 The RPO has responsibility for and is expected to:

- (a) Addressing routine issues identified by schools staff. When issues cannot be addressed at local level, the Radiation Protection Officer will contact the Radiation Protection Adviser. Services delivered by the RPA will incur charges at a standard rate.

## NON-EMPLOYEES RESPONSIBILITIES

### 3.25 VOLUNTEERS

---

3.25.1 Volunteers will be afforded the same conditions in terms of equipment (including personal protective equipment) instruction, training and supervision as employees whilst they are a representative of the Council.

3.25.2 They will have responsibility for and are expected to ensure that they follow all safety arrangements and procedures so as to minimise risk to themselves and others who may be affected by their acts or omissions.

### 3.26 PERSONS ON WORK EXPERIENCE

---

3.26.1 Persons on work experience or placement have the same responsibilities as employees. The Council shall ensure that risk assessment arrangements and risk control measures take account of the relative lack of experience or immaturity of young persons.

### 3.27 CONTRACTORS AND AGENCY WORKERS

---

3.27.1 Contractors, agency workers or employees of other employers working within or on behalf of the Council have similar responsibilities as Council employees. They shall be required to co-operate with the Council to ensure that risks associated with their activities are effectively managed.

3.27.2 The Council shall co-operate fully with other employers to ensure that respective roles and responsibilities are clearly understood and all relevant information is effectively shared. Contractors or agency workers shall comply with Council health and safety management arrangements, including those relating to the reporting and investigation of accidents and incidents.

## COLLECTIVE RESPONSIBILITIES

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### 3.28 THE EXECUTIVE

---

3.28.1 The Executive has responsibility for and are expected to:

- (a) Ensure its decisions and actions are consistent with the promotion of health and safety as articulated in this Policy statement;
- (b) Give due consideration to health and safety matters when developing all Council policies and strategies;
- (c) Nominate a member of the cabinet to have responsibility for ensuring health and safety is given appropriate consideration in the Council's business;
- (d) Ensure that it is kept informed of the Council's health and safety performance; and
- (e) Ensure adequate financial resources are included in the annual budget allocations to enable the Council to meet its statutory health and safety obligations.

### 3.29 CORPORATE MANAGEMENT BOARD (CMB)

---

3.29.1 The Corporate Management Board has overall responsibility for ensuring that the Council meets its health and safety responsibilities therefore it is expected to:

- (a) Promote a positive health and safety culture within the Council by demonstrating clear health and safety leadership;
- (b) Commit to achieving high standards of health and safety management, actively support managers in implementing the policy and encourage the involvement of all employees;
- (c) Ensure corporate health and safety policies and arrangements are developed and consistently implemented across the Council;
- (d) Give due consideration to health and safety when developing policies and strategies and allocating associated responsibilities and resources;
- (e) Ensure adequate resources are made available to effectively implement this policy and associated health and safety management arrangements;
- (f) Nominate a member of the Corporate Management Board as champion for health and safety issues to ensure that it is kept informed of relevant health and safety management issues; and
- (g) Ensure health and safety performance is reviewed both mid-term and annually and a report is prepared for both consideration within the Council and publication (the report shall cover health and safety performance during the preceding year and outline priorities for the year ahead).

### 3.30 DEPARTMENTAL MANAGEMENT TEAMS (DMT)

---

3.30.1 This forum shall ensure that:

- (a) Health and safety management is an integral part of all departmental management plans, strategies and activities;
- (b) With the support of Corporate Health and Safety ensure that applicable policies and arrangements are effectively implemented across the department;
- (c) Adequate resources are made available for the effective implementation of health and safety policies and arrangements, including those required for the provision of equipment, adequate training and the maintenance of our premises and facilities; and

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- (d) They are kept informed of, and alert to, relevant health and safety risk management issues via the Departmental Health and Safety Committee to ensure that they are appropriately addressed within the department.

**3.31 HOME & ESTATE SAFETY BOARD**

---

3.31.1 This board shall ensure that:

- (a) Safety of residents in Council homes, relating to the physical environment;
- (b) Compliance with national guidance;
- (c) Opportunities for enhancing partnership working;
- (d) Review the adequacy of resources made available for arrangements in relation to fire safety;
- (e) Review the adequacy of resources made available for arrangements in relation to gas maintenance;
- (f) Review the adequacy of resources made available for arrangements in relation to asbestos management; and
- (g) Review the adequacy of resources made available for arrangements in relation to water tank maintenance.

**3.32 STRUCTURED MEETINGS / GROUPS**

---

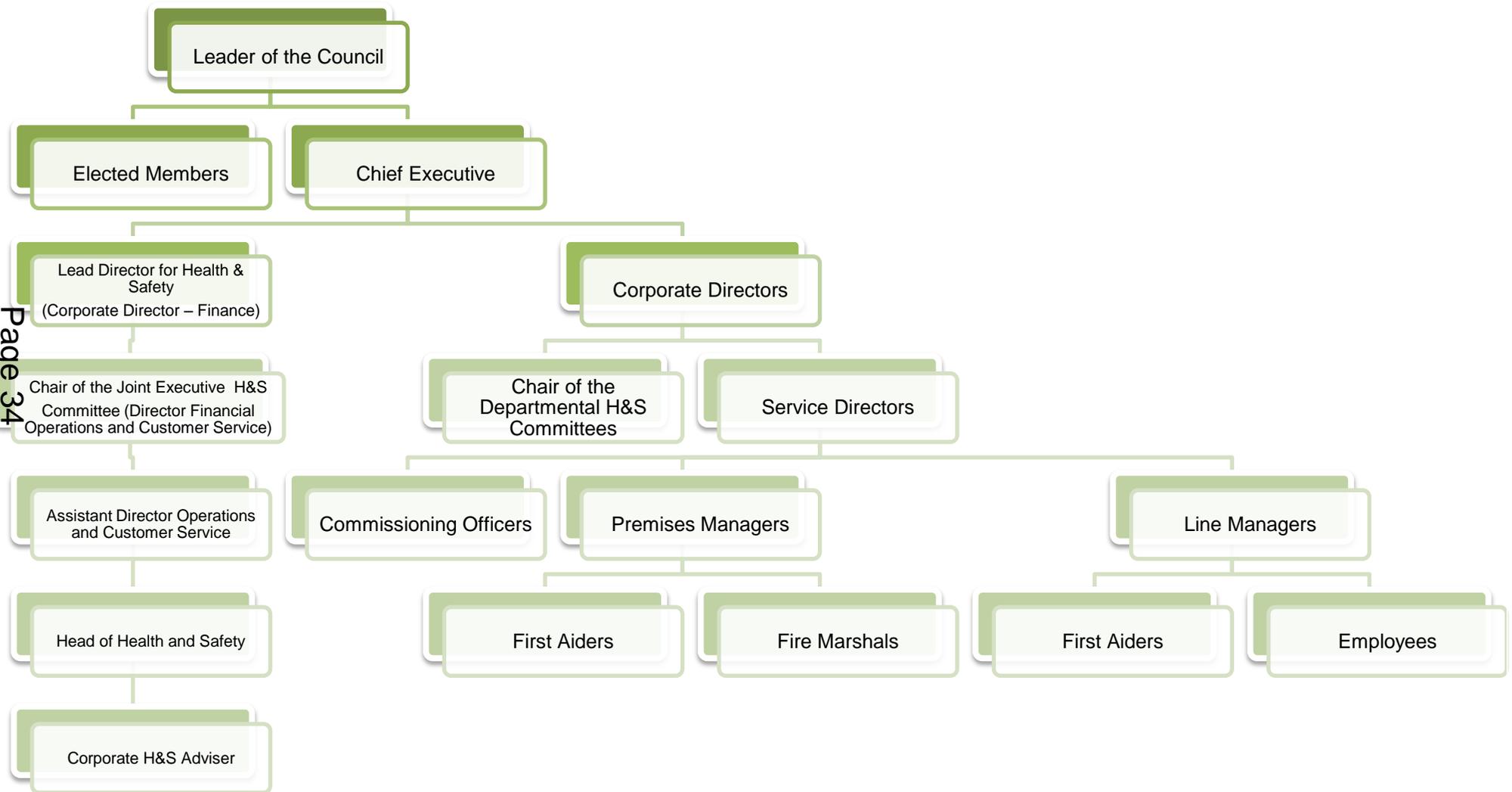
3.32.1 Members of meetings will be alert to, and give due consideration to any health and safety operational or strategic matters that could arise from their deliberations. Scheduled meetings, such as monthly staff meetings that regularly include such matters, will consider incorporating health and safety as a permanent agenda item.

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### 3.33 MANAGEMENT SYSTEMS AND COMMUNICATIONS

#### 3.33.1 HEALTH & SAFETY ORGANISATIONAL CHART

figure 1

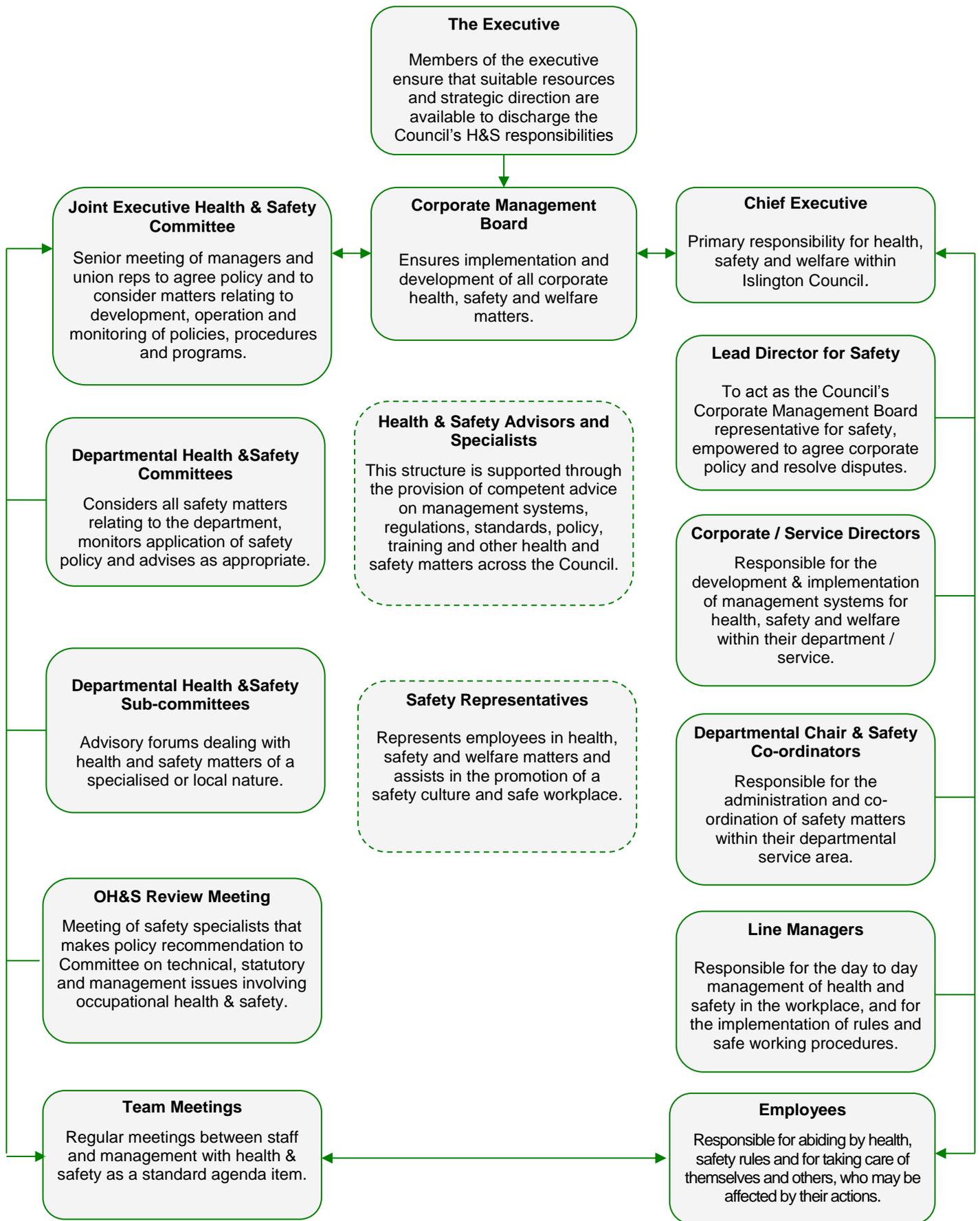


### 3.34 CONSULTATIVE STRUCTURE AND CHAIN OF RESPONSIBILITIES

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- 3.34.1 The Council recognises the importance of regular consultations between its managers and employees for the successful development of health and safety policy and practice. It also recognises the value of specialist and key personnel in the provision of professional and technical expertise into those consultations. Therefore the Council has established a health, safety and welfare consultative structure (see figure 2) that will act as a framework for the development of Council health and safety policy, strategy, and safe systems of working. It will also act as the channel through which significant health and safety problems can be resolved.
- 3.34.2 It is the responsibility of the Joint Executive Health & Safety Committee to agree all corporate health and safety policy arrangements and other corporate health and safety matters on behalf of the Board of Directors.
- 3.34.3 The Council has developed a Consultative Framework that outlines arrangements for the Councils' departmental consultative structure and chain of responsibilities, and the terms and conditions for the joint executive and departmental health and safety committees (available on the intranet under Health and Safety).

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## 4.0 CORPORATE SAFE WORKING PRACTICES

A number of Safe Working Procedures have been written to supplement this policy which are listed below. The Safety Working Procedures set out the safe way to undertake a task taking into account Health and Safety Legislation and good practice. All Safe Working Procedures can be downloaded from the Health and Safety intranet site and are updated on a regular basis.

<http://izzi/me/staff-essentials/buildings-workplace-support/health-safety/policy/Pages/default.aspx>

---

Accident & Incident Reporting and Investigation

---

Asbestos

---

Audit

---

Bomb and Bomb Threats

---

Building Maintenance & Alterations

---

Community Based Activities

---

Community Safety

---

Construction, Design & Management (CDM)

---

Consultative Structure (Employee Consultation)

---

Control of Contractors

---

Control of Substances Hazardous to Health (COSHH)

---

Dangerous Substances and Explosive Atmospheres

---

Departmental OH&S Management Arrangements

---

Disabled & Temporary Disabled Workers

---

Disciplinary

---

Display Screen Equipment

---

Electricity

---

Fire Safety

---

First Aid

---

Gas Safety

---

Hot Water & Hot Surfaces Temperatures

---

Infection Prevention and Control

---

Lead

---

Lifting Operations & Lifting Equipment

---

Moving & Handling Loads

---

Moving and Handling Service Users

---

New & Expectant Mothers

---

Noise

---

Non-Employees, Customers & Public

---

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---

Occupational Health and Employee Assistance

---

Partnerships

---

Performance Monitoring

---

Permit to Work (PTW)

---

Personal Protective Equipment & Clothing

---

Respiratory Protective Equipment (RPE)

---

Risk Management

---

Safety Signs and Signals

---

Smoke Free

---

Training and Competence

---

Vibration

---

Violence & Aggression

---

Water Safety & Legionella

---

Work Equipment

---

Work Experience & Young People

---

Working at Height

---

Workplace Health and Safety

---

Work-related Stress

---

Workplace Transportation

---

### **IMPORTANT INFORMATION**

The Council's Corporate H&S Advisers and/or Council appointed Surveyors are authorised to enter all workplace premises and sites owned, leased, operated, rented or in the control of the Council to inspect any documentation required for health and safety purposes and all parts of the premises or site to check conformity with health and safety regulations of all activities and processes carried out within.

In cases of imminent danger and/or statutory breaches, Corporate Health and Safety Advisers and/or Council appointed surveyors are authorised to request and/or cause work activities to be halted until safe working practices can be established.

Directors, Line Managers, employees and contractors/suppliers of the Council must not undertake or authorise any activity which places employees or others in danger, or the Council at risk of enforcement action. This would be in breach of statutory duties.

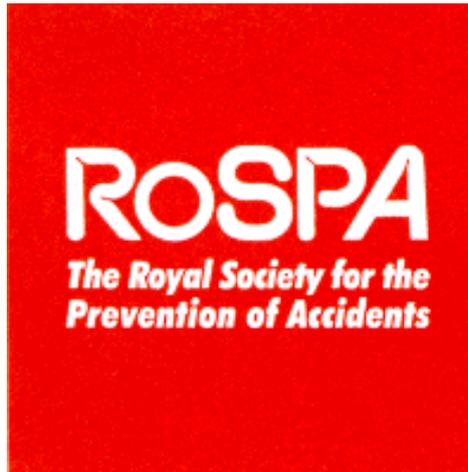
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**RELATED DOCUMENTS**

- Corporate Alcohol, Drugs and Substance Misuse Policy
- Corporate Asbestos Policy
- Corporate Fire Safety Policy
- Fire Safety Log-book
- Health and Safety (H&S) Management System
- H&S Law Register
- H&S Risk Register
- H&S Strategy 2013-16
- Premises Manager’s Manual

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# **Desk Top Health and Safety Review**

**Islington Council**

**Consultant:** **Vinc Murphy,**  
CMIOSH,RSP,  
Health and Safety Consultant

**Date:** **29 July 2015**

## Contents

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## **1.0 EXECUTIVE SUMMARY**

The Desk Top Review of Islington Councils Health and Safety Policy shows an excellent approach with all of the key aspects of a well-established management system being in place.

The review considered the Corporate Health and Safety Policy and a small number of framework documents and associated guidance. Evidence was clearly available of recent changes to “policy” and legislative requirements are referenced in the documents.

The only issue for Islington Council is the Corporate Health and Safety Policy is 46 pages long which, in general, direct the “user” elsewhere, mainly to the “Framework documents”.

It is the Framework documents which provide the detail of importance to the Council to ensure consistent high standards of health and safety management. There may be a degree of duplication which can be avoided or reduced through revising the amount of detail in the Corporate Arrangements. In many organisations the “Framework Documents” would be the Arrangements. This comment should be considered as an observation rather than a firm recommendation.

Islington Council should now consider, if having not already done so, moving on to being audited using more in-depth audit processes such as the RoSPA QSA model or seek accreditation to BS OHSAS 18001. This will test the written word in more detail, but crucially this approach will examine the actual implementation of the policy and written procedures.

## **2.0 INTRODUCTION**

2.1 The objective of this Desk Top Health and Safety Review is to contribute to the success and continuing development of Islington Councils Health and Safety Policy and management system. This will be achieved through the identification of those parts of the safety management system that require attention in order to bring about improvement in performance.

2.2 Traditionally health and safety monitoring schemes have concentrated on practical aspects of safety such as machinery guarding or provision of personal protective equipment. Whilst these are important in protecting employees from immediate hazards and risks, this approach does not always address aspects of the management systems that permitted the presence of those hazards and risks. HSE research has shown that over 70% of accidents can be attributed to inadequacies in management systems.

2.3 This review is based on the Health and Safety Executive's publication HSG65 'Successful Health and Safety Management'. The review is not a risk assessment and does not guarantee compliance with legal requirements. Absence of comment on any issue should not be construed that arrangements are in accordance with legal obligations.

## **OBSERVATIONS ON THE HEALTH AND SAFETY MANAGEMENT SYSTEM**

### **3.1 Health and Safety Policy Statement:**

3.1.1 Three Health and Safety Policy Statement are in evidence and signed by the appropriate person.

3.1.2 The Lead Director for Health and Safety has been nominated as the Director responsible for Health and Safety.

3.1.4 As this is a desk top exercise it is unclear how the three statements are communicated to employees and other stakeholders.

### **3.2 Organisation and Arrangements**

3.2.1 Responsibilities for health and safety have been allocated across the council with excellent detail and clarity.

3.2.2 Appendix 2 of HSG65 helps by describing three key management functions with respect to health and safety and uses terms such as Policy Makers, Planners and Implementers. The organisational chart appears to follow this approach with Directors, Premises Managers and Line Managers filling the respective roles.

3.2.3 The Health and Safety Policy for Islington Council contains “Corporate Policies”, these documents aim to give direction for the key issues within the council.

3.2.4 The Corporate Policies lack the detail expected in that they are in the form of general guidance rather than the expected directive style that should clearly contain measurable performance standards such as what, why, when, how etc. This approach is supplemented by framework documents and guidance for both management and employees. This information can be found on the intranet system “izzi”.

3.2.5 The framework documents, of which a small number were reviewed, are written in the style of HSG65, the activities expected to be undertaken are defined. This approach is excellent.

3.2.6 Written procedure state that formal health and safety meetings are held with a fixed agenda used. Safety Representatives from across the Council attend the meetings. This is another firm indication of good practice regarding conciliation with staff.

3.2.7 Training and competencies are identified in section 4.32 of the Corporate Arrangements. Many aspects of the “training cycle” are identified with further information detail available elsewhere on the Councils website.

### **3.3 Planning**

3.3.1 The Corporate Arrangements clarifies how Health and safety targets are developed in 4.27 – Performance Monitoring. The process involves the CMB, Executive and wider consultation. This is considered to be a corporate planning function” as required in HSG 65.

3.3.2 The information regarding risk assessment (4.30) within the corporate policy is brief, it does however imply that best practice requirements, e.g. a five steps approach is incorporated with competent assistance and training requirements also covered.

3.3.3 Managers must take responsibility for managing risks within their departments and therefore take a lead role with the safety advisor acting in a support role is required.

3.3.4 The extent to which the organisation is managing selected areas of risk is discussed further in 4.30 with external assistance used in specialist areas.

### **3.4 Measuring Performance**

3.4.1 4.27 builds upon performance monitoring with “risk based inspections carried out by Line Managers. No reference to further guidance is made although a standard checklist is mentioned.

*Recommendation:*

*Clarify where the further information regarding inspections can be found within the wider management system.*

3.4.2 Senior Managers, independent to the involved function, carry out accident investigations as outlined in 4.1 Accident and Incident Reporting and Investigations.

### **3.5 Audit and Reviewing Performance**

3.5.1 Auditing (4.3) is carried out on an internal and external basis, the evidence reviewed suggests a firm understanding of the, purposes aims and processes of Auditing of the health and safety management s system. The review process was discussed earlier under performance monitoring

#### 4. CONCLUSIONS AND RECOMMENDATIONS

The Desk Top Review has found an excellent framework for the management of Health and Safety within Islington Council which clearly identifies with HSG 65.

It is unusual for only one formal recommendation to be identified, and even more so for that to be a low key procedural based item – where the information regarding the carting out of inspections can be found.

As the current standard of the health and safety management system is high, the next measure should be that of assessing the implementation of the “written word”.

*Recommendations:*

- *Clarify in Corporate Arrangement 4.27 where the further information regarding inspections can be found within the wider management system.*
- *Seek external assessment of the implementation of the Islington Council health and safety management system.*

## **APPENDIX 1**

### **Summary of the latest HSE guidance given in HSG65 on the content of the health and safety policy statement**

The health and safety policy statement should:

Be signed and dated by the Director or Chief Executive of the organisation.

Identify the Director or Senior Manager with overall responsibility for policy formulation, implementation and development.

Set the direction for the organisation communicating senior management's values, beliefs and commitment to health and safety.

Establish the importance of health and safety objectives in relation to other Council objectives.

Explain the basis of the policy and the contribution it can have to Council performance.

Commit the management to support the policy with adequate financial and physical resource and by ensuring the competence of all employees.

Commit the management to provide any necessary expert advice.

Commit the organisation to pursuing progressive improvements in health and safety performance with the legal requirements defining the minimum standards.

Commit the management to plan, regularly review and develop the policy arrangements.

Explain the responsibilities of managers and the contribution of other employees to the successful implementation of the policy and formulation of procedures.

Commit the management and the entire organisation to maintaining effective systems of communication on health and safety matters.

Recognise that people are an important asset.

Recognise that accidents, incidents and ill health are generally failings in management controls and are not necessarily the fault of individuals.

Commit the organisation to provide an annual site report on health and safety performance.

## A Barbour Checklist: Checklist for Health and Safety Policies

If you employ five or more people, have you an up-to-date written health and safety policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your document have a statement of general policy, ie, an introduction by the top person in your organisation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy contain an 'Organisation' section allocating responsibilities to appropriate staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you checked that all staff with safety responsibilities are competent to carry them out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does your policy have stated objectives, standards, and arrangements for carrying it out eg, references to written safe working methods?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy state that the company is responsible for the provision of safe place of work, systems of work and equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy provide detailed arrangements for safety training?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy state that all necessary safety training will be given?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy state that some responsibilities will be delegated, but that overall responsibility is with a named member of senior management?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy state that there will be regular safety auditing, monitoring and reviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy identify the competent person with day-to-day responsibility for advising on health and safety issues?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy state there is a periodic review, eg annually or after a change in operation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the policy statement signed and dated by the senior person responsible for safety in the organisation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have the contents of the policy been discussed with supervisors and staff representatives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy spell out the role of employees, including statutory requirements and in-house rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are health and safety duties and responsibilities clearly presented from Board/Senior management level through to individual employees?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the health and safety decision making process made clear eg role of meetings and individuals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## A Barbour Checklist: Checklist for Health and Safety Policies

Does the policy cover the health and safety of visitors, contractors, trainees and members of the public?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where the policy refers to other documents, does it state where they can be found?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy acknowledge that external advice will be sought on specialist health and safety issues?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy confirm that workplace risk assessments will be used to identify and prioritise actions dealing with hazards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail the allocation of finance and other resources for health and safety?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy outline how safety performance will be monitored?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail fire arrangements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail occupational health arrangements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy identify the main hazards within the workplace and explain how the risks arising, are controlled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail the organisation's purchasing policy as it affects health and safety?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail how accidents/incidents should be reported and investigated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail the first aid arrangements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy commit to ensuring that contractors will be managed and explain how this will be achieved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail requirements on personal protective equipment, where allocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy detail arrangements for communicating to and consulting with employees (do not forget to involve all levels of staff)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the policy distributed to all staff, including new recruits and temporary employees and is this stated within the policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the policy identify those responsible for risk assessment and management?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the policy monitored against clear objectives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is there a review process to update the policy periodically?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Jason Hughes  
 Corporate H&S Manager  
 Chartered Member (IOSH) No. 043967

Reviewed April 2014

March 2015

### Disclaimer

These example forms, checklists and model policies are provided by Barbour for general guidance on matters of interest. In making these documents available to a general and diverse audience it is not possible to anticipate the requirements or the hazards of any subscriber's business. Users are therefore advised to carefully evaluate the contents and adapt the forms and checklists to suit the requirements of each situation. Barbour does not accept any liability whatsoever for injury, damage or other losses which may arise from reliance on this information and the use of these documents.

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#### Report of: Executive Member for Finance and Performance

Meeting of:	Date	Ward(s)
Executive	26 <sup>th</sup> November 2015	All

## FINANCIAL POSITION AT 30<sup>TH</sup> SEPTEMBER 2015

### **1. SYNOPSIS**

- 1.1 This report presents the forecast outturn position for 2015-16 as at 30<sup>th</sup> September 2015. Overall, the forecast is a £3.5m General Fund overspend including corporate items. The Housing Revenue Account (HRA) is forecast to break-even over the year. It is forecast that £106.5m of capital expenditure will be delivered in 2015-16.

### **2. RECOMMENDATIONS**

- 2.1. To note the overall forecast revenue outturn for the General Fund of a £3.5m overspend, and that in the event of an overall overspend at the end of the financial year this would be funded from the one-off corporate contingency reserve of £3.5m in the first instance. **(Paragraphs 3.1 and 4.11, Table 1 and Appendix 1)**
- 2.2. To note that the HRA is forecast to break-even over the financial year. **(Paragraph 3.1, Table 1 and Appendix 1)**
- 2.3. To note the latest capital position with forecast capital expenditure of £106.5m in 2015-16. **(Paragraph 6.1, Table 2 and Appendix 2)**

### **3. CURRENT REVENUE POSITION: SUMMARY**

- 3.1. A summary position of the General Fund and Housing Revenue Account is shown in **Table 1** with further detail contained in **Appendix 1**.

**Table 1: General Fund and HRA Forecast Outturn**

	<b>VARIANCE Month 6 (£000)</b>
<b><u>GENERAL FUND</u></b>	
Finance and Resources	0
Chief Executive's	(285)
Core Children's Services (Excluding Schools)	795
Environment and Regeneration	2,498
Housing and Adult Social Services	1,255
Public Health	0
Net Departments	<b>4,263</b>
Corporate Items	(744)
<b>TOTAL PROJECTED (UNDER)/OVERSPEND</b>	<b>3,519</b>
<b><u>HOUSING REVENUE ACCOUNT</u></b>	
<b>NET (SURPLUS) / DEFICIT</b>	<b>0</b>

### **4. GENERAL FUND**

#### **Finance and Resources Department (zero variance)**

- 4.1. The Finance and Resources Department is currently forecasting a break-even position.

#### **Chief Executive's Department (-£0.3m)**

- 4.2. The Chief Executive's Department is currently forecasting a (-£0.3m) underspend. This is due to staff vacancies within the Governance and Human Resources division that are not to be recruited to this year (-£0.2m) and additional legal fee income (-£0.1m).

#### **Children's Services (General Fund: +£0.79m, Schools: -£2.1m)**

- 4.3. A (+£0.79m) overspend is forecast for the General Fund (non-schools) Children's Services budget. This includes a number of pressures against demand led specialist services that materialised in 2014-15 and are continuing into 2015-16, especially in relation to unaccompanied asylum seeking children (£0.35m) and special guardianship orders (+£0.2m). Further overspends are forecast against the new remand framework (+£0.35m), Children Looked After placements (+£0.35m), leaving care costs (+£0.3m), secure accommodation costs (+£0.2m) and in the Disabled Children's Team (+£0.1m). There is a further pressure of (+£0.1m) in relation to the in-year reduction in Youth Justice Grant and an overspend relating to an increase in support for 16/17 years olds living in supported accommodation (+0.3m). These overspends, totalling (+£2.25m), have been partly offset fully by forecast underspends totalling (-£1.45m) across the Learning and Schools and Partnerships and Support Services divisions.

### **Schools (-£2.1m)**

- 4.4. A Dedicated Schools Grant (DSG) underspend of (-£2.1m, 1.2% of DSG) is forecast. This is in the main due to the carry forward of Early Years DSG funding from 2014-15 that will be used to smooth in expected Department for Education (DfE) funding reductions for the statutory entitlement for free childcare for deprived 2-year olds from 2015, now that funding is allocated to local authorities based on take-up.

### **Environment and Regeneration (+£2.5m)**

- 4.5. The Environment and Regeneration Department is currently forecasting a (+£2.5m) overspend. This is after corporate savings of (+£0.5m) being applied to the structural overspend, arising due to the Government shelving plans to introduce locally set licensing fees (this is a net-nil impact overall as the Environment and Regeneration Department overspend is reduced, in respect of this applied funding, by the same amount). The main variances are as follows:
- 4.5.1. (+£0.8m) due to delayed service changes in Street Environment Services leading to non-delivery of 2015-16 savings.
  - 4.5.2. (+£0.35m) delays in re-providing the new refuse fleet pending various pilots and the introduction of a new operating model.
  - 4.5.3. (+£0.25m) loss of grant income from North London Waste Authority (NLWA) following price reductions for recyclable materials.
  - 4.5.4. (+£0.1m) due to unbudgeted costs associated with the pilots that will deliver future savings causing spend on new bins and other items.
  - 4.5.5. Structural budget issues within the Public Protection division: (+£0.2m) relating to staff budgets and non-staffing budgets around IT/licensing costs; (+£0.1m) unachievable Houses in Multiple Occupation (HMO) licensing income; (+£0.1m) staff costs that were part funded by 'Smoke-free' grant that is no longer received; (+£0.1m) relating to deteriorating income streams on DVD/music rentals and hall lettings; and (+£0.1m) across various other income streams.
  - 4.5.6. Underachievement of building control and planning income due to a decline in activity (+£0.3m).
  - 4.5.7. Additional agency staffing pressures within Development Control (+£0.1m).

### **Housing and Adult Social Services (+£1.3m)**

- **Adult Social Care (+£0.1m)**

- 4.6. Adult Social Care is currently forecasting a small overspend (+£0.1m). This relates to a net overspend on the older people spot placement budget of (+0.1m).

- **Housing General Fund (+£1.2m)**

- 4.7. The Housing General Fund continues to be impacted by increased demand for temporary accommodation (TA) and the increased cost of supplying it, exacerbated by ongoing changes to the housing benefit regulations and the changes to the welfare support system. This has resulted in a net financial pressure of (+£1.4m) in 2015-16 of which the majority is due to not being able to secure nightly booked accommodation at rates that are below or equal to the Local Housing Allowance. This is offset partly by staffing underspends across the department (-£0.2m).

### **Public Health (zero variance)**

- 4.8. Public Health is funded via a ring-fenced grant of £25.4m for 2015-16. The grant is currently forecast to be spent in line with the overall allocation, with any underspend at year-end ring-fenced and carried forward to the following year earmarked for Public Health. However, there is a risk that this position will change upon confirmation of the in-year Government cuts to the public health grant.

### **Corporate Items (-£0.7m)**

- 4.9. The Council continues to follow a successful Treasury Management Strategy of shorter-term borrowing at low interest rates. The current forecast is that this will save the General Fund (-£2.9m) in interest charges over the financial year. The Treasury Management Strategy is kept under constant review to ensure that available resources are optimised and the longer-term interest rate position reviewed.
- 4.10. These savings are offset by:
- 4.10.1. Pump-priming one-off investment to accommodate the move of the Area Housing Office at Old Street to Finsbury Library (+£0.5m) and to identify new opportunities for maximising the Council's income (+£0.2m), including the collection of business rates.
  - 4.10.2. Corporate savings of (+£0.5m) being applied to the structural overspend in Environment and Regeneration arising due to the Government shelving plans to introduce locally set licensing fees. This is a net-nil impact overall as the Environment and Regeneration Department overspend is reduced, in respect of this applied funding, by the same amount.
  - 4.10.3. (+£0.2m) relating to a settled claim against 3 privately owned mature London Plane trees that had been proven to cause subsidence. Due to strong public support, the Council argued for retaining the trees and won the appeal for the trees to be retained. The claimants then proceeded with repairs of £350k. The Council have fought this and negotiated down from an initial claim of £350k to a settled claim of £190k.
  - 4.10.4. (+£0.8m) uncontrollable pressure due to the Council's statutory duty to provide assistance to all destitute clients who are Non-European Union nationals and can demonstrate need under Section 21 of the National Assistance Act, 1948. This is commonly referred to as No Recourse to Public Funds (NRPF).

### **Contingency Reserve**

- 4.11. There is a one-off corporate contingency reserve of £3.5m to provide some resilience against any short-term budget pressures arising from savings risks or changes in Government policy. This will be used to offset any overall General Fund overspend at the end of the financial year.

## **5. HOUSING REVENUE ACCOUNT**

- 5.1. The HRA is forecast to be balanced in 2015-16. The variances are as follows:
- 5.1.1. Non-recurring impact of repairs re-integration (+£1.5m), partially offset by lower than anticipated expenditure on In-House Repairs Team sub-contractors (-£0.4m) and lower expenditure relating to voids (-£0.5m).
  - 5.1.2. Other HRA non-recurring pressures including improvements to open spaces and CCTV and heating refunds in respect of 2014-15 (+£0.9m).

- 5.1.3. Other HRA recurring pressures including service charges and other income (+£0.7m) and the impact of welfare reforms (+£0.7m).
- 5.1.4. *The above pressures of (+£2.9m) are offset by:*
- 5.1.5. Additional commercial property income and reduced management costs (-£1.0m).
- 5.1.6. Lower than budgeted PFI contractual inflation (-£0.7m).
- 5.1.7. Higher than budgeted Right to Buy administration grant income due to higher than anticipated Right to Buy sales (-£0.3m).
- 5.1.8. Increase parking income arising from the increase in charges for non-residents and the diesel levy (-£0.3m).
- 5.1.9. Higher than budgeted commission from Thames Water (-£0.2m).
- 5.1.10. Reduced energy costs (-£0.1m).
- 5.1.11. More rental income (-£0.3m).

## **6. CAPITAL PROGRAMME**

- 6.1. It is forecast that £106.5m of capital expenditure will be delivered by the end of the year. This is set out by department in **Table 2** below and detailed at **Appendix 2**.

**Table 2: 2015-16 Capital Programme by Department at Month 6**

<b>Department</b>	<b>2015-16 Capital Budget</b>	<b>2015-16 Forecast Expenditure</b>	<b>Forecast Slippage (to)/from Future Years</b>
	<b>(£m)</b>	<b>(£m)</b>	<b>(£m)</b>
Housing and Adult Social Services	68.6	65.1	(3.5)
Children's Services	19.3	13.8	(5.5)
Environment and Regeneration	23.1	22.9	(0.2)
Finance and Resources	4.8	4.7	(0.1)
<b>Total</b>	<b>115.8</b>	<b>106.5</b>	<b>(9.3)</b>

### **Forecast Slippage**

- 6.2. Under the Council's financial regulations, approval of slippage over £1m on an individual capital scheme is a function of the Executive. Slippage is reported to Executive for approval at months 4, 8 and 12. As at 30<sup>th</sup> September 2015, forecast slippage over £1m on an individual scheme is as follows:

#### ***Housing and Adult Social Services***

- 6.3. New Homes Programme (£2.0m) – the second quarterly review in 2015-16 indicates deliverable new homes capital expenditure of £26.7m in 2015-16, resulting in potential slippage of £2.0m into future years; the Council remains on target to deliver 500 social rented new builds by 2019.
- 6.4. Housing Improvements (£1.5m) – This relates to a number of committed schemes that it is now considered will not progress on site as quickly as originally anticipated.

### **Children's Services**

- 6.5. Moreland Primary School (£4.0m) – this is due to an updated cash flow forecast on the scheme.
- 6.6. Early Years Two Year Old Places (£1.0m) – The Secretary of State for Education has agreed that one-off Dedicated Schools Grant funding can be used for creating new two year old places. This has been transferred into the capital programme but will not be required until 2016-17.

## **7. IMPLICATIONS**

### **Financial Implications**

- 7.1. These are included in the main body of the report.

### **Legal Implications**

- 7.2. The law requires that the Council must plan to balance its spending plans against resources to avoid a deficit occurring in any year. Members need to be reasonably satisfied that expenditure is being contained within budget and that the savings for the financial year will be achieved, to ensure that income and expenditure balance.

### **Environmental Implications**

- 7.3. This report does not have any direct environmental implications.

### **Resident Impact Assessment**

- 7.4. A resident impact assessment (RIA) was carried out for the 2015-16 Budget Report approved by Full Council. This report notes the financial performance to date but does not have direct policy implications, so a separate RIA is not required for this report.

**Background papers:** None

#### **Responsible Officer:**

Mike Curtis  
Corporate Director of Finance and Resources

#### **Report Authors:**

Tony Watts  
Head of Financial Planning

Martin Houston  
Strategic Financial Advisor

**Signed by**



Executive Member for Finance and  
Performance

16 November 2015

Date

## Appendix 1 - Revenue Budget Monitoring 2015-16 Month 6

<b>GENERAL FUND</b>					
Department / Service Area	Original Budget	Current Budget	Forecast Outturn	Variance Month 6	Variance Month 5
	£'000	£'000	£'000	£'000	£'000
<b>FINANCE AND RESOURCES</b>					
Corporate Director of Finance and Resources	(62)	1,099	1,099	0	0
Property Services	(1,800)	(4,063)	(4,063)	0	0
Digital Services and Transformation	562	(2,194)	(2,194)	0	0
Financial Management	(5,732)	(1,623)	(1,623)	0	0
Financial Operations	6,911	6,571	6,571	0	0
Internal Audit	588	616	616	0	0
<b>Total</b>	<b>467</b>	<b>406</b>	<b>406</b>	<b>0</b>	<b>0</b>
<b>CHIEF EXECUTIVE'S DEPARTMENT</b>					
Chief Executive	(16)	0	0	0	0
Governance and Human Resources	1,140	330	45	(285)	(289)
Strategy and Community Partnerships	5,478	6,298	6,298	0	0
<b>Total</b>	<b>6,602</b>	<b>6,628</b>	<b>6,343</b>	<b>(285)</b>	<b>(289)</b>
<b>CHILDREN'S SERVICES</b>					
Learning and Schools	27,763	27,159	24,359	(2,800)	(2,740)
Partnerships and Support Services	9,292	11,754	11,034	(720)	(720)
Targeted and Specialist Children and Families	36,889	38,722	40,942	2,220	1,820
<b>Total</b>	<b>73,944</b>	<b>77,635</b>	<b>76,335</b>	<b>(1,300)</b>	<b>(1,640)</b>
<b>ENVIRONMENT AND REGENERATION</b>					
Directorate	(1,387)	(1,384)	(1,384)	0	0
Planning and Development	2,484	2,259	2,697	438	45
Public Protection	9,685	10,699	11,296	597	580
Public Realm	19,782	29,315	30,778	1,463	1,023
<b>Total</b>	<b>30,564</b>	<b>40,889</b>	<b>43,387</b>	<b>2,498</b>	<b>1,648</b>
<b>HOUSING &amp; ADULT SOCIAL SERVICES</b>					
Temporary Accommodation (Homelessness Direct)	1,391	1,391	2,786	1,395	1,515
Housing Needs (Homelessness In-Direct)	2,000	2,000	1,832	(168)	(74)
Housing Benefit	880	880	880	0	0
Housing Strategy & Development	231	231	167	(64)	(63)
Housing Administration	2,291	1,944	1,943	(1)	0
<b>Housing General Fund Total</b>	<b>6,793</b>	<b>6,446</b>	<b>7,608</b>	<b>1,162</b>	<b>1,378</b>
Adult Social Care	30,917	30,057	30,039	(18)	(18)
Integrated Community Services	13,554	13,537	13,048	(489)	(623)
Strategy & Commissioning	30,355	30,393	30,993	600	600
<b>Adult Social Services Total</b>	<b>74,826</b>	<b>73,987</b>	<b>74,080</b>	<b>93</b>	<b>(41)</b>
<b>HASS Total</b>	<b>81,619</b>	<b>80,433</b>	<b>81,688</b>	<b>1,255</b>	<b>1,337</b>

## Appendix 1 - Revenue Budget Monitoring 2015-16 Month 6

Department / Service Area	Original Budget £'000	Current Budget £'000	Forecast Outturn £'000	Variance Month 6 £'000	Variance Month 5 £'000
<b>PUBLIC HEALTH</b>					
NHS Health Checks	371	371	355	(16)	(16)
Obesity and Physical Activity	1,009	1,009	993	(16)	(16)
Other Public Health	(20,739)	(20,557)	(20,611)	(54)	(54)
Sexual Health	8,273	8,392	8,541	149	149
Smoking and Tobacco	786	786	716	(70)	(70)
Substance Misuse	8,466	8,347	8,376	29	29
Children and Young People	1,834	1,834	1,791	(43)	(43)
	<b>0</b>	<b>182</b>	<b>161</b>	<b>(21)</b>	<b>(21)</b>
Less Projected Ring-Fenced Schools Related Underspend	0	0	2,095	2,095	2,095
Less Projected Ring-Fenced Public Health Underspend	0	0	21	21	21
<b>GROSS DEPARTMENT TOTAL</b>	<b>193,196</b>	<b>206,173</b>	<b>210,436</b>	<b>4,263</b>	<b>3,151</b>
<b>CORPORATE ITEMS</b>					
Corporate and Democratic Core / Non Distributed Costs	16,675	15,130	15,130	0	0
Other Corporate Items	4,204	3,909	5,265	1,356	1,356
Corporate Financing Account	(16,129)	(20,863)	(23,763)	(2,900)	(1,800)
Levies	22,247	22,247	22,247	0	0
Transfer to/(from) Reserves	14,293	7,890	7,890	0	0
Specific Grants	(16,103)	(16,103)	(16,103)	0	0
Core Government Funding / Council Tax	(218,651)	(218,651)	(218,651)	0	0
No Recourse to Public Funds	268	268	1,068	800	800
<b>Corporate Items Total</b>	<b>(193,196)</b>	<b>(206,173)</b>	<b>(206,917)</b>	<b>(744)</b>	<b>356</b>
<b>TOTAL NET OF CORPORATE ITEMS</b>	<b>0</b>	<b>0</b>	<b>3,519</b>	<b>3,519</b>	<b>3,507</b>

## Appendix 1 - Revenue Budget Monitoring 2015-16 Month 6

<b>HOUSING REVENUE ACCOUNT(HRA)</b>						
<b>Department / Service Area</b>	<b>Original Budget</b>	<b>Current Budget</b>	<b>Latest Actual</b>	<b>Forecast Outturn</b>	<b>Variance Month 6</b>	<b>Variance Month 5</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Dwelling Rents	(162,778)	(162,778)	(81,500)	(163,078)	(300)	0
Non Dwelling Rents	(1,708)	(1,708)	(1,776)	(2,508)	(800)	(800)
Heating Charges	(2,357)	(2,357)	(1,000)	(2,017)	340	340
Leaseholders Charges	(9,348)	(9,348)	(4,674)	(9,348)	0	0
Other Charges for Services and Facilities	(3,870)	(3,870)	(1,400)	(4,645)	(775)	(772)
PFI Credits	(22,855)	(22,855)	(5,713)	(22,855)	0	0
Interest Receivable	(2,044)	(1,544)	0	(1,544)	0	0
Contribution from General Fund	(852)	(852)	0	(852)	0	0
<b>Gross Income</b>	<b>(205,812)</b>	<b>(205,312)</b>	<b>(96,063)</b>	<b>(206,847)</b>	<b>(1,535)</b>	<b>(1,232)</b>
Repairs and Maintenance	29,748	29,748	17,134	30,448	700	500
Revenue Contribution to Capital	10,359	10,359	0	10,159	(200)	(200)
General Management	48,803	47,327	15,870	49,162	1,835	1,732
PFI Payments	40,114	40,114	24,030	39,414	(700)	(700)
Special Services	15,530	17,006	6,198	16,906	(100)	(100)
Rents, Rates, Taxes and Other Charges	739	739	335	739	0	0
Capital Financing Costs	56,769	56,269	0	56,269	0	0
Bad Debt Provisions	750	750	0	750	0	0
HRA Contingency	3,000	3,000	0	3,000	0	0
<b>Gross Expenditure</b>	<b>205,812</b>	<b>205,312</b>	<b>63,567</b>	<b>206,847</b>	<b>1,535</b>	<b>1,232</b>
<b>Drawdown from HRA Balances</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net (Surplus) / Deficit</b>	<b>0</b>	<b>0</b>	<b>(32,496)</b>	<b>0</b>	<b>0</b>	<b>0</b>

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**Appendix 2: Capital Monitoring 2015-16 Month 6**

	2015-16 Budget Monitoring						
	Original Budget	Budget Changes During the Year	Revised Budget	Forecast Outturn	Forecast Re-profiling (to)/from Future Years	Expenditure to Date	% Budget Spent to Date
	£m	£m	£m	£m	£m	£m	£m
<b>CHILDREN'S SERVICES</b>							
Dowery Street Pupil Referral Unit	3.3	(0.3)	3.0	3.0	0.0	0.2	7%
Early Years Two Year Old Places	1.0	1.0	2.0	1.0	(1.0)	0.3	16%
Mechanical Schemes	0.0	0.9	0.9	0.9	0.0	0.2	24%
Moreland Primary School	6.1	2.2	8.3	4.3	(4.0)	1.1	13%
Newington Green Primary School Refurbishment	0.3	0.6	0.9	0.9	0.1	0.4	47%
Other	0.0	1.1	1.1	0.6	(0.5)	0.0	0%
Primary Bulge Classes	0.2	0.1	0.3	0.3	0.0	0.2	56%
Primary Capital Scheme	0.0	0.4	0.4	0.4	0.0	0.2	54%
Sacred Heart Primary School Extension Grant	1.3	0.0	1.3	1.3	0.0	1.3	100%
The Bridge Free School	3.7	(3.0)	0.7	0.7	0.0	0.0	0%
Windows Scheme	0.3	0.2	0.5	0.4	(0.1)	0.1	14%
<b>Total Children's Services</b>	<b>16.1</b>	<b>3.2</b>	<b>19.3</b>	<b>13.8</b>	<b>(5.5)</b>	<b>4.0</b>	<b>21%</b>
<b>ENVIRONMENT AND REGENERATION</b>							
Other E & R	0.0	0.4	0.4	0.4	0.0	0.0	0%
Boiler Replacement Programme	0.0	0.0	0.0	0.0	(0.0)	0.0	110%
Combined Heat and Power	3.4	(1.6)	1.8	1.8	(0.0)	0.3	14%
Disabled Facilities	0.6	0.5	1.1	1.1	0.0	0.4	34%
Energy Saving Council Buildings	1.9	(0.4)	1.5	1.6	0.0	0.0	0%
Greenspace	0.8	0.8	1.6	1.4	(0.2)	0.2	12%
Highways	1.4	0.2	1.6	1.6	0.0	0.4	25%
Home Energy Efficiency	0.0	0.0	0.0	0.0	(0.0)	0.0	0%
Ironmonger Row Baths	0.0	0.2	0.2	0.2	(0.0)	0.1	30%
Leisure	3.4	(0.4)	3.0	3.0	0.0	2.0	68%
Libraries	0.0	0.0	0.0	0.0	(0.0)	0.0	0%
Other Energy Efficiency	2.2	(2.1)	0.1	0.1	0.0	0.0	0%
Planning and Development	2.1	(1.9)	0.2	0.2	(0.0)	0.0	23%
Private Sector Housing	1.5	(0.4)	1.1	1.1	(0.0)	0.0	0%
Traffic and Engineering	3.6	0.7	4.3	4.3	0.0	0.6	15%
Vehicles	8.5	(2.4)	6.1	6.1	0.0	0.7	12%
<b>Total Environment and Regeneration</b>	<b>29.4</b>	<b>(6.3)</b>	<b>23.1</b>	<b>22.9</b>	<b>(0.2)</b>	<b>4.8</b>	<b>21%</b>
<b>HOUSING AND ADULT SOCIAL SERVICES</b>							
<b>HOUSING</b>							
Housing Improvements	40.3	(1.1)	39.3	37.8	(1.5)	10.9	28%
New Build	40.8	(12.0)	28.7	26.7	(2.0)	11.5	40%
<b>Total Housing</b>	<b>81.1</b>	<b>(13.1)</b>	<b>68.0</b>	<b>64.5</b>	<b>(3.5)</b>	<b>22.4</b>	<b>33%</b>
<b>ADULT SOCIAL SERVICES</b>							
Adaptations	2.3	(2.3)	(0.0)	0.0	0.0	0.0	-100%
Care Services	1.0	(0.4)	0.6	0.6	(0.0)	0.1	9%
<b>Total Adult Social Services</b>	<b>3.3</b>	<b>(2.7)</b>	<b>0.6</b>	<b>0.6</b>	<b>0.0</b>	<b>0.1</b>	<b>16%</b>
<b>Total Housing and Adult Social Services</b>	<b>84.5</b>	<b>(15.9)</b>	<b>68.6</b>	<b>65.1</b>	<b>(3.5)</b>	<b>22.5</b>	<b>33%</b>
<b>FINANCE AND RESOURCES</b>							
Finance	0.0	0.1	0.1	0.0	0.0	0.0	0%
Corporate	0.0	0.2	0.2	0.2	0.0	0.0	0%
Digital Transformation	1.5	3.0	4.5	4.5	0.0	3.4	76%
<b>Total Finance and Resources</b>	<b>1.5</b>	<b>3.3</b>	<b>4.8</b>	<b>4.7</b>	<b>0.0</b>	<b>3.4</b>	<b>71%</b>
<b>TOTAL CAPITAL PROGRAMME</b>	<b>131.5</b>	<b>(15.7)</b>	<b>115.9</b>	<b>106.5</b>	<b>(9.3)</b>	<b>34.6</b>	<b>30%</b>

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Report of: **Executive Member for Environment and Transport**

<b>Executive</b>	<b>Date: 26 11 2105</b>	<b>Ward(s): ALL</b>
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## **SUBJECT: Fuel poverty – Executive Member’s response to the Environment & Regeneration Scrutiny Committee’s recommendations**

### **1. Synopsis**

1.1 The Environment & Regeneration Scrutiny Committee’s report on fuel poverty was received by the Executive on 16<sup>th</sup> July 2015. The Scrutiny Committee’s recommendations are directed towards several departments of the Council and to the Health & Wellbeing Board. This report summarises the response of these and actions being taken to address the recommendations.

### **2. Recommendations**

2.1 To note the actions being taken forward to address the recommendations of the Environment & Regeneration Scrutiny Committee on fuel poverty.

### **3. Background**

3.1 Between October 2014 and May 2015 the Scrutiny Committee explored the impact of fuel poverty on households in the borough, existing policies and strategies to alleviate fuel poverty in both the short and long term, and the opportunities for Islington to provide assistance and support to residents.

3.2 The Committee concluded that although much work was already being done on fuel poverty, that further work should be done to co-ordinate action by various groups and to offer a more holistic approach to solving the problem of fuel poverty. Recommendations relate to energy efficiency standards in both private and social rented properties, to the role of the health and social care sector, to income maximisation, debt and fuel support, and to the need for greater investment in London housing and in particular harder to insulate housing.

## 4 Response to the recommendations

### 4.1 Recommendation 1: That the Council considers setting energy efficiency standards for its housing and those it pays housing benefit to, plus encourages housing associations to work towards the same target.

**Response:** Since the conclusion of the scrutiny, targets have now been set for our own housing stock, which will bring us into line or better than national fuel poverty targets. Our targets are based on the Standard Assessment Procedure, where Band A is the most energy efficient and Band G the least efficient. The evidence suggests that taking homes in Bands D and below to Band C would remove the majority of their occupants from fuel poverty at current energy prices. Subject to funding, we aim to bring most of our own stock to Band D or better by 2022 and all homes to Band C by 2030. Combined with interventions such as the Warm Home Discount, this should lift most of our own tenants out of fuel poverty.

The considerable investment required to improve largely older stock, with the current limited national government support, means that such a long timescale is necessary. Should adequate funding become available we will of course review the timescale.

The limited pool of Islington properties available to privately rent by those on Housing Benefit in Islington means that we could cause problematic shortfalls in stock if we insist upon minimum energy efficiency standards beyond those enforceable as excess cold hazards under the Housing Act 2004. A more successful approach would be to have a consistent approach across London and we will work with other boroughs, London Councils and the Mayor of London to deliver this.

A number of housing associations have provided details of their energy efficiency investment strategies. Details are given below and we will continue to collate information with a view to setting a common Islington standard. We will encourage social landlords in Islington to support a fuel poverty charter containing this standard and offer support to smaller, less well-resourced landlords to develop their plans.

- Family Mosaic aim to have all homes across their stock lifted to SAP 80 (top of Band C), with a minimum permissible standard of SAP 70 (bottom of Band C), by 2020.
- Peabody have an Environmental Sustainability Strategy 2015-2020 that aligns with national fuel poverty targets by raising “the energy efficiency standard of our homes to a minimum of Band C by 2030, where reasonably practicable. We will achieve this through a mixture of refurbishment, installing renewable energy systems and strategic stock disposal.” In October 2015 they advised that they were working on an implementation plan.
- Southern Housing has advised that they are reviewing their plan in light of recent changes to housing finance.
- Circle are likewise reviewing their overall stock targets and will have one set by spring 2016.

### 4.2 Recommendation 2: That the Council undertakes work to encourage landlords to install energy efficiency measures in their properties. This could involve using environmental health powers to address problems of private landlords not meeting standards, particularly those coming into force in 2018.

**Response:** Residential Environmental Health routinely carry out proactive street surveys using intelligence and other data that identifies many hazards, including damp and mould, and excess cold. These two hazards can often be a significant factor contributing to and exacerbating the problem of fuel poverty. Future work with other Council teams including the Public Health Intelligence Team could potentially explore the relationship between the prevalence of fuel poverty and the private rented sector.

Recently some excess cold surveys have been undertaken in F and G rated privately rented accommodation using information from our Energy Performance Certificate (EPC) database. This use of data showed how Environmental Health could facilitate some of their proactive housing interventions to tackle excess cold hazards. Environmental Health and the Seasonal Health & Affordable Warmth Team will develop their data matching further.

This type of work is an example of how Residential Environmental Health could potentially use their powers to help address some of the problems caused by private landlords not meeting standards, particularly those coming into force in 2018. Concerns over the many loopholes in the regulations, and their dependence on a funding stream like the now defunct Green Deal, means that we will prioritise enforcement of standards under the Housing Act 2004.

- 4.3 Recommendation 3: That the Health and Wellbeing Board be requested to adopt relevant recommendations from the NICE guideline on excess winter deaths, in particular: a) support and maintain the provision of the Seasonal Health Interventions Network (SHINE) and b) ensure greater participation from the health and social care sectors in identifying and addressing cold homes.

Response: The Health and Wellbeing Board have advised that, whilst they do not plan to formally adopt the recommendations, they very much welcome the National Institute of Health and Care Excellence (NICE) Public Health guideline on excess winter deaths and morbidity, and the health risks associated with cold homes, and notes how the pioneering work of SHINE in Islington has contributed to shaping this guidance. The 'single point of contact' principle articulated in the NICE guidance is important locally, because many health professionals find it difficult to navigate and refer patients/residents into the range of different housing interventions and advice available, depending on residents' tenure/housing status. The Board therefore supports the important role SHINE plays in this area.

A number of programmes and initiatives are already being delivered in Islington, aligned to the delivery of Islington's Health and Wellbeing Strategy and its three broad strategic priorities, that recognise and encourage greater participation of health and social care staff in identifying and addressing fuel poverty. They include:-

- The "Making Every Contact Count" e-learning programme, which will upskill a wide range of people working in the Council, the NHS and Voluntary and Community Sector to identify needs and signpost into local services, including SHINE.
- Collaborative work between HASS and Islington Clinical Commissioning Group ( CCG) to develop and improve referral pathways between General Practitioners and housing services, which may include, for example, identifying a single point of contact within housing services to co-ordinate actions for tenants with multiple needs.
- Islington's "Links for Living" online directory offers advice, information and support for Islington residents and their carers in order to support healthy, independent lives, including information and signposting to SHINE.
- An NHS-funded post in Residential Environmental Health is establishing and improving links between health organisations and the Council, particularly on housing in the private rented sector, which comprises 27% of households in Islington.
- Family Mosaic is currently delivering a research project 'Health Begins at Home', partly based in Islington. This is high quality research looking at the outcomes and cost-effectiveness of three models of health improvement through housing: usual care (no intervention), signposting by a housing officer, and support from a dedicated health worker based in housing.

Improving health through housing requires joined-up actions in both the health and housing sectors so that health problems are recognised by housing and housing problems are recognised by health services, and residents are supported into appropriate services and interventions.

The Health and Wellbeing Board will maintain oversight of these programmes as they develop, through periodic progress reports on the health and housing work being taken forward in Islington, and through championing a joined up approach across the health and care system.

4.4 **Recommendation 4: That the Council undertakes steps to ensure that vulnerable people claim their full entitlement of benefits, including the Warm Home Discount.**

**Response:** The Warm Home Discount is a valuable reduction in bills for many low income households, particularly those living in older, hard to insulate homes that have not yet benefited from significant fabric improvements. The Council is the only organisation in the UK to have negotiated a bulk referral programme with the main suppliers and since November 2013 has secured Warm Home Discounts for around 2,400 households. In 2015 we commenced a similar process with Thames Water for their social water tariff. This summer we began working with a number of housing associations to further promote these discounts to their tenants in Islington and we will work with colleagues in Residential Environmental Health to target private sector homes for income maximisation and the Warm Home Discount. SHINE Advisors will also receive advanced training on welfare rights.

Despite cuts, we have retained the funding to maintain our Income Maximisation team which continues to work actively with referred clients, including assessing their likelihood of obtaining employment and maximising their entitlements. The Council also continues to provide the highest level of funding in London to enable the voluntary sector to advise and support clients appropriately including entitlements and changes to welfare benefits.

4.5 **Recommendation 5: That the Council lobbies the Government and the Mayor for London for more investment for fuel poverty reduction schemes, particularly in harder to treat housing**

**Response:** We recognise that central government schemes to address fuel poverty through housing improvements have been inadequate and that London in particular has lost out due to a number of factors including our high prevalence of older, challenging homes. We have lobbied the Department of Energy & Climate Change, both as the Council and also as members of the association of local energy officers. We maintain that local authorities are best placed to deliver fuel poverty programmes in their areas and, alongside organisations such as Citizens' Advice and National Energy Action, we favour emulation of the scheme operating in Scotland, whereby local authorities are allocated funding for fuel poverty based on need. We further favour an allocation to London that compensates for its historic funding shortfall.

The full details of the next energy supplier obligation post-2017 will not be available until after the upcoming Comprehensive Spending Review. The Secretary of State for Energy & Climate Change has publicly said that she would like more of it to go towards tackling fuel poverty, though the Conservative manifesto commitment only proposes to deliver 'low-cost' measures, meaning that hard to treat housing may continue to be disadvantaged. We have argued that certain measures should be rated beyond their carbon emissions alone in order to deliver more challenging measures, particularly in smaller properties where carbon savings alone may not be significant. Such a rating would take into account health and social care cost savings.

In advance of the Spending Review we will lobby the Secretary of State on the inadequate level of spend so far on fuel poverty, the particular lack of investment in London and the danger of alignment with a definition of fuel poverty that discriminates against smaller homes, no matter the level of poverty within them. We will also work the Mayor of London's office to reinforce this message.

4.6 **Recommendation 6: That the Council continues to proactively engage with partners and shares best practice with other authorities.**

**Response:** The Council delivers a significant proportion of its work co-ordinating action and tackling fuel poverty via its Seasonal Health & Affordable Warmth Team. We continually seek to expand the reach of the SHINE programme by recruiting new partners, and this year we have improved our engagement with private sector partners such as National Grid and Thames Water.

The Council's Seasonal Health & Affordable Warmth Team is frequently asked to speak at events on its

work and this is aided by funding from the recent Ashden Award which covers dissemination costs. The team head has this year spoken at the launch of a European fuel poverty project in Paris, at the launch of a similar project to SHINE in Bristol, and to a meeting of South East energy officers, as well as having a stand at the National Energy Action (NEA) conference. This autumn we will also speak at the National Institute for Health & Care Excellence (NICE) conference and an event on fuel poverty and health in the North of England.

The Seasonal Health & Affordable Warmth Team is currently seeking external funding to compile a 'how to' guide for health and social care engagement, using both our own experiences and those of other successful local authorities.

The Council will work with London Councils and the Local Government Association to share the work of SHINE and best practice with other local authorities.

**4.7 Recommendation 7: That the Council and partners provide and promote services to alleviate energy debt.**

**Response:** The Council's own affordable warmth advice service takes an active role in alleviating energy debt. In the eighteen months to September advisors secured debt relief of £82,000 from various trust funds. The specialist knowledge and extensive experience of staff means that we have a success rate of over 80% with these cases, higher than many comparable advice providers. We are already actively working with advice agencies such as the CAB, Islington Law Centre and Islington People's Rights on this area.

Going forward we will deliver the following service improvements:

- A training programme for Council and third sector partners on fuel debt relief
- A new HomeSmart education programme on energy and fuel debt prevention
- A renewed fuel debt action plan, joint with other advice agencies, as part of the review of the Seasonal Health & Affordable Warmth Strategy
- In developing a new Islington Energy company we will develop an equitable debt prevention and alleviation strategy

**4.8 Recommendation 8: That officers ascertain whether Council void contracts included a requirement to undertake draught insulation in void properties and if they did not, that this be added into future contracts.**

**Response:** Housing have advised that they are currently reviewing our voids standard and that, following this recommendation, draught proofing and secondary glazing will be considered for inclusion within this.

## **5. Implications**

### **Financial implications:**

5.1 None.

### **Legal Implications:**

5.2 The Health and Social Care Act 2012 confers duties on local authorities to improve public health.

Section 12 of the ("the 2012 Act") inserted a new section 2B into the National Health Service Act 2006 ("the 2006 Act") which imposes a duty on each relevant local authority to take such steps as it considers appropriate to improve the health of the people in its area. Section 2B(3) of the NHS Act 2006 provides that such steps include providing services for the prevention, diagnosis or treatment of illness.

The Care Act 2014 requires us to actively seek improvements in aspects of wellbeing such as the suitability of living accommodation, to co-operate with relevant partners such as housing providers and to provide and arrange services that prevent, delay or reduce individuals' or carers' need for care and support.

#### **Environmental Implications**

4.3 None identified. Energy efficiency interventions reduce carbon emissions.

#### **Resident Impact Assessment:**

4.4 The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment was carried out in October 2015. The main findings are that there are not considered to be any negative impacts on residents with protected characteristics. There is evidence that fuel poverty and its health impacts have a disproportionate impact on older people, people with disabilities, families with young children and people with certain conditions such as sickle cell disease and thalassaemia that are more prevalent amongst certain ethnic groups. Measures to tackle fuel poverty will be of particular benefit to these groups and overall those in disadvantaged economic groups.

**Signed by:**



13.11.15

Executive Member for Environment and Transport    Date

**Appendices – none**

**Background papers: None**

Report Author: John Kolm-Murray, Seasonal Health & Affordable Warmth Co-ordinator  
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**Report of:** Executive Member for Housing and Development

Meeting of:	Date	Ward(s)
Executive	26 November 2015	All

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## **SUBJECT: ESTATE SERVICES MANAGEMENT SCRUTINY REVIEW - EXECUTIVE MEMBER'S RESPONSE TO THE RECOMMENDATIONS**

### **1. Synopsis**

- 1.1 The Executive received a report on 16<sup>th</sup> July 2015 from the Housing Scrutiny Committee making several recommendations regarding services provided on the council's housing estates. This report updates the Executive on progress being made with those recommendations.

### **2. Recommendations**

- 2.1 To agree the approaches set out in 4.1 to 4.11 of this paper.
- 2.2 That officers report back on progress made, to the Housing Scrutiny Committee in 12 months.

### **3. Background**

- 3.1 The Housing Scrutiny Committee took evidence from Housing and Environmental and Regeneration officers as well as from the Caretakers GMB Union branch president from September 2014 to May 2015. Six meetings were held to hear and consider the evidence. The progress made with each of the Committee's recommendations is noted below.

### **4 Housing Scrutiny Committee Recommendations**

- 4.1. **That the Executive agrees with the objective of enhancing the caretaking service through the introduction of new tasks, subject to staff and union consultation and resources being available;**

Housing Management are in favour of developing the caretaking service with the introduction of new tasks to enhance the service and subject to agreement with the trade unions will plan to implement this.

4.2 **That the Executive seek to maximise income generation opportunities through the Estate Services section, including:**

**The private rent of garages on estates where there is surplus provision and demand for parking and storage space from private individuals, commercial organisations and social enterprises;**

We have a number of initiatives in place to increase revenue from estate parking and garages. Housing management are for example introducing easier processes for customers to find and bid for spaces on the estates through the web, under the council's customer transformation programme.

There has always been a policy to let surplus garages where applicable particularly where there a larger number of garages vacant. A bid has been agreed for letting a block of garages on a commercial basis for storage at Maryland Walk. Further sites are also being considered.

Following a policy change in 2012 there are now 300 garages let for storage space.

**Prioritising the refurbishment of garages to enable these to be rented as soon as possible;**

Housing management are also taking a spend to save approach by moving forward with investment in refurbishing a number of garages this financial year to increase lettings.

**Offering caretaking, voids clearance and minor repair and decoration services to external organisations, subject to appropriate consultation with caretaking staff and unions being undertaken;**

Housing management will investigate this potential in the next financial year. Previously they have been mindful as to whether our comparable costs were competitive.

**Making mechanised services available to external organisations.**

Mechanised Services have offered a range of services to housing providers which includes Southern Housing, Hyde, Islington and Shoreditch Housing Association, Circle and St. Mungo's. This included lumber clearance and mechanised road cleansing. We will also look at making available to other departments.

Due to our high unit cost to provide these services; whilst having some initial dialogue with these housing providers they have not shown any interest in taking up these services.

4.3 **That the Executive review the management arrangements of the estates caretaking service, with a view to moving to a simpler, more direct management structure;**

Housing management accept that the current structure is difficult to understand and we are putting forward proposals to simplify management arrangements in a staff reorganisation change report which will be subject to consultation with staff and the unions through the existing agreed change process.

4.4 **That the Executive agree minimum standards for caretaking facilities and stores with staff and ensure that all estates meet these standards;**

Housing management accepts this and we have a program of upgrading lodges. There has been substantial investment over the last two years this is continuing with each year, as agreed, to maintain standards.

There are minimum standards for the provision of stores to our caretakers and management processes are being put in place to ensure these standards are maintained.

4.5 **That the Executive consider how estates staff can work with other services to ensure that that the areas surrounding estates are thoroughly cleaned;**

We have worked with our colleagues in Environmental and Regeneration to identify locations where this has been an issue and responsibilities and arrangements have been clarified. If further locations are identified we will agree responsibilities with our colleagues.

**4.6 That the Executive further investigate the retention of grounds maintenance staff by offering annualised hours and exploring possible synergies with other sections;**

The council has looked at this previously and is discussing this with other councils that have tried this approach and will consider whether to offer it in Islington.

**4.7 That the Executive increase the publicity of communal gardening and edible plant growing schemes, with a focus on how tenants living on estates without a residents' association can participate in such schemes;**

There is now a link on the new Housing Web page to advice regarding Residents Gardening Clubs in the borough. We will also advertise this in our housing newsletter in Spring in the new year.

**4.8 That the Executive provide a schedule of duties to tenants to clarify the duties of caretakers;**

Identification of our caretakers duties has been made available to residents through web pages and correspondence sent out to residents as required and we are now using our notice boards on estates to advise residents further. This is included on the council's new housing web page. It is intended that this schedule is developed into a specific list for each estate.

**4.9 That the Executive advise tenants when their caretaker is unavailable due to holidays or sickness both through the website and by displaying a notice on the estate;**

This will be difficult to provide within current resources on a manual basis however we will roll this as we implement the roll out of electronic noticeboards across our estates.

**4.10 That the Executive investigate proposals for increased holiday cover for caretakers;**

We are happy to investigate this and provide details of the relevant resource requirements.

**4.11 That the Executive ensure that the cost, condition and usage of garages be reviewed, and consideration be given to how estate services can contribute to preventing garages being used for unintended purposes.**

We will review the offer to our residents renting garages including the cost. Currently the cost is determined each year by the Council's executive.

Following the findings of the Housing Scrutiny Committee senior staff have been asked to complete greater monitoring of garage misuse. Although current resources only allow for an annual check we will look into this further.

We are currently completing a joint exercise with the police to investigate potential misuse of garages across the borough.

**4.12 Housing management welcome the review and recommendations made to improve the service. Work has commenced on these and will programme further work to complete this in the next 12 months.**

## **5. Implications**

### **5.1 Financial implications**

There are no direct financial implications from this report as it sets out a number of recommendations that are at the early stages of development. However any recommendations that are to be progressed from this report will need to be considered at a later date and any associated financial implications considered at that time.

It should be noted that any extra costs in fulfilling the recommendations will either come from existing resources or require council agreement to increase charges to residents and leaseholders.

## 5.2 Legal Implications

There are no legal implications at this stage. Legal support and advice will be provided as required in respect of the implementation of the recommendations.

## 5.3 Environmental Implications

There are some environmental implications from the proposals put forward in this report. The refurbishment of garages and bringing some of the lodges up to minimum standards by installing water supplies in them will involve the use of materials, energy and the generation of waste. Management should seek to carry out this in a way that maximises reuse and the use of sustainably-sourced materials, and minimises energy use, waste generation and future maintenance. New water supply fittings should be fitted with water-saving devices such as aerators.

Making in-house services (Mechanised Services, caretaking, voids clearance and minor repairs and decorations) available to outside organisations may increase the amount of work they do, leading to an increase in the services' environmental impacts – e.g. vehicle emissions, waste generation, chemical and resource usage etc. These should be carefully managed by the services to ensure impacts are minimised as far as possible.

Publicising the communal gardens and edible plant schemes may have a positive environmental impact, as they may encourage residents to eat food grown locally, reducing food miles.

## 5.4 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed because it is too early to say if the proposal will have impact on any of the groups with protected characteristics. However we will need to monitor how the changes impact on service user as well as staff and carry out a RIA to look at the impact (negative or positive) in depth.

## 6. Reasons for the recommendations

- 6.1 The Executive is asked to note progress made by officers with the recommendations noted in July by the Housing Scrutiny Committee.

### Final report clearance:



**Signed by:** Executive Member for Housing and Development

Date: 10/11/15

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**Report of:** Executive Member for Housing and Development

Meeting of:	Date	Ward(s)
Executive	26 November 2015	All

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## SUBJECT: SCAFFOLDING SCRUTINY REVIEW - EXECUTIVE MEMBER'S RESPONSE TO THE RECOMMENDATIONS

### 1 Synopsis

- 1.1 On 16 July 2015 the Executive received a report from the Housing Scrutiny Committee regarding the use of Scaffolding and Work Platforms used within the Council and by its contractors. The report provided recommendations to further improve the effective and efficient use of these systems to achieve improved value for money and minimise disruption to residents.

### 2 Recommendation

- 2.1 To agree the Executive's response to the recommendations of the Scrutiny Committee as set out in section 4 of this report.

### 3 Background

- 3.1 In December 2014 the Housing Scrutiny Committee commissioned a review of the current use of scaffolding and other work platforms by Housing Property Services, considering the costs, issues and pros and cons of different forms of provision.

The review ran from December 2014 until May 2015 and evidence was received from a variety of sources:

#### 1. Presentations from Council Officers

Damian Dempsey, Group Leader – Quantity Surveyors;  
 Ryan Collymore, Group Leader – Contract Monitoring;

#### 2. Site visits

Visits to several "live" scaffolding sites and discussions with the Council's capital works contractors, Breyer Group and Mears Projects;

### 3. Documentary evidence

Information relating to the in-house scaffolding service previously provided by the London Borough of Camden; indicative costs of establishing the Council's own scaffolding service;

### 4. Information from witnesses

Brian Potter, Chairman of Islington Leaseholders Association.

The outcome of the scrutiny review was 10 recommendations to improve the effectiveness and efficiency in the use of access platforms when implementing improvement schemes or general repairs and maintenance. This report will provide the Executive's response to each recommendation.

## 4 Response to the Recommendations

### 4.1 Recommendation 1 - *That the Executive seeks to minimise the use of scaffolding by Housing Property Services and encourage the use of alternative work platforms*

All recently-procured (August 2015) roofing contractors for the repairs service have the skills and ability to use the following equipment to access roof spaces:

Ladders  
Mobile tower scaffold  
Cherry pickers  
Abseiling.

Since the TUPE transfer on 1 August 2014 the in-house repairs & maintenance team have received training in the use of ladders and the cherry picker purchased by the Council. Training has also been arranged for staff to use mobile tower scaffolding where a range of equipment is available for managers and staff to use instead of scaffolding where appropriate to do so.

Ladders – a range of ladders have been procured along with the relevant training taken place to use the TETRA ladder safe systems. This system secures the ladder to a wall ensuring staff can work safely whilst maintaining three points of contact at all times. Generally you would use other platforms where the work time would be more than half an hour.

To use mobile tower scaffolding staff have to complete a PASMA training course (Prefabricated Access Suppliers' & Manufacturers' Association). This has been arranged for all managers and trade staff for completion in October 2015.

To use a cherry picker staff have to complete the IPAF training course (*International Powered Access Federation*). The relevant staff have received this training for its efficient usage.

To abseil staff would have to complete the IRATA training course (International Rope Access Trade Association). Due to the risks involved in this type of work it is only carried out by qualified contractors; no member of the internal team will be expected to complete this training.

The Capital works team will make periodic use of the cherry picker when the access requirement allows for it to carry out pre-construction surveys, instead of using scaffolding, to ensure greater accuracy when drafting the Scope of Works required.

### 4.2 Recommendation 2 - *That the Executive encourage capital works contractors to use alternative work platforms by specifying in contracts that scaffolding should be minimised and used in a way which will cause the least disruption for residents*

The Capital works project team are required during the planning stage of all major works projects to demonstrate value for money in all aspects of its work and in particular in relation to access equipment to facilitate major works. In order to demonstrate value for money, it is necessary to ensure that all options for work at height access equipment have been fully explored prior to the

erection of full scaffolding.

All work at height must be carried out in accordance with the Work at Height Regulations 2005, and project specific arrangements must be detailed in the Construction Phase Plan. The Regulations set out a simple hierarchy for managing and selecting equipment for work at height. Duty holders must;

1. Avoid Work at Height where possible.
2. Use work equipment or other measures to prevent falls where working at height cannot be avoided.
3. Where the risk of a fall cannot be eliminated, use work equipment or other measures to minimise the distance and consequences of a fall.

The Regulations require duty holders to ensure:

- all work at height is subject to suitable and sufficient risk assessment.
- all work at height is properly planned and organised.
- takes account of weather conditions that could endanger health and safety.
- those involved in work at height are trained and competent.
- the location where the work at height is carried out is safe.
- equipment for work at height is appropriately inspected.
- risks from fragile surfaces are properly controlled.
- risks from falling objects are properly controlled.

The type/extent of equipment selected for work at height will depend on a number of factors including;

- Nature of work being carried out.
- Whether works are dependent on residents providing access.
- Need for transporting materials to an accessible location.
- Number of operatives working at height.
- Number of properties being worked on at one time.
- Duration of works.
- Security concerns.
- Height/Reach required.

#### 4.3 Recommendation 3 - *That the Executive continue work to design out the need for scaffolding in Council housing*

The Capital works team is committed to designing out the need for scaffolding wherever possible by increasing the use of maintenance free materials and fixings. These include:

- Windows.
- Gutters.
- Fascia boards.
- Cladding.
- Self-finish renders.
- Designs which enable cleaning/jet-washing

Such materials and fittings reduce the need for painting and facilitate cleaning from inside. However, there will always be a need for some external repair works, i.e. concrete and brickwork repairs, the replacement of life expired components, etc.

If scaffolding is required we will undertake a cost benefit analysis and also consider the provision of permanent access facilities. These include:

- Movable access platforms (where multiple identical blocks).
- Chimney ladders.
- Cradle systems.
- Abseiling harness anchor.

- On-going repair/insurance costs of anchorage points.

4.4 Recommendation 4 - *That the Executive work to improve the scheduling of all works to minimise the time length of time scaffolding is erected for*

The Council has procured new contracts as of August 2015 with local suppliers to provide scaffolding and roofing services for general repairs and maintenance. Processes will be agreed with these suppliers to:-

1. Erect scaffolding where required within no longer than 5 working days of receiving the request.
2. Complete the hand over within 3 working days.
3. Dismantle the scaffolding no later than 5 working days after the completed works have been signed off.

Where external contractors are used for day to day repairs and maintenance providing their own scaffolding contractor to complete a repair, they are expected to follow the above working procedure.

The service is currently going through a procurement process for a single supplier of an IT repairs management system for implementation in October 2016. The specification of the new IT system has been designed to deliver a new improved automated scheduling system. Therefore removing the current manual process of allocating 60,000 job orders per year and associated delays in allocating resources to jobs.

The Capital works team carry out detailed surveys, in conjunction with our Term Partnering Contractors, of the blocks/estates to form the Scope of Works for the contracts. Both tenants and leaseholders, Estate Services and our Responsive Repairs teams are offered the opportunity of providing input at this stage.

4.5 Recommendation 5 - *That the Executive consider working in partnership with housing associations which are undertaking repair works to nearby properties to minimise disruption*

The Council will consult with housing associations and other property owners where day to day repairs have been identified at multi-agency properties to provide an effective and efficient service. It is important to note that any consultation should not delay effective repair.

4.6 Recommendation 6 - *That the Executive investigate formulating an estate-based asset management plan which assesses the access requirements of each property to guide future capital and repairs work and clarify the suitability of erecting scaffolding on each property.*

The Council records the usage of scaffolding and cherry pickers in specific registers. Each repair is risk assessed where the appropriate equipment is used to comply with health and safety. This usage of the equipment cannot be logged effectively on the current IT system, however the procurement of the new IT repairs and maintenance system will have the ability to interface with an asset management system.

4.7 Recommendation 7 - *That the Executive explore the reduction of the cost of scaffolding for capital works by specifying target prices in schedules of rates in future contracts*

Given the large value of the Capital Works Programme the OJEU\* rules apply to the procurement process that the Council must and does follow. To ensure that the Council achieves the best Value For Money the Council makes use of The National Housing Federation Schedule of Rates Version 6. The contractors bidding will apply a plus or minus figure against the whole schedule when submitting their tender.

The reason the OJEU rules were introduced was to establish open, fair and transparent competitive procurement processes across the whole of the European Union and provide the same opportunity for all prospective tenderers without prejudicing or favouring one tenderer over another.

The Council is prevented from specifying target prices for any trade activity, as it will be seen by the European Union as being anti-competitive, it is therefore left up to the market to determine, i.e. individual contractors submit what they believe to be their best price.

\*The European Union Procurement Directives establish the basis for public procurement rules throughout the European Union and apply to public supply, service and works contracts above prescribed financial thresholds. The purpose of the directives is to open up public procurement within the European Union and to ensure the free movement of supplies, services and works. The directives are enacted in the UK by The Public Contracts Regulations 2015.

Public projects must comply with the regulations if the value of contracts is above the prescribed financial thresholds. Aggregation rules apply to projects tendered in lots to prevent clients from avoiding the application of the regulations by simply dividing projects up into contracts that are each individually below the relevant financial threshold.

The regulations require public contracts above the financial threshold to be advertised in the Official Journal of the European Union (OJEU). The regulations prescribe the timescales for advertising for expressions of interest and receipt of tenders which need to be built into the project programme at an early stage. If this is not done at the outset it can cause significant delays.

4.8 *Recommendation 8 - That the Executive note the negative perception that residents have of scaffolding and encourage regular communication with residents whose homes are undergoing repair and improvement works*

The difficulties associated with using scaffolding are noted. The Council carefully considered value for money for its residents when it procured new contracts as of August 2015 with local suppliers to provide scaffolding for the completion of day to day repairs and maintenance. The costs of erecting scaffold have been agreed as part of the contract using the NHF (National Housing federation) schedule of rates. No extra costs will be incurred due to the length of time a scaffold is erected at a property, except exceptionally where this is allowed for in the conditions of contract.

Where scaffolding is to be erected for the completion of day to day repairs, a letter goes to each resident that the scaffold will affect. The letter contains information about the repair, contact numbers for queries and that a scaffold is to be erected to enable completion of the repair. The following sentence has been added to the letter as of September 2015: - "please be aware that the costs of this scaffold are an agreed one off cost irrelevant of the time the scaffold is up at your home".

The Capital works team inform tenants and leaseholders of the proposed works at the pre-commencement meeting, the programme of works is discussed and the length of time any scaffolding will be erected to each block. Once the works have commenced the contractor also sends out monthly newsletters which provides information on the progress of works against the programme and informs the tenants and leaseholders when any scaffolding will be erected and struck.

4.9 *Recommendation 9 - That the Executive consider procuring a range of work platforms and technologies to facilitate responsive repair works without the use of scaffolding*

The Council has purchased a large cherry picker and the required level of staff have received the IPAF training to be able to use this. A range of ladders have been purchased and are available on work vehicles, along with the TETRA kits for staff to work safely. Mobile tower scaffolds will be purchased and available for use by staff on the completion of the PASMA training in October 2015.

The Council is currently looking at trialling the use of a trailer-mounted Nifty Lift platform for use where the cherry picker cannot access.

The Council have the ability to hire any required platform where this is a one-off requirement or the future usage would be limited.

4.10 *Recommendation 10 - That the Executive give further consideration to piloting a multi-skilled work platform team, capable of erecting scaffolding and other work platforms*

All managers and trade staff are to receive PASMA training in October 2015 that will give them the ability to erect and use a tower scaffold.

The latest procurement of contractors (August 2015) to deliver scaffolding services represents good value for money. Monitoring of the contractors is taking place to ensure they are meeting our service standards. The Executive would suggest that these recently-procured contracts continue to be monitored for their effectiveness and give further consideration to piloting its own multi-skilled platform team in the future if these contracts do not prove to be effective.

## **5 Implications**

### **5.1 Financial Implications**

There are no additional resources required to implement the recommendations of this report.

### **5.2 Legal Implications**

There are no legal implications at this stage. Legal support and advice will be provided as required in respect of the implementation of the recommendations.

### **5.3 Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Where the proposals in this report may have equalities implications and other implications for residents. Resident Impact Assessments (including assessment of equalities implications) will be undertaken as part of the process of developing and implementing policies and actions arising from this report.

### **5.4 Environmental Impact Assessment**

The reduction in the use of scaffolding proposed in this report has some minor beneficial environmental impacts. Increasing the use of maintenance-free materials and fixings will reduce resource usage, particularly the use of self-finish renders, which will eliminate or reduce the need for future painting (i.e. the use of chemicals). The erection of scaffolding sometimes damages the ground on which it is erected and may also disturb biodiversity living in the walls or eaves of buildings (e.g. bats), so reducing its usage would reduce these potential impacts. There will also be a reduction in journeys made by scaffolding companies within the borough if scaffolding is used less, although this benefit will be negated in cases where the cherry picker or nifty lift has to be moved to the site instead.

A reduction in the use of scaffolding will also improve amenity for residents, who will experience less disturbance, loss of light etc.

## **6 Conclusion and reasons for recommendations**

6.1 This report details the Executive's response to the recommendations of the Housing Scrutiny Committee.

**Final report clearance:**

A handwritten signature in black ink, appearing to be 'DM', with a long horizontal stroke extending to the right.

**Signed by:** Executive Member for Housing and Development

Date: 10/11/15

**Report Author:** Damian Dempsey

**Tel:** 020 7527 1795

**Email:** [Damian.Dempsey@islington.gov.uk](mailto:Damian.Dempsey@islington.gov.uk)

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**Report of:** Executive Member for Children and Families

Meeting of:	Date	Ward(s)
Joint Board	3 November 2015	All

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## **SUBJECT: Early Help – Response to the report of the Children’s Services Scrutiny Committee**

### **1. Synopsis**

- 1.1 The Executive received a report from the Children’s Services Scrutiny Committee which reviewed the impact of early help on preventing escalation to statutory services. The scrutiny report proposed 10 recommendations to further improve outcomes for families with multiple problems. This report proposes actions to be taken in response to the early help scrutiny.

### **2. Recommendations**

- 2.1 To welcome the findings of the Early Help Scrutiny Review.
- 2.2 To agree the responses to the recommendations of the Children’s Services Scrutiny Committee as set out in section 4 of this report.
- 2.3 To agree that officers report back on progress to the Children’s Services Scrutiny Committee in one year’s time.

### **3. Background**

- 3.1 Between September 2014 and April 2015, the Children’s Services Scrutiny Committee conducted a review of the impact of early help. The Committee concluded that early help services in Islington were of a high quality, worked well with partner agencies and took a comprehensive ‘whole family’ approach. The Committee anticipates that by continuing the early help approach will further decrease demand for statutory services. Overall, the Committee supported the work of the Council’s early help services and made several recommendations to further innovation.

## 4. Response to the Scrutiny Committee recommendations

### 4.1 Recommendation 1: That the Executive continue to prioritise the Early Help approach to preventing escalation to statutory services.

The Executive recognises the essential role that the early help approach has to prevent escalation to statutory services. It is also a statutory responsibility. Through the Children and Families Board and Health and Wellbeing Board, there is commitment to a long-term focus on early intervention and prevention in Islington. In January 2015, the Health and Wellbeing Board adopted the [Children and Families Prevention and Early Intervention Strategy 2015 – 25](#) which has a distinct priority to *'strengthen our early help support for children and families who have additional needs.'* This is a long-term priority to which the Executive remains committed.

The Executive also understands that the Children and Families Board, chaired by the Executive Member for Children and Families, monitors the implementation of the early help priority. Similarly, the Islington Safeguarding Children Board undertakes a rigorous and transparent assessment of the performance and effectiveness of local services including our early help approach on an annual basis. These approaches will ensure that the Executive is regularly appraised of issues, impact and future proposals for action.

### 4.2 Recommendation 2: That the Council's early help services' successes in creating safe and trusting relationships with families be noted, and consideration be given to how similar approaches to positive relationship building can be adopted by other services, including but not exclusive of schools and housing.

The Executive recognises the good practice and success of early help services in creating safe and trusting relationships with families. The Executive will recommend that the Children and Families Board consider how to promote such approaches to other services such as employment services, health, housing and schools.

### 4.3 Recommendation 3: That early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives.

The Executive supports this recommendation. It notes that training will be commissioned for family support workers to support and challenge families and partner agencies to build resilience in preparation for the end of their intervention.

### 4.4 Recommendation 4: That the Executive continue to prioritise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing.

As noted in Recommendation one, there is commitment to a long-term focus on early intervention and prevention in Islington. This includes addressing the factors that affect family wellbeing and ensuring that children attend school every day as a means to achieving good educational outcomes.

The Executive has agreed a new [Corporate Plan](#) which prioritises making Islington a place where our residents have a good quality of life. It also commits the Executive to work in new ways to tackle the key social challenges of mental ill-health, domestic violence and long-term unemployment.

### 4.5 Recommendation 5: That, through the Health and Wellbeing Board, the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision.

Mental health and wellbeing are priority areas for both the Council and the NHS, and is one of the four priorities of the Health and Wellbeing Board. The Executive is committed to ensuring that

parental and children's mental ill-health are effectively tackled. There are several areas of work to realise this commitment together with our partners.

A CCG-funded parental mental health service – Growing Together - has been developed. This brings together Child and Adolescent Mental Health Service (CAMHS) and Adult mental health clinicians to work in Children's Centres and other venues to provide clinical interventions to parents and children where the parent's mental health is having a negative impact on their children's mental health. Other significant developments include a new model of primary care mental health which embeds psychiatry, psychiatric nursing and psychology in GP practices. This aims to strengthen capacity and support a more sustainable mental health system.

On the 15<sup>th</sup> of October, the Leader signed off the local long-term transformation plan for children's mental health on behalf of the Health and Wellbeing Board. As part of this plan, services supporting parental mental health will be reviewed in order to develop a coherent evidence-based Parental Mental Health Service which makes best use of resources. The Plan also prioritises improving access to support which aims to build a system without tiers. This will include initiatives such as working with voluntary sector organisations to provide a network of outreach services delivering counselling and therapeutic interventions at locations young people say they will access; training CAMHS practitioners as Approved Mental Health Practitioners (AMHSs); establishing a flexible CAMHS service delivery model that can respond to young people in crisis; and addressing current waiting times for CAMHS treatment.

**4.6 Recommendation 6: That consideration be given to introducing 'Early Help Ambassadors', resident volunteers that can assist with outreach, promotion, and reducing the stigma of accessing help.**

The Executive will ask the Children's Services department to review any current service user 'ambassador' roles and research the use of 'Early Help Ambassadors' in other local authorities. This will identify the potential risks and benefits of the model.

**4.7 Recommendation 7: That the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises.**

The Executive values service monitoring and evaluation as a means to assessing the impact of Council services. The Families First service will conduct further exit interviews and mystery shopping exercises as part of its internal monitoring and evaluation plan.

**4.8 Recommendation 8: To combat social isolation, consideration be given to how information about cultural and social opportunities can be more accessible to families and staff.**

The Executive recognises the work and tools already in place to provide accessible information about cultural and social opportunities to families and staff. To further this, the Executive will ask the Children's Services department to enable staff to promote children's centres, school extra-curricular activities, youth provision and employment, training and outreach activities.

**4.9 Recommendation 9: That officers investigate if a discretionary fund to support families in extreme crisis situations could be provided within existing budgets.**

The Executive will ask the Children's Services department to investigate whether and how a discretionary fund could be provided within existing budgets.

**4.10 Recommendation 10: That the service adopts the recommendation of the external evaluation to work further with families with adolescent children, and adolescent children themselves.**

The Executive notes that the Children's Services department have adopted this recommendation and have expanded the role of Islington Families Intensive Team to include earlier intervention with adolescents and targeted work to reduce the need for Alternative Provision.

## 5. Implications

### 5.1 Financial implications:

There are no additional resources required to implement the majority of the recommendations. Work will be undertaken to investigate if a discretionary fund can be provided to support families in extreme crisis situations, however it should be noted that this is in the context of a fiscal environment where the Council estimates that it needs to make up to £90m of revenue savings over the next 3 years.

### 5.2 Legal Implications:

There are no legal implications arising from this report. The actions support the implementation of the statutory responsibility outlined in the 2013 Working Together statutory guidance.

### 5.3 Resident Impact Assessment

Early help seeks to address a range of inequalities in the general population to help them thrive and build resilience to factors that may disadvantage them.

## 6. Conclusion and reasons for recommendations

6.1 This report details the Executive's response to the recommendations from the Children's Services Scrutiny Committee.

**Appendix 1:** Impact of Early Help on Preventing Escalation to Statutory Services Review – Report of the Children's Services Scrutiny Committee

Final report clearance:

Signed by:



Executive Member for Children and Families

16 November 2015

Date:

Report Author: Tania Townsend, Children's Partnership Development and Strategy Manager  
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ISLINGTON

# **Impact of Early Help on Preventing Escalation to Statutory Services Review**

## **REPORT OF THE CHILDREN'S SERVICES SCRUTINY COMMITTEE**

London Borough of Islington  
June 2015

## EXECUTIVE SUMMARY

### Impact of Early Help on Preventing Escalation to Statutory Services Review

#### Aim

- To analyse the extent to which services provided by Islington Council and its partners are preventing needs escalating to the point children, young people and families need statutory intervention (statutory social work services and youth offending service).
- To highlight areas of good practice.
- To make recommendations to further improve outcomes for families with multiple problems.

#### Evidence

The review ran from September 2014 until April 2015 and evidence was received from a variety of sources:

1. Presentations from Council Officers

Ruth Beecher, Service Manager for Early Help for Families  
Lucinda Hibberd-French, Deputy Service Manager with responsibility for the Families First service  
Ellen Ryan, Islington Learning and Working (ILW) Manager

2. Site visits

Families First (Highbury and Hornsey Team), Holland Walk Area Housing Office, N19  
Families First (Holloway and Canonbury Team), The Exchange, N7  
Islington Families Intensive Team (IFIT), New River Green Children's Centre, N1

3. Documentary evidence

Impact of Early Help on preventing escalation to statutory services, background report – October 2014  
Families First Early Impact Report, Executive Summary  
Family Intervention Employment Advisor Evaluation – July 2014  
Families First mystery shopping feedback – November 2014  
Data from exit interviews with former Families First service users – March 2015  
Evaluation of Islington's Early Help Family Support Services, Executive Summary – April 2015  
Families First service specification – April 2014

4. Information from witnesses

Elaine Sheppard, Operational Manager of Family Action  
Mairead McDonnell, Deputy Head of Newington Green School,  
Win Bolton, Camden and Islington Mental Health Foundation Trust  
Michelle Tolfrey, Camden and Islington Mental Health Foundation Trust  
Hazel Jordan, CASA Islington Community Alcohol Service  
Families using the Families First and IFIT services  
Families First and IFIT staff

5. Information about a comparable service of another local authority

Stella Clarke, Programme Director for Preventative Services, London Borough of Lambeth  
Marcella McHugh, Delivery Lead Multi-Agency Team 1, London Borough of Lambeth  
Geraldine Abrahams, Delivery Lead Multi-Agency Team 2, London Borough of Lambeth

## **Main Findings**

Overall the Committee was impressed with how Islington's early help services operated. Families First and IFIT provided comprehensive support to families with complex and multiple issues. The support offered was wide-ranging and practical; focusing on issues such as housing, benefits, social problems and relationships with schools, as well as parenting, mental health, employability and substance abuse. Each family was assigned a support worker who was the primary contact throughout their intervention.

The Committee was pleased with the level of integration between early help services, statutory services, and partner organisations such as schools. A range of supplementary wrap-around services were available which focused on issues such as mental health, employment and substance abuse.

The Council offered a single point of contact for families requiring support via the Islington Children's Services Contact Team. Families could self-refer to the team, or could be referred by professionals with parental consent. This method was considered to be efficient and less complex for service users; the single point of contact enabled families to be placed with the right support service first time, which meant that families did not need to repeat information multiple times to different agencies.

The evidence received from service users was overwhelmingly positive, with all of the families interviewed praising the early help services. The families indicated that, as well as providing practical support, early help services had helped to increase their confidence and raise their aspirations. Support workers received particular praise from service users, and were described as professional, friendly, approachable, dedicated, knowledgeable, non-judgemental and good with children.

Islington's early help services used a mentoring and supportive approach which was intended to empower service users and build resilience. The services also took a holistic "whole family" approach where support was offered to parents, children and siblings. These approaches were well received by families. Parents felt engaged in their own support, and that early help services were being delivered in cooperation with them.

Many of the families interviewed compared the welcoming approach and positive experiences they had with early help services to the negative experiences they had with other services. In particular, families had little trust in social services, housing providers and schools and found these services difficult to work with. Although early help services worked to build the resilience and increase the confidence and independence of service users, the Committee speculated if more could be done to make other council services more approachable to the borough's most vulnerable residents. For this reason the Committee recommend that the Council's early help services' successes in creating safe and trusting relationships with families be noted, and consideration be given to how similar approaches to positive relationship building can be adopted by other services, including but not exclusive of schools and housing.

Many of the families interviewed had not heard of either Families First or IFIT before their intervention began. It was thought that this unfamiliarity led to anxiety about engaging with the services. Some service users had assumed the early help services would be similar to the statutory services they either had negative experiences with or negative perceptions of, and were then surprised when this was not the case. The Committee also noted the stigma attached to accessing help and thought that targeted promotion could help to normalise access to help. Following the work carried out by the London Borough of Lambeth to address these issues, the Committee recommend that the early help services appoint former service users as ambassadors to work in the community, both publicising the service and removing the stigma of accessing early help services.

Another improvement which could be made is better publicising that families may change support worker in exceptional circumstances. It was reported that some families had changed support worker, and others were unaware of this possibility.

Users of both services interviewed by the Committee expressed their anxiety at their case being closed and some worried they would not be able to cope after their intervention ended. Some service users explained that early help services carry out a great deal of advocacy work, liaising with schools, housing providers and others on their behalf, and worried that they would not be able to engage positively without the help of their support worker. Some families suggested that a longer time period for interventions was needed; however officers suggested that a fixed and relatively short timescale was most effective in focusing service users on achieving their goals and leaning to live independently. Many of the families interviewed expressed that they were socially isolated and it was considered that their anxieties about their intervention ending were partially connected to their lack of a social support network. This presented problems as it was suggested that those without a support network were more likely to require follow up support from early help services. The Committee heard some evidence to suggest that support workers helped to reduce social isolation by recommending social groups to service users; however the Committee considered that further work was needed in this particular area. It was recommended that early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives;

The Committee gave a great deal of thought to how the success of early help services could be measured. It was agreed that any measure of success must be focused on outcomes for families, however as the purpose of early intervention programmes is to turn around families before significant problems arise, it can be difficult to evaluate the outcomes and impact of the service quantitatively.

Internal assessment carried out by the services included measuring how families had progressed on the 'family star' assessment tool, mystery shopping exercises, exit interviews with service users and cross-auditing the work of other teams. The Council had commissioned an external evaluation of the service, which concluded that Islington's early help services had been '*successful in directing their services at families who face the 'priority issues' outlined in their service specifications*'; however noted that that no local authority had yet demonstrated a reduction in need for statutory services since the introduction of early help strategies and the Troubled Families agenda. The evaluation also highlighted that early help services appeared to support a disproportionately high number of younger children and recommended that the service should carry out more targeted work to engage families with adolescents. The Committee recommended that the service adopt this recommendation.

The available evidence suggested that Islington's early help services had a positive impact on families and led to improved outcomes for children. There were positive indications that early help services were reducing demand on statutory services, however not enough evidence was available to make a firm conclusion on this point. To ensure that the services continue to perform favourably, the Committee recommend that the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises. The service may wish to consider the methodology of this type of internal evaluation to ensure that the widest possible range of views on the service is sought.

The Committee noted how early help services worked with other support services and emphasised the importance of joined up working to achieve the best outcomes for families. For example, early help services could be supplemented by wrap-around employment support services which thought to be crucial in improving outcomes for workless families. Service users were often most successful in finding employment when they considered employment to be a priority and understood how this would initiate change in other areas of their life. Employment could help to improve a family's financial position, increase aspirations, and broaden social networks. The Committee noted that the

annual cost of the wrap-around iWork service was £269,000 and considered this good value given the number of people helped into employment.

The Committee also noted the high prevalence of mental health need Islington and that a significant proportion of early help clients needed related support. It was thought that 46% of families engaging with Families First had a mental health need; these were often complex and related to trauma. The Committee was particularly concerned with the mental health of early help service users and suggested that better targeting of mental health services could improve outcomes for these families. For this reason it was recommended that, through the Health and Wellbeing Board, the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision;

The Committee was pleased with the integration and wrap-around approach adopted by the service and the number of projects available to assist families with particular needs. It was recommended that the Executive continue to recognise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing.

In carrying out the review the Committee asked service users and support workers for their suggestions to improve the early help services. Some suggestions were made which the Committee thought warranted further consideration. It was thought that a greater emphasis could be given to helping families to access other services and support available to them. One theme that emerged through the review was that some families needed help in accessing the Council's online services. Demonstrations of how to access these from council facilities or local libraries could be beneficial. Support workers also expressed that some families may benefit from cultural and social trips and outings, and although the service could not fund these directly, it was understood that some local theatres had outreach schemes and the service could help families access these and other similar opportunities. It was noted that such trips can inspire and raise the aspirations of young people, strengthen family relationships and reduce social isolation. The Committee recommended that, to combat social isolation, consideration be given to how information about cultural and social opportunities can be more accessible to families and staff.

Some support workers suggested that increased access to remote working would be useful, as this would give them the ability to take technology on home visits. However officers said that this would require a significant financial outlay and may not achieve value for money given the relatively small amount of written work completed by support workers. It was also noted that staff had laptops to enable home working when appropriate and the Council was in the process of upgrading its case recording system which would lead to efficiencies.

Support workers also suggested that a discretionary 'crisis fund' could be available, offering small amounts of money (£10-20) for families in extreme crisis situations. It was understood that Children's Social Care had a similar budget. The Committee noted that such a fund would add additional costs to the service which would be difficult find, however the Committee recommended that officers investigate if such a fund could be provided within existing budgets.

## **Conclusions**

The Committee found Islington's early help services to be of a high quality. The services worked well with partner agencies, were integrated with other support services, and took a comprehensive 'whole family' approach. The services were very well received by service users, with families praising the accessibility of the service and the work of support workers. There was evidence that the Council's early help services and associated wrap-around support services were leading to better outcomes for families, and there were positive indications that early help services were reducing the demand for statutory services. It was known that school attendances were increasing, parents were being helped into paid employment, and parents had expressed that they feel empowered and more confident as a result of their interaction with the services. Although there was

scope for further innovation, the Committee supported the work of the Council's early help services and recommended that the Executive continues to prioritise the early help approach. It was hoped that continuing the early help approach over a sustained period of time would further decrease demand for statutory services.

In carrying out the review, the Committee has met with officers, support workers and members of the public to gain a balanced view. The Committee would like to thank all witnesses that gave evidence in relation to the scrutiny. The Executive is asked to endorse the Committee's recommendations.

## **Recommendations**

- 1. That the Executive continue to prioritise the Early Help approach to preventing escalation to statutory services;**
- 2. That the Council's early help services' successes in creating safe and trusting relationships with families be noted, and consideration be given to how similar approaches to positive relationship building can be adopted by other services, including but not exclusive of schools and housing;**
- 3. That early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives;**
- 4. That the Executive continue to prioritise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing;**
- 5. That, through the Health and Wellbeing Board, the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision;**
- 6. That consideration be given to introducing 'Early Help Ambassadors', resident volunteers that can assist with outreach, promotion, and reducing the stigma of accessing help;**
- 7. That the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises;**
- 8. To combat social isolation, consideration be given to how information about cultural and social opportunities can be more accessible to families and staff;**
- 9. That officers investigate if a discretionary fund to support families in extreme crisis situations could be provided within existing budgets;**
- 10. That the service adopts the recommendation of the external evaluation to work further with families with adolescent children, and adolescent children themselves.**

## MEMBERSHIP OF THE CHILDREN'S SERVICES SCRUTINY COMMITTEE – 2014/15

### **Councillors:**

Councillor Kaya Comer Schwartz (Chair)  
Councillor Nick Ward (Vice-Chair)  
Councillor Alice Donovan  
Councillor Michelline Safi Ngongo  
Councillor Dave Poyser  
Councillor Nurullah Turan  
Councillor Diarmaid Ward  
Councillor Nick Wayne

### **Co-opted members:**

James Stephenson, Secondary Parent Governor  
Erol Baduna, Primary Parent Governor  
Mary Clement, Roman Catholic Diocese

### **Substitutes:**

Councillor Mouna Hamitouche MBE  
Councillor Angela Picknell  
Councillor James Court  
Councillor Satnam Gill  
Councillor Asima Shaikh (to February 2015)

### **Acknowledgements:**

*The Committee would like to thank all the witnesses who gave evidence to the review.*

### **Officer Support:**

*Nikki Ralph – Children's Partnership Development and Strategy Manager  
Cathy Blair – Director, Targeted and Specialist Children's Services  
Jonathan Moore and Zoe Crane – Democratic Services*

## 1. Introduction

- 1.1 The Committee commenced the review in September 2014 with the following aims:
- to analyse the extent to which services provided by Islington Council and its partners are preventing needs escalating to the point children, young people and families need statutory intervention (statutory social work services and youth offending service);
  - to highlight areas of good practice;
  - to make recommendations to further improve outcomes for families with multiple problems.
- 1.2 In carrying out the review the Committee met with Council officers, service users, support workers from both the Families First and IFIT teams, and representatives of partner organisations. Visits were carried out to offices which the Families First and IFIT services operate from, and the Committee also considered a range of written evidence including evaluation documents and service specifications.

### National context

- 1.3 Early Help services were provided within the context of the *Working Together to Safeguard Children* statutory guidance. This set out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. The guidance identified that providing early help is more effective in promoting the welfare of children than reacting later.
- 1.4 The guidance required local agencies to provide early help services and to work together to identify and assess families which may benefit from those services. In particular, early help was expected to be required by a child who: is disabled or has specific additional needs; has special educational needs; is a young carer; is showing signs of engaging in anti-social or criminal behaviour; is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence; and/or is showing early signs of abuse or neglect.
- 1.5 The guidance specified that local areas should have a range of effective, evidence-based services in place to address assessed needs early. The early help offer should relate to each area's local assessment of need and the latest evidence of what works in terms of early help programmes. Local early help services typically include family and parenting programmes, assistance with health issues and help for problems relating to drugs, alcohol and domestic violence. Services may also focus on improving family functioning and building the family's own capability to solve problems; this should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.
- 1.6 Early help services also operated in the context of the Government's Troubled Families programme, which started in 2012. In its first phase, local authorities were required to engage families with multiple problems defined nationally in relation to (1) crime and antisocial behaviour, (2) poor school attendance and (3) adults in the family on out-of-work benefits. Local factors could also be taken into account. The programme was expanded in 2015 to include families with a broader range of problems, including those affected by domestic violence and abuse, and those who need help with a range of physical and mental health problems. The Government estimates that each troubled family costs local services an average of £75,000.

1.7 The Committee noted that early help services cannot be considered in isolation. Early help services operated in the national context of reorganisation and cuts to local government and health services; and increased demand on children's social care due to the wider economic context and changes to welfare systems.

### Local context

1.8 In Islington the Troubled Families Programme was 'branded' as the Stronger Families Programme. There was no specific troubled families service, instead the programme was used to change the way that all services support and challenge families to achieve better outcomes. At 30<sup>th</sup> September 2014, Islington had identified 848 families as eligible for inclusion in the safer families programme.

1.9 Islington's approach to early help was set out in the Early Help Strategy. Islington's definition of Early Help was:

- Understanding Islington's families and pro-actively reaching out to those at risk;
- Preventing problems from arising in the first place;
- Nipping problems in the bud – getting involved to support families and help them build resilience so that emerging problems do not become serious.

1.10 Local partners signed up to an Early Help Pledge to Families which sets out the ways in which local early help services will work with families. This included the following pledges:

- Every communication will count;
- We will not pass the buck;
- There will be one main point of contact;
- Assessments will be uncomplicated and robust;
- Services that are needed will be easy to access;
- Services will be safe, practical and useful and available close to home or in a place where families can get to them;
- Families will be involved in drawing up goals in a plan that everyone can sign up to and that sets out mutual expectations.

1.11 Islington worked closely with the Early Intervention Foundation, an independent charity established in 2013 to support services in moving from late reaction to early intervention. They gathered and analysed evidence about what works and advised local authorities, charities and potential investors on how to implement Early Intervention to best effect in order to make the most impact for children and families. Islington has been selected as one of the charity's twenty 'Early Intervention Pioneering Places'.

### Islington's early help services

1.12 Islington's early help services included Children's Centres, Families First, the Islington Families Intensive Team (IFIT) and the Adolescent Multi-Agency Support Service (AMASS). These services were supplemented by a variety of parenting programmes and specialist wrap-around services which focused on issues such as mental health, employment and substance abuse.

1.13 Children's Centres provided universal support to children aged 0-5 years, targeting the most vulnerable to focus on child development, school readiness, parenting skills, child and family health and pathways to employment. Children's Centres were not covered by the scope of this review.

- 1.14 Families First provided outreach and regular home visiting support to families from vulnerable groups with children aged 5-19 years and multiple problems (such as managing difficult behaviour, poor school attendance, low income, single parents, and health problems). Each family's intervention was expected to last six months. The service had 24 support workers operating from three geographic hubs which worked with around 1,150 families in 2013/14. The Highbury and Hornsey Families First service was provided directly by the Council whereas the Holloway and Canonbury and Barnsbury and Finsbury hubs were provided by Family Action, a voluntary sector organisation, on behalf of the Council.
- 1.15 IFIT provided multi-disciplinary support and challenge to families with young people aged 10-18 years. The service worked with families with more complex issues such as high risk of eviction, children not attending school, and children involved in crime and anti-social behaviour. The support provided by IFIT was more intensive, with families meeting their support worker at least twice a week. Each family's intervention was intended to last twelve months. The service had 15 Family Intervention Workers which worked with around 90 families in 2013/14.
- 1.16 The AMASS service was for adolescents on the edge of care. As all service users were already in receipt of statutory social work support this service was not included within the scope of this review.
- 1.17 Families First received funding from Islington's 'community budget'. This included pooled resources from the Council, NHS Islington, Job Centre Plus, the Probation Service, the Police, housing agencies and the voluntary sector. The main benefit of this approach was that it provided a single, borough-wide support service which reflected the priorities of all local agencies. This ensured that the service maintained a high profile with partner agencies, and that more specialist services provided by partner agencies could 'bolt on' to the core Families First service, providing an integrated approach and avoiding duplication. Examples of this included joint working with Child and Adolescent Mental Health and Pentonville Probation.

## **2. Findings**

### The operation of early help services

- 2.1 Overall the Committee was impressed with how Islington's early help services operated. Families First and IFIT provided comprehensive support to families with complex and multiple issues. The support offered was wide-ranging and practical; focusing on issues such as housing, benefits, social problems and relationships with schools, as well as parenting, mental health, employability and substance abuse. Each family was assigned a support worker who was the primary contact throughout their intervention.
- 2.2 The Committee was pleased with the level of integration between early help services, statutory services, and partner organisations. Two clinical psychologists from Camden and Islington Foundation Trust were embedded in the Council's early help services. Although the psychologists occasionally carried out home visits with support workers, the primary intention was for them to provide support and training to early help staff. Support workers were able to consult with the psychologists on their client's mental health issues and discuss possible solutions. There was no waiting list for support from the clinical psychologists.
- 2.3 The services were also integrated with the iWork service delivered by Islington Learning and Working, and the CASA Islington Community Alcohol Service. A wrap-around approach enabled early help services to be complemented by specialist support on issues such as employment and substance abuse. It was assumed that service users consented to their data being shared with other support services, with the exception of the police.

- 2.4 Early Help services worked closely with schools. A Families First support worker was linked to every school in the borough and maintained close relationships with pastoral care staff and attendance officers to ensure that families in need of additional support were identified early. It was suggested that this was well received by parents as it provided a 'face' to the service. Newington Green School verified that the service's relationship with schools was positive, noting that the service was well coordinated, tailored to the specific needs of schools, and was easily accessible. Teachers were aware of the service and knew how to make a referral. It was welcomed that Families First had established outreach coffee mornings and parenting groups in local schools, and regularly attended school safeguarding meetings with other agencies.
- 2.5 Families First was also linked with GPs and other health services. The service offered support to families where children were regularly accessing emergency rather than routine health care, as this could be an indicator of wider problems.
- 2.6 Early Help services had a clear and effective partnership with statutory services. There was a clear procedure through which families in need of statutory intervention could be stepped-up to Children's Social Care, and families who had finished working with Children's Social Care could be stepped-down to early help services for ongoing support. Some families were stepped-down from social care on the proviso that the family would be referred back to social services if they did not engage with early help services. In such instances a joint home visits were carried out by social workers and family support workers to ensure continuity in service. It was noted that families were consulted on escalation to statutory services, unless it was considered that this would put children at risk.
- 2.7 The Committee considered the benefits of the Families First service being provided both in-house and by Family Action. This structure provided service users with a comprehensive service which recognised the strengths of both the public and voluntary sectors. There was no evidence of disparity in how the services were implemented or how the different hubs were integrated with other services.
- 2.8 Although the Committee was pleased with the level of integration and partnership approach, it was recognised that further innovations could always be made. The Council had previously considered that there were too few referrals for families in which young people showed signs of engaging in anti-social or criminal behaviour. As a result work had taken place to try and increase such referrals. It was also noted that, with the increasing independence of schools, further work would be required to ensure that schools remained engaged with the service. Although greater linkages could be developed, officers could not identify any partner services that were difficult to engage with.
- 2.9 The Council offered a single point of contact for families requiring support via the Islington Children's Services Contact Team. Families could self-refer to the team, or could be referred by professionals with parental consent. Professionals carried out an early help assessment which helped to identify the particular needs, strengths and support required by the family. Once contact was made with a family, a judgement was made on which support service would be most suitable. This method was considered to be efficient and less complex for service users; the single point of contact enabled families to be placed with the right support service first time, which meant that families did not need to repeat information multiple times to different agencies. It was also commented that the referral form for professionals was particularly detailed and sought to capture a great deal of useful information about the family. Such a form was not required for self-referrals; the Council had worked to remove bureaucracy for service users and as a result self-referrals could be made through email or telephone call. There was no backlog at

the central referral point; initial visits were arranged within three days of a referral, and visits then then took place within a week.

- 2.10 Parenting programmes available through early help services included 'Triple P' and 'Strengthening Families Strengthening Communities'. The 'Triple P' Positive Parenting Programme had a focus on research into behaviour management techniques and was particularly suitable for more academically able parents. The 'Strengthening Families, Strengthening Communities' programme was a longer programme with an emphasis on peer support. It was more suitable for parents whose first language is not English.
- 2.11 Support workers had a broad range of skills. Families First includes specialists in disability, fostering, social care, employment support and mental health. Staff were encouraged to share their experiences and learning through fortnightly group reflection sessions. Support workers sometimes carried out joint home visits with other professionals to maximise the support available to the family. Staff turnover was manageable and current vacancies had a high number of good quality applicants. Although management were aware of the risks of staff "burnout" it was advised that the service was very supportive towards staff. In general staff had left the service for career progression.
- 2.12 Early help services could uncover further, more complex issues through their work, such as domestic violence. This was a sensitive issue and family support workers had received relevant training. On uncovering a case of domestic violence, support workers would carry out a risk assessment in order to determine if a MARAC (Multi Agency Risk Assessment Conference) was required. Support workers always sought to minimise the risk to victims.

#### The experiences of service users

- 2.13 The Committee received evidence from users of both the Families First and IFIT services. The evidence received was overwhelmingly positive, with all of the families interviewed praising the early help services. The families indicated that, as well as providing practical support, early help services had helped to increase their confidence and raise their aspirations.
- 2.14 Support workers received particular praise from service users. Support workers were described as professional, friendly, approachable, dedicated, knowledgeable, non-judgemental and good with children. Families indicated that trust between families and support workers was very important. It was extremely important to service users that they had a single support worker, so that they could develop a working relationship and didn't have to re-tell their story. Some service users commented that support workers were from a similar background to their own and this helped to develop a bond between them. Families were generally clear on what their support workers could and couldn't do and recognised the importance of maintaining professional boundaries. It was reported that some support workers had provided support outside of usual working hours during crisis periods; it was highlighted that this required management approval, but service users valued this flexibility.
- 2.15 Islington's early help services used a mentoring and supportive approach which was intended to empower service users and build resilience. The services also took a holistic "whole family" approach where support was offered to parents, children and siblings. These approaches were well received by families. Parents felt engaged in their own support, and that early help services were being delivered in cooperation with them.
- 2.16 Islington's early help services were consent based; families had to choose to engage with the services. Given this element of choice, the Committee was encouraged that 91% of families referred to IFIT engaged with the service. Some families reported that they were initially anxious

about engaging with the service, however were eventually glad they had engaged. The Committee welcomed the persistence of support workers; it was advised that if a family was not engaging, early help services considered whether other communication methods could be used and how links with other services could encourage engagement. Early help services would make telephone calls, send letters, and even carry out unannounced visits to encourage engagement.

- 2.17 Many of the families interviewed compared the welcoming approach and positive experiences they had with early help services to the negative experiences they had with other services. In particular, families had little trust in social services, housing providers and schools and found these services difficult to work with. IFIT intervention workers agreed that some services were not as sympathetic to service users as early help services. However, it was suggested that service users' negative experiences of other services may be influenced by the purpose of their interaction with them. For example, service users were most likely to engage with schools, housing and social services when there was a particular problem. In such instances, the service often had statutory powers to sanction service users and this was likely to lead to negative experiences. This was very different to early help services, the only purpose of which was to support parents and families. It was also noted that other services, such as housing providers, often did not know the background of service users, and service users did not want to disclose personal information to other agencies.
- 2.18 The Committee was pleased with the extremely positive feedback received on the services, however was cautious not to conflate the services' popularity with its achievement of results. At the very least, the approach of early help services was clearly working to engage families with complex needs, and the Committee suggested that other front line services may be able to learn from this approach. Families reported that they were sometimes anxious about contacting other services, or believed that their interactions with them would not be as positive as those with early help services. Although early help services worked to build the resilience and increase the confidence and independence of service users, the Committee speculated if more could be done to make other council services more approachable to the borough's most vulnerable residents. For this reason the Committee recommend that the Council's early help services' successes in creating safe and trusting relationships with families be noted, and consideration be given to how similar approaches to positive relationship building can be adopted by other services, including but not exclusive of schools and housing.

#### Promotion and outreach

- 2.19 The promotion and outreach work already undertaken by Families First included advising council tenants of the service at the start of their tenancy, attending community events and working in local schools and doctor's surgeries. Information was also available from the Council's website.
- 2.20 Many of the families interviewed had not heard of either Families First or IFIT before their intervention began. It was thought that this unfamiliarity led to anxiety about engaging with the services. Some service users had assumed the early help services would be similar to the statutory services they either had negative experiences with or negative perceptions of, and were then surprised when this was not the case. It could be thought that simply increasing publicity of the services could counteract this issue; however officers noted that this may have the unintended consequence of attracting families who may not have the greatest needs. The resources of early help services were limited and for this reason promotion should be targeted at those with the most complex needs.
- 2.21 Promotion and outreach work should also help to reduce the stigma associated with accessing help services. Although it was thought that there was less stigma attached to early help services than statutory services, some of the service users interviewed suggested that they previously considered accessing help to be shameful and explained that, for example, their own parents

would not have accessed early help services. Some work was already carried out to remove stigma; the integration with universal services and co-location with area housing offices and other community buildings was intended to normalise access to help, however it was thought that more could be done in this area.

- 2.22 The Committee learned that the London Borough of Lambeth had appointed 'Parent Champions' to raise the profile of early help services in the community and to normalise accessing help. Some early help service users expressed that they would be willing to work as volunteers and it was thought that a similar role could be introduced in Islington for these parents. The Committee recommend that the early help services appoint former service users as ambassadors to work in the community, both publicising the service and removing the stigma of accessing early help services.
- 2.23 The need to increase publicity and outreach to the most vulnerable was also emphasised by the evidence received from Islington Learning and Working. It was suggested that some parents were unaware of the full range of support services available to them and this could result in anxiety about making changes to their home life. For example, it was suggested that many parents were unaware that the Council funded a childcare bursary to help single parents with the cost of childcare.
- 2.24 Another improvement which could be made is better publicising that families may change support worker in exceptional circumstances. It was reported that some families had changed support worker, and others were unaware of this possibility.

#### Building resilience

- 2.25 Families First had a target of each intervention lasting six months, however this could last longer if service users were not yet ready for their intervention to end. This was often the case if families were particularly slow to engage with the service or had more complex needs. IFIT interventions were intended to last for a twelve month period split into three stages; assessment, intensive intervention, and maintenance. Support reduced during the maintenance stage and families were supported in sustaining the changes made during the intervention stage. Support through IFIT could be extended if a family was not yet ready for their intervention to end.
- 2.26 Users of both services interviewed by the Committee expressed their anxiety at their case being closed and some worried they would not be able to cope after their intervention ended. Some service users explained that early help services carry out a great deal of advocacy work, liaising with schools, housing providers and others on their behalf, and worried that they would not be able to engage positively without the help of their support worker. Support workers agreed to an extent, indicating that some schools seemed more willing to engage with professionals than parents. It was also commented that support workers could identify service failures due to their familiarity with the processes of schools and other agencies, whereas parents would not necessarily be able to do so.
- 2.27 Some families suggested that a longer time period for interventions was needed; however officers suggested that a fixed and relatively short timescale was most effective in focusing service users on achieving their goals and leaning to live independently. It was highlighted that families were always able to re-refer to the Council's early help services, or ask for advice and guidance when required. Members of the Committee commented on the drastic change in service users; from being anxious about engaging with the service to not wanting to end their intervention within a relatively short time period. This was considered to be indicative of the effectiveness of the service.

- 2.28 Some of the families interviewed were unsure of their progress and what would happen when their intervention ended. The Committee understood that this topic had to be handled sensitively with families, however it was suggested that greater communication around timescales and individual progress with their intervention could minimise the anxiety families felt about their support ending.
- 2.29 Many of the families interviewed expressed that they were socially isolated and it was considered that their anxieties about their intervention ending were partially connected to their lack of a social support network. This presented problems as it was suggested that those without a support network were more likely to require follow up support from early help services. The Committee heard some evidence to suggest that support workers helped to reduce social isolation by recommending social groups to service users; however the Committee considered that further work was needed in this particular area. It was recommended that early help services better prepare service users for their intervention ending by working further to build resilience, which will reduce social isolation and empower families to live independent and fulfilled lives;

### Outcomes and impact

- 2.30 The Committee gave a great deal of thought to how the success of early help services could be measured. It was agreed that any measure of success must be focused on outcomes for families, however as the purpose of early intervention programmes is to turn around families before significant problems arise, it can be difficult to evaluate the outcomes and impact of the service quantitatively.
- 2.31 It was possible to monitor the outcomes and impact of the service though the service's own assessment tools. Each family was measured on the 'family star' assessment tool at the beginning and end of their intervention. The purpose of this was to identify the areas in which the family needs the most support and to enable the family's progress to be measured over time. Through this tool, Families First was aware that the majority of clients had made good progress, and that it had been most successful in improving the safety of children, however further work was needed to improve the social networks of clients. Although this monitoring was considered useful, it was recognised that this was not an independent measure of the service's outcomes, and although the family star indicated the service's successes with particular families, it would not highlight the performance of the service more generally, or identify any problems with the quality of the service encountered by service users.
- 2.32 Families First had evaluated customer service internally through a mystery shopping exercise in November 2014. Former service users were asked to make a telephone call to Families First, and were given a fictional case study to present to the service. This exercise yielded two inadequate responses and one good response. Although the results of this exercise were not encouraging, the Committee was pleased that the service had made changes and increased staff training as a result of this exercise.
- 2.33 The service had also undertaken exit interviews with former service users in March 2015. 45 former service users were randomly selected and of those 16 agreed to give feedback. All service users had ended their intervention within the previous six months. The results of this exercise were very positive, with over 50% stating that Families First 'definitely' provided the family with the support they wanted, and the same number indicating that they felt involved in planning the work with their family. A significant proportion, 81%, advised that Families First had helped them feel less stressed and anxious, and the same number rated their experience with Families First as 'good' or 'excellent'. No negative feedback was received though the interviews.

- 2.34 Although the Committee considered the results of the exit interviews to be very positive, it was recognised that the survey was of a relatively small sample of service users, and families who felt they had received a good service may be more inclined to provide feedback. Families who experience difficulties with spoken English were also not interviewed as part of the exercise. It was noted that while exit interviews provide the service with valuable information in regards to service quality, the interviews do not objectively assess the impact of the service and are sometimes dependent on service user expectations; for example, one interviewee gave the service a neutral rating as their housing situation had not improved, however such matters are beyond the control of the service. It was noted that other internal evaluation is undertaken, such as the three Families First teams cross-auditing each other's work.
- 2.35 Objective and independent evaluation of the service can be conducted externally. The Council commissioned an external evaluation of the service, the conclusions of which became available towards the end of the scrutiny review. This concluded that Islington's early help services had been *'successful in directing their services at families who face the 'priority issues' outlined in their service specifications.'* The evaluation made a number of recommendations, one of which was to work further with families with adolescent children. The evaluation noted that the Families First service had a disproportionate focus on children of a primary school age, with 67% of the 2013/14 cohort under the age of ten. Although it was noted that Targeted Youth Support service supported a large number of adolescents, this service did not work with parents on wider family issues. The evaluation suggested that further thought is required in regards to how early help services can work more collaboratively with other youth services on this issue, and how adolescents with escalating needs can be identified and engaged before their needs become entrenched. The Committee welcomed this detailed external assessment and recommended the service in adopt its recommendations on working further with families with adolescent children, and adolescent children themselves.
- 2.36 One aim of this scrutiny was to analyse the extent to which early help services prevent needs escalating to the point children, young people and families need statutory intervention. Unfortunately it was not possible for the Committee to make a firm conclusion on this point. Due to the nature of early help services, there were difficulties in assessing how many families would have otherwise gone on to require statutory services. The independent evaluation of the Council's early help services advised that no local authority had yet conclusively demonstrated a reduction in need for statutory services since the introduction of early help strategies and the Troubled Families agenda. However, there were promising indications that the Council's early help approach was working. In 2014/15 the Children's Services Contact Team received an 11% increase in contacts, however experienced a 13% reduction in the number of cases referred to social care, which in turn meant that social care carried out 12% fewer assessments. Of those assessments carried out by Children's Social Care, 70% went on to receive a service as opposed to 50% in the previous year. The implication of this was that more contacts were being made for early help services, and more contacts were being diverted to early help services rather than social care. As a result fewer and more appropriate cases were being dealt with by social care, and a greater proportion of social care assessments resulted in a service.
- 2.37 The Committee was pleased with the indications that the early help approach was working to reduce demand on statutory services, however in the absence of conclusive evidence, the Committee expressed that a vision of success is needed for early help services and the Council may wish to further consider what success will look like and how this can be monitored.
- 2.38 It was also difficult to objectively assess how particular areas of the service were performing. A member queried how the effectiveness of the psychologist support to Families First was measured. It was recognised that this was difficult to evaluate as the psychologists did not frequently work with service users directly, however it was possible to undertake staff surveys, measure family wellbeing, and review how the recommendations of the clinical psychologists

were being implemented. These indirect evaluation measures were welcomed by the Committee, however further illustrated the difficulties faced in quantitatively evaluating the impact of the service.

- 2.39 There were other measured outcomes which indicated that the service was performing well. Early help services (including children's centres) reached 12% of children and young people in Islington. Families found Islington's early help services accessible, flexible, and it was easy to get an appointment. Internal evaluation indicated a very high level of satisfaction with the services, and all of the families interviewed by the Committee as part of the review indicated that early help services had made a positive impact on their lives. 68% of families engaging with Families First and 31% of families engaging with IFIT had experienced a reduction in school absence. 48% of young offenders known to IFIT did not re-offend, and of those that did, 37% reduced the frequency of their offending. Many of the families interviewed by the Committee spoke of their increased confidence, improved family relationships, and expressed gratitude towards the service. In conducting the review the Committee heard positive anecdotal evidence of ways the services had helped families, including how the service had helped a family avoid eviction, and how the service had helped source funding for a family with a child with medical needs.
- 2.40 The available evidence suggested that Islington's early help services had a positive impact on families and led to improved outcomes for children. There were positive indications that early help services were reducing demand on statutory services, however not enough evidence was available to make a firm conclusion on this point. To ensure that the services continue to perform favourably, the Committee recommend that the internal monitoring and evaluation of early help services continue to be prioritised through further exit interviews and mystery shopping exercises. The service may wish to consider the methodology of this type of internal evaluation to ensure that the widest possible range of views on the service is sought.

#### Comparisons with other local authorities

- 2.41 The Committee received evidence from officers of the London Borough of Lambeth about their early help offering. It was noted that Lambeth's service had a multi-agency approach with similar step-up and step-down procedures to Islington's. Lambeth's service had a similar approach to Islington's and had also provided parenting programmes. Differences between the borough's services included the length of intervention and evaluation measures. Lambeth's early help interventions lasted between three and six months, and the impact of the service was assessed against broader societal measures, such as overall reductions in the number of young people classified as NEET and teenage pregnancies. Although the early help services of Islington and Lambeth were similar in many ways, it was thought that benchmarking services was a useful tool in learning best practice from other local authorities.

#### Specialist services and projects

- 2.42 The Committee noted how early help services worked with other support services and emphasised the importance of joined up working to achieve the best outcomes for families. For example, early help services could be supplemented by wrap-around employment support services which thought to be crucial in improving outcomes for workless families. Islington Learning and Working delivered the iWork service which provided coaching, mentoring and support to the long term unemployed. The service was co-located with Jobcentre Plus. Early help services could refer parents to the service, and likewise iWork clients could be referred to early help services. The service had adopted an approach to building relationships similar to the Council's early help services and it was thought that this had contributed to the service's success in increasing the number of parents helped into paid work. In 2012/13 the service helped 68 parents into paid employment and following the change of approach this number increased annually, to 380 in 2014/15. Service users were often most successful in finding employment

when they considered employment to be a priority and understood how this would initiate change in other areas of their life. Employment could help to improve a family's financial position, increase aspirations, and broaden social networks. The Committee noted that the annual cost of the service was £269,000 and considered this good value given the number of people helped into employment.

- 2.43 Early help services could also be supplemented by substance abuse support from the CASA Islington Community Alcohol Service, which the council had a partnership agreement with. The organisation was small, with one manager, three support workers and a part-time administrator, and was previously independent but had merged with Blenheim, a larger addiction organisation, to realise efficiencies. The organisation offered direct work with clients and training and support to professionals to increase their capability and confidence in working with those suffering from substance abuse. Similar to the council's early help services, the organisation had a "whole family" approach and welcomed self-referrals. An evaluation of the service was carried out in 2011, the results of which were very positive. Since this date the service has assessed its outcomes and achievements against its own measures. It was noted that there was no nationwide performance framework to benchmark the service against.
- 2.44 The Committee also noted the high prevalence of mental health need Islington and that a significant proportion of early help clients needed related support. Two clinical psychologists had been co-located with Families First since November 2013 and had provided support on 400 cases in their first year. It was thought that 46% of families engaging with Families First had a mental health need; these were often complex and related to trauma. The Committee emphasised the importance of effective, targeted mental health support for these families. Some families had a history of not engaging with mental health services and therefore the psychologists would need to consider how to improve the wellbeing of those in need without necessarily referring to specialist services. Although this work was commended, the Committee was particularly concerned with the mental health of early help service users and suggested that better access to mental health provision could improve outcomes for these families. For this reason it was recommended that, through the Health and Wellbeing Board, the Council work with its partners, such as clinical commissioning groups, to ensure better access to effective mental health provision.
- 2.45 There was a high prevalence of domestic violence in families accessing the Council's early help services and new programmes were being piloted for both victims and perpetrators. The Committee also welcomed the projects undertaken by early help services themselves to address the particular issues faced by service users. Families First was piloting a project for families whose children struggled with school attendance, which would involve working with a small number of families in the early mornings and evenings. A support worker at the Highbury and Hornsey Team had also worked in her own time with teenage service users to produce a short film, the aim of which was to raise aspirations.
- 2.46 The Committee was pleased with the integration and wrap-around approach adopted by the service and the number of projects available to assist families with particular needs. The Committee wished for these to continue, especially those which focus on mental health, school attendance, domestic violence and parental employment which were considered crucial to improve the outcomes for families. It was recommended that the Executive continue to prioritise mental health, school attendance, domestic violence and parental employment as key factors in achieving family wellbeing.

#### Enhancing the service

- 2.47 In carrying out the review the Committee asked service users and support workers for their suggestions to improve the early help services. Service users had very few suggestions, with many re-stating their satisfaction with the services. Some parents suggested extending the

working hours of support workers. Family support workers were available during usual working hours (9am – 5pm) and it was suggested that extending these could provide a more comprehensive service. However, family support workers were already available for early and late appointments, and weekends, on request. Officers highlighted that support workers were not an emergency service which needed to be able to respond immediately, and as the majority of service users were not in full time employment, there was no reason to amend working hours. The Committee agreed with this view and found the current flexibility of the service to be good.

- 2.48 Parents also suggested that Families First could offer crèche facilities for families who had to attend appointments with other services where it would not be appropriate for their child to attend. Although the Committee understood the need for affordable and good quality childcare, providing such facilities directly was not thought to be a priority for the service. It was also suggested that more joint meetings could be had between early help support workers and social workers, if a family is receiving support from both services.
- 2.49 Some support workers suggested that increased access to remote working would be useful, as this would give them the ability to take technology on home visits. However officers said that this would require a significant financial outlay and may not achieve value for money given the relatively small amount of written work completed by support workers. It was also noted that staff had laptops to enable home working when appropriate and the Council was in the process of upgrading its case recording system which would lead to efficiencies.
- 2.50 Support workers also suggested that a discretionary ‘crisis fund’ could be available, offering small amounts of money (£10-20) for families in extreme crisis situations. It was understood that Children’s Social Care had a similar budget. The Committee noted that such a fund would add additional costs to the service which would be difficult find, however the Committee recommended that officers investigate if such a fund could be provided within existing budgets.
- 2.51 Other suggestions of support workers included a dedicated and well-resourced meeting room, external therapeutic support for support workers, further professional development, and further programmes for perpetrators of domestic abuse.
- 2.52 Some suggestions were made which the Committee thought warranted further consideration. It was thought that a greater emphasis could be given to helping families to access other services and support available to them. One theme that emerged through the review was that some families needed help in accessing the Council’s online services. Demonstrations of how to access these from council facilities or local libraries could be beneficial. Support workers also expressed that some families may benefit from cultural and social trips and outings, and although the service could not fund these directly, it was understood that some local theatres had outreach schemes and the service could help families access these and other similar opportunities. It was noted that such trips can inspire and raise the aspirations of young people, strengthen family relationships and reduce social isolation. The Committee recommended that, to combat social isolation, consideration be given to how information about cultural and social opportunities can be more accessible to families and staff.
- 2.53 The Committee also asked partner agencies for their suggestions to enhance the service. Newington Green School commented that it would be helpful for schools to receive updates on families that had self-referred to the service, however the importance of confidentiality was accepted. The opinion of the school was that the Families First budget should be protected.

### **3. Conclusions**

- 3.1 The Committee found Islington's early help services to be of a high quality. The services worked well with partner agencies, were integrated with other support services, and took a comprehensive 'whole family' approach. The services were very well received by service users, with families praising the accessibility of the service and the work of support workers. There was evidence that the Council's early help services and associated wrap-around support services were leading to better outcomes for families, and there were positive indications that early help services were reducing the demand for statutory services. It was known that school attendances were increasing, parents were being helped into paid employment, and parents had expressed that they feel empowered and more confident as a result of their interaction with the services. Although there was scope for further innovation, the Committee supported the work of the Council's early help services and recommended that the Executive continues to prioritise the early help approach. It was hoped that continuing the early help approach over a sustained period of time would further decrease demand for statutory services.
- 3.2 In carrying out the review, the Committee met with officers, support workers and members of the public to gain a balanced view. The Committee would like to thank witnesses that gave evidence in relation to the scrutiny. The Executive is asked to endorse the Committee's recommendations.

<b>SCRUTINY REVIEW INITIATION DOCUMENT (SID)</b>
Review: <b>Impact of Early Help on preventing escalation to statutory services</b>
Scrutiny Review Committee: <b>Children’s Service Scrutiny</b>
Director leading the Review: <b>Eleanor Schooling</b>
Lead Officer: <b>Ruth Beecher</b>
<p>Overall aim:</p> <ul style="list-style-type: none"> <li>• To analyse the extent to which services provided by Islington council and its partners are preventing needs escalating to the point children, young people and families need statutory intervention (statutory social work services and youth offending service).</li> <li>• To highlight areas of good practice</li> <li>• To make recommendations to further improve outcomes for families with multiple problems</li> </ul>
<p>Objectives of the review:</p> <p>To identify how well the early help approach is:</p> <ul style="list-style-type: none"> <li>• <b>identifying issues</b> at the onset to nip problems in the bud</li> <li>• providing a system of support that is <b>easily accessible</b> for families</li> <li>• providing a <b>range of services</b> to meet the differing levels of need of families and how they address issues related to school attendance, offending and employment including parental employment.</li> <li>• providing <b>effective programmes</b> of support</li> <li>• effectively <b>building family functioning</b> and ability to solve/overcome problems</li> <li>• effectively <b>solving problems</b> faced by children, young people and families identified as having multiple needs that can’t be met by universal services, preventing offending and the need for entry into social care services.</li> <li>• making efficient and effective <b>use of all resources</b> available</li> </ul>
<p>How is the review to be carried out:</p> <p>Scope of the Review</p> <p>The review will focus on:</p> <ol style="list-style-type: none"> <li>1. The national and local context <ul style="list-style-type: none"> <li>• The legislative framework</li> <li>• National early intervention and prevention policy context</li> <li>• National policy context including Troubled Families Programme</li> <li>• Local strategies including the Early Help Strategy and Family Support Strategy</li> <li>• Our role as a local authority and that of our partners</li> </ul> </li> <li>2. Local need <ul style="list-style-type: none"> <li>• National and local definition of need</li> <li>• Troubled Families Programme Data on families with multiple problems</li> </ul> </li> </ol>

3. Community budget approach
  - Pooled resources
  - Financial information
  
4. The local early help offer
  - Early help services including Troubles (Stronger) Families, Families First, Islington Family Intensive Team (IFIT)
  - Parenting programmes
  - Evidence of 'what works'
  
5. Partnership working
  - Interagency working (i.e. Family Action; Parent Employment Partnership)
  - Inter-departmental working
  - Work with schools and other partners (i.e. police and health)
  
6. Systems and processes
  - Referral pathways
  - Common Assessment Framework
  - Lead Professional
  
7. Current performance
  - Phase 1 Families First evaluation
  - Troubled Families PBR
  - Phase 2 evaluation plans

Types of evidence:

1. Documentary submissions including:
  - Contextual report
  - Early Help Strategy and Family Support Strategy
  - Evidence of Islington's early help programmes and approaches - best practice and what works
  - Evaluation of Families First
  - Evidence of revised systems (referral routes/assessment tools/ outcome recording and measurement tools)
  - Evidence from diversionary work (IFIT)
  - Parent Employment Partnership evaluation
  - Case studies/user survey information
  
2. Witness evidence including:
  - i) Officer presentations  
(eg. Families First, IFIT, Targeted Youth Support, Chair of Community Budgets Steering Group)
  - ii) Partners  
(eg. schools, health, police, Family Action (the organisation contracted to deliver Families First))
  - iii) Contractors  
(i.e. Family Action – the provider delivering Families First)
  - iv) Parent Employment Partnership

3. Visits

- Families First
- Schools
- Targeted Youth Support (i.e. detached youth work)

Additional Information:

## Children's Service Scrutiny – Work Programme: Early Help Scrutiny

**Scrutiny topic: Impact of Early Help on preventing escalation to statutory services**

### **Our role as a scrutiny committee:**

- To ask questions about decisions that have already been taken
- To ask whether these decisions are good enough
- To make recommendations to further improve what the council (with partners) are doing

### **Focus: Access and Effectiveness**

Section 4 of SID: The local early help offer

- Early help offer: Families First; IFIT (Islington Family Intensive Team)
- Parenting Programmes
- Evidence of what works

Section 5 of SID: Partnership working

- Interagency working (ie. Family Action; Parent Employment Partnership)
- Inter-departmental working
- Work with schools and other partners (ie. Police and health)

### **Key questions**

- Is Families First reaching the right families, those families who, without the additional support, are more likely to require statutory intervention?
- Do parents get the right help when they need it? And do parents feel this help is beneficial?
- How do we know Families First is making a difference?
- Do we know Families First is reducing demands on statutory services?
- Are parenting programmes working?
- Is Families First an effective use of resources? Is it value for money? Are we going to save money/avoid costs in the future?

### **Work programme for early help scrutiny**

#### **Additional documentation**

- Families First Service Specification
- Finance report
- Families First evaluation (TBC) – we have previously provided the committee with the early impact evaluation of Families First. We have commissioned a follow up evaluation which is currently in progress and we will share the findings with the scrutiny committee if we receive the final report in time.



Ellen Ryan	Islington Learning and Working (ILW) Manager, LBI	<b>Employability/poverty</b> - Parental Employment Partnership – partnerships between ILW, Children’s Services and Jobcentre Plus to set parents/adult children on the pathway to employment
Hazel Jordan	CASA Islington Community Alcohol Service	CASA works with families First but also deliver separate pieces of work specifically around <b>substance misuse</b> .
Families (at a special witness evidence session from 7-7.30pm prior to main meeting)		To find out about <b>families’ experiences</b> of support from Families First and IFIT, whether the support was what they needed and at the time they needed it. Whether we are delivering our Early Help Pledge. And what difference the support has made to families. How could the service be more effective?

**Visits (to take place between March and May)**

<b>Who</b>	<b>Organisation/remit</b>	<b>Area of focus</b>	<b>When</b>
Family Intervention Workers	Islington Families Intensive Team (IFIT), LBI	<b>Family Intervention Workers</b> provide intensive outreach support and challenge to (usually workless) families who with young people aged 10-18 years. The families are at high risk of eviction, children are not attending school, and/or are involved in crime and anti-social behaviour. Find out methods of <b>engaging</b> with families, <b>challenges</b> of working with families with complex needs, the <b>difference</b> their support makes.	Wednesday 22 April 2015 1pm – 4.30pm

Family Support Workers (visit to 2 area teams)	Families First	Find out methods Family Support Workers use to <b>engage</b> with families, <b>challenges</b> of working with families with complex needs, the <b>difference</b> their support makes.	Monday 13 April 2015 10-12noon 1-3pm
Parents/families	At Families First site	To find out about <b>families'</b> <b>experiences</b> of support from Families First and IFIT, whether the support was what they needed and at the time they needed it. Whether we are delivering our Early Help Pledge. And what difference the support has made to families. How could the service be more effective?	Monday 13 April 2015 10-12noon 1-3pm

- 11 June 2015: Draft recommendations and report

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Report of: **Executive Member for Health and Wellbeing**

Meeting of	Date	Ward(s)
Executive	26 November 2015	All

Delete as appropriate	Exempt	Non-exempt

## **SUBJECT: Patient Feedback – Executive Member’s response to the Health and Care Scrutiny Committee’s Recommendations**

### **1. Synopsis**

- 1.1 On 1<sup>st</sup> September 2015, the Executive received the report and recommendations of the Health and Social Care Scrutiny Committee in relation to patient feedback mechanisms. The Committee’s ‘short-life’ review ran from January 2015 until May 2015 and evidence was received from a variety of sources including Islington Clinical Commissioning Group (CCG), Islington Healthwatch, patients and NHS England. The Scrutiny Committee’s recommendations were directed towards a number of local organisations, including local NHS provider trusts and GPs, Islington Clinical Commissioning Group and the Council itself. This report provides a summary of the response of, and actions being taken by those various organisations in relation to the Scrutiny Committee’s recommendations.

### **2. Recommendations**

- 2.1 To note the actions being taken forward to address the recommendations of the Health Scrutiny Committee in relation to patient feedback.

### **3. Background**

- 3.1 In January 2015 the Health and Care Scrutiny Committee commenced a scrutiny review into patient feedback mechanisms. The aim of the review was to understand the range and effectiveness of local arrangements for obtaining and acting on patient feedback to improve local primary, community, acute and mental health services.
- 3.2 The Committee’s final report included recommendations directed to a number of organisations and partners across the local health and care system, as well as for Islington Council. The relevant

organisations were forwarded the Committee's report and recommendations, and were invited to respond. Responses were received from:

- Camden and Islington NHS Foundation Trust;
- Moorfields Eye Hospital NHS Foundation Trust;
- University College London Hospitals NHS Foundation Trust;
- Whittington Health NHS Trust
- Islington Clinical Commissioning Group
- Healthwatch Islington
- Islington Local Medical Committee

The full responses from each organisation are available to view at appendix A. It should be noted that Islington LMC were unable to gather responses from all Islington GP Practices to the Committee's recommendations, but have made an offer of undertaking further work with the Scrutiny Committee to help obtain any additional information if required.

- 3.4 Responses to each of the Committee's recommendations are set out below in section 4. Whilst the recommendations are predominantly directed towards NHS partners, the Executive welcomes the report and its recommendation's and will work actively with partners to support implementation.

## 4.0 Response to the recommendations

### 4.1 ***Recommendation 1: That all providers of medical services, including mental health trusts, should implement the Friends and Family Test (FFT) as required by Government***

All Islington NHS Provider Trusts<sup>1</sup> and Islington GP Practices have implemented the FFT and are meeting the core requirements as per NHS England guidance. The LMC also confirmed that it regularly remind GP practices of the requirements of the Friends and Families Test, including associated reporting deadlines.

### 4.2 ***Recommendation 2: That all FFTs should include an 'open' supplementary question which invites comment***

All Islington NHS Provider Trusts currently include a supplementary 'open' question allowing patients to expand on their response to the closed questions.

### 4.3 ***Recommendation 3: That all providers should actively promote and encourage patients to complete the FFT, both with posters and face to face***

All Islington NHS Provider Trusts use a variety of methods to promote completion of the FFT, including:- the active promotion of the test and encouraging patients to complete it by staff, former service users and volunteers; the use of FFT cards and posters; via Trust websites; through cartoons in children's services; and the display of results on public notice boards and displays.

Trusts reported a range of activities and interventions being taken forward to increase promotion of the FFT and encourage completion in the future including:- the display of real-time data on screens in waiting rooms; the use of QR code technology to allow service users to easily access the FFT on their smartphones in waiting rooms; and implementation of a patient feedback IT solution that will gather FFT results across the Trust and provide individual services and members of staff with producing

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<sup>1</sup> Camden and Islington NHS Foundation Trust; Moorfields Eye Hospital NHS Foundation Trust; University College London Hospitals NHS Foundation Trust; Whittington Health NHS Trust

tailored reports specific to their service area, enabling services to develop a better response to the feedback received.

4.4 ***Recommendation 4: That all providers should display monthly statistical results of the FFT and a brief description of how any other comments or suggestions have been addressed***

All Islington NHS Provider Trusts currently display statistical results of the FFTs and have 'you said, we did' boards on display at various trust locations/sites. Trusts are considering rolling this out to more sites in the near future.

Trusts also display results of the FFT on their websites, updating results on a regular basis. Some Trusts are planning to make improvements in the near future with regard to how results are displayed online and how they can improve what information is displayed and where.

4.5 ***Recommendation 5: That Islington CCG should actively encourage and support providers in promoting and publicising results, and also in monitoring results and reporting them back to the Health and Care Scrutiny Committee***

Islington Clinical Commissioning Group (Islington CCG) works with providers to ensure that they utilise the Friends and Family Test (FFT) within services. Providers' FFT results are shared with Islington CCG, to enable the CCG to fulfil its oversight and assurance functions in terms of the quality and safety of commissioned provider services.

NHS provider trusts and General Practices have been required to publish response rates to the FFT and the proportion of positive responses from the FFT survey on a phased basis since April 2013. The results of the FFT are published at monthly intervals on both NHS England and NHS Choices websites.

They are also published on individual Trusts external websites, detail as per below:-

Whittington Health <https://www.whittington.nhs.uk/default.asp?c=11885>

University College London Hospital:

<https://www.uclh.nhs.uk/News/Pages/HowfriendsandfamilyrateUCLH.aspx>

Moorfields Eye Hospital: <http://www.moorfields.nhs.uk/content/friends-and-family-test>

As part of its contract monitoring arrangements and in discharging its duties in relation to overseeing and assuring the quality and safety of local health services, the CCG regularly discusses and triangulates FFT results received from providers with a range of data from other sources, and seeks assurance that providers are taking appropriate actions to respond and make necessary improvements.

The CCG have offered to provide a summary of Islington providers' published FFT data to the Health and Care Scrutiny Committee as required.

4.6 ***Recommendation 6: That providers should offer a number of methods of collecting results of the test, including a verbal response, written forms, hand held devices and internet. Websites should display a link to the feedback form prominently on the homepage and providers should ensure a fully inclusive response to the tests from all sectors of the community.***

The main methods used by Islington providers include: online systems /web-based forms; hand held electronic devices e.g. iPads, and paper/card versions. The Trusts also all make reasonable adjustments for patients who are unable to complete the FFT via these methods/channels. For

instance, paper versions are used by some Trusts for older people with dementia who have difficulty using iPads. Large-print, easy read and braille versions of the FFT are made available for people with visual impairments and people with learning disabilities. Help is also provided by staff to collect information verbally. Most Trusts made translated versions of their FFT available or have plans to implement translated versions in the near future.

All Trusts have a link to their FFT on their website homepage, with the exception of one trust where it can be accessed from a drop-down menu on their homepage. The Trust will address this as part of a web redesign project to ensure a link to the FFT is visible on its homepage.

Where patients choose not to, or cannot complete the inpatient FFT, staff at the local provider trusts are asked to capture the reasons behind patient non-completion, in order to help the Trusts understand which patient groups are less likely to engage with this feedback mechanism, find ways to overcome any barriers, as well as finding other ways of asking for feedback.

Some of the different methods described above are designed to ensure FFT responses are collected from a wide range of patient groups and communities (such as providing the test in alternative community languages, easy read formats, using former service users to help overcome the barriers associated with collecting information from mental health service users, and providing child friendly versions of the FFT).

With the exception of Whittington Health, all Trusts collect the four demographic characteristics of age, gender, ethnicity and disability. Analysis of FFT responses by these demographic characteristics enables trusts to understand differences in response rates, as well as in the feedback received from different patient groups, and to implement more tailored improvements in response to the feedback received.

Whittington Health currently collects information on age, ethnicity and gender for all FFT responses, but a question regarding disability is currently only collected on some FFT questionnaires. The trust is working with its patient feedback provider to ensure disability is included on every questionnaire by the end of October 2015.

#### **4.7 Recommendation 7: That the CCG work with the Council to develop a similar feedback model for public health services**

Currently there is no one single patient feedback process or set of questions that are used as a standard feedback test, similar to the NHS Friends and Family Test, across Public Health commissioned services.

Currently Public Health hold a mixture of contracts for services with a range of NHS and non-NHS providers, including those that were transferred from the NHS, and remain on NHS contracts and those that are on Council Contract terms and conditions. There are a variety of different service user satisfaction requirements outlined in the service specifications for Public Health Contracts.

All current contracts have a requirement for each of the services to conduct at least once per year, or on discharge from the service, a service user satisfaction questionnaire. The nature and content of questionnaires vary by provider, who then use the information fed back to improve their services. Contracts do require results from these satisfaction questionnaires to be reported back to commissioners in Public Health. Complaints and compliments are also required to be fed back to Public Health commissioners as part of a commissioned provider's annual or quarterly returns.

Sexual health services do use a similar model to the Friends and Family Test, slightly re-worded, and known as a “net promoter score” – i.e. whether one would recommend the service to a friend or would not recommend it, with a measure of strength of response (e.g. agree, strongly agree, slightly disagree, etc).

Other services that Public Health commission from NHS Trusts, including some substance misuse services, do use the Friends and Family Test as part of its trust-wide use.

Public Health has established a Clinical Governance group, chaired by an Assistant Director of Public Health, in order to strengthen arrangements for overseeing and assuring clinical governance within its commissioned services. The remit of this group includes reviewing the department’s collection and use of service user satisfaction survey feedback, as well as compliments and complaints about commissioned services, including developing a more standardised approach to patient feedback across the diverse set of services it commissions.

The option of using the standardised questions contained in the FFT in use across other NHS services is being considered. The close working relationships between Islington CCG and Public Health will help to facilitate this development.

#### **4.8 Other comments received**

Healthwatch Islington also responded to the recommendations of the Scrutiny Committee, welcoming the Committee’s focus on this issue and its recommendations. Healthwatch Islington noted key aspects of good practice in eliciting and using patient feedback, which were picked up in the Committee’s report, namely that:-

- processes should take into consideration people’s different communications needs;
- that there should be clarity that feedback is welcomed and treated as confidential, so that patients are clear that it will not affect their treatment adversely;
- and that services should report back to patients/ users/ the public (through posters websites face-to-face) on what has happened as a result of their feedback (i.e. make it worth our while completing the test).

#### **4.9 Responses to the report of the Health and Care Scrutiny Committee on Patient Feedback were received from:**

- Camden and Islington NHS Foundation Trust;
- Moorfields Eye Hospital NHS Foundation Trust;
- University College London Hospitals NHS Foundation Trust;
- Whittington Health NHS Trust
- Islington Clinical Commissioning Group
- Islington Local Medical Committee

Full responses are available on request.

## **5. Implications**

### **5.1. Financial implications**

Any plans or strategies derived or agreed in relation to this report or recommendations within this report should use existing available resources and therefore not create a budget pressure for the Council and/or CCG.

## 5.2. Legal Implications

The Health and Social Care Act 2012 (“the 2012 Act” ) provides the legal framework for the councils duties in respect of public health functions.

Section 12 of the 2012 Act inserted a new section 2B into the National Health Services (NHS) Act 2006, (“the 2006 Act” which imposes a duty on each local authority to take such steps as it considers necessary to improve the health of people in its area. In addition the 2012 Act places a duty on local authorities to reduce health inequalities in its area Section 2B(3) of the 2006 Act, provides that such steps include providing services for the prevention, diagnosis or treatment of illness.

Section 26 of the 2012 Act inserted section 14R into the 2006 Act which imposes a duty on CCG’s to exercise their functions with a view to securing continuous improvements in the quality of services provided to individuals as part of the health service”.

## 5.3. Residents Impact Assessment

The recommendations in this report will be delivered by health partner organisations who are subject to the Equality Act 2010. Public sector organisations must, in the exercise of their functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). They also have a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons’ disabilities, encourage people to participate in public life and have due regard to the need to tackle prejudice and promote understanding.

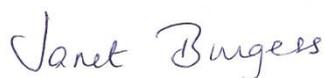
## 5.4 Environmental Implications

The proposals in this report have a minor environmental impact, namely the printing of materials relating to the FFT, including posters, cards etc. However, encouraging the electronic completion of the FFT (e.g. by using QR codes to encourage smartphone access and prominent links on websites) will reduce the need to use paper-based systems.

## 6. Conclusion and reasons for recommendations

- 6.1 The Executive is asked to note the responses and actions being taken forward to address the recommendations of the Health Scrutiny Committee’s review of patient feedback.

### Signed by



11 November 2015

Executive Member for Health and Wellbeing

Date

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Report of: **Executive Member for Environment and Transport**

<b>Executive</b>	<b>Date: 26 11 15</b>	<b>Ward(s): All</b>
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## **SUBJECT: CPZ Review**

### **1. Synopsis**

- 1.1 In 2007, the Council completed the programme of consultation and implementation of Controlled Parking Zones (CPZ) throughout the borough. No reviews of the CPZ's have been carried out since 2007.
- 1.2 This report sets out the results of the CPZ review consultation that the Council carried out between July and September 2015 across the following areas:

Whittington Hospital area (Zone K),  
Angel area (Zone B),  
Matchday area,  
Archway Regeneration area (Zone Z), and  
Farringdon Station & Finsbury Square area (Zone C)

It recommends proceeding with proposals in respect of Zones C and K.

### **2. Recommendations**

- 2.1 To note the results of the public consultation that took place on the CPZ review between July and September 2015.
- 2.2 To agree to implement the changes to CPZ C as set out in para 3.26 of this report.
- 2.3 To agree to implement the changes to CPZ K as set out in para 3.27 of this report.
- 2.4 To note that the Council will investigate and potentially increase cycle parking provision, as well as installing Electric Vehicle Charging Points where possible in CPZ C, as set out in paragraph 3.29.

- 2.5 To agree to delegate to the Corporate Director of Environment and Regeneration the consideration of objections to the statutory traffic management order (TMO) consultations.

### **3. Background**

- 3.1 CPZ's were introduced by the Council to discourage commuter parking and manage parking demand. However, no reviews of CPZ's in Islington have been undertaken since 2007.
- 3.2 Parking needs have changed since 2007, and new pressures have put a growing strain on the existing on-street parking places. These include additional matches being played at the Emirates stadium outside of the matchday enforcement hours, parking pressure from Whittington Hospital, night time establishments causing parking issues when the enforcement hours cease, and potential issues as a result of the regeneration of Archway Gyratory.
- 3.3 As a result of these pressures, the Council identified five areas in which to review the current parking controls and to develop proposals to make it easier for residents to park near their homes. The proposed changes were designed to benefit resident permit holders by providing additional protection for parking, without any extra cost or action needed.

#### **Original Proposals**

- 3.4 A series of proposals were put forward to deal with the issues highlighted above. These are detailed below (and see proposals map in **Appendix A**):

##### **3.5 Match Day CPZ**

It was proposed to remove the current matchday CPZ controls that overlay normal hours of control when matches and concerts are being held at the Emirates Stadium, and replace these with one set of hours of control extended to 9pm. This proposal would have provided enhanced protection for residents in this area whilst also addressing the related car-free development issues

- 3.6 This proposal would have also addressed the changes in TV scheduling of matches and assisted in reducing confusion through simplifying and rationalising signs, as well as removing the need to flip the current zone entry signs.

##### **3.7 Night Time Economy and localised issues in Zones C and B**

For the zone B in the south of the borough, it was proposed to extend the enforcement hours to 11pm. This area has seen a rapid rise of bars, cafés, clubs, cinemas, theatres and other night-time economic activities. The extended hours would have provided a measure of protection to the residents of these zones who at present suffer significantly as a result. For Zone C, which suffers similar issues to Zone B, the proposals were to increase the enforcement hours to 24 hours Monday to Saturday and 12 Midnight to 6am on Sunday.

##### **3.8 Archway Regeneration Area**

There was also an opportunity to pre-empt potential parking issues as a result of the proposed Archway Regeneration. The Council's Archway Development Framework will be facilitating an ambitious and much needed regeneration of Archway and Transport for London (TfL) has undertaken a consultation for major changes to the Archway Gyratory. The changes are designed to provide a modal shift away from the use of the car and make the environment more pleasant and less intimidating for vulnerable road users. If the proposals proceed, the section between Holloway Road and Highgate Hill would be closed to traffic (cyclists will have an exemption) and it was therefore considered important that the parking zones supports this major initiative by providing a robust 'journey end restraint' to influence driver behaviour. The proposal for this affected zone (Z) was to extend the short hours zone to Monday-Friday 8.30-6.30 pm and Saturday 8.30am-1.30pm.

##### **3.9 Whittington Hospital area, Zone K**

The zone in which Whittington hospital is located (Zone K) has long suffered from parking generated by the hospital. The increased parking is caused by day patients, visitors and staff (including shift staff) which causes issues both day and night. The proposal put forward for this zone was 24 parking controls Monday to Sunday.

### 3.10 **Mitigation**

It was acknowledged that the proposed changes may have caused concern for residents and businesses and the Council understood that there was a need to strike a balance between the many competing demands for on-street parking. Various mitigation measures were therefore proposed (see **Appendix B** for a summary of reasons, current controls, original proposals and proposed mitigations).

3.11 It was proposed to provide free of charge, e-visitor vouchers for the evening hours. This new paperless form of visitor voucher would effectively be for the period from the end of the current enforcement hours to the proposed new end of enforcement hours, and will complement the existing visitor voucher system used during the daylight hours. For the proposed 24 hour zones, the evening e-visitor vouchers would start from 6.30pm and run to 8.30am the following day (6am on Sundays for Zone C). This is a way of catering for residents visitors, whilst the enforcement hours proposed will assist in spaces actually being available.

3.12 It was also accepted that extended hours may impact on visitors to restaurants, cinemas etc. Although the Council wished to free up resident bays to allow residents to be able to park nearer their homes, the Council also wishes to provide a good service for short-stay visitors in the pay and display bays provided across the borough. To avoid any confusion and reduce the need for visitors to constantly top-up for a pay and display space, it was proposed to introduce a total flat fee of £2.40 after 6.30pm for all pay and display bays in CPZs where hours are extended. In Zone C, this flat fee will apply from 6.30pm up to midnight on Monday to Saturday, and in Zone K from 6.30pm to midnight every day. This flat fee offers good value in comparison to the regular business hours tariff.

3.13 **Appendix C** highlights the existing services the Council already provides to vulnerable and other residents, such as vouchers for faith organisations or carer permits. The mitigations above are on top of these existing services.

## **Consultation**

3.14 The Consultation took place between 6 July and 7 September 2015. This extended consultation period was partly due to the summer holidays and the need to ensure we gave all residents and business an opportunity to comments on the proposals. The consultation was open to the whole of the borough, not just the 5 study areas.

3.15 The consultation was one of the biggest and longest the Council has carried out. In total over 67,000 A5 notification leaflets were distributed in the first week of the consultation and they were bespoke to each particular consultation area. The leaflet provided details of the headline proposals, but also provided a web link to the Councils website which hosted detailed information about the suggested changes. Contained within the website consultation pages was the link to the external website which hosted the questionnaire itself. A similar number of leaflets were delivered in the last week of July as a reminder to all affected residents and businesses. The statutory notice of proposals was advertised on 17 July 2015 and, in accordance with The Local Authorities' Traffic Orders (Procedure) (England and Wales) Regulations 1996, there was an objection period of 21 days. No objections were received during this period.

3.16 Officer level meetings also took place with the adjoining boroughs prior to the start of the consultation. At the start of the consultation the Executive Member for Environment and Transport wrote to her counterparts in the London Boroughs of Hackney, Camden, Haringey and the City of London providing details of the proposed changes, the consultation period and inviting them to make comments if they wished.

3.17 Door knocking was also carried during the consultation phase to increase the response rate across all the affected areas. This started in the third week of August and continued until the close of the consultation.

## **Consultation results**

3.18 **Appendix D** shows the results of the consultation. From those who live and work in the respective areas, there was overwhelming support for the Whittington (**Zone K**) proposals, a narrow majority for the Finsbury (**Zone C**) proposals, and clear majorities against the proposals in the other areas.

- 3.19 **Table 1** shows the results from those who are in the affected area only and are thus most affected. **Table 2** shows the total responses irrespective of where the respondents reside. As can be seen, there is a clear distinction between Tables 1 and Tables 2. The results of Table 1 are also shown in pie chart form.
- 3.20 **Zone K** had a high response rate at 32%, the average response rate for this type of consultation is usually between 8-12%. The permit to bay ratio for resident only spaces in **Zone K** is 97% which is reflective of the on street parking provision being close to capacity. Whilst there will be some who will be away with their cars, it does mean on any given day there is the potential for only 3% capacity to be available.

On the 18 September 2015 the Council received comments from Whittington Hospital expressing concerns about the effect of the proposals during the 'normal' day and querying whether they were entitled to parking e-vouchers. However, the proposals will not affect parking during the normal working day and are only to extend the hours of operation. The e-vouchers are only intended for residents to ensure that they and their visitors do not incur any additional cost as a result of the proposals, and would not be available to hospital visitors or workers.

- 3.21 In **Zone C**, the response rate was lower than the norm at only 5%. Although the response rate is low, this Zone does have a high number of housing estates, making up approximately 47% of the total number of properties. Many of the estates have their own estate parking provision and responses are normally lower in these areas as a result, which would mask the response rate from those most directly affected by the proposals. Taking this into account the effective response rate could be considered to be around 11%. The permit to bay ratio in **Zone C** is also very high at 96%, which clearly shows that resident bay capacity is very nearly at maximum.
- 3.22 The table below shows the breakdown, by percentage, of responses for the study areas by whether residents or business owners. The area which had the highest proportion of business owners amongst those responding was in **Zone C** (Farringdon Square and Farringdon Station). The zone/area with the lowest proportion was the **matchday area**.

Zone/Area	Resident	Business
Matchday area	95%	5%
Zone C (Farringdon Station and Finsbury Square area)	33%	67%
Zone B (Angel area)	48%	52%
Zone Z (Archway regeneration area)	75%	25%
Zone K (Whittington Hospital area)	45%	55%

## Petitions

- 3.23 In total the Council received 7 petitions against the proposals. **Appendix E** shows the organisations submitting these, the number of signatories, the area they came from and the petition statement.
- 3.24 None of these petitions were specifically in relation to either of the Zones where there is a now a recommendation to implement, although the general comments made about the proposals have still been noted. In the petition areas, the concerns were that the proposals would have a negative impact on businesses and their customers, that the matchday proposals were too draconian and disproportionate to the problem as perceived by the respondents. There were also concerns that they would have a negative impact on resident's freedom to have visitors, reservations about the use of e-vouchers (data protection, convenience and reliability of system used) and would make life more difficult for some carers who need access to on-street parking in the area.

## Supported proposals

- 3.25 As a majority of local residents have supported the proposals in each **of zones K and C**, it is recommended to proceed with the proposed changes in these two zones.
- 3.26 In **Zone C**, the current controls of Monday to Friday 8.30am to 6.30pm, with Saturday 8.30am to 1.30pm will be extended to 24 hours, Monday to Saturday and then 12am to 6am on Sunday. The mitigation measures will be free evening e-vouchers for resident's visitors (from 6.30pm to 8.30am the following

day, and to 6am on Sundays) and a flat rate charge of £2.40 pay and display for evening parking (Monday to Saturday) after 6.30pm up to midnight. The changes are planned to take effect in summer or autumn of 2016 and residents will be updated.

- 3.27 In **Zone K**, the current controls of Monday to Friday 8.30am to 7pm will be extended to 24 hours, Monday to Sunday (everyday). The mitigation measures will also be free evening e-vouchers for resident's visitors (from 6.30pm to 8.30am the following day) and a flat rate charge of £2.40 pay and display for evening parking (everyday) from 6.30pm up to midnight. The changes are planned to take effect in summer or autumn of 2016 and residents will be updated.
- 3.28 The table below gives a summary of the proposed changes in the two zones with majority local resident support.

Area	Current Controls	Proposed Controls (as consulted)
Finsbury Sq & Farringdon Station area, <b>Zone C</b>	Mon to Fri <b>8.30am to 6.30pm</b> , with Sat <b>8.30am to 1.30pm</b>	Monday to Saturday <b>24 hours</b> , and then Sunday <b>12.00am to 6.00am</b>
Whittington Hospital area, <b>Zone K</b>	Mon to Fri <b>8.30am to 7pm</b>	Monday to Sunday <b>24 hours</b> , (everyday).

### Cycle parking and electric vehicle charging points

- 3.29 There have been calls to increase cycle parking provision in Zone C. Very often bicycles can be seen chained to pedestrian guard railing, lamp columns and other convenient street furniture. This will be investigated and acted upon where there is demand. In addition, there were also calls for Electric Vehicle charging points (EVCP) in Zone C. Subject to any relevant policy changes, the Council will look to see where these could be installed.

## 4. Implications

### Financial implications:

- 4.1 Proposed changes to Zones C and K will cost £0.504m and capital funding has already been secured. The changes will result in £0.200m revenue savings 2016/17, plus £0.200m revenue savings 2017/18.

The cycle parking/electric vehicle charging points are also funded and will cost £0.024m/£0.240m respectively. These works will not result in any revenue savings.

### Legal Implications:

- 4.2 The Council has power to vary existing controls in the Controlled Parking Zones (CPZs) pursuant to sections 6, 9 and 45 of and paragraph 27 of Schedule 9 to the Road Traffic Regulation Act 1984. In exercising this power, section 122 of the 1984 Act imposes a duty on the council to have regard (so far as practicable) to secure the 'expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking facilities on and off the highway'. The Council must also have regard to such matters as the desirability of securing and maintaining reasonable access to the premises and the effect on the amenities of any locality affected.

In deciding whether to proceed with the proposed changes to CPZ C and K, the Executive must also have due and proper regard to the outcome of the consultation and the petitions received.

The designation of additional electric vehicle charging points on the public highway requires the making

of a traffic management order by the relevant local authority under sections 45, 46 and 49 of the Road Traffic Regulation Act 1984

Parking provision for cycles on the public carriageway will require the making of a Traffic Management Order under section 6 of the 1984 Act.

### **Environmental Implications**

- 4.3 It is considered that the proposals we are seeking approval for will have a positive environmental impact. The active and effective management of parking discourages car trips which has a positive impact on air quality within the borough and supports several Council initiatives to achieve improved local air quality. In terms of the known activities that can have a major impact on the environment, the proposals do not involve any property procurement and/or disposal. There will be no construction involved, only the removal and replacement of signs. The replaced signs will be recycled.

The move to using e-vouchers will have a positive environmental impact, as it will reduce paper usage and printing.

The investigation of increased cycle parking provision and new electric vehicle charging points is also likely to have a positive environmental impact.

### **Resident Impact Assessment:**

- 4.4 The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

A Residents Impact Assessment for the proposals has been completed and is available on request. The Council already provides substantial measures to support vulnerable and other residents, such as vouchers for faith organisations or carer permits (see Appendix C for full details). It is considered that any adverse impacts on residents, businesses and local charities arising specifically from these new changes are mitigated by the proposals discussed in paragraphs 3.10 - 3.12 above. The proposals do not prevent anyone from parking in the evening, although there is small charge of £2.40. This is not considered to be cost prohibitive and unlikely to prevent those wishing to visit night time establishments.

The impact in terms of residents' visitors has been mitigated by the e-vouchers which the Council will be introducing. The longer enforcement hours for both Zones C and K will mean that when this change to the yellow line waiting restrictions has its greatest impact, the parking bays will be effectively managed and will free more parking spaces for the residents.

The provision of e-vouchers will also mitigate the impact on older residents, though an e-account will need to be set up. Contact Islington will be able to do this for any residents who either are not confident using the technology to enable this, or have limited or no access to a computer. The Council also has computer terminals at the Municipal Offices where this can be done with assistance if necessary.

We will monitor and if necessary review the number of vouchers that are provided to faith organisations to ensure they are not adversely affected by the proposed changes to enforcement hours. The situation is similar to ad-hoc carers, particularly those carers who may reside in a different zone from the person they care for. If necessary we will review the current criteria.

For blue badge users, none of the proposals will change their ability to use the badge and there will be a better chance of finding a parking place as the enforcement hours are longer.

The RIA identified no safeguarding risks.

The RIA provides a list of mitigating measures and monitoring tasks to encompass all the impacts which

may result from the proposals. These are listed below:

Issue to be monitored	Responsible person or team
Parking stress levels in the affected zones (K and C)	Traffic and Parking Services
Monitoring of e-voucher use, particularly in the matchday area	Traffic and Parking Services

The above monitoring will be carried as and when needed.

Set up e-vouchers via contact Islington	Traffic and Parking services	01/07/2016
Review carer criteria (if necessary)	As above	As above
Review amount of worship vouchers provided to faith organisations	As above	As above
Review if particular BME communities present in affected areas and review if translated information is required.	As above	As above
Link with HASS to ensure information is circulated to carers of disabled people and how to access visitor permits.	As above	As above

## 5. Reasons for the recommendations / decision:

- 5.1 In both Zone K (Whittington hospital) and Zone C (Finsbury Square and Farringdon), there is support for the proposals. The overwhelming support in Zone K is reflective of the parking pressure caused by the local parking generators which have led to call for additional protection. Zone C has a narrow majority, but nevertheless those who live/work in the area have also been in favour of the proposals.
- 5.2 The parking bays/ratio levels in both of these zones are very high, 97% for Zone K and 96% for Zone C. It is important to provide protection for the residents of these two areas given the limited parking spaces available and which are close to complete saturation.
- 5.3 It is therefore recommended that the Executive agrees to implement the proposals for both Zone K and Zone C, to take effect in the summer or autumn of 2016.

**Signed by:**



13.11.15

Executive Member for Environment and Transport    Date

### Appendices

- Appendix A, CPZ Proposals map
- Appendix B, Table of existing controls, proposals and mitigation
- Appendix C, Measures for vulnerable and other residents, and businesses
- Appendix D, Consultation Results
- Appendix E, Petitions.

**Background papers:** None

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Area	Reason	Current Controls	Proposals	Mitigation
<b>Stadium control area, Zones E, F, G, H, J, L, N, Q, V and Y</b>	To address concerns around events at the Emirates Stadium and car free developments.	Currently most are Mon - Fri 8.30am - 6.30pm, Sat 8.30am - 1.30pm Matchday Controls: Mon - Fri 8.30am - 8.30pm, Sat 8.30am - 4.30pm Sun & Public Hols Noon - 4.30pm  Zone G operates: Mon - Fri 10am - 2pm Matchday Controls: Mon - Fri 2pm - 8.30pm Sat, Sun & Public Hols Noon - 4.30pm	Extending normal controls to 9pm, Monday to Sunday (everyday).  Making the times across all zones in the stadium area the same for consistency	<ul style="list-style-type: none"> <li>1. Free evening e-vouchers for residents' visitors and;</li> <li>2. Flat rate of £2.40 pay and display charge for evening parking, after 6.30pm.</li> </ul>
<b>Angel area, Zone B</b>	To assist residents with parking nearer their homes in the evening due to the night time economy.	Currently Mon to Fri 8.30am to 6.30pm, with Sat 8.30am to 1.30pm	Extending controls to 11pm, Monday to Sunday (everyday).	
<b>Finsbury Sq &amp; Farringdon Station area, Zone C</b>	To assist residents with parking nearer their homes in the evening due to the night time economy.	Currently Mon to Fri 8.30am to 6.30pm, with Sat 8.30am to 1.30pm	Extending controls to 24hours, Monday to Saturday and then 12am - 6am on Sunday	
<b>Whittington Hospital area, Zone K</b>	To assist residents with parking nearer their homes in the evening due to the vicinity of the Whittington Hospital.	Currently Mon to Fri 8.30am to 7pm	Extending controls to 24 hours, Monday to Sunday (everyday).	
<b>Archway regeneration area, Zone Z</b>	To pre-empt future parking pressures, which may arise from the Archway Regeneration proposals.	Currently Mon to Fri 10am to 2pm	Extending controls to 8.30am - 6.30pm, Monday to Friday and then 8.30am - 1.30pm on Saturday.	

## **Appendix C – Measures for vulnerable and other residents, and business**

### **Carers Permits,**

- allows those carers who meet the eligibility criteria to purchase permits despite not being resident in the CPZ of the cared-for person.

### **Vouchers for faith organisations,**

- faith organisations in Islington are entitled to apply for 200 hours of free visitor vouchers per year to facilitate parking for visitors to places of worship.
- a place of worship will be defined as a building that has a long established use as a place of worship, or have planning consent for use as a place of worship.
- these vouchers can be used to park vehicles in resident, or resident/shared use bays in the controlled parking zone in which the place of worship is located.

### **Visitor Vouchers,**

- purchases to all are unlimited, but for those over 65, and those on Disability Living Allowance, we offer vouchers at a 50% price discount.

### **Blue Badges,**

- one of the first Councils to use an independent mobility assessment service (which is now recommended nationally), to ensure that only those who are entitled to the Badge get one.
- also allow those residents with Blue Badges to apply for a free residents permit, which then allows them to park outside their home without having to display the Blue Badge, deterring (and distressing) casual car crime.

### **New Parents,**

- can receive 40 hours of free vouchers when they register the birth of their child, to cover the burst of parking activity that comes from having a new baby.

### **Suspensions,**

- offer a residents discount to the standard suspension admin charge (£90 as opposed to £184), when suspensions are chargeable.

### **Funerals,**

- offer a free waiver service for funerals, to assist in the bereavement process.

### **Universal permit,**

- annual permit aimed at businesses that have a requirement to park across the borough on a regular basis.

### **PCNs,**

- the Council has created a corporate team that will consider debts of the less well-off. This includes residents who run up huge PCN debts and face enforcement agent action, where we try and manage their debt according to their means.

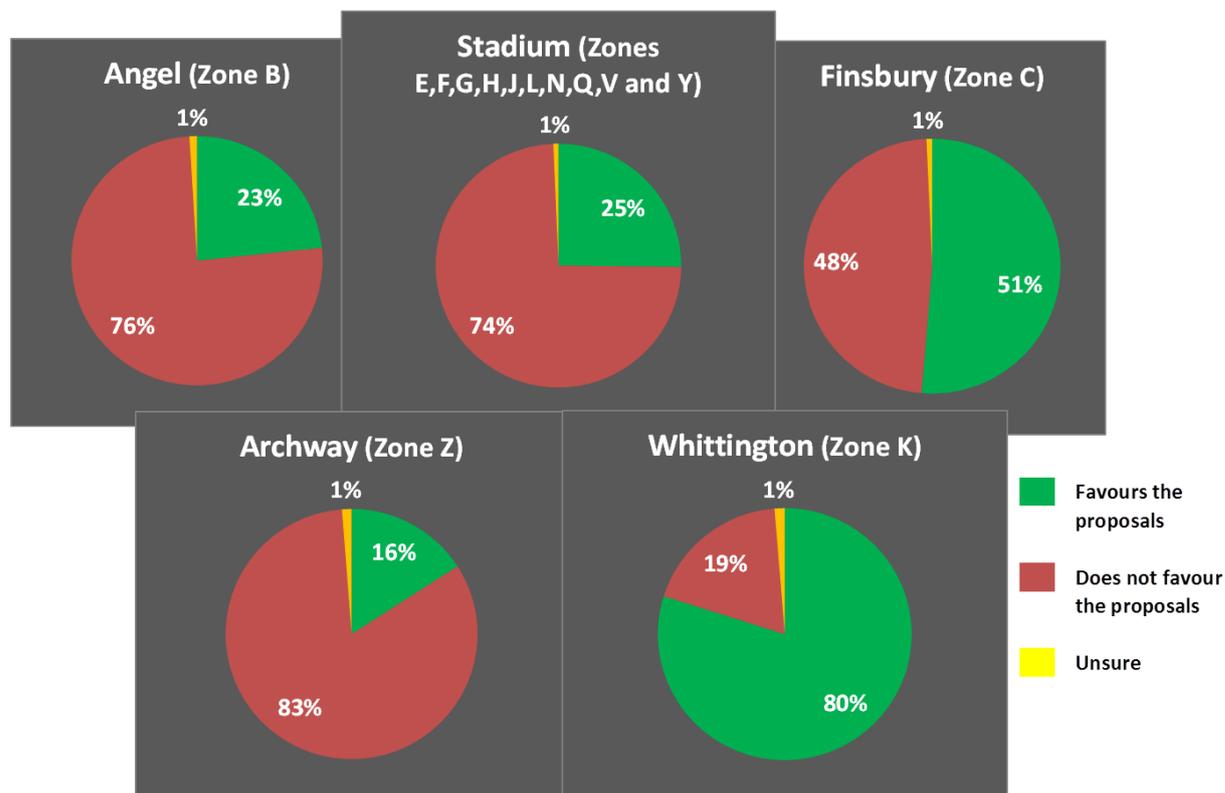
## Appendix D – Consultation results

Table 1 below shows the responses from the affected areas only.

		Number YES	Number NO	Number Unsure	Overall Responses	% Yes	% No	% Unsure	% RR
Angel	Zone B	337	1093	14	1444	23%	76%	1%	15%
Whittington	Zone K	123	29	2	154	80%	19%	1%	32%
Finsbury	Zone C	212	198	3	413	51%	48%	1%	5%
Archway	Zone Z	116	605	9	730	16%	83%	1%	19%
Stadium	Zones E,F,G,H,J,L,N,Q,V and Y	1534	4520	41	6095	25%	74%	1%	13%
		2322	6445	69	8836				

Table 2 below shows the total responses, regardless whether they are from within the zone or outside.

		Number YES	Number NO	Number Unsure	Overall Responses	% Yes	% No	% Unsure
Angel	Zone B	458	1626	111	2195	21%	74%	5%
Whittington	Zone K	128	167	7	302	42%	55%	2%
Finsbury	Zone C	371	528	36	935	40%	56%	4%
Archway	Zone Z	150	709	42	901	17%	79%	5%
Stadium	Zones E,F,G,H,J,L,N,Q,V and Y	1615	5015	165	6795	24%	74%	2%
		2722	8045	361	11128			



## Appendix E – Petitions

Organisation	Signatories	Area/zone	Petition statement
Canonbury Society	391	Matchday area	We urge you to sign our petition <u>against</u> these proposals on the grounds that they are wholly unnecessary and will seriously inconvenience both residents and local business.
Chapel Market Traders Association	2250	Zone B, Angel area	We the undersigned are objecting to Islington Councils proposed changes to parking in the Angel area. We feel that extending the controls from 8.30am-11pm seven days a week will have a detrimental effect on Chapel Market and all the businesses in the Angel town centre. We rely on people being able to park nearby at weekends to do their weekly/heavy shopping in the market.
Christ Church Highbury	315	Matchday area	We, the undersigned, believe that Islington Council's proposal to extend parking controls will harm church and other faith communities and increase isolation for vulnerable residents. We call on the council to abandon its proposals and to keep the present hours of operation of parking controls
Polish Church of our Lady Czestochowa	342	Zone B, Angel area	We oppose the introduction of controls on Sundays, especially those to be introduced during the day. This will cause a hardship to a large number of our parishioners and restrict the ability of some to attend at all. It would also, in effect, tax those parishioners who wish to come and worship and must do so by car.
Islington Chambers of Commerce	762	Borough wide	We the undersigned petition the council to Scrap the proposed changes to Islington's Controlled Parking Zones, which would see charged parking extended to seven days a week, and up to 9pm, 11pm and even 24 hours a day in some areas of the borough
Highbury Barn Traders	22	Matchday area	The Highbury Barn traders are opposed to the Council's parking proposals for the stadium control area, which covers ten different parking zones. If there are problems for some residents in some of these zones, these should be treated individually. It is entirely unnecessary to have blanket parking controls from 8.30am to 9pm seven days a week every day of the year over the whole area. They will severely damage our trade, particularly on weekends, and we genuinely fear for the future of our businesses if these plans are adopted
Liberal Democrats	5000+	Matchday area	We the undersigned residents object to plans by the London Borough of Islington to excessively expand parking control in our neighbourhood, particularly the plans <b>to increase the hours of operation of our controlled parking zone to 9pm EVERYDAY</b> , and to move to <b>SEVEN DAY A WEEK</b> parking control.



Report of: **Executive Member for Housing and Development**

<b>Executive</b>	<b>Date: 26.11.2015</b>	<b>Ward(s): All</b>
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## **SUBJECT: Designation of Crouch Hill and Hornsey Rise Neighbourhood Area**

### **1. Synopsis**

- 1.1 This report considers an application for the designation of a Neighbourhood Area to be known as the Crouch Hill and Hornsey Rise Neighbourhood Area (CHHRNA) with a boundary as shown at Appendix 1; and summarises the results of the related consultation (see Appendix 2)
- 1.2 This is the first Neighbourhood Area application to be publicised by the Council. A Neighbourhood Forum must be designated for the Neighbourhood Area before any formal work on a Neighbourhood Plan can begin.
- 1.3 Legislation requires local authorities to consider and determine applications for proposed neighbourhood areas; they are to consider whether the area is appropriate for designation as a Neighbourhood Area.

### **2. Recommendations**

- 2.1 To consider the summary of responses to the consultation on the application for the Crouch Hill and Hornsey Rise Neighbourhood Area, as set out in Appendix 2.
- 2.2 To agree to designate a Neighbourhood Area with a boundary, as identified on the map in the submitted Neighbourhood Area application at Appendix 1, and to be known as the Crouch Hill and Hornsey Rise Neighbourhood Area pursuant to Section 61G of the Town and Country Planning Act 1990.

### **3. Background**

- 3.1 Neighbourhood planning was introduced by the Localism Act 2011, which amended the Town and Country Planning Act 1990. The Neighbourhood Planning (General) Regulations, specifying the procedures to be undertaken when implementing the new provisions, came into force on 6 April 2012 and have since been subject to several amendments.

- 3.2 Neighbourhood planning allows communities to influence the development and growth of their local area through the production of a Neighbourhood Plan, a Neighbourhood Development Order or a Community Right to Build Order:
- Neighbourhood Plans set out a strategy for the physical development of an area, and form part of the borough's Development Plan once adopted.
  - Neighbourhood Development Orders allow specified types of development to be built within an area without the need for planning permission.
  - Community Right to Build Orders allow community organisations to bring forward small-scale development without the need for planning permission.
- 3.3 In Islington, neighbourhood planning will be taken forward by Neighbourhood Forums. These bodies will operate within a designated Neighbourhood Area. The proposed Crouch Hill and Hornsey Rise Neighbourhood Area is the first neighbourhood area to be publicised by the Council under the neighbourhood planning legislation. The application was submitted by a community group working towards designation as Crouch Hill and Hornsey Rise Neighbourhood Forum (CHHRNF) in February 2014.

### **Summary of CHHRNF Neighbourhood Area application**

- 3.4 CHHRNF began work on the Neighbourhood Area application in 2013. The Council provided feedback on several iterations of this application, before a valid (i.e. consistent with relevant regulations) application was submitted in February 2014. This application includes the following relevant information, as required by Section 5 of the Neighbourhood Planning (General) Regulations 2012 (see Appendix 1):
- A map of the area to which the area application relates to;
  - A statement explaining why this area is considered appropriate to be designated as a neighbourhood area; and
  - A statement that the organisation is a relevant body for the purposes of section 61G of the 1990 Act (i.e. an organisation or body which is, or is capable of being, designated as a Neighbourhood Forum).
- 3.5 The Council's guidance note on neighbourhood planning sets out that Neighbourhood Area and Forum applications can be consulted on together, as they are intrinsically linked. In light of this guidance, officers liaised with CHHRNF representatives and agreed not to consult on the Neighbourhood Area application. This was to enable the group to finalise the forum application and then consult on both applications together in the future.
- 3.6 Subsequently, the person who originally submitted the February 2014 area application on behalf of the group contacted the Council requesting that the area application be publicised on the basis of the Neighbourhood Planning (General) Regulations. Following further consideration and Counsel's advice, the Council proceeded with the consultation of the February 2014 area application.
- 3.7 The proposed Neighbourhood Area boundary was identified following community consultation events convened by CHHRNF. The boundary was also discussed with the emerging Neighbourhood Forum for Archway ('Plan Archway') as the proposed Archway Neighbourhood Area shares a boundary with the proposed CHHRNA. Based on Neighbourhood Area applications for these areas (an emerging application in the case of Archway), boundaries have been determined by contingent neighbourhood Areas and it is intended that the boundaries join up exactly.
- 3.8 The proposed boundary is described in section 2 of the Neighbourhood Area application (see Appendix 1). The proposed area includes several housing estates; Sites of Importance for Nature Conservation (SINCs); the Hornsey Road (North) Local Shopping Area; Parkland Walk Metropolitan Open Land (MOL); and one allocated site for development on Courtauld Road. This allocated site is split into east and west; both parts have planning permission, with over 50 residential dwellings proposed in total. Work has commenced on site for both permissions.

- 3.9 The Town and Country Planning Act 1990, Section 61G(5)(c) allows the local planning authority (LPA) to refuse to designate a proposed Neighbourhood Area if it is considered to be inappropriate; however, section 61G(5) also requires the Council exercise their power of designation so as to secure that some or all of the specified area forms part of one or more areas designated (or to be designated) as neighbourhood areas. Section 61G(9) requires LPA to give reasons for refusing to designate a Neighbourhood Area application.
- 3.10 National Planning Practice Guidance (PPG) gives guidance on Neighbourhood Areas. Of particular relevance in this case is the following guidance on what considerations could be taken into account when deciding the boundaries of a Neighbourhood Area:
- village or settlement boundaries, which could reflect areas of planned expansion
  - the catchment area for walking to local services such as shops, primary schools, doctors' surgery, parks or other facilities
  - the area where formal or informal networks of community based groups operate
  - the physical appearance or characteristics of the neighbourhood, for example buildings may be of a consistent scale or style
  - whether the area forms all or part of a coherent estate either for businesses or residents
  - whether the area is wholly or predominantly a business area
  - whether infrastructure or physical features define a natural boundary, for example a major road or railway line or waterway
  - the natural setting or features in an area
  - size of the population (living and working) in the area
  - electoral ward boundaries, which can be a useful starting point for discussions on the appropriate size of a neighbourhood area; these have an average population of about 5,500 residents
- 3.11 The PPG also states that, when deciding whether to designate a Neighbourhood Area, a LPA should avoid pre-judging what a qualifying body may subsequently decide to put in its draft Neighbourhood Plan or Order; and it should not make assumptions about the Neighbourhood Plan or Order that will emerge from developing, testing and consulting on the draft Neighbourhood Plan or Order when designating a Neighbourhood Area.
- 3.12 The decision whether to designate the proposed Neighbourhood Area should be based on whether the proposed area is appropriate, this appropriateness must be determined on the merits of the application, rather than any potential future policies which may emanate from any designated Neighbourhood Area.
- 3.13 In the case of R (Daws Hill Neighbourhood Forum) v Wycombe 2014 the Court of Appeal supported the view of the High Court judge that the LPA has a broad discretion when considering whether a specified area is an appropriate area to be designated as a Neighbourhood Area; and that in exercising that discretion the LPA should have regard to the particular circumstances existing at the time the decision is made. The character of the area proposed for designation as a Neighbourhood Area is bound to be a relevant consideration when an LPA is deciding whether its designation is appropriate.

### **Consultation and discussion of responses**

- 3.14 Consultation on the proposed Neighbourhood Area took place for 6 weeks from 28 August to 9 October 2015. In line with the requirements of Neighbourhood Planning (General) Regulations 2012, a copy of the Neighbourhood Area application was made available on the Council's website, along with information on how representations could be made. A copy of the application was also made available for inspection at the Council's offices and at Archway Library (the nearest library to the proposed Neighbourhood Area). Notices were also placed in local newspapers; and displayed at various locations throughout the proposed Neighbourhood Area.
- 3.15 Letters and e-mails were sent to individuals and organisations on the Planning Policy database, providing information on the application.
- 3.16 Seventeen responses were received in total during the consultation period. A summary of all responses received, and the Council's response to these, is provided at Appendix 2. The majority of responses

offered no specific support/objection. There were 3 supportive responses (one of which was signed by a number of local businesses; and which the Council have subsequently been asked to treat as a petition) and 5 objections to the proposed Neighbourhood Area from residents in the area. In addition, the response from Historic England offered a recommendation regarding Conservation Areas.

- 3.17 Several residents of the area did raise concerns about the suitability of the area proposed, namely that:
- There is little justification for the proposed area;
  - No methodology for determining the boundary has been outlined;
  - Application is out-of-date and doesn't reflect recent decisions by CHHRNF;
  - No concurrent Neighbourhood Forum application is being consulted on; and
  - The proposed boundary includes areas which do not relate to the wider neighbourhood, and also arbitrarily excludes areas due to the railway line boundary.
- 3.18 Regarding the justification for the proposed area and lack of a methodology, legislation provides limited steer on what a neighbourhood area should look like, and only requires a statement of why this area is considered appropriate to be designated as a Neighbourhood Area. Such a statement has been provided.
- 3.19 The PPG provides some additional guidance, and identifies potential considerations which could be taken into account when deciding boundaries (see above). These considerations include infrastructure or physical features such as a major road or railway line or waterway; and the existence of formal or informal networks (plural) of community groups.
- 3.20 With regard to the application being out-of-date, this stems from the issue discussed in paragraph 3.6 above, and the recent decision to consult on the February 2014 Neighbourhood Area application. It should be noted that in dealings with CHHRNF post February 2014 to present, no mention has been made of an alternative boundary, nor has any indicative alternative boundary been demonstrated.
- 3.21 Regarding the lack of a concurrent Neighbourhood Forum application, there is no requirement in Neighbourhood Planning regulations to consult on Area and Forum applications at the same time. The Council does prefer that consultation take place at the same time, as it only requires one combined consultation exercise instead of two separate exercises; however, separate consultations are consistent with legislation.
- 3.22 A response from Historic England noted that they normally advocate ensuring that Neighbourhood Area boundaries follow Conservation Area boundary lines, i.e. that they are within one Neighbourhood Area; however, there is no regulatory basis for this. The proposed boundary does include a small part of the Whitehall Park Conservation Area, with the remainder included in the emerging Archway Neighbourhood Area. While the CHHRNA application refers to the aim of ensuring that the Conservation Area is entirely within the Archway Neighbourhood Area, the boundary as submitted is not fully consistent with that described in the application. As regards the justification for the proposed boundary set out in the Neighbourhood Area application, whilst this does not consider the small part of the area which was intended to be excluded from the proposed Neighbourhood Area boundary, it is considered that it is appropriate justification overall, in line with regulatory requirements and the fact that Historic England raised no objection.
- 3.23 Historic England's response requested that the merits of the proposed boundary be discussed with Council's own Design and Conservation colleagues. This was done and no specific concerns about the proposed boundary and the split of the conservation area between two Neighbourhood Areas were highlighted. Considering this, and the fact that there is nothing in legislation to preclude the split of a Conservation Area across multiple Neighbourhood Areas, officers consider it unnecessary to suggest an amendment to remove the small element of the Conservation Area from the proposed CHHRNA. Even if the boundary were to be amended to exclude this small element, there is no guarantee that the emerging Archway Neighbourhood Area would be amended to add in this small element; the most recent proposed boundary for the emerging Archway Neighbourhood Area boundary immediately abuts the proposed CHHRNA along Hazelville Road, i.e. it does not include this small part of the Conservation Area.

## **Next steps**

- 3.24 The Neighbourhood Planning (General) Regulations 2012 (as amended) sets a prescribed date for the determination of an area application. In this case, the prescribed date is 13 weeks from the date immediately following that on which the application is first publicised, which is 28 November 2015.
- 3.25 If members are minded to refuse to designate the Neighbourhood Area boundary as proposed, the provisions of the Town and Country Planning Act 1990 (as amended), Section 61G(5) would apply. This requires the Council to exercise its power of designation so as to secure that some or all of the specified area forms part of one or more areas designated (or to be designated) as Neighbourhood Areas. This means that a smaller Neighbourhood Area would need to be designated (removing any areas which instigated refusal).
- 3.26 Once a Neighbourhood Area is designated, no particular group has 'ownership' of the Neighbourhood Area until a Neighbourhood Forum is designated for the area in question. The next step would be for a community group to apply to be designated as the Neighbourhood Forum. A Neighbourhood Forum application needs to address the prescribed conditions set out in section 61F of the Town and Country Planning Act 1990 (as amended), including having a written constitution and a membership made up of at least 21 individuals who live or, work within, or act as an elected member for the Neighbourhood Area.
- 3.27 If and when a Neighbourhood Forum is designated, work on a Neighbourhood Plan can then officially proceed (if the Forum is intent on producing a Plan). A Neighbourhood Plan needs to progress through several stages before it can be adopted, including examination and a referendum. The Council will set out expectations of the Neighbourhood Plan process following a Forum designation; this will include setting milestones and strong encouragement of ongoing dialogue between the Forum and local communities and councillors.

## **4. Implications**

### **Financial implications:**

- 4.1 The cost of assessing the Neighbourhood Area application and consultation costs have been met through existing budgets within the Planning and Development division; costs associated with publicising any decision to designate a neighbourhood area will also be met through existing budgets.
- 4.2 Likewise, any costs associated with consultations on future Neighbourhood Forum applications will be met through existing budgets.
- 4.3 The Government provides funding to help local authorities meet the cost of their Neighbourhood Planning responsibilities and to support local communities. LPAs can claim £5,000 for each Neighbourhood Area designated, up to a maximum of 20 areas per year. They can also claim a further £5,000 for each Neighbourhood Forum designated.

### **Legal Implications:**

- 4.4 The consultation on the Neighbourhood Area has been conducted in line with the relevant planning regulations.
- 4.5 The Neighbourhood Planning (General) Regulations 2012 (as amended) sets a prescribed date for the determination of an area application. In this case, the prescribed date is 13 weeks from the date immediately following that on which the application is first publicised, which is 28 November 2015.
- 4.6 Section 61G(5) of the Town and Country Planning Act states that the council must exercise their power of designation so as to secure that some or all of the specified area forms part of one or more areas designated (or to be designated) as neighbourhood areas. This means that a smaller Neighbourhood Area would need to be designated (removing any areas which instigated refusal).
- 4.7 Other legal implications are included within the body of the report.

### **Environmental Implications**

- 4.8 There are not deemed to be any significant environmental implications from the designation of Crouch Hill and Hornsey Rise Neighbourhood Area. Future decisions related to the Neighbourhood Area may be assessed for their environmental implications, although these are only likely to arise if and when a designated Neighbourhood Forum proceeds with production of a Neighbourhood Plan for the area.

### **Resident Impact Assessment:**

- 4.9 The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.
- 4.10 A Resident Impact Assessment (RIA) has been completed and has shown that there are no specific equalities implications relating to a Neighbourhood Area consultation and designation. Future decisions related to the Neighbourhood Area may be accompanied by an updated RIA. For example, consideration of whether to designate a Neighbourhood Forum, which would take responsibility for the area, requires consideration of whether the proposed forum is representative of the area; assessment of this could include equalities considerations.

## **5. Conclusion and reasons for recommendations**

- 5.1 An application for the designation of a Neighbourhood Area, as identified on the map in the submitted Neighbourhood Area application at Appendix 1, has been made to the Council and the proposal has been subject to consultation. The application meets the relevant regulations.
- 5.2 Seventeen consultation responses were received. Officers consider that these representations do not raise any issues which render the proposed area inappropriate for designation as a Neighbourhood Area.
- 5.3 Given the provisions of Section 61G of the Town and Country Planning Act 1990 (as amended); and guidance in the PPG, the proposed Neighbourhood Area boundary is considered appropriate to be designated. The boundary runs largely along the borough boundary and the railway line, hence this is consistent with the PPG which identifies infrastructure, physical features and settlement boundaries as factors which could inform the drawing of boundaries. The remaining part of the boundary reflects discussions with the emerging Neighbourhood Area and Forum in Archway; both groups have reached agreement on the route of their shared boundary.
- 5.4 For this reason it is recommended that the Executive agrees to designate the Crouch Hill and Hornsey Rise Neighbourhood Area.

### **Signed by:**



11.11.15

Executive Member for Housing and Development

Date

### **Appendices**

1. Crouch Hill and Hornsey Rise Neighbourhood Area application
2. Summary of responses to Crouch Hill and Hornsey Rise Neighbourhood Area consultation

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## ***Crouch Hill and Hornsey Rise neighbourhood area application***

### **1. Name**

The name of the applicant is **Crouch Hill and Hornsey Rise Neighbourhood Forum**, hereinafter referred to as 'the Group'. It is the relevant body capable of being designated as a neighbourhood forum, in accordance with: *The Neighbourhood Planning (General) Regulation 2012*, Part 2, section 5; *Localism Act 2011* and Schedule 9, Part 1, Section 61G(2) of the *Town and Country Planning Act 1990* (as amended).

### **2. Area of operation**

**2.1** 'the Group's neighbourhood area of operation is called **Crouch Hill and Hornsey Rise** shown by the map in **Appendix I** attached hereto and defined as part of the Hillrise and Tollington wards of the London Borough of Islington bounded by the borough boundary with Haringey, the Gospel Oak to Barking Railway Line and the common boundary with the area covered by the Archway Neighbourhood Forum comprising the boundary between the Fairbridge Estate and the new flats built on the west side of Charles Street, Courtauld Road and Hazellville Road.

**2.2** The area includes the Highcroft, Hillrise, Holly Park and New Orleans Estates, Goldie, Welby & Ritchie Houses and the mansion blocks on either side of Warltersville Road.

**2.3** Recognising that issues of mutual interest will exist on either side of the boundary with the area covered by the Archway Neighbourhood Forum, 'the Group' will liaise with the Archway Group on such matters.

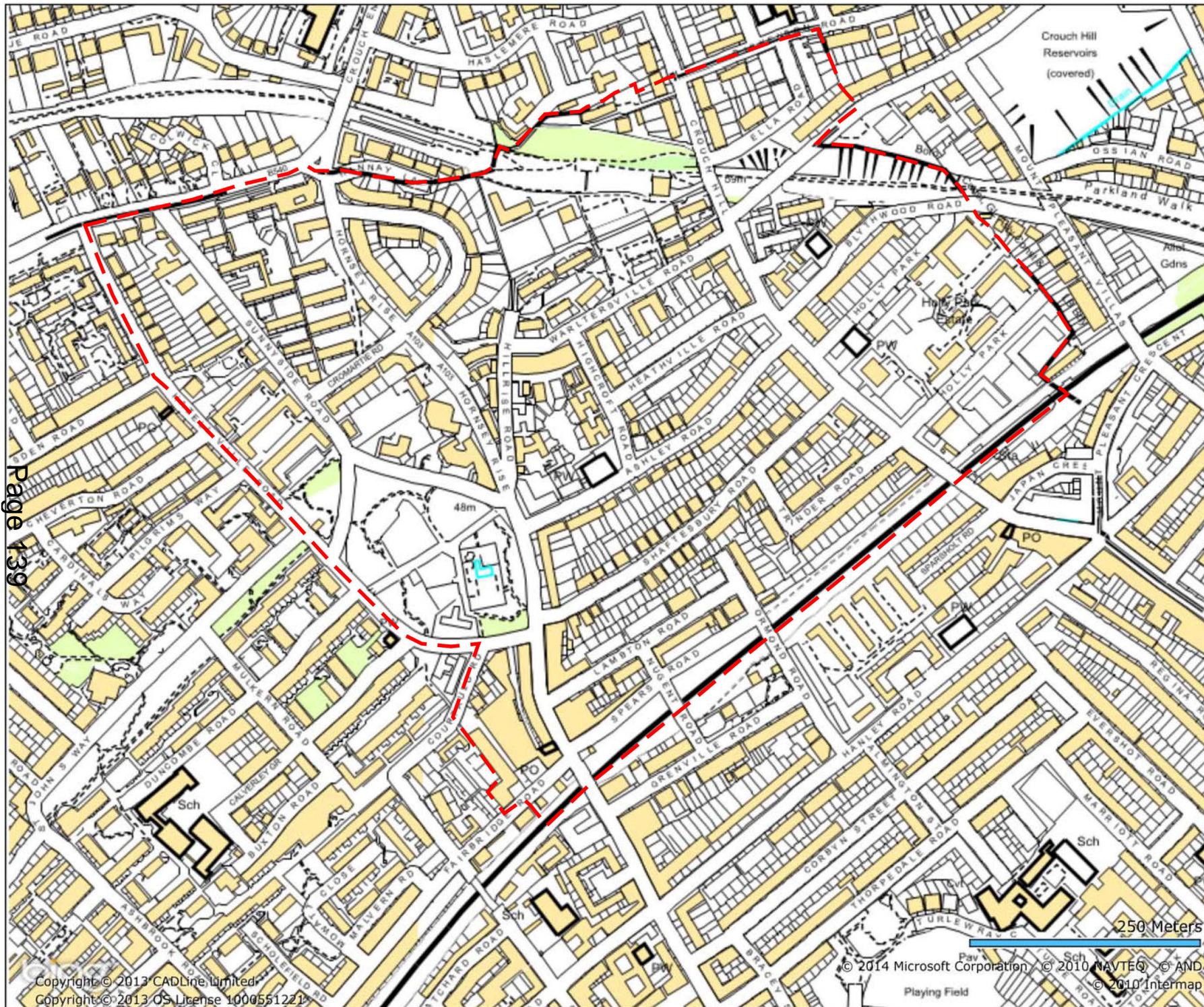
### **3. Justification for the boundary of the area defined in Section 2**

**3.1** At a community consultation meeting held on Saturday 3<sup>rd</sup> March 2012 at St. Mary's Church, Ashley Road, after a long discussion about the merits of including the area in

Haringey down towards Crouch End as well as the area in Tollington Ward towards Finsbury Park, it was agreed by consensus that the boundary should be limited to the borough boundary and the Gospel Oak to Barking railway line. These were felt to be well understood, natural barriers and accepted as such even by people living “over the border” who attended the meeting.

**3.2** The west boundary with the area covered by Archway Neighbourhood Forum has been agreed in consultation with the committee which is establishing the Archway Neighbourhood Forum. It was felt that the whole of the Elthorne Estate and the Whitehall Park Conservation Area should lie within one forum area hence the boundary down Hazellville Road.

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Crouch Hill and Hornsey Rise Neighbourhood Area

Key:  
 - - - - - Neighbourhood area boundary



**Crouch Hill and Hornsey Rise Neighbourhood Forum- 17/01/2014**

Appendix 1

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## Crouch Hill and Hornsey Rise Neighbourhood Area application – summary of consultation responses

Respondent no.	Name of organisation (if applicable)	Summary of comments	Islington Council response
1	Highways England	Highways England are concerned with proposals that have the potential to impact on the safe and efficient operation of the strategic road network (SRN) and, having examined the information available, do not have any comments at this time.	Noted.
2	Marine Management Organisation	No comments, not within MMO remit.	Noted.
3	Natural England	No specific comments on neighbourhood area application; general advice given re: preparation of neighbourhood development plan.	Noted. General advice may form part of any discussions on any future neighbourhood development plan.
4	Office of Rail and Road	No comments, ORR only needs to be consulted if strategic rail issues arise or if plans contain modifications to the rail network or to infrastructure which would directly impact on the rail network. Link to ORR localism guidance provided.	Noted. ORR localism guidance may form part of any discussions on any future neighbourhood development plan.
5	Sky Telecommunications Services Ltd	Confirmed not affected by proposal.	Noted.
6	Sport England	General guidance provided re: reflecting national policy for sport in neighbourhood plans.	Noted. Advice may form part of any discussions on any future neighbourhood development plan.
7	Transport for London	No objection to the establishment of the Neighbourhood Forum in this area. TfL has assets and operations within the area mainly being bus operations. TfL therefore encourages the organisation to contact TfL and the council through the development of their plan in order to assist in the development of policies.	Noted. TfL will be engaged at future stages of Neighbourhood Planning process, e.g. consultation on a Neighbourhood Forum application and any consultation on a draft Neighbourhood Plan.
8	Historic England	Area includes a relatively diverse built environment; north western part of the proposed boundary includes part of the Whitehall Park Conservation Area and appears to overlap with part of the proposed Archway neighbourhood Area. Historic England normally advocates ensuring that neighbourhood area boundaries follow conservation area boundary lines. As such we would recommend that the merits of the proposed boundary are discussed with Islington's Conservation Team.  Encourage future forum to develop clear and robust heritage policies in any neighbourhood plan. Advice given to help identify and describe local character and identify the value and significance of the historic elements of the plan area.	Noted.  Neighbourhood Planning legislation does not prevent conservation areas spanning multiple Neighbourhood Areas; but the council has considered the preferred best practice in discussion with Design and Conservation officers; officers do not have any concerns about the proposed boundary in terms of impacts on the conservation area.  Recommendations re: heritage policies; and general advice may form part of any discussions on any future neighbourhood development plan.
9	Resident	Supportive of proposed area. Area suffers from lack of local identity; respondent believes this proposal will go some way towards helping the area become more like a neighbourhood community.	Support noted.
10	Traders and businesses in proposed Crouch Hill and Hornsey Rise Neighbourhood Area	Support for proposed neighbourhood area. Support production of neighbourhood plan for the area to tackle various perceived issues. Response signed by number of local businesses; further businesses listed without signature.  Statement provided to clarify statutory purposes re: designation of neighbourhood areas. This statement summarises purportedly relevant case law; and highlights a number of reasons why the proposed area should be designated.  Request to be kept informed of progress of neighbourhood area application.	Support noted.  A neighbourhood forum must be designated for any neighbourhood area before a neighbourhood plan can be produced.  The council notes the statement provided to clarify statutory purposes re: designation of neighbourhood areas.  Any decision to designate the proposed Neighbourhood Area will be publicised as per the requirements of the Neighbourhood Planning (General) Regulations 2012 (as amended), section 7; and in line with the council's requirements to publicise decisions on the council website.
11	Resident	Objects to the area application. Considers that the area application cannot be deemed to have been submitted on behalf of the Crouch Hill and Hornsey Rise Neighbourhood Forum.  Consultation on the area application separately goes against accepted practice of consulting on area and forum applications together.  Area application doesn't include a description of the physical characteristics and public facilities within the proposed area; demonstrate a methodology used to determine the boundary; or mention designated open spaces which are in the area.	Objection noted.  The council's preference is for consultation on the Neighbourhood Forum and Area to take place at the same time, but the Neighbourhood Planning regulations simply require that a Neighbourhood Area application be publicised as soon as possible after receipt, regardless of whether a Neighbourhood Forum application has also been submitted.  The regulations for assessing Neighbourhood Area applications only require a statement explaining why this area is considered appropriate to be designated as a

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**Crouch Hill and Hornsey Rise Neighbourhood Area application – summary of consultation responses**

Respondent no.	Name of organisation (if applicable)	Summary of comments	Islington Council response
Page 142		<p>Since 2012, when the proposed area boundaries were first discussed, the forum have undertaken further work and it has become apparent that local residents who continue to engage with the Forum no longer consider the boundaries of the area proposed in this application as being an area that they identify as being their local neighbourhood.</p> <p>Part of the justification of the area is that Whitehall Park Conservation Area should lie wholly within the adjacent Archway Neighbourhood Area. This is contradicted by the fact that the Conservation Area does span the two Forum areas. The proposed area includes a small part of the Conservation Area between Sunnyside Road and Hazelville Road.</p> <p>There are no details about who, and which groups, attended the first consultation meeting to discuss the boundaries. There is also no indication of the geographical spread of people across the Neighbourhood Area, or different sections of the local community, among the people who attended that meeting.</p> <p>Suggests that the point of contact and contact details named on the application are incorrect.</p>	<p>neighbourhood area. Therefore, the fact that the area application does not provide a description of the physical characteristics and public facilities within the proposed area; demonstrate a methodology used to determine the boundary; or mention designated open spaces which are in the area; is not considered to be contrary to the regulations. Officers do encourage provision of as much information as possible when feeding back on draft area and forum applications, but we cannot refuse to process applications if some of this information is not included.</p> <p>The national Planning Practice Guidance (PPG) sets out considerations to be taken into account when deciding the boundaries of a neighbourhood area and these do include infrastructure or physical features such as a major road or railway line or waterway; and the existence of formal or informal networks (plural) of community groups.</p> <p>The council can refuse to designate a proposed Neighbourhood Area where they consider that the specified area is not an appropriate area to be designated. Where a proposed neighbourhood area is refused, the council must exercise their power of designation so as to secure that some or all of the specified area forms part of one or more areas designated (or to be designated) as neighbourhood areas. In other words, the council can designate the area as proposed, or designate a reduced area.</p> <p>Respondent mentions further work on proposed boundaries, but no definitive alternatives are put forward. Through discussions with representatives from the emerging Neighbourhood Forum for this area, no alternative boundary to that proposed in February 2014 has been put forward to date (October 2015).</p> <p>The issue regarding the conservation area has been considered (see comments from Historic England and council's response to these comments).</p> <p>There is no requirement for the area application to provide full details of exactly who was involved in the determination of the boundary. The regulations require a statement that the organisation or body making the area application is a relevant body, i.e. an organisation or body which is, or is capable of being, designated as a neighbourhood forum. Such a statement has been provided.</p> <p>The application consulted on did not have any contact details; therefore the respondent may be referring to a different version of the application. It should be noted that, unlike neighbourhood forum applications, a named contact is not required for neighbourhood area applications.</p>
	12	Resident	<p>Expresses opposition to Neighbourhood Area application for several reasons.</p> <p>Inadequate and weak justification for proposed boundary, with no evidence that residents perceive themselves as a neighbourhood; and no methodology for determining the area. Application also does not meet some of council's stipulated requirements, e.g. a description of the physical characteristics or public amenities of the area.</p> <p>Estates included in area between Hazelville Road and Hornsey Rise should be excluded from proposed area and included in a separate neighbourhood area with other estates to the west of Hazelville Road.</p> <p>Borough boundary is acceptable as northern boundary of area, but use of railway line as southern boundary does not make sense, as other side of railway does not seem like a different area; no evidence presented of residents living close to either side of this boundary line being consulted on their perceptions.</p>

## Crouch Hill and Hornsey Rise Neighbourhood Area application – summary of consultation responses

Respondent no.	Name of organisation (if applicable)	Summary of comments	Islington Council response	
Page 143		<p>Concern about consultation and engagement undertaken by the group which took place around the time the proposed area was being developed.</p> <p>Respondent claims that application was submitted without agreement of the forum.</p> <p>No accompanying Neighbourhood Forum application submitted.</p>	<p>being a consideration in deciding the boundaries.</p> <p>The comment re: concern about consultation and engagement refers to consultation undertaken by the group, which the council had no involvement in. With regard to the consultation undertaken by the council, residents in the area had the opportunity to comment for a 6 week period, during which time various measures were taken to publicise the application, such as site notices placed around the area to inform residents of the consultation, including on the northern side of the railway bridge on Crouch Hill</p> <p>Re: the concern highlighted about the application being submitted without the agreement of the emerging forum, officers are satisfied that at the time of submission, it was done on behalf of the emerging forum; and with the knowledge of the then-designated chair of the group. Officers are aware of complex group dynamics and disputes between different individuals who have had involvement in the emerging forum. However, it is not the role of the council to mediate disagreements within the group; the council must assess the area application purely in line with regulations.</p> <p>The council's preference is for consultation on the Neighbourhood Forum and Area to take place at the same time, but the Neighbourhood Planning regulations simply require that a Neighbourhood Area application be publicised as soon as possible after receipt, regardless of whether a Neighbourhood Forum application has also been submitted.</p>	
	13	Environment Agency	Confirmed that there are no environmental constraints under our remit (such as fluvial flood risk, watercourses) that affect the proposed designated area. Link to guidance on neighbourhood planning provided.	Noted. Guidance may be provided to future designated forums and may form part of any discussions on any future neighbourhood development plan.
	14	Resident	Application considered out of date and does not represent the subsequent decisions made by the group. It should be summarily rejected.	<p>Objection noted.</p> <p>The council has to determine the application which has been made to it. It should also be noted that through discussions with representatives from the emerging Neighbourhood Forum for this area, no alternative boundary to that proposed in February 2014 has been put forward to date.</p> <p>S61G(5) of the Town and Country Planning Act 1990 provides that if the council refuse to designate the area as proposed, they must exercise their power of designation so as to secure that some or all of the specified area forms part of one or more areas designated (or to be designated) as neighbourhood areas.</p>
	15	New Orleans Tenants and Residents Association	<p>Support for proposed neighbourhood area.</p> <p>Support production of neighbourhood plan for the area to tackle various perceived issues.</p> <p>Request to be kept informed of progress of neighbourhood area application.</p>	<p>Support noted.</p> <p>A neighbourhood forum must be designated for any neighbourhood area before a neighbourhood plan can be produced.</p> <p>Any decision to designate the proposed Neighbourhood Area will be publicised as per the requirements of the Neighbourhood Planning (General) Regulations 2012 (as amended), section 7; and in line with the council's requirements to publicise decisions on the council website.</p>
	16	Resident	<p>Objects to neighbourhood area for several reasons.</p> <p>Application lacks detail on people who discussed and decided boundaries. No methodology highlighting why area is appropriate.</p> <p>No neighbourhood forum application has been made.</p> <p>Area includes several SINCs but application doesn't mention these; or other important buildings, roads, or facilities, such as schools, public transport, health care.</p>	<p>Objection noted.</p> <p>Regarding the lack of detail on how boundaries were decided and a lack of a methodology, the council's response to respondent 11 above also applies here. The information provided within the area application meets the requirements of the Neighbourhood Planning regulations.</p> <p>The council's preference is for consultation on the Neighbourhood Forum and Area to take place at the same time, but the Neighbourhood Planning regulations simply require</p>

## Crouch Hill and Hornsey Rise Neighbourhood Area application – summary of consultation responses

Respondent no.	Name of organisation (if applicable)	Summary of comments	Islington Council response
		<p>Application doesn't seem to make reference to any other residents or local groups who may be active in this area, who could have been consulted on the process of developing a boundary.</p>	<p>that a Neighbourhood Area application be publicised as soon as possible after receipt, regardless of whether a Neighbourhood Forum application has also been submitted.</p> <p>The respondent raises a similar point to respondent 11. The regulations for accepting Neighbourhood Area applications simply require a statement explaining why this area is considered appropriate to be designated as a neighbourhood area. Therefore, the fact that the area application does mention SINC's or other important buildings, roads, or facilities, such as schools, public transport, health care, is not considered to be contrary to the regulations. Officers do encourage provision of as much information as possible when feeding back on draft area and forum applications, but we cannot refuse to process applications if some of this information is not included.</p> <p>The PPG identifies potential considerations which could be taken into account when deciding boundaries (see above). These considerations include infrastructure or physical features such as a major road or railway line or waterway; and the existence of formal or informal networks (plural) of community groups. Such factors may be taken into account in assessing whether the area is appropriate</p> <p>There is no specific required level of engagement which must take place with residents and local groups; the only requirement is for a statement that the organisation or body making the area application is a relevant body. The engagement which has taken place is the responsibility of the group; the council have no involvement in this.</p>
17	Resident	<p>Expresses opposition to Neighbourhood Area application for several reasons. The outlined area does not function as one neighbourhood and there could be a variation of the area.</p> <p>Area changed from 2012 letter of intent to 2014 application, to allow Whitehall Park Conservation Area to be wholly within emerging Archway Neighbourhood Area; however, a small part of the conservation area remains within the proposed Neighbourhood Area.</p> <p>Discussions on what constituted a neighbourhood, held in March 2012, came from a wider geographical spread (including parts of the London Borough of Haringey) than the area subsequently "agreed by consensus" (as stated in the application form). Thus, by definition, views were not fully representative of people living and working in the chosen area. The removal of the Elthorne Estate from the then emerging boundary in 2013 also meant that the views expressed in March 2012 were no longer fully representative. The justification provided in the area application therefore could not give an accurate portrayal of the specific social, economic and environmental needs of the area proposed given the changes that have taken place since March 2012. This is the major methodological flaw of the Forum application, as views from a different geographical and socio-economic area were included.</p> <p>Original letter of intent<sup>1</sup> identified that the neighbourhood related to two main areas – Crouch Hill and Hornsey Rise - did not reflect actual make-up of people and areas from discussions. Letter of intent was rushed through for reasons unknown.</p> <p>Residents from Holly Park, to the east of Crouch Hill, signed the original letter of intent primarily to help resolve an issue re: threats to community facilities; these residents played little part in the forum once this issue is resolved, with only 3 of the 50 total forum residents residing in Holly Park.</p> <p>The area application gives little detail on the area beyond a list of estates contained within</p>	<p>Opposition noted.</p> <p>The respondent mentions a potential variation of the area, and specifically mentions the part of the boundary east of Crouch Hill. However, an explicit alternative boundary is not provided.</p> <p>The respondent takes issue with the inclusion of Holly Park, i.e. the area east of Crouch Hill, within the proposed boundary. The respondent notes that there is no ongoing engagement from Holly Park residents; however, in the council's recent dealings with the emerging Neighbourhood Forum, it has been clear that this area still has some representation. There is no regulatory requirement for a proposed area to be broken down into sub-areas with a requirement for proportionate representation for each. There are other areas within the proposed boundary with less representation than the 3 individuals noted by the respondent; no suggestion is put forward to remove these areas.</p> <p>The only part of the proposed Neighbourhood Area boundary that has changed since the 2012 letter of intent is an amendment to the south-west part of the boundary, which is now along Hazelville Road/Courtauld Road/Fairbridge Estate; this change was primarily to reflect the proposed Neighbourhood Area being developed by the emerging Neighbourhood Forum for Archway.</p> <p>The issue regarding the conservation area has been considered (see comments from Historic England and council's response to these comments).</p> <p>Regarding the lack of detail on how proposed boundaries were decided and a lack of a methodology, the council's response to respondent 11 above also applies here. Officers do encourage provision of as much information as possible when feeding back on draft area and forum applications, but we cannot refuse to process applications if</p>

<sup>1</sup> This letter was submitted by the group to the council early in the process; it subsequently did not form part of the area application.

## Crouch Hill and Hornsey Rise Neighbourhood Area application – summary of consultation responses

Respondent no.	Name of organisation (if applicable)	Summary of comments	Islington Council response
Page 145		<p>the area. There is no description of the physical characteristics of the proposed area such as the hilly terrain, the types of buildings, the major roads, or of the functioning of different facilities such as schools, health centre, public transport etc.</p> <p>The statement that “Crouch Hill and Hornsey Rise Neighbourhood Forum... is the relevant body capable of being designated as a neighbourhood forum” (under 1. Name) asserts this without any explanation, simply quoting the relevant legislation and accompanying regulations.</p> <p>Work undertaken subsequent to the 2014 area application reinforces the view that those to the east of Crouch Hill relate to a different area with different transport and shopping links (running down to Stroud Green and Finsbury Park). This demonstrates that a potential group exists to take on neighbourhood planning work for local improvement in Hornsey Rise but not across the whole area outlined in this application.</p> <p>Notes that this opposition may cause confusion but believes that active involvement of many residents in an extremely diverse neighbourhood should be the deciding factor for designation, rather than technical planning arguments. Requests that area application is rejected or amended based on changes described.</p> <p>Respondent accepts that refusal will risk further confusion among the residents, workers and businesses of Hornsey Rise and around, but states that the jargon of “planning expertise” cannot substitute for the active involvement of many residents in an extremely diverse neighbourhood. Hopes that boundary can be changed if not rejected outright.</p>	<p>some of this information is not included.</p> <p>Re: the ‘relevant body’ statement, the regulations for assessing Neighbourhood Area applications only require a statement explaining why this area is considered appropriate to be designated as a neighbourhood area. Such a statement has been provided.</p> <p>The council must assess the application which has been made and decide whether the boundary is appropriate. S61G(5) of the Town and Country Planning Act 1990 does not allow the council to reject the application outright. If the council are minded to refuse to designate the area as proposed, they must exercise their power of designation so as to secure that some or all of the specified area forms part of one or more areas designated (or to be designated) as neighbourhood areas. The respondent offers no detailed proposals for an amended boundary for the Neighbourhood Area.</p>

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Environment and Regeneration  
Municipal Offices, 222 Upper Street, London

Report of: Executive Member for Environment and Transport

Executive	26 11 2015	Ward(s): All
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Delete as appropriate		Non-exempt
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**SUBJECT: Cemetery Fees and Charges 2016**

## 1. Synopsis

- 1.1 This report proposes the schedule of fees and charges for Islington and Camden Cemetery Service (ICCS) for the period 1st January 2016 to 31st December 2016. The levels set continue to provide best value for Islington residents whilst maintaining a range of options for all and delivering service improvements.

## 2. Recommendations

- 2.1 To agree the fees and charges details in Appendix 1 for introduction on the 1st January 2016.
- 2.2 To agree to delegate authority to the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Environment and Transport, to agree any in-year changes to Cemeteries fees and charges.

## 3. Background

- 3.1 ICCS is a joint service managed by Islington on behalf of both Islington and Camden as a trading operation. It has three sites – East Finchley, Trent Park and Hampstead. The fees and charges need to generate sufficient funds to meet the running costs of the service and reinvest in the infrastructure. Any surplus generated is used to finance service improvements and maintenance on the sites.
- 3.2 The joint service has been in operation for 10 years. There is continuous evaluation of the service to ensure that it meets the needs of our residents and is competitive against private sector providers. A series of service improvements and enhancements have been achieved and more are planned over the next years, including the introduction of new burial spaces. The service has increased its share of the market whilst receiving good customer feedback.
- 3.3 ICCS continue to offer lower cost options for burial and cremation, and fees are discounted for Islington and Camden residents.

- 3.4 The fees proposed have been reviewed against actual costs and meaning that several have been able to be retained at existing levels. The proposed fees and charges have been discussed by the ICCS Board.
- 3.5 The proposed fees and charges will continue to place ICCS as a mid to low cost facility when benchmarked with other London cemeteries.
- 3.6 It is important that ICCS continues to be self-financing, whilst remaining affordable and competitive. There may be occasions during the year when costs that the service incurs change and fees need to be amended to reflect this. In order to accommodate any such minor changes, it is recommended that the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Environment and Transport, be delegated the authority to approve such in-year amendments.

#### **4. Implications**

##### **Financial implications:**

- 4.1 The proposed fees and charges have been set at a level that will meet expected expenditure levels and ensure that the trading account is balanced at year end.

##### **Legal Implications:**

- 4.2 The Council is able to set fees and charges for burials, cremations and cemetery services under the provisions of the Local authorities Cemeteries Act 1977 and the Cremation Act 1902.

##### **Environmental Implications**

- 4.3 ICCS is accredited to ISO1401 and sites are managed within this framework to lessen their impact on the environment and enhance biodiversity.

##### **Resident Impact Assessment:**

- 4.4 The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

An RIA has been undertaken and no adverse impacts arising from these proposals were identified.

#### **5. Reasons for the recommendations / decision:**

- 5.1 It is essential that residents are able to receive a compassionate and cost effective service when they use our cemeteries. The proposed fees and charges have been set at a level where ICCS can ensure that that they continue to maintain offer an excellent service at an affordable price.

#### **Signed by:**



13.11.15

Executive Member for Environment and  
Transport

Date

#### **Appendices - Proposed Cemeteries fees and charges 2016 Background papers – none**

Report Author: Jan Hart, 020 7527 2614, jan.hart@islington.gov.uk

## Cemeteries

Description	Existing Charges			Proposed Charges				Effective Date	Justification for increase, no increase or reduction
	Resident £	Non Resident £	Last Increased	Resident £ (% increased)	Non Resident £ (% increased)				
<b>increase % overall</b>									
<b>Burials</b>									
<b>Private Grave</b>									
<b>Exclusive right of burial-purchase and licence fee</b>									
Classic Grave Space	1270	1860	01/01/15	1300	2.4%	1905	2.4%	01/01/2016	
7'x3' Grave Space	1950	3265	01/01/201	1995	2.3%	3345	2.5%	01/01/2016	
9'X4' Grave Space	2155	3650	01/01/15	2265	5.1%	3835	5.1%	01/01/2016	
Woodland Burial	1950	3265	01/01/15	2050	5.1%	3430	5.1%	01/01/2016	
Front lawn areas - 7x3 Grave Space	3305	5915	01/01/15	3470	5.0%	6210	5.0%	01/01/2016	
Front lawn areas - 9x4 Grave Space	5110	9230	01/01/15	5365	5.0%	9690	5.0%	01/01/2016	
Trent Park- 8x5 Grave Space	1300	2000	01/01/15	1365	5.0%	2100	5.0%	01/01/2016	
Childrens Memorial Garden	420	825	01/01/12	420	0.0%	825	0.0%	01/01/2014	No Increase
Purchase of Right of Burial in an Ash Plot	970	1150	01/04/15	990	2.1%	1175	2.2%	01/01/2016	
<b>Interment fees</b>									
Individual 16 yrs and over- all cemeteries	1045	1860	01/01/15	1070	2.4%	1905	2.4%	01/01/16	
Individual under 16 yrs	500	885	01/01/14	500	0.0%	885	0.0%	01/01/14	No Increase
Front lawn areas - Adult	1900	3500	01/01/15	1945	2.4%	3585	2.4%	01/01/16	
Front lawn areas - under 16 yrs	910	1615	01/01/14	910	0.0%	1615	0.0%	01/01/14	No Increase
Saturday Burial extra charge	590	590	01/01/14	600	1.7%	600	1.7%	01/01/16	
Sunday Burial extra charge				750		750		01/01/16	New Scheme
Saturday burial of ashes extra charge				130		130		01/01/16	New Scheme
Sunday burial of ashes extra charge				200		200			New Scheme
Hand Digging Fee	495	495	01/01/14	495	0.0%	495	0.0%	01/01/14	No Increase
<b>Public Graves</b>									
Adult	290	450	01/01/11	295	1.7%	460	2.2%	01/01/16	
Child 3-16 yrs	105	140	01/01/11	105	0.0%	140	0.0%	01/01/14	No Increase
Baby to 3 yrs	65	110	01/01/11	65	0.0%	110	0.0%	01/01/14	No Increase
<b>Burial of Cremated Remains - Hampstead Cemetery</b>									
<b>New Burial in Cremation Vault</b>									
Lease of Site - 10 years	120	120	01/01/13	120	0.0%	120	0.0%	01/01/14	No Increase
1st Interment	195	195	01/01/13	195	0.0%	195	0.0%	01/01/14	No Increase
2nd- 4th Interment	105	105	01/01/13	105	0.0%	105	0.0%	01/01/14	No Increase
Cremation Vault	500	500	01/01/13	500	0.0%	500	0.0%	01/01/14	No Increase
<b>Burial of Cremated Remains other than Hampstead Cemetery</b>									
Mini Grave including first interment	1740	2000	01/01/15	1740	0.0%	2000	0.0%	01/01/14	No Increase
Granite Sanctums including first interment	1730	1990	01/01/15	1730	0.0%	1990	0.0%	01/01/14	No Increase
Cremated remains terrace	1730	1990	01/01/15	1730	0.0%	1990	0.0%	01/01/14	No Increase
<b>Grave Units</b>									
<b>New Burial in Double Unit</b>									
Purchase of Double Unit with memorial option and 1st Interment	4740	6315	01/01/15	4975	5.0%	6630	5.0%	01/01/16	
Purchase of burial & memorial rights - 60 years	1665	3130	01/01/15	1750	5.1%	3285	5.0%	01/01/16	
<b>New Burial in Front Lawn Vaults</b>									
Purchase of Double Unit with memorial option and 1st Interment	4950	6735	01/01/15	5200	5.1%	7075	5.0%	01/01/16	
Purchase of burial & memorial rights - 60 years	3105	5525	01/01/15	3260	5.0%	5800	5.0%	01/01/16	
<b>Mausolea</b>									
Purchase of single unit and Interment (inc burial rights)-1st and 3rd row	6080	8970	01/01/14	6080	0.0%	8970	0.0%	01/01/14	No Increase
Purchase of single unit and Interment (inc burial rights)-2nd row	6820	9970	01/01/14	6820	0.0%	9970	0.0%	01/01/14	No Increase
<b>Miscellaneous Charges</b>									
Burial of ashes - 16 yrs old and over	90	140	01/01/11	90	0.0%	140	0.0%	01/01/14	No Increase
Burial of ashes - under 16 years	Free	Free	01/01/11	Free		Free		01/01/14	No Increase
Scattering ashes from elsewhere (large casket)	Free	75	01/01/11	Free		75	0.0%	01/01/11	No Increase
Transfer Fee	50	50	01/04/2015	50	0.0%	50	0.0%	01/01/11	No Increase
Certificate of Burial	30	30	01/04/04	30	0.0%	30	0.0%	01/01/11	No Increase
Burial Record Search for up to 3	45	45	01/01/15	45	0.0%	45	0.0%	01/01/11	No Increase
Database Record Search	15	15	01/01/15	15	0.0%	15	0.0%	01/01/11	No Increase
Extending standard grave to allow for extra large coffin	70	135	01/01/11	70	0.0%	135	0.0%	01/01/11	No Increase
Admin fee for 2 interment in niche at coumbarium				25		25		01/01/16	New Scheme
<b>Exhumation Fee</b>									
First coffin - admin fee	400	400	01/01/15	400	0.0%	400	0.0%	01/01/14	No Increase

Cemeteries

Description	Existing Charges			Proposed Charges				Effective Date	Justification for increase, no increase or reduction
	Resident £	Non Resident £	Last Increased	Resident £ (% increased)	Non Resident £ (% increased)				
<b>increase % overall</b>									
Second coffin - admin fee	200	200	01/01/15	200 0.0%	200 0.0%		01/01/14	No Increase	
<b>Remove &amp; Replace Memorial</b>									
Lawn style memorial up to 7"x3"	210	210	01/01/15	215 2.4%	215 2.4%		01/01/16		
Traditional style memorial up to 7'x3'	315	315	01/01/15	325 3.2%	325 3.2%		01/01/16		
Memorial Plaques	125	125	01/01/15	130 4.0%	130 4.0%		01/01/14		
Memorial on Ash Memorial Container (AMC)	135	135	01/01/15	140 3.7%	140 3.7%		01/01/14		
Memorial base	110	220	01/04/15	110 0.0%	220 0.0%		01/01/14	No Increase	
<b>Cremation</b>									
<b>Cremation Services</b>									
Individual 16 years and over	560	560	01/01/15	575 2.7%	575 2.7%		01/01/16		
Individual under 16 years	35	35	01/04/11	35 0.0%	35 0.0%		01/01/14	No Increase	
Early Morning Cremation	310	310	01/01/12	310 0.0%	310 0.0%		01/01/14	No Increase	
Evenings and Saturday Cremation	650	650	01/01/13	650 0.0%	650 0.0%		01/01/14	No Increase	
Sunday Cremation				750	750		01/01/16	New Scheme	
Contract Cremation	130	130	01/04/12	130 0.0%	130 0.0%		01/01/12	No Increase	
Use of Organist	70	70	01/04/11	70 0.0%	70 0.0%		01/01/14	No Increase	
<b>Wesley Music System</b>									
1st CD Recording - audio	30	30		35 16.7%	35 16.7%		01/01/16	includes suppliers increase	
Additional CD Recording - audio	15	15		20 33.3%	20 33.3%		01/01/16	includes suppliers increase	
1st DVD Recording of chapel service	40	40		40 0.0%	40 0.0%		01/01/16	includes suppliers increase	
Additional DVD Recording of chapel service	15	15		20 33.3%	20 33.3%		01/01/16	includes suppliers increase	
Webcast	40	40		45 12.5%	45 12.5%		01/01/16	includes suppliers increase	
<b>Visual Tribute</b>									
Admin fee	12	12		15 25.0%	15 25.0%		01/01/16	includes suppliers increase	
Per 10 photos/images	20	20		25 25.0%	25 25.0%		01/01/16	includes suppliers increase	
Per 20 photos/images	30	30		35 16.7%	35 16.7%		01/01/16	includes suppliers increase	
Per 30 photos/images	40	40		45 12.5%	45 12.5%		01/01/16	includes suppliers increase	
Per 40 photos/images				55	55		01/01/16	New Scheme	
Per minute of video	4	4		5 25.0%	5 25.0%		01/01/16	includes suppliers increase	
DVD of service containing tribute				50	50		01/01/16	New Scheme	
<b>Removing Ashes from Crematorium</b>									
Holding ashes on temporary deposit	20	20	01/01/11	20 0.0%	20 0.0%		01/01/14	No Increase	
Wooden Casket	90	90	01/01/11	90 0.0%	90 0.0%		01/01/14	No Increase	
Metal Urn	80	80	01/01/11	80 0.0%	80 0.0%		01/01/14	No Increase	
couriering of ashes (UK only)	60	60	01/01/13	60 0.0%	60 0.0%		01/01/14	No Increase	
<b>Pet Cemetery Fees</b>									
Large grave	530	530	01/01/12	545 2.8%	545 2.8%		01/01/14		
Medium grave	430	430	01/01/12	440 2.3%	440 2.3%		01/01/14		
Small grave	370	370	01/01/12	380 2.7%	380 2.7%		01/01/14		
Scattering of ashes	Free	Free	01/01/12	Free	Free		01/01/14		
Burial of ashes with marker	100	100		100	100		01/01/14	No Increase	



Report of: Executive Member for Housing and Development

Meeting of:	Date	Ward(s)
Executive	26 November 2015	All

**THE APPENDIX TO THIS REPORT IS NOT FOR PUBLICATION**

## **SUBJECT: ISLINGTON LIMITED (ICO) – EXTENSION OF ARTICLES AND DISPOSAL OF COMMERCIAL PROPERTIES TO ICO**

### **1. Synopsis**

- 1.1 This report recommends that the council's wholly owned company, iCo, purchases property assets from the council. This would allow the council, through its ownership of iCo, to purchase assets from the HRA and deliver a range of benefits including increased income to the council's general fund.

### **2. Recommendations**

- 2.1 To approve the Business Case for iCo to carry out activities related to the buying, selling, renting and/or management of properties, including properties that are sold to or transferred to the Company by Islington Council.
- 2.2 To agree, as sole shareholder of iCo, to amend iCo's articles as set out in Paragraph 3.5.
- 2.3 To grant 125 year leases of the Properties listed below to iCo at market value, as determined by the Corporate Director of Finance and Resources:
- 29 – 33 Old Street
  - 49 – 59 Old Street
  - 69 – 85 Old Street
  - 41-47 Old Street
  - Car Park (rear of 29-85 Old Street)
  - 168 Mackenzie Road
  - Grant Street (off Chapel Market),
  - 48 Seven Sisters Road
  - 90-92 Upper Street.
- 2.4 To agree to make a loan to iCo on commercial terms sufficient for iCo to purchase the Properties.
- 2.5 To agree that iCo's accounting reference date be revised to 31 March.

### **3. Background**

- 3.1 Earlier this year, the council established iCo which is a company wholly-owned by the council to deliver trading (profit-making) activities on the council's behalf. Profits generated by iCo through selling services flows back to the council to be reinvested in services for residents. The council intends to use any profit from iCo to help mitigate the impact of central government budget reductions and reduce the need to cut services. iCo is run by a board of council officers and councillors and has a commercial focus. As it is a separate company it is free from local authority bureaucracy and as a result iCo is able to take decisions much more quickly and respond more nimbly to new market opportunities.
- 3.2 Islington Council owns a number of commercial properties that are held under Part 2 of the Housing Act 1985 in the council's Housing Revenue Account. The council originally bought these properties in the 1960s and 1970s under the powers contained in the Housing Act 1957, even though in many cases they have never been used as residential dwellings. The majority of these properties were sold between 2006 and 2009 however a small number remain, focused in the Old Street area. Central government guidance suggests that wholly commercial properties should not be accounted for in the Housing Revenue Account.
- 3.3 It is recommended that the council sells some of the commercial properties currently held in the council's housing revenue account, to iCo. This proposal includes the sale of three high value commercial properties (over £1.5M):

- 29 – 33 Old street,
- 49- 59 Old street,
- 69 – 85 Old Street

The Properties will be sold to iCo subject to any existing leases. This proposal would help to achieve the objective of maximising the rental income produced by the Properties.

#### **3.4 The Loan**

It is proposed that the council would loan iCo the funds required to purchase these properties. These loans would be issued on a commercial basis and therefore generate income for the General Fund. iCo would use the rental income to repay the interest on these loans.

#### **3.5 The Business Case**

The full business case for this proposal is attached at appendix A It is recommended that Executive approve this business case.

#### **3.6 iCo Articles**

It is recommended that iCo's Articles are amended to add a new Article 3.19 under heading of reserved matters as follows:

*'Activities related to the buying, selling, renting and/or management of properties, including properties that are sold to or transferred to the Company by Islington Council.'*

This would allow iCo to take decisions around the ownership and management of properties.

### **4. Accounting Reference Date**

- 4.1 iCo's financial year currently ends on 31 December. To simplify company accounting practices, the iCo Board has requested that the accounting reference date be revised to 31 March, mirroring the council's own financial year. Under the company's Articles of Association, altering the accounting practices of the Company (other than any such change which is required by law or by the rules of any regulatory

body to which the company is subject) is a matter reserved for decision by Islington Council as the sole shareholder. It is therefore recommended that the Executive approve this amendment to the company's accounting practices.

## **5. Implications**

### **5.1 Financial implications**

The value of the commercial properties is expected to be £21.25m but will be subject to valuations at the date(s) of sale.

The Council will lend iCo the funding to purchase the properties through its treasury management services. We will charge commercial interest rates on the loan, currently 5.5% which would equate to approximately £1.17m per annum. The Council has these funds available to lend to iCo.

The receipt from the sale of the properties will be classed as a capital receipt and used for regeneration or affordable housing.

The rents iCo will charge tenants are expected to total approximately £1.5m per annum once all properties are occupied and full rent is charged.

### **5.2 Legal implications**

#### **iCo's constitution**

iCo is the trading name of Islington Ltd. iCo's existing articles restrict its scope of business activity to those specified in the articles. The articles reserve to the council, as iCo's sole shareholder, the power to alter the scope of iCo's business activities. The council, as shareholder, also has power under iCo's articles to appoint directors. Copies of resolutions affecting a company's constitution must be notified to Companies House within 15 days after it is made. A copy of the amended articles must also be submitted within the same time period.

#### **Trading**

The council has power to carry out trading activity under s95 of the Local Government Act 2003 supplemented by the Local Government (Best Value Authorities)(Power to Trade)(England) Order 2009/2393. In order to exercise the power to trade under s95 the council has to prepare a business case in support of the proposed exercise of that power and approve that business case (Regulation 2(2)).

#### **Disposal**

The council owns the [freehold] of the Properties which are held under part 2 of the Housing Act 1985. The Properties are subject to a number of existing commercial leases. [There are no restrictions on the titles of the Properties which will restrict their disposal to iCo].

The council has power to dispose of the Properties under s32 of the Housing Act 1985 with the consent of the Secretary of State. The Secretary of State has issued a general consent for the disposal of properties under s32 (the General Housing Consents 2013). Consent A3.2 covers the proposed disposals.

The proposed disposals are to be at market value. This will enable the council to satisfy its fiduciary duty to its council tax payers.

## Loan

The council has power to grant a loan to iCo for the purchase by iCo of the Properties under s1 of the Localism Act 2011. The loan will be made on commercial terms. Therefore state aid issues should not arise.

## Accounting Reference Date

Companies are permitted to change their accounting reference date under s392 of the Companies Act 2006. The resulting accounting period may not be longer than 18 months. The proposed change to the accounting reference date would extend iCo's current financial year from 1 January 2015 to 31 March 2016, a period of 15 months.

Such changes to the accounting practices of the company require approval by Islington Council under the company's articles. The change to the accounting reference date must be notified to Companies House. Barring certain exemptions, companies are not permitted to change their accounting reference date more than once in a five year period.

### 5.3 Environmental Implications

None

### 5.4 Resident Impact Assessment:

None

## 6. Conclusion and reason for recommendations

This report recommends that a number of council commercial assets are sold to iCo. This would deliver financial benefits to the council's general fund. It is estimated that if the nine Housing Revenue Account commercial properties are sold to iCo this will generate approximately £15M in income to the council's general fund over a ten year period.

### Final report clearance:



**Signed by:** Executive Member for Housing and Development

Date: 10/11/15

**Report Author:** Lee McDermott – Housing Business Plan Manager  
**Tel:** 020 7527 6818  
**Email:** [lee.mcdermott@islington.gov.uk](mailto:lee.mcdermott@islington.gov.uk)

**Report of:** Executive Member for Health and Wellbeing

Meeting of:	Date	Ward(s)
Executive	26 November 2015	All

Delete as appropriate	Exempt	Non-exempt

## **SUBJECT: APPROVAL OF THE PROCUREMENT STRATEGY FOR MENTAL HEALTH SUPPORTED HOUSING SERVICES**

### **1. Synopsis**

- 1.1 This report seeks pre-tender approval for the procurement strategy in respect of supported housing services for Islington residents with a mental health needs in accordance with Rule 2.5 of the Council's Procurement Rules.
- 1.2 The procurement will be a competitive tender using the open procedure. There are eleven services which are grouped into three lots; high, medium and low. Service contracts will be awarded through block contracts within the Borough of Islington.
- 1.3 This procurement will deliver savings of £261,066 which will contribute to the savings proposal – "Make commissioning efficiencies in Housing Related Support" as agreed in the 2015-16 budget setting process.

### **2. Recommendations**

- 2.1 To agree the proposed procurement strategy for Mental Health supported housing services for Islington residents as outlined within this report.
- 2.2 To note the Executive will be asked to approve the award of the contract at the conclusion of the procurement process.

### **3. Background**

#### **Mental Health**

Mental health conditions are very common, affecting at least one in four people at some point in their life and one in six adults at any one time. Mental health conditions include depression, anxiety, psychosis, schizophrenia and dementia. Together, they account for the single largest source of disability and ill health in the UK.

People with mental health conditions have higher morbidity and mortality than the rest of the population. Mental ill health and the stigma and discrimination associated with it, can have negative impacts on every aspect of life, including social exclusion, employment and education, with economic hardship and physical ill-health leading to a significant risk of earlier death.

### Key Issues

In 2011-12, 12.6% (22,692) of people aged 18 and over in Islington were recorded as being diagnosed with depression. This is a significantly higher level of mental health need than the London and England averages (8.1% and 11.7% respectively).

Mental health needs vary according to gender, ethnicity and age and are influenced by family, social and environmental determinants. Islington has a significantly higher level of mental health need than London and England. High-needs groups include:

- People with disabilities or long term physical conditions at greater risk of depression
- Some BME groups with a significantly higher prevalence of diagnosis of psychotic disorders
- Prisoners and offenders have high levels of mental health disorders and high rates of suicide compared to the general population
- Other socially and economically deprived groups, such as people who are long term unemployed

### Future Need

It is anticipated that the levels of mental ill-health will increase over the coming years as the current economic climate of long term austerity continues. Assuming there is no change in the underlying prevalence of mental health conditions, then we estimate that due to population structure changes alone:

- Mental health conditions among children and young people aged 5-17 will increase from 3,129 in 2010 to 3,337 in 2020, an overall increase of 6.6%
- The number of people with depression and anxiety will increase by 3.4% to 29,426 in 2015 and 30,224 in 2020
- The number of people with psychosis and bipolar disorders will increase by 10.2%, from 3,032 in 2010 to 3,241 in 2020
- The number of people (65 and over) estimated to have dementia will increase by 11% from 1,261 in 2012 to 1,400 in 2020; 666 of these (47.6) will be over 85 and over

## 3.1 Nature of the service

This procurement is for supported accommodation for homeless people with mental health needs, who are aged 18 years and above.

There are currently seven support contracts within the scope of this procurement. The support service are provided across a range of properties which are owned by the landlord detailed in detailed Table I

### 3.1.2 Table I

Service	Support Provider	Landlord	Capacity
Southwood Smith Street	St Mungo's	Family Mosaic	10
Look Ahead MH Service	Look Ahead	Southern Islington & Shoreditch	16
Ponders Bridge House	One Housing	One Housing	12
Ponders Bridge Cluster	One Housing	Circle Stonham	20
St Mungo's Barnsbury	St Mungo's	St Mungo's Circle	40
Arundel Place	SHP	Places for People	22

Peter Bedford	Peter Bedford	Peter Bedford	98
		<b>Total Capacity</b>	<b>218</b>

Appendix I provides a detailed breakdown of each current support service contract, contract value and landlord for each specified accommodation.

- 3.1.3 The current services were procured in 2010. At that time landlords worked more readily in partnership with support providers. Support service contracts have been extended enabling these arrangements to continue, however in the intervening period landlords have chosen not to make their properties available to enter into separate support contracts. St Mungo's, Peter Bedford and Stonham have declined to work with a new support provider.

Due to this change it is not possible to procure the support service contracts in their current configuration. To enable each service to be procured the current configuration was separated to offer each service individually; this has increased the number of services from seven to eleven. Some of the current landlords have agreed to make their properties available to new support providers. Where this is not the case the procurement will require successful providers to have access to an in borough site of appropriate size. The procurement will offer services in three Lots; High, Medium and Low. Appendix II details each Lot, eleven services, landlord and property availability.

- 3.1.4 The existing services will end on 30 June 2016 and the borough will continue to require the provision of housing related support for people with mental health issues. Mental health services have been developed to provide a pathway for people who are experiencing a mental health issue who are also homeless, at risk of homelessness or coming out of more institutionalised care. Through this procurement a saving will be achieved through a reduction in capacity detailed in Table II and decommissioning of the service detailed in Table III.

- 3.1.5 Table II

Service	Action	Reason	New Capacity	Reduction in units	SP Saving
Peter Bedford	Reduce Capacity	Reduction due to former service users having secured permanent tenancies, who no longer have a housing-related support need	73	25	£91,827

The service detailed in Table III will be decommissioned, which will provide an additional saving to the Supporting People budget.

Table III

Service	Action	Reason	New Capacity	Reduction in units	SP Saving
St Mungos Southwood Street	Decommission	Poor quality accommodation Under-utilised due to poor layout and tenant cohabitation conflict	0	10	£169,239

Eight service users currently reside at Southwood Street. Work is already underway with mental health colleagues to develop transition plans for those residents..

## 3.2 Estimated Value

- 3.2.1 The current annual spend is £1,709,523. A breakdown of current annual spend and annual spend post procurement on these services is detailed in Appendix I.

- 3.2.2 The services will be funded through the Supporting People Commissioning budget within Adult Social Services.

The value of this procurement will be £1,448,457 annually and £8,690,742 based on a 6 year contract including extension periods for these services. The proposed 6 year contract would align procurement cycles with health funded mental health services and will comprise a 3+1+1+1 year contract. Alignment with health funded contracts will provide an opportunity to jointly commission and procure services at a later date. However, any contract extension would be dependent on the availability of funding, service performance and the need for the service. There are no suitable existing frameworks that could be used for these contracts.

3.2.3 The current services provide good value for money. Unit price and cost per hour has been benchmarked against neighbouring boroughs in the North London Strategic Alliance (NLSA) and is comparable with NLSA boroughs. Through this procurement savings will be realised from a reduction in demand due to former service users who have secured permanent tenancies as detailed in 3.1.3. This will contribute to the overall savings. Further savings of up to 10% may be realised through the procurement process itself.

3.2.4 These services represent good value for money in providing vulnerable adults with mental health issues safe secure accommodation with appropriate support to meet their multiple needs.

Key costs drivers for the service include:

- A need to reduce rough sleeping, prevent homelessness and repeat homelessness due to mental health issues
- Maximising health outcomes by increasing the likelihood of recovery as a result of engagement with community mental health services
- Increase in community safety through the reduction of anti-social behaviour, offending and the impact of offending on the local community
- An opportunity redesign the mental health pathway, remodelling the services without an increase in funding

The contracts will include break clauses to protect the council in the case of withdrawal or significant reduction in funding.

### 3.3 **Timetable**

3.3.1 The following dates must be reached:

Adult Social Services Approval	September 2015
Procurement Board	September 2015
Joint Board	October 2015
Executive meeting	November 2015
Advert and ITT published	November 2015
Award report	April 2016
Contractual arrangements	1 July 2016
Current contracts expire	30 June 2016

### 3.4 **Collaborative Approach**

3.4.1 The Commissioning Body members who comprise service leads from Housing, Health, Public Health, Community Safety and Probation, agreed in October 2014, the proposal to continue to commission mental health supported housing services.

3.4.2 *Towards a Fairer Islington: Our commitment, Corporate Plan 2015-19*, details Islington' strategic vision and priorities particularly how the Council and its partners, will work to tackle deeper social issues; the key challenges being:

- Mental ill health
- Domestic Violence
- Long-term conditions
- Substance misuse
- Long-term unemployment

3.4.3

This procurement supports partnership working by aiming to reduce health inequalities and improve the health and well-being of the local population by supporting people to:

- reduce homelessness and the risk of homelessness
- promote independence
- reduce anti-social behaviour
- support community safety and
- enable people to move-on to more permanent accommodation

### 3.5 **Options appraisal**

3.5.1 The following routes have been considered including:

- Tendering each contract separately
- A two stage competitive tender with the services advertised as lots limiting the number that each organisation can bid for/or be awarded
- A competitive tender using the open procedure

3.5.2 The preferred procurement route is a competitive tender through the open procedure, limiting the number of lots an organisation can bid for and/or be awarded. This approach mitigates the risk of service loss to service users and the Council in the event of contract failure.

3.5.3 Collaboration through a joint procurement has been considered with neighbouring boroughs. This works well in MAPPA (Multi-agency public protection arrangements) offender services, which Islington co-commissions with five other boroughs. However, this is a small service that works with a discrete client group. In the case of mental health services it would not be feasible given the range of services and the need for supported accommodation within borough boundaries.

3.5.4 By following a competitive open procedure, the Council will be able to review the submissions from the local provider market and the impact of landlords who are not making their properties available to external support providers. It is also anticipated that the open procedure should reduce the overall procurement timetable.

### 3.6 **Social value**

3.6.1 Islington's mental health population experience greater health inequalities and poorer life expectancy outcomes than the general population. They feature disproportionately in Islington's homelessness statistics, with high rates of homeless acceptances for people with mental health ailments. This continues to have significant financial impacts on the Housing, Health and Social Care budgets.

The most effective way of assisting people experiencing housing problems as a result of poor mental health is to invest in preventative and early intervention services. Supporting People services continue to fulfil that objective through the provision of housing related support.

The services will establish secure tenancies and aim to improve health. In the medium to long term, service users will have develop the skills necessary to manage their support needs, manage a tenancy with minimal support and engage in education, training and employment through volunteering or paid work

The services will contribute to a reduction in anti-social behaviour and increased community safety. The services will improve the general wellbeing of Islington residents by supporting local hospitals to maximise their ability to discharge patients safely back to a safe, secure address with appropriate

mental health support.

At tender stage, the provider will explain how their proposed service can deliver additional social value through employment and or shared use of premises for local residents in the borough. The successful provider's progress in delivering outcomes for service users, which demonstrate additional social value, will be addressed in the performance outcome indicators set for the service.

3.6.2 London Living Wage (LLW) has been considered and successful bidders will be contractually obliged to pay LLW or above. Please refer to the LLW report, available on request.

3.6.3 The service will operate within a performance monitoring and quality assessment framework. Contracts will be closely monitored against a range of targets and outcome measures. This process allows for continuous improvement and service development.

3.6.4 **Economic, social and environmental sustainability**

The services will reduce social isolation and help people live healthier, active and fulfilling lives. The service will support income maximisation, maintenance of tenancies and access to training and employment.

3.6.5 **Debt management**

Given that 65% of residents living in the borough have social landlords (48% LBI) the saving to the borough will be realised through the reduction of rent arrears along with savings from avoidance of legal costs and dealing with eviction proceedings. This will have lasting benefits for the community as well as individual service users.

3.6.6 An environmental impact assessment will be completed during the preparation stage.

TUPE obligations may apply should a current service providers by unsuccessful

3.7 **Evaluation**

3.7.1 This tender will be conducted in using the Open Procedure. Tenders will be evaluated on the basis of the price and ability to deliver the contract as set out in the evaluation criteria.

3.7.2 Bids will be assessed on the basis of 70% awarded on quality and 30% on cost which will include an evaluation of the amount of funding allocated to delivery.

Cost / quality criteria are summarised below. A full breakdown is noted in **Appendix 2**.

	<b>Weighting %</b>
<b>Cost</b>	30%
<b>Quality</b>	
Proposed approach to mobilisation and implementation / change management	15%
Proposed approach to service model	15%
Proposed approach to workforce management	10%
Proposed approach to partnership working	10%
Proposed approach to managing performance and outcomes	10%
Proposed approach to client engagement and involvement	10%
<b>Total</b>	100%

3.8 **Business Risks**

3.8.1 Business risks associated with this procurement include:

- **Tender Failure**

If a competitive tender fails and/or the current service providers decide to withdraw from these services then the council may have to re-house current residents which would inflate homelessness figures and create greater demands for temporary accommodation.

- **Withdrawal of properties**

The current landlords will be aware that there is limited availability of properties of significant size with planning permission within Islington and may take the decision not to bid for the service themselves, preferring to allow the procurement to fail, and then seeking to directly negotiate new terms. To mitigate this risk, the procurement has been arranged to detail each service separately arranged into three lots; high, medium and low which reflect where there are landlords who have stated that they would not make their properties available to another support provider, other than the current support provider or alternatively their own in-house service. The Council may then be under greater pressure to negotiate a new contract term at significantly enhanced rates in favour of the provider.

- **Risks in the transition to the new service delivery model**

A large number of Islington residents are currently supported by the seven services. The transition to the new services will need to be carefully managed to ensure continuity of support and to manage of any service user anxieties arising from the change in support provider. Consequently, the transition to the new service delivery model will be carried out in conjunction with service users, carers and family where appropriate, outgoing providers and the incoming provider.

This procurement provides an opportunity for bidders to source alternative properties for service as indicated. Should a bid of this be successful, contract mobilisation will involve the transfer of current service users to the new accommodation.

- **Financial Viability**

Any further savings required from the Supporting People programme during the duration of the contract will have a significant impact on the service viability.

3.8.2 The Employment Relations Act 1999 (Blacklist) Regulations 2010 explicitly prohibit the compilation, use, sale or supply of blacklists containing details of trade union members and their activities. Following a motion to full Council on 26 March 2013, all tenderers will be required to sign the Council's anti-blacklisting declaration. Where an organisation is unable to declare that they have never blacklisted, they will be required to evidence that they have 'self-cleansed'. The Council will not award a contract to organisations found guilty of blacklisting unless they have demonstrated 'self-cleansing' and taken adequate measures to remedy past actions and prevent re-occurrences. The adequacy of these measures will initially be assessed by officers and the outcome of that assessment will be reviewed by the Council's Procurement Board.

3.8.3 The following relevant information is required to be specifically approved by the Executive in accordance with rule 2.6 of the Procurement Rules:

<b>Relevant information</b>	<b>Information/section in report</b>
1 Nature of the service	Supported housing services for adults with mental health issues  See paragraph [2.1]
2 Estimated value	The estimated value annually is £1,448,457  The agreement is proposed to run for a period of 3 years with optional extensions for a further 3 years on three separate occasions.  See paragraph [3.2.1]

3 Timetable	See paragraph [3.3.1]
4 Options appraisal for tender procedure including consideration of collaboration opportunities	See paragraph [3.4]
5 Consideration of: Social benefit clauses; London Living Wage; Best value; TUPE, pensions and other staffing implications	See paragraph [3.5]
6 Evaluation criteria	Cost 30% Quality 70% The award criteria price/quality breakdown is described further within the report. See paragraph [3.6]
7 Any business risks associated with entering the contract	See paragraph [3.8]
8 Any other relevant financial, legal or other considerations.	See paragraph [4]

## 4. Implications

### 4.1 Financial implications

The Mental Health Supported Housing Services are funded by the Adult Social Services budgets. The current cost of these services is £1,709,523 and the proposed new cost of these services will be £1,448,457, delivering a saving of £261,066 (15%), which will contribute towards the Council's Medium Term Financial Strategy (MTFS) savings.

### 4.2 Legal Implications

The Council has a duty to make arrangements for providing residential accommodation and care for persons who by reason of illness and disability are in need of care and attention which is not otherwise available to them ((section 21 National Assistance Act 1948 (as amended) and Secretary of State Directions (Appendix 1 to Department of Health Circular No. LAC(93)10)). The Council may discharge that duty by making arrangements with private providers of residential accommodation for those assessed to need it (section 26 of the 1948 Act). Accordingly the Council may enter into contracts with provider(s) to secure the provision of mental health supported housing services for Islington residents (section 1 of the Local Government (Contracts) Act 1997).

The services being procured are subject to the light touch regime set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). The threshold for application of this light touch regime is currently £625,050.00. The aggregate value of the proposed contracts is above this threshold. They will therefore need to be advertised in the Official Journal of the European Union (OJEU). There are no prescribed procurement processes under the light touch regime. Therefore the Council may use its discretion as to how it conducts the procurement process provided that it: discharges its duty to comply with the European Treaty principles of equal treatment, non-discrimination and fair competition; conducts the procurement in conformance with the information that it provides in the OJEU advert; and ensures that the time limits that it imposes on suppliers, such as for responding to adverts is reasonable and proportionate. Use of the Open Procedure will enable these requirements to be satisfied. Following the procurement a contract award notice is required to be published in OEJU. The council's Procurement Rules require contract over the value of £172,514.00 to be subject to competitive tender.

#### 4.3 **Environmental Implications**

There will not be any implications as the service will be delivered from existing buildings within the borough.

#### 4.4 **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The initial screening for a Resident Impact Assessment was completed on 3 September 2015 and this did not identify any negative equality impacts for any protected characteristic or any human rights or safeguarding risks.

The new services will be monitored to ensure they meet the needs of adults with mental health issues in the borough. Potential providers will be required to comply with minimum quality standards on equality and diversity in service delivery.

Overall the proposed tender will have a positive effect on vulnerable adults in Islington. However, reductions to service budgets are more likely to impact on people living in poverty or low incomes more compared to any other group. The aim is to mitigate the impact of any negative effects by improving pathways and exploring more flexible ways of delivering services.

The Resident Impact Assessment will be available on the Council website.

### **5 Conclusion and reasons for recommendations**

- 5.1 Housing support services for vulnerable adults with mental health issues are preventative services that aim to mitigate the effects of harm to people who are homeless or at risk of becoming homeless. These services will support Islington residents to achieve greater independence, improve their health and well-being through effective engagement with community mental health service and individualised support; prevention of homelessness and support individuals to be more active participants in the wider community. Additionally, this service will support the Council to create a fairer Islington, tackling poverty and inequalities faced by many Islington residents by working with partners and local people to achieve lasting improvements.

#### **Appendices**

Appendix I: Current mental health supported housing services

Appendix II: Proposed procurement Lots

Appendix III: Rationale for the evaluation of quality versus cost

#### **Final report clearance**

*Janet Burgess*

**Signed by:** Executive Member for Health and Wellbeing

**Date:** 5 November 2015

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## Current Mental Health supported housing services

Lot	Service	Service description	Current Support Provider	Landlord	Units/clients	Contract End Date	Current Contract Value p/a	New contract value from June 2016
1	9 Southwood Street	High Support	St Mungo's	St Mungo's	10	30 June 2016	£169,239	£0
2	Look Ahead MH Service	Low Support	Look Ahead	New River – Southern Vivian Comma – Islington & Shoreditch	16	30 June 2016	£70,615	£70,615
3	Ponders Bridge House	High Support	One Housing	One Housing	12	30 June 2016	£254,856	£254,856
4	Ponders Bridge House Cluster	Low Support	One Housing	Shaftesbury - Circle Mercers – Circle Mercers (h) - Stonham	20	30 June 2016	£184,677	£184,677
5	St Mungo's MH Service – Barnsbury	High Support	St Mungo's	Barnsbury – St Mungo's Court Gardens – Circle Tufnell Park – St Mungo's	40	30 June 2016	£371,798	£371,798
7	Arundel Place	High Support	SHP	Places for People	22	30 June 2016	£298,380	£298,380
9	Peter Bedford	Low Support	Peter Bedford	Same	<i>98 reducing to 73 units</i>	31 March 2015 – June 2016	£359,958	£268,131
<b>Total current spend</b>							<b>£1,709,523</b>	
<b>Total spend post June 2016</b>								<b>1,448,457</b>
<b>Total saving</b>							<b>£261,066</b>	

Tender Lots

LOT	SERVICE No.	SERVICE	SERVICE DESCRIPTION	CURRENT SUPPORT PROVIDER	CURRENT LANDLORD	CAPACITY	BUILDING AVAILABILITY
1 - High	1	Arundel Place	High	SHP	Places For People	22	The building is available
1 - High	2	Ponders Bridge House	High	One Housing	One Housing	12	Will require access to in borough building
1 - High	3	Barnsbury Road	High	St Mungo's	St Mungo's	21	Will require access to in borough building
2 - Medium	4	Court Gardens	Medium	St Mungo's	Circle 33	12	Will require access to in borough building
2 - Medium	5	Tufnell Park Road	Medium	St Mungo's	St Mungo's	7	Will require access to in borough building
2 - Medium	6	107 Mercers Road	Medium	One Housing	Stonham	8	This building is available
2 - Medium	7	104 Mercers Road	Medium	One Housing	Circle 33	6	The building is available
2 - Medium	8	41 Shaftesbury Road	Medium	One Housing	Circle 33	6	The building is available
2 - Medium	9	Vivian Comma Place	Medium	Look Ahead	ISHA	8	The building is available
3 - Low	10	Peter Bedford	Low	Peter Bedford	Peter Bedford	73	Will require access to in borough building
3 - Low	11	New River Green	Low	Look Ahead	Southern	8	The building is available
					<b>Total Capacity</b>	<b>183</b>	

## Rationale for the evaluation of quality versus cost

	Weighting %	Rationale
<b>Cost</b>	30%	Price of lots across the life of the contract. Cost savings are not being sought as savings have been made across other mental health services and across the wider supporting people portfolio.
<b>Quality is made up of:</b>		
Proposed approach to mobilisation and implementation / change management	15%	Given the potential risks around transferring staff and service users it will be important that there are robust proposals around how the service will be implemented.
Proposed approach to service model	15%	Given the outcomes based specification it will be important for bidders to both describe their service model and how this will lead to the achievement of the outcomes. This criterion also validates outcome proposals and mitigates against bidders putting in unrealistic bids.
Proposed approach to workforce management	10%	Given the outcomes focus of the specification, we would expect high quality staff that are able to provide person centred services. This criterion ensures that bidders are able to demonstrate how they will equip their services with quality staff committed to supporting vulnerable service users.
Proposed approach to partnership working	10%	Islington has a mental health pathway delivered by a range of service providers, across statutory and voluntary sectors. It is important that these services establish strong relationships with other partners in the sector to ensure vulnerable adults are supported toward recovery, to re-engage with their local community, moving on to independence.
Proposed approach to managing performance and outcomes	10%	As the specification will be outcomes based, It is important for providers to commit to a level of outcome delivery. Performance against these outcomes will then be used to inform contract extension by results.
Proposed approach to client engagement and involvement	10%	Regular service user involvement has an important place in ensuring the quality of service delivery and supporting the achievement of service user outcomes. Given services will be expected to move toward a new model of delivery, it is also important that the bidders are able to highlight effective plans to consult and co-produce new service models.
<b>Total</b>	100%	

**Report of:** Executive Member for Health and Wellbeing

<b>Meeting of:</b>	<b>Date</b>	<b>Ward(s)</b>
Executive	26 November 2015	All
<b>Delete as appropriate</b>	<b>Exempt</b>	<b>Non-exempt</b>

**SUBJECT: PROCUREMENT STRATEGY - CONTRACT 1516-022 MENTAL HEALTH INTERMEDIATE CRISIS CARE PATHWAY**

**1 Synopsis**

- 1.1 This report requests pre-tender approval for the procurement strategy for a Mental Health Intermediate Crisis Care Service in accordance with Rule 2.5 of the Council’s Procurement Rules.
- 1.2 The contract will support the delivery of an integrated Mental Health Intermediate Care Pathway for crisis care in Islington, which will seek to address the challenges of providing appropriate support for those entering, or at risk of entering a mental health crisis.
- 1.3 This report proposes the bringing together of a crisis house, a mental health reablement, and a mental health day service, to create an integrated 24/7 Mental Health Intermediate Care service, under a single new contract.

**2 Recommendation**

- 2.1 To approve the procurement strategy for a Mental Health Intermediate Crisis Care Pathway as outlined in this report.

**3. Background**

- 3.1 The services to be re-procured include:
  - Highbury Grove Crisis House service (currently Provided by One Support)
  - Mental Health Reablement Service (currently within the S75 agreement with Camden and Islington NHS Foundation Trust (C&IFT))
  - Isledon Road Resource Centre (currently within the S75 agreement with C&IFT).
- 3.2 All three services provide mental health care and support to Islington residents.

### **3.3 Highbury Grove Crisis House**

- 3.3.1 This service provides up to 2 weeks residential provision for people who are experiencing a mental health crisis and who cannot manage at home but who are not in need of inpatient treatment. The service acts as an alternative pathway for those experiencing mental health crises, and provides a more flexible response, in the least restrictive setting, for those who can be managed in a community.
- 3.3.2 The service provides 12 beds, 365 days a year, and provides an opportunity for intensive support to be provided to individuals within this period.
- 3.3.3 The service also currently includes an open-access evening drop-in service and an evening crisis support phone line. The intention is to retain the option to deliver the evening drop-in service as part of the planned Mental Health Intermediate Care Pathway (although not necessarily delivered from the current location), however, the crisis phone line may be decommissioned, following recent implementation of the 24/7 Single Access Crisis Line delivered by C&IFT as part of the Islington and Camden Crisis Concordat.
- 3.3.4 The current 7-year contract was awarded in 2010, but the additional investment in 2013 to increase the residential capacity has limited us to only one 12 month extension given the procurement rules, so the contract will end in 2016. Before this current contract period, a 5-year contract was awarded in 2005 for 8 residential beds and an all-night drop in service from 8pm to 6am.
- 3.3.5 It is anticipated that the service will continue to operate out of 16-18 Highbury Grove, N5 2EA, where the current service is delivered from; this is a property owned by Islington Council. However, providers may be able to deliver the service from their own, more suitable building.
- 3.3.6 It should be noted that approval to procure this service was granted by the Executive on 12 February 2015. However, a wider piece of work has since been undertaken to develop an integrated pathway for crisis support services, which will include the crisis house service.

### **3.3 Reablement Service**

- 3.3.1 The Reablement Service provides a short term intervention (of up to 8 weeks) within the home, with the aim of increasing an individual's independence and reducing the need for social care by providing intensive support in the community.
- 3.3.2 The service works with individuals who are either entering or leaving services (including hospital wards, crisis services and Isledon Road).
- 3.3.3 The service also supports those people who require a short term period of support to prevent longer term service needs e.g. admission to inpatient care and/ or accommodation based services.
- 3.3.4 The service has established strong links with various services including floating support, leisure services, education and employment services, enablement service and other relevant statutory, voluntary and community services. Engagement with this wider network ensures that individuals are able to access other services to continue to support the development of their independence, even after the intervention from the Reablement Service has ceased.
- 3.3.5 This service initially ran as a 12 month pilot between 2012/13 – 2013/14. Following review of the pilot by Commissioners, a decision was taken to continue the service, incorporated as part of the Section 75 agreement with C&IFT.
- 3.3.6 The service was developed in 2014/15 in partnership with a third sector organisation which provides full-time peer support workers to deliver practical one-to-one support to individuals in order to achieve the goals in their care plan.
- 3.3.7 The intention is to continue this service, with a revised pathway to improve the early identification of

individuals who may benefit from the service, with the aim of avoiding an increase in needs, leading to hospital admission.

### 3.4 Isledon Road Resource Centre - Day Services

- 3.4.1 Isledon road is distinct from independent sector provisions in the borough in that is expected to have a clear focus for those with the highest levels of need. As such it is the service best placed to meet the need for support for those in, or at risk of, entering a mental health crisis. There is a need to refocus the service on this cohort and to place it squarely within an intermediate care pathway.
- 3.4.2 The service currently provides a range of activities for people with mental ill health. Activities include group activities and educational courses, drop-in sessions, physical exercise, complimentary therapies, smoking cessation, diet/healthy living courses, creative activities, peer support opportunities, volunteering opportunities, counselling. Services are delivered from Isledon Road Resource Centre, which is owned by the Council.
- 3.4.3 'Day services' have traditionally been delivered to provide a place for people to spend time each day, socialising with peers who have similar needs and at most, reducing isolation.
- 3.4.4 The service at Isledon Road has been in place for a number of years. The service has found the delivery of independence and recovery outcomes challenging. This is despite support in moving towards a recovery model.
- 3.4.5 Whilst some initial changes have been made to service delivery, the service primarily still runs as a day service, and a high proportion of long-term service users continue to access the service, rather than being supported to move on in a structured and planned way.
- 3.4.6 The intention is therefore to re-commission the service, specifying the need for service delivery to be wholly recovery-based, with clear pathways and structured planning to support people to recover. This service would be expected to work seamlessly with the Reablement and Crisis House services, supporting people with mental ill health as they move towards, and out of, crisis.
- 3.5 Enabling people to access the right level of care at the right time, and in the right place, significantly benefits the individual, their carers, the family, and the wider community whilst avoiding the use of other more expensive and intensive mental health services. The Crisis House and Reablement services currently form a key part of the mental health crisis pathway in Islington, and have been successful in reducing acute mental health admissions and reducing demand for adult social care packages.
- 3.6 NHS London has shown that 50% of mental health resources are consumed by just 10% of those requiring mental health support. It is known that once someone is admitted to mental health secondary care services their use of such care services increases significantly. Therefore alternatives for people entering a crisis provide better recovery outcomes and contribute to whole system efficiencies for both Islington Council and the NHS.

## 4. Proposed Approach

- 4.1 The procurement of the three services listed above (3.1) is intended to support the delivery of an integrated Mental Health Intermediate Care Pathway for crisis care in Islington. This will seek to address the challenges of providing the right care at the right time and in the right place to those entering, or at risk of entering a mental health crisis.
- 4.2 The Care Act 2014 defines intermediate care as:

*"A short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays, or an inappropriate admission to hospital or residential care.*

*The care can be either home-based or bed-based, it must be person-centred focusing on*

*rehabilitation and is delivered by a combination of professional groups.”*

It is therefore intended that the new Mental Health Intermediate Care Pathway will offer:

- Reablement and recovery support in a recovery centre setting
- Reablement and recovery support and care in the home
- Short term accommodation-based reablement and recovery support

- 4.3 The preference is for the pathway to either be delivered through a lead provider model with sub-contracts in place to deliver various elements, or an alliance contract model, with shared responsibility across both providers and commissioners to deliver the pathway effectively.
- 4.4 Commissioners have consulted widely with service users, carers and professionals in relation to crisis provision over the last two years, including as part of the development of the Camden and Islington Crisis Concordat Action Plan. This consultation highlighted that whilst there is a range of crisis provision available, the pathway is not clear, and the system is difficult to navigate.
- 4.5 Procuring the aforementioned services will allow the integration of existing services into a 24/7 pathway which will complement and underpin the recently enhanced clinical ‘crisis’ pathway provided by C&IFT. It is also expected that this new arrangement will improve the reach of services to those people who don’t access mental health support and care until they are in a crisis. Islington continues to experience significant pressure on acute mental health crisis and inpatient services and there is therefore a need to strengthen our community capacity to reach and support people to recover, remain well, and manage mental crises, as far as possible within their communities.
- 4.6 Commissioners have reviewed the current funding available in the Mental Health Pooled Budget, consulted with Finance and Procurement, undertaken a Models of Care Crisis Review, and ensured the re-tender of these services is aligned with the Islington Adult Joint Commissioning Strategy 2012-2017 (IAJCS).
- 4.7 Key priorities in the IAJCS include providing mental health support services that:
- Focus on early intervention and prevention
  - Promote better mental health and reduce levels of poor mental health in Islington
  - Strengthens the way we help people recover from mental ill- health
- 4.8 Consultation has taken place with service users carers and professionals in relation to crisis provision over the last two years, including as part of the development of the Camden and Islington Crisis Concordat Action Plan.
- 4.9 Commissioners have also worked to identify efficiencies within the current Crisis House Services contract, with a view to carrying forward these efficiencies into the new contract.
- 4.10 The development of this pathway will take place alongside other workstreams across Mental Health Joint Commissioning including:
- Implementation of the Crisis Concordat plan (Phase 2) in 2016/17
  - Independent Acute bed review being undertaken in 2015/16 (looking at local acute capacity and capability, with a view to reduce the future need for out of area and private bed use).

## **5 Estimated Value**

- 5.1 Funding will be sourced through the existing Mental Health Pooled Budget and S75 arrangements.
- 5.2 The maximum total value of the contract to be awarded, if all options to extend are exercised, is £7,200,000. The contract will be 3 years in length with 3 one-year extensions for a total of 6 years.

5.3 The spend for the existing services in the last 2 years is as follows:

2013/14

- Crisis House: £835,300 (for 12 residential beds, evening drop in, and crisis night line)
- Reablement Service: £100,000 (pilot service September 2012-September 2013)
- Isledon Road Day Services: £321,562
- **Total spend: £1,256,862**

2014/15

- Crisis House: £835,300 (for 12 residential beds, evening drop in, and crisis night line)
- Reablement Service: £250,000 (Full service, including investment in third sector peer support model)
- Isledon Road day Services: £321,562
- **Total spend: £1,406,862**

5.4 The new contract value will not exceed £1.2m per annum. This represents a 14% decrease against current spend.

5.5 Savings will be achieved by potentially decommissioning or re-configuring the crisis line service and through efficiencies in running costs. In addition, contracting arrangements are expected to provide the opportunity for further savings, through a revised staffing and delivery model for the three services. It is estimated in total that this will save approximately £200,000 per year. Further details are provided below.

5.6 The crisis house service will be remodelled to provide 12 residential units which offer an enhanced crisis support service to include higher acuity care needs because this addresses a gap in the crisis care pathway. The crisis night line may not be offered, or may be reconfigured in line with feedback from stakeholders. Providers will be expected to work together to ensure that the need for evening drop in provision is met, however, there is not an expectation that this provision should necessarily continue to be delivered from the crisis house premises.

5.7 Commissioners will be reducing the contract value and some work has been carried out with the current provider of the crisis house service to identify the right level of skills mix to meet a higher acuity of need. Further work to cost out more accurately each element in the service, the staffing structure, and nature of the service provided will be done when the specification is being drafted.

5.8 In comparison to other residential services where the residential element can vary from £823 (in Islington) to £1,451 (Camden) per week per unit, commissioners will work very closely with providers to accurately cost out a fair market price for this service. Hackney for example pay one provider £945 per week unit cost for high support mental health accommodation.

## 6 Timetable

6.1 Key dates in this procurement are as follows:-

- 3 November 2015: Joint Board – Strategy Report
- 26 November 2015: Exec Board – Strategy Report
- Dec – Feb 2016: Advert, PQQ, Shortlisting, Publish Tender Pack
- March - April 2015: Evaluate Tenders
- April 2016: Joint Board – Award Report
- May 2016: Exec Board – Award Report
- 1 August 2016: Commencement of new services

6.2 The current crisis house services contract expires 31 March 2016. A waiver report has been prepared to extend the contract for up to six months, to allow for the re-procurement to be completed. Contract efficiencies have also been negotiated for this period. The remaining services

currently sit within the S75 agreement with C&IFT.

6.3 There are no statutory deadlines to be met. However, a service must be in place to avoid creating significant disruption in the community crisis prevention care pathway.

6.4 Commissioners, senior managers and officers within the commissioning, finance and procurement teams have been consulted about this procurement. Current providers, service users and third sector organisations attended a workshop on 4 September to discuss proposals. Their contribution will be used to shape the service specification.

## **7 Options Appraisal**

7.1 Given the value of the contract on offer, this procurement must be advertised. The Service will be a Part B service so full OJEU regulations will not apply.

7.2 The procurement route will be to advertise a call for competition and move to a competitive process.

7.3 It is not feasible to jointly commission these services with another local authority at this time. Collaboration would likely increase re-procurement risks and will not deliver any savings or greater efficiencies. Demand within Islington for this type of service results in no spare capacity to share with other local authorities. It is not our intention to increase the capacity of the crisis house service given the fiscal situation. The current building itself cannot be easily reconfigured or expanded to increase bed capacity.

7.4 The main benefit of the proposed approach is more people in Islington will be supported within the community to manage their conditions, preventing them from entering a mental health crisis in the future, or supporting them to recover after a crisis. This in turn will deliver greater value for money by reducing the number of people requiring high cost hospital care.

## **8 Key Considerations – References to social value and impact on staff**

8.1 In addition to the local economic benefits of the service being provided in Islington, social benefits clauses will place an emphasis on the service being part of the fabric of the local community, supporting and encouraging service users to make use of local universal health and social support services; engage with relevant third sector services; sustain local links with family and friends; and make better use of community resources to support good mental health, coping strategies, and living skills.

8.2 The new service specification will be an opportunity to achieve value for money but also set desired outcomes related to the IAJCS, and other national strategies, covering areas such as

- Enhancing the quality of life for people with mental health needs
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from harm, including self-harm
- Removing barriers to social inclusion and isolation by enabling users to engage more positively with support services
- Offering prevention services that address needs early on to avoid further deterioration in mental wellbeing necessitating more intensive and expensive care

8.3 There will be an emphasis on mental health recovery, learning more successful coping strategies to deal with the stresses of life, acquiring techniques to deescalate a crisis associated with acute distress, and promoting independence by enable users to develop self-efficacy.

8.4 A strong peer support element will be expected as part of the delivery of this service, using the skills and knowledge of current and past service users to support others to access services and recover.

This will also link in with other related pathways, such as access to employment, training and education for people with mental health needs.

8.5 London Living Wage will apply to this contract.

8.6 The Service Specification will include provisions to ensure the provider offers continuous improvement against delivery targets and works with commissioners and service users to “co-produce” a service where innovations can be quickly implemented.

8.7 Environment Impact and Resident Impact Assessments have been carried out in relation to the Crisis House services. This will be updated to include the Reablement and Isledon Road Day services.

8.8 TUPE will apply to this contract. This includes staff from both current providers (One Housing Group and C&IFT). The appropriate TUPE information will be included in the tender documents including salary, pension, and other staff benefits.

## 9 Evaluation

9.1 This tender will be conducted in two stages, known as the Restricted Procedure as the tender is ‘restricted’ to a limited number of organisations. The first stage is Selection Criteria through a Pre-Qualification Questionnaire (PQQ) which establishes whether an organisation meets the financial requirements, is competent and capable and has the necessary resources to carry out the contract. The PQQ is backwards looking and explores how the organisation has performed to date, its financial standing, information about their history and experience.

9.2 A limited or ‘restricted’ number of these organisations meeting the PQQ requirements as specified in the advertisement are then invited to tender (ITT). The second stage is the ITT is now forwards-looking using Award Criteria. Tenders are evaluated on the basis of the tenderers’ price and ability to deliver the contract works or services as set out in the evaluation criteria in order to determine the most economically advantageous offer.

9.3 Strict evaluation criteria are proposed because it is necessary for this service to effectively meet a range of mental health needs in a supportive and safe environment that promotes mental wellbeing whilst resolving difficult situations. The service must be able to provide relevant crisis intervention techniques such as suicide screening; enabling individuals to build resilience to prevent future crises; provide the right support that halts further deterioration in mental wellbeing and works with the individual to recover and stay well.

9.4 The main evaluation criteria for the successful provider(s) will include:

- Signing a lease with Islington Council co-terminus with the service contract for the use of 16-18 Highbury Grove N5 2EA (Crisis house service only).
- Sign a lease with Islington Council co-terminus with the service contract for the use of Isledon Road Resource Centre (Recovery Centre service only).
- Able to provide the required service from 1 August 2016.
- Able to provide the required staffing with the right skills set in residential, reablement and recovery services.
- Provide the service 365 days of the year.
- Deal with the TUPE implications.
- Have experience providing similar mental health services to adults with enduring mental health which may include some challenging behaviours; staff may also need to be able to deal with dual diagnosis issues, such alcohol and/or drug misuse, poor coping skills and unpredictable fluctuations in mental wellbeing.
- Able to provide crisis intervention care with an emphasis on mental health recovery and rehabilitation whilst promoting the acquisition and retention of coping skills and strategies, and enabling the individual to develop resilience.
- Able to provide the clinical input and governance that this integrated pathway will require.

- A track record of successful integrated working (including clinical liaison) with the police, substance misuse services, adult social care for people with mental health needs, primary care and secondary mental health services and district general hospitals (including A&E).
- A track record of successful integrated working with acute mental health services (including clinical liaison) including, Crisis (including Home Treatment), in-patient mental health services, and psychiatric liaison services.
- A track record of successful integrated working with local community and voluntary sector mental health organisations.
- Have formal links to the local secondary mental health service (Camden & Islington NHS Foundation Trust), particularly the C&I Crisis Resolution Team; and maintain excellent working relationships with local non-statutory mental health services, and other local universal resources as appropriate.

9.5 The award criteria has not yet been fully developed, but the contract will most likely be awarded to the Most Economically Advantageous Tender (MEAT) on the basis of quality 70% and cost 30%, in line with the below:

<b>Tender Award Criteria</b>	<b>Total</b>
<b>Cost</b>	<b>30%</b>
<b>Quality – made up of</b>	<b>70%</b>
Proposed service model	30%
Proposed approach to quality management of performance and outcomes	20%
Proposed approach to service user engagement and activities	10%
Proposed approach to safeguarding and risk management	10%
<b>Total</b>	<b>100%</b>

## 10 Business Risks

10.1 The main risks are as follows:

10.1.1 Providers may submit bids higher than tendered contract value

10.1.2 If only one provider submits a bid, it may seek to negotiate costs or conditions that are unacceptable

10.1.3 Providers may submit bids based on the use of their own buildings, which could increase costs against current spend for use of Highbury Grove

10.1.4 If applicable, there could be a challenge to direct award of the contract.

10.2 It is possible that proposals may include the option for the residential service to be delivered from an alternative site to 16-18 Highbury Grove. Whilst there are risks in relation to the cost of this type of proposal, any proposal that does not include the use of the Highbury Grove premises may also create an opportunity for a different use of the site by the Council for another community service, or redevelopment for a different use, including mental health supported accommodation. Commissioners will be mindful of the financial impact of any proposals which may include use of alternative premises and this will be discussed with Finance and Property Services colleagues as part of the evaluation of proposals.

10.3 The existing service provides an evening drop in service for on average 100 users per quarter. Any change to the evening drop in service, including a change of venue, will require consultation with users to prepare for the change, given many of them are long-term users of this service. This consultation work is due to take place imminently. The residential element is for short stays up to 2 weeks. It is not anticipated that the location will change, but if it were, work would need to be done to ensure a smooth transition for those in the service at the time of handover. The crisis line will not be offered in the new service and may have an impact that would need to be addressed as part of an

implementation plan.

10.4 This is an important mental health offer by Islington Council. It is a remodelling of the crisis care pathway in Islington, funded from the mental health pooled and intermediate care budgets with Islington CCG. Given the sensitivities around any change to day centre changes (including the evening drop in centre provided at Highbury Grove through this crisis service), long-term users will need to be consulted and may not support any change to opening hours, provider, or service outcomes.

10.5 The Employment Relations Act 1999 (Blacklist) Regulations 2010 explicitly prohibit the compilation, use, sale or supply of blacklists containing details of trade union members and their activities. Following a motion to full Council on 26 March 2013, all tenderers will be required to sign the Council's anti-blacklisting declaration. Where an organisation is unable to declare that they have never blacklisted, they will be required to evidence that they have 'self-cleansed'. The Council will not award a contract to organisations found guilty of blacklisting unless they have demonstrated 'self-cleansing' and taken adequate measures to remedy past actions and prevent re-occurrences. The adequacy of these measures will initially be assessed by officers and the outcome of that assessment will be reviewed by the Council's Procurement Board.

10.6 The following relevant information is required to be specifically approved by the Executive in accordance with rule 2.6 of the Procurement Rules:

Relevant information	Information/section in report
1 Nature of the service	<p>The contract will support the delivery of an integrated Mental Health Intermediate Care Pathway for crisis care in Islington, which will seek to address the challenges of providing appropriate support for those entering, or at risk of entering a mental health crisis.</p> <p>See paragraph 1.2</p>
2 Estimated value	<p>The estimated value per year is £1,200,000.</p> <p>The agreement is proposed to run for a period of 3 years with an optional extension of 3 one-year periods.</p> <p>See paragraph 3.2</p>
3 Timetable	<ul style="list-style-type: none"> <li>- 24 September 2015: Commissioning and Procurement Board – Strategy Report</li> <li>- 3 November 2015: Joint Board – Strategy Report</li> <li>- 26 November 2015: Exec Board – Strategy Report</li> <li>- Dec – Feb 2016: Advert, PQQ, Shortlisting, Publish Tender Pack</li> <li>- March - April 2015: Evaluate Tenders</li> <li>- April 2016: Joint Board – Award Report</li> <li>- May 2016: Exec Board – Award Report</li> <li>- 1 August 2016: Commencement of new services</li> </ul> <p>See paragraph 3.3</p>
4 Options appraisal for tender procedure including consideration of collaboration opportunities	<p>To advertise a call for competition and move to a competitive process. The service will not be jointly commissioned with another local authority.</p> <p>See paragraph 3.4</p>

<p>5 Consideration of: Social benefit clauses; London Living Wage; Best value; TUPE, pensions and other staffing implications</p>	<p>Social benefits clauses will place an emphasis on the service being part of the fabric of the local community, supporting and encouraging service users to make use of local universal health and social support services; engage with relevant third sector services; sustain local links with family and friends; and make better use of community resources to support good mental health, coping strategies, and living skills.</p> <p>London Living Wage will apply.</p> <p>A strong peer support element will be expected as part of the delivery of this service, using the skills and knowledge of current and past service users to support others to access services and recover.</p> <p>Best value will be achieved through commissioning in line with set outcomes related to the Islington Adult Joint Commissioning Strategy, and other national strategies. A 'co-production' approach will also be expected from providers, to include service users and commissioners, where innovations can be quickly implemented.</p> <p>TUPE will apply to this contract.</p> <p>See paragraph 3.5</p>
<p>6 Evaluation criteria</p>	<p>Overall award criteria price/quality split is Quality 70% and Cost 30%. The award criteria price/quality breakdown is more particularly described within the report.</p> <p>See paragraph 3.6</p>
<p>7 Any business risks associated with entering the contract</p>	<p>There are potential risks in relation to providers bidding to use their own premises, rather than LBI-owned premises. This could also provide an advantage to LBI and therefore will be assessed and managed as part of the evaluation process.</p> <p>There is also a risk of service users being unhappy with proposed changes to the evening drop-in service and Recovery Centre. This will be managed through a process of consultation with service users, prior to beginning the tender process.</p> <p>See paragraph 3.7</p>
<p>8 Any other relevant financial, legal or other considerations.</p>	<p>N/A</p>

## 11 Implications

### 11.1 Financial Implications

This report seeks to approve the procurement strategy for the Mental Health Intermediate Crisis

Care Pathway. The current services to be re-procured are:

- Highbury Grove Crisis House: this is funded from the Mental Health Commissioning Pool (£0.835m)
- Reablement Service: this is funded from the Intermediate Care Pooled Budget (£0.250m)
- Isledon Road: this is funded from the Mental Health Provider Pool with the Foundation Trust (£0.322m).

These are all fully funded from Adult Social Services funding streams. The proposed new contract value will not exceed £1.2m which will represent a saving for the Council of £0.2m which will go towards the Medium Term Financial Strategy (MTFS) savings.

## 11.2 Legal Implications

The Council has power to provide services in respect of a Mental Health Intermediate Crisis Care Pathway as outlined within this report under the Mental Health Act 1983, section 117 and the National Assistance Act 1948, S21(1). The Council has power to enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

The social care services being procured are subject to the light touch regime set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). The threshold for application of this light touch regime is currently £625,050.00. The value of the proposed contract is above this threshold. It will therefore need to be advertised in the Official Journal of the European Union (OJEU). There are no prescribed procurement processes under the light touch regime. Therefore the council may use its discretion as to how it conducts the procurement process provided that it: discharges its duty to comply with the Treaty principles of equal treatment, non-discrimination and fair competition; conducts the procurement in conformance with the information that it provides in the OJEU advert; and ensures that the time limits that it imposes on suppliers, such as for responding to adverts is reasonable and proportionate. Following the procurement a contract award notice is required to be published in OJEU.

The council's Procurement Rules require contracts over the value of £172,514.00 to be subject to competitive tender.

In compliance with the requirements of the light touch regime in the Regulations and the council's Procurement Rules the proposal outlined in the report is to advertise a call for competition in OJEU and procure the service using a competitive tender process.

## 11.3 Environmental Implications

The main environmental impacts of this procurement will be associated with the management of the buildings used for the crisis house and day services, including energy used for heating, hot water and appliances, water use and waste generation. If possible, the procurement process should include requirements for the provider to minimise energy and water usage, as well as maximising recycling and ensuring compliance with waste legislation. If the site has a garden area, consideration should also be given to improving biodiversity habitats.

The reablement service will have some impact related to staff travel. The contractor should seek to address this by planning staff schedules to minimise travel.

## 11.4 Resident Impact Assessment

A Resident Impact Assessment (RIA) was completed on 25 September 2015.

The Resident Impact Assessment identified that there would be no differential impacts. This decision was made because the service being re-tendered would have no disproportionate impact on any of the equality groups accessing the service or working in the service.

## 12 Reason for recommendations

- 12.1 The procurement of the three services listed above (paragraph 3.1) will support the delivery of an Integrated Mental Health Intermediate Care Pathway for crisis care in Islington, which will seek to address the challenges of providing appropriate support for those entering, or at risk of entering a mental health crisis.
- 12.2 Development of the pathway will also strengthen LBI's community capacity to reach and support people to recover, remain well, and manage mental crises, as far as possible within their communities.

### Final report clearance

*Janet Burgess*

**Signed by:** Executive Member for Health and Wellbeing

**Date:** 5 November 2015

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**Report of:** Executive Member for Housing and Development

Meeting of:	Date	Ward(s)
Executive	26 November 2015	Bunhill
<b>Delete as appropriate</b>	Exempt	Non-exempt

## THE APPENDIX TO THIS REPORT IS NOT FOR PUBLICATION

### SUBJECT: CONTRACT AWARD FOR THE CONSTRUCTION OF 47 NEW HOMES AND ASSOCIATED IMPROVEMENTS FOR THE KING SQUARE ESTATE DEVELOPMENT PHASE ONE, EC1V

#### 1. Synopsis

- 1.1 Through building new council homes we can help tackle the cost of living crisis faced by many of our residents by creating more jobs for local people that pay the London Living Wage (LLW) and training opportunities, including apprenticeships, and help increase the supply of decent, genuinely affordable homes.
- 1.2 This report seeks approval to award a construction contract for the development of 47 new homes and associated improvements for Phase One of the King Square Estate Development (KSE) for the sum of £11,634,794. A robust procurement process has been undertaken in accordance with the Council's Procurement Rules and the current LBI New Build Contractor Framework.

#### 2. Recommendation

- 2.1 To award a Design and Build Construction (D&B) contract to Higgins Construction Plc in the sum of £11,634,794 for the construction of 47 new homes and associated improvements for the King Square Estate, comprising Phase One of the King Square development and regeneration project.

#### 3. Background

- 3.1 The overall King Square scheme proposals comprise the development of 6 new housing blocks on five infill sites, within and adjacent to the King Square Estate, Goswell Road, EC1V in two Phases. These will deliver a total of 140 new homes; a new community facility; improved estate communal facilities and nursery; and extensive public realm improvements. 70% of the new homes are **affordable dwellings** (of which 93 are for social rent and 5 shared ownership). The **42 private** residential for sale units will help finance the scheme.

3.2 The development sites are mainly surplus car park areas and surplus land ( part of the Moreland School site) held for education purposes that will be appropriated for housing purposes on completion of the new school., as part of a major Council -led development and regeneration scheme. The scheme includes demolition of the single storey annex to Turnpike House (No's 3-11) and redevelopment of the new Block F.

3.3 **Scope of Works:** The development will be delivered in two phases split as follows:

<b>PHASE 1 ( 100% social rent ) adjacent Turnpike House</b>  <b>Est. Contract Value: £11.6M</b>	<b>BLOCK E : 25 units for Independent Living</b>
	<b>BLOCK F : 22 new homes (redevelopment of Turnpike House Annex ( flat No's 3-11)</b>
<b>PHASE 2</b>  <b>Est. Contract Value: £26.5 M (incl. Environmental works)</b>	<b>Block B : Terraced Housing replacing garages – (10 x 3-bed and 1 x 2-bed houses for social rent)</b>
	<b>Block C : 12 x 2-bed above new Community Centre plus 1x 3-bed WC accessible flats (social rent)</b>
	<b>Block D 1 (36 x private OMS) and Block D2 (33 units mixed tenure) off Goswell Road</b>
	<b>Refurbishment of Nursery at Rahere Hse</b>
<b>ENVIRONMENTALS</b>	<b>At completion of works of each Phase. Main landscaping works package at end of Phase 2.</b>

3.4 Following extensive consultation with local residents of the King Square Estate and other key stakeholders, the scheme was submitted for planning permission in December 2014 and was approved at Planning Committee on 23 April 2015.

3.5 Programme:

Phase 1: anticipated start on site in January 2016 - completing April 2017.

Phase 2: is expected to start on site in April 2017 and complete by spring/summer of 2019. This will, however, largely depend on the new Moreland School completing to programme.

3.6 **PHASE 1 Dwelling Mix:**

The 47 units in Phase 1 (33.6 % of overall development) are all for social rent, of which: 25 x 1-beds; and 22 x 2-beds. The high proportion of 1-bed's is due to the fact that Block E is for Independent Living (ie. for the over 55 year-olds and vulnerable residents with mobility issues etc).

The detailed breakdown in terms of type/size is:

Dwelling Type/ Size	BLOCK E	BLOCK F	Total Units	%
1-Bed 2P	13	8	21	44.7%
2-bed 3p	6	-	6	34% (2-beds)
2-Bed 4p	-	10	10	
1-Bed 2p (Wheelchair)	3	1	4	21.3% wheelchair accessible units
2-bed 3p (Wheelchair)	-	1	1	
2-bed 4p (Wheelchair)	3	2	5	
<b>Total units</b>	<b>25</b>	<b>22</b>	<b>47</b>	<b>100%</b>

### 3.8 Demolition:

Only 9 units at Turnpike House (Flat No's 3 -11) are to be demolished as part of Phase1. This includes: 3 Leasehold properties which have been re-purchased (completed 15 October 2015); and 6 tenanted properties whose residents have been rehoused with the right to return to a dwelling within the estate. This key risk to programme has been successfully eliminated ensuring vacant possession by November 2015 in time for the proposed Start on Site January 2016.

## 4. Procurement Process

4.1 We have undertaken a mini-competition in accordance with the provisions of the New Build Contractor Framework 2014-18, which was procured through an EU compliant process in 2014.

All contractors appointed to the Framework have signed up to paying their own employees, and those employed by their sub-contractors, the London Living Wage (LLW). They also signed a declaration to confirm that they have not and/or will not participate in the blacklisting of trade union members or activists contrary to the Employment Relations Act 1999 (Blacklisting) Regulations 2010 and the Data Protection Act 1998.

4.2 The tender is based on a two stage open book tender approach with the two phases delivered under separate design & build contracts. The intention is that Phase Two will be awarded to the Phase 1 contractor subject to that contractor's performance on Phase One and agreement of an acceptable design and price for Phase Two. The tender includes a phased programme (see below) and separate stage 2 tenders pricing (fixed sum) works for Phases One and Two.

4.3 In accordance with the New Build Contractor Framework call off procedure/mini-competition process, all 8 contractors appointed to Lot 2 of the Framework (contracts over £2m) were invited to express an interest in submitting a tender for this ambitious project.

4.4 The five contractors who expressed an interest were invited to submit a Stage 1 tender for the D&B Contract (6 May 2015); four tenders were returned on the 12 June 2015. The tenders were evaluated on the agreed quality (60%) /price (40%) award criteria set out in the Invitation to Tender- and in compliance with the terms of the Framework. The two front runners were invited to an interview.

4.5 The highest scoring Stage 1 contractor Higgins Construction PLC was awarded a Pre-construction Services agreement (PCSA) for Phase One on the 19 July 2015 to carry out further detailed design and enabling works and site surveys etc. in order to firm up the design in consultation with the client and arrive at a fixed price Stage 2 tender (submitted in October 2015).

4.6 The award of the KSE Phase Two contract, which includes the majority of the works for KSE, will be subject to the contractor's performance on Phase One and agreement of an acceptable Phase Two design and contract sum. The PCSA for Phase Two will be awarded in May/June 2016 so as to provide additional incentive to perform well in Phase One.

#### 4.7 Value for Money

The pre - construction services agreement allows early involvement of the Contractor in the design, harnessing their knowledge and building experience whilst enabling client control over the quality of the D&B construction in a spirit of open book and transparency. It allows contractors to carry out necessary site investigations to reduce construction risks and pricing thereof. This process also allows for early value engineering thus providing the Council with better value for money in compliance with required design and qualitative requirements.

The Employer's Agent appointed by the council for this new build scheme, Baily Garner have advised that final tender price of £11,634,794 represents VfM for the council.

#### 4.8 Quality Assessment

There have been extensive discussions and design review meetings with Higgins Construction Plc regarding the preparation of their price and further investigative works undertaken to remove conditions, provisional sums and caveats. There are no immediate concerns as to their capability of undertaking the works from a technical and resourcing point of view

Additionally council officers and the Employer's Agent have met with Higgins Construction Plc in order to confirm the acceptability of their approach, both in terms of pricing, construction methods and on-site management.

#### Programme

#### 4.9 Anticipated Time-plan:

- **Appoint Phase 1 D&B Contractor:** **Early December 2015**
- **Start on Site (Phase 1):** **4 January 2016**
- Phase 2 Stage 2 Tender (PCSA): June 2016 – October 2016
- Appoint Phase 2 D&B Contractor: February 2017
- Start on Site (Phase 2): April 2017 \*

(\* subject to appropriation of land at completion of new Moreland School).

### 5. Implications

#### 5.1 Financial Implications

The Council's approved 3 year (2015/16 to 2017/18) new build programme totals £118.8m. The latest indicative 7 year (2015-16 to 2021-22) new build programme totals £181.7m based on the June 2015 position.

The whole scheme (phases 1 &2) has been financially appraised based on the pre-planning estimated cost price of £45.7m (of which £38m was deemed to relate to works costs), taking into account all relevant cash flows such as the net cost of the capital investment, on-going income (rent) & expenditure the scheme is considered viable given that it produces a positive NPV over a 30 year time frame.

Both phases of the scheme comprise 93 homes for social rent, 42 homes for outright sale and 5 homes for shared ownership sale, phase 1 covers 47 of the homes for social rent.

The total estimated scheme cost in the sum of £45.7m has been included within the Council's June 15 forecast 7 year new build programme.

The report indicates as at para. 3.3, that an allocation of £11.6m to phase 1 (works) will leave sufficient budget provision to cover off the completion of phase 2 (works) in the sum of £26.5m.

The on-going revenue costs of managing and maintaining the new homes are included in the HRA's medium term financial strategy.

The scheme will be funded from the combination of resources i.e. capital receipts from open market sales, RTB 1-4-1 receipts and some internal resources e.g. borrowing, RCCO and other capital receipts.

## 5.2 **Legal Implications**

Under Section 9 of the Housing Act 1985 the Council has the power to provide housing accommodation by building houses on land acquired for that purpose or by converting buildings into houses and to sell part of that accommodation. Accordingly the council may enter into a contract for the King Square Estate Phase 1 development (Section 1 Local Government Contracts Act 1997).

Higgins Construction Plc was appointed to the Council's New Build Development Framework (2014 – 2018) following a competitive tendering exercise in accordance with EU Procurement Legislation. Higgins Construction plc was subsequently awarded Phase 1 of the King Square Estate development project PCSA, following a mini competition under the Framework, and entered into a pre-construction services agreement with the Council.

In these circumstances it would be reasonable for the construction contract for Phase 1 to be awarded to Higgins Construction Plc provided that the Executive are satisfied that their price represents value for money.

## 5.3 **Environmental Implications**

An environmental impact assessment was carried out as part of the design development and planning application to ensure that any potential impacts during and post construction are considered and adequate mitigation measures are in place.

It will be essential during both the demolition and construction periods to ensure the contractor adheres to environmental legislation particularly around waste regulations. Clearly defined roles on who is responsible for waste management and disposal, obtaining licences and permits and liability will be essential before work commences. The contractor will be required to implement the waste hierarchy, giving priority to reuse and recycling, and the council has a duty of care to ensure that the contractor has the appropriate waste licences and permits. Full method statements for all activities will be required from the contractor before commencement in order to mitigate these risks.

Careful management of local nuisance issues such as noise, dust and air pollution will be required on site during both the demolition and construction phases, and the contractor should be required to ensure that there is no harm to local biodiversity, including trees. Transport to and from the site should be minimised to reduce emissions and congestion.

With regards to design, the major environmental implications are related to the building materials and energy efficiency. When choosing building materials, whole-life costs, including embedded emissions should be taken into consideration. Where possible, the contractor should minimise the amount of material used and use recycled or sustainably-sourced products (e.g. FSC or PEFC certified timber). The energy efficiency of the new buildings should be maximised, potentially including the installation of renewable energy. They will meet at least Level 4 of the Code for Sustainable Homes, and will be connected to the Bunhill district heating network.

## 5.4 **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding

A Resident Impact Assessment has been carried out and it has identified that there will be positive impacts on people living in the new dwellings and the immediate neighbourhood. There are no identifiable negative impacts.

A copy of the RIA is available upon request from the author of this report.

## 6. Conclusions and Reasons for Recommendations

- 6.1 In conclusion, and based on the outcome of the procurement process outlined in this report, Higgins Construction Plc have offered a contract price of £11.6M that is financially competitive and their quality proposals meet the required standards.
- 6.2 It is, therefore, recommended that a contract be awarded to Higgins Construction Plc for the construction of 47 new homes and associated improvements as their tendered price forms an acceptable basis for agreeing the final contract sum.

### Appendices

Appendix 1: Tender Evaluation and VfM Report: This is exempt and not for publication as it contains exempt information under paragraph 96.4, category 3, of Access to Information Procedure Rules, namely information relating to the financial or business affairs.

### Final report clearance:



**Signed by:** Executive Member for Housing and Development

Date: 10/11/15

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