

MEETING

CABINET

DATE AND TIME

WEDNESDAY 2ND APRIL, 2014

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

TO: MEMBERS OF CABINET (Quorum 3)

Chairman: Councillor Richard Cornelius,
Vice Chairman: Councillor Daniel Thomas

Councillors

Dean Cohen	Helena Hart	Robert Rams
Tom Davey	David Longstaff	Joanna Tambourides
	Sachin Rajput	Reuben Thompstone

You are requested to attend the above meeting for which an agenda is attached.

Andrew Nathan – Head of Governance

Governance Services contact: Kirstin Lambert 020 8359 2177 kirstin.lambert@barnet.gov.uk

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ASSURANCE GROUP

ORDER OF BUSINESS

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1.	MINUTES OF PREVIOUS MEETING	
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3.	DECLARATIONS OF MEMBERS DISCLOSABLE PECUNIARY INTERESTS AND NON-PECUNIARY INTERESTS	
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Meeting	Cabinet
Date	2 April 2014
Subject	Reference from Business Management Overview and Scrutiny Committee: Parking Policy (Cash Meters) Task and Finish Group
Report of	Scrutiny Office
Summary of Report	The report submits a reference from the Business Management Overview and Scrutiny Committee on the recommendations arising from the Parking Policy (Cash Meters) Task and Finish Group.

Officer Contributors	Anita Vukomanovic, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Executive
Enclosures	Annex 1 – Report to Business Management Overview and Scrutiny Committee, 11 March 2014 Appendix 1 – Final Report of the Parking Policy (Cash Meters) Barnet Task and Finish Group
Contact for Further Information:	Anita Vukomanovic, Overview and Scrutiny Officer ☎ 020 8359 7034 anita.vukomanovic@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That Cabinet considers and gives its instructions with respect to the recommendations made by the Parking Policy (Cash Meters) Task and Finish Group, as set out at Appendix 1.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Business Management Overview and Scrutiny Committee, 7 October 2013, [Members Item – Parking Policy](#) – the Committee received a Member's Item in the name of Cllr. Schneiderman calling for a review into the benefits of reintroducing cash metres into Barnet High Streets.
- 2.2 Business Management Overview and Scrutiny Committee, 6 January 2014: [Parking Policy Task and Finish Group](#) – the Committee reviewed the decision to undertake a review of Parking Policy (Cash Meters) as set out in the Members' Item in the name of Cllr. Schneiderman in light of the on-going internal parking review and resolved that the Task and Finish Group on Parking Policy (Cash Meters) proceed as agreed in October 2013.
- 2.3 Business Management Overview and Scrutiny Committee, 11 March 2014, Agenda Item 11 (Parking Policy (Cash Meters) Task and Finish Group) – the Committee resolved to endorse the report for onward referral to Cabinet on 2 April 2014. A minute from the draft minutes of the meeting is set out a paragraph 9.2 below.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.

4. RISK MANAGEMENT ISSUES

- 4.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.

7. LEGAL ISSUES

- 7.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.
- 8.2 Council Constitution, Executive Procedure Rules, Section 2.3 – states that “At each meeting of the Executive the following business will be conducted: (v) consideration of reports from overview and scrutiny committees.”

9. BACKGROUND INFORMATION

- 9.1 As set out in the report to Business Management Overview and Scrutiny Committee at Annex 1.
- 9.2 The Business Management Overview and Scrutiny Committee considered the findings and recommendations of the Parking Policy (Cash Meters) Task and Finish Group at their meeting on 11 March 2014. A draft minute extract from the meeting is set out below for Cabinet’s reference:

“PARKING POLICY (CASH METERS) TASK AND FINISH GROUP

The Chairman of the Parking Policy (Cash Meters) Task and Finish Group, Councillor Brian Gordon, presented the findings and recommendations of the Group. Councillor Alan Schneiderman, a Labour Member of the Task and Finish Group, was also in attendance to address the Committee on recommendation 1 which related to the reintroduction of cash pay and display meters.

Councillor Gordon informed the Committee that the Group had been sympathetic to those that were calling for the return of cash as a parking payment method, but the additional costs to cover the recently introduced credit/debit card machines to accept cash (as detailed on page 24 of the Task and Finish Group report) was an issue. Councillor Gordon highlighted that following the removal of pay and display machines in 2011, the community had reluctantly accepted pay by phone as the primary payment method for parking. It was highlighted that the policy to remove cash meters had already been implemented meaning that the Group had to consider the current position. He advised the Committee that the Conservative Members on the Group had agreed that the success of credit/debit card machines introduced in December 2013 should be evaluated before any recommendation was made to Cabinet whether or not to convert the new machines to accept cash payments.

The Committee questioned whether the reintroduction of cash as a payment method would actually increase churn on the high street or not. Councillor Gordon highlighted that there were potential further costs arising from the reintroduction of cash as pay and display machines had been vandalised in the past.

Councillor Schneiderman advised the Committee that the written and verbal evidence submitted to the Task and Finish Group had indicated support for the reintroduction of cash pay and display machines in high streets and car parks. It was on this basis that the Labour Group had made an alternative recommendation 1 which proposed the immediate reintroduction of cash as a payment method through the conversion of the recently introduced credit/debit card pay and display machines.

A Member suggested that introduction of pay by phone and the implementation of a cashless parking policy had been very unpopular and had contributed to consumers staying away from town centres.

Officers reported that the total cost detailed in Figure 2 in paragraph 6.3 was incorrect and should be £259,831.

Councillor Moore MOVED a motion that the Committee actively supports the Labour Group recommendation. Upon being put to the vote, the motion was LOST. The Chairman informed the Committee that the report of the Task and Finish Group would be referred to Cabinet including both the majority group and minority group recommendations. Cabinet would vote on whether they accepted or rejected the two alternatives for recommendation 1.

RESOLVED that the Committee endorse the report for onward referral to Cabinet on 2 April 2014.”

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH/AD
Cleared by Legal (Officer's initials)	PM

Annex 1

Meeting	Business Management Overview and Scrutiny Committee
Date	11 March 2013
Subject	Parking Policy (Cash Meters) Task and Finish Group – Final Report
Report of	Scrutiny Office
Summary of Report	This report encloses at Appendix 1 the final report of the Parking Policy (Cash Meters) Task and Finish Group following their review of the costs and benefits of the reintroduction of cash meters within Barnet. The Committee are requested to consider the findings and recommendations of the Task and Finish Group as set out in the report

Officer Contributors	Anita Vukomanovic Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Business Management Overview and Scrutiny Committee
Enclosures	Appendix 1 – Report of the Parking Policy (Cash Meters) Task and Finish Group Annexe 1 – Written Submissions to Parking Policy (Cash Meters) Task and Finish Group
Contact for Further Information:	Anita Vukomanovic, Overview and Scrutiny Officer ☎ 020 8359 7034 anita.vukomanovic@barnet.gov.uk

1. RECOMMENDATION

- 1.1 The Committee to consider the findings and recommendations of the Parking Policy (Cash Meters) Task and Finish Group, as set out in the report attached at Appendix 1.**
- 1.2 The Committee endorse the report for onward referral to the next Cabinet meeting with any recommendations (if appropriate).**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Business Management Overview and Scrutiny Committee, 7 October 2013, [Members Item – Parking Policy](#) – the Committee received a Member’s Item in the name of Cllr. Schneiderman calling for a review into the benefits of reintroducing cash metres into Barnet High Streets.
- 2.2 Business Management Overview and Scrutiny Committee, 6 January 2014: [Parking Policy Task and Finish Group](#) – the Committee reviewed the decision to undertake a review of Parking Policy (Cash Meters) as set out in the Members’ Item in the name of Cllr. Schneiderman in light of the on-going internal parking review and resolved that the Task and Finish Group on Parking Policy (Cash Meters) proceed as agreed in October 2013.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council’s priorities.
- 3.2 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –
 - Promote responsible growth, development and success across the borough.
 - Support families and individuals that need it – promoting independence, learning and well-being.
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 3.3 In relation to the **Parking Policy (Cash Meters) Task and Finish Group**, the following strategic objectives, outcomes and targets are relevant to the work of the Group:

“Improve the satisfaction of residents and businesses within the London Borough of Barnet as a place to live, work and study”

“To maintain the right environment for a strong and diverse local economy”

“Increase usage of paid for parking bays and car parks in town centres”

4. RISK MANAGEMENT ISSUES

- 4.1 The Overview and Scrutiny Procedure Rules allow Members to refer issues (relevant to the functions of a committee) to a committee for consideration. In this case, Councillor Schneiderman proposed the establishment of this Task

and Finish Group at a meeting of the Business Management Overview and Scrutiny Committee on 7 October 2013 and the request was duly agreed. Following an update on an internal parking review, received at the Business Management Overview and Scrutiny Committee on 6 January 2014, the Committee reaffirmed their intention to commission the review. In accordance with this request, the review has now been completed.

- 4.2 Failure to address issues of local interest or public concern through the overview and scrutiny process may result in reputational damage to the Council.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Pursuant to the Equality Act 2010 (“the Act”), the council, in the exercise of its functions, has to have ‘due regard’ to: (i) eliminating unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; (ii) advancing equality of opportunity between those with a relevant protected characteristic and those without; and (iii) fostering good relations between those with a relevant protected characteristics and those without. The relevant protected characteristics are age, race, disability, gender reassignment, pregnancy, and maternity, religion or belief, sex and sexual orientation. The ‘protected characteristics’ also include marriage. The duty also covers civil partnership, but to a limited extent.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council’s leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council’s duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- 5.3 Task and Finish Groups take into account equalities considerations throughout the lifecycle of the review. In addition, Overview and Scrutiny Committees should give due regard to equalities considerations when undertaking the on-going monitoring of recommendations made by Task and Finish Groups which have been accepted by Cabinet and are being implemented.
- 5.4 As noted in the Final Report of the Parking Policy (Cash Meters) Task and Finish Group, in August 2011, a decision was made by Delegated Powers Report, 1375: *Re-Provision of Parking Services* about the removal of pay and display parking machines and implementation of a policy of ‘cashless’ parking across the borough. To support that decision making process an Equalities Impact Assessment on the removal of pay and display parking machines was undertaken. This Equalities Impact Assessment considered the pSotential impacts and considered possible ways to mitigate these.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 Task and Finish Group reviews have the ability to undertake investigations into specific issues to explore how well the Council is managing and using its resources to deliver value for money and better and more sustainable outcomes for local people.
- 6.2 In undertaking their investigations, Task and Finish Groups must take into account the costs and potential benefits (both financial and non-financial) associated with any recommendations they are making.
- 6.3 In the case of the Parking Policy (Cash Meters) Task and Finish Group review, a detailed breakdown of the financial implications arising from the recommendations are set out in Sections 3.19 – 3.21 of the Task and Finish Group report. In summary, the following costs are associated with implementing the Labour Group’s recommendation 1 (*That Cabinet be recommended to bring back cash parking with immediate effect by converting the recently introduced credit/debit card pay and display meters (59 machines in total borough-wide) to accept cash payment.*)
- Cost of modifying 59 pay and display machines to accept cash payments: approximately £20,000
 - Additional annual costs (approximate) of Converting 59 Pay and Display Machines to Accept Cash:

Figure 1: Cost of Converting 59 Pay and Display Machines to Accept Cash (x2 Weekly Collections)

Credit / Debit Card and Coin Machine	Cost
Additional Annual Maintenance Cost (£229 x 59)	£13,511
Annual machine replacement allowance	£8,300
Coin collection costs	£92,040
Signage Cost – 1 st Year Capital	£6,000
Signs maintenance	£600
Ticket Rolls, including replacement	£32,000
Total Cost	£143,551 per annum

Figure 2: Cost of Converting 59 Pay and Display Machines to Accept Cash (x5 Weekly Collections)

Credit / Debit Card and Coin Machine	Cost
Additional Annual Maintenance Cost (£229 x 59)	£13,511
Annual machine replacement allowance	£8,300
Coin collection costs	£199,420
Signage Cost – 1 st Year Capital	£6,000
Signs maintenance	£600
Ticket Rolls, including replacement	£32,000
Total Cost	£259,831 per annum

Assumptions:

Additional Annual Maintenance Cost

Annual maintenance cost for existing credit/debit card machines = £382

Annual maintenance cost for credit/debit card and cash machines = £611

Additional annual maintenance cost as a result of enabling existing credit/debit card machines to accept cash payments = £229

X2 Weekly Collections

Assumes a transaction ratio of 20% cash and 80% Pay By Phone. Therefore the cost of Pay By Phone would reduce from current cost (£360,000) to £288,000.

X2 weekly collection regime would result in a higher 'per collection' unit cost. Coin collection costs are calculated on the following basis: £15 per collection x 59 machines x 2 weekly x 52 weeks = £92,040

X5 Weekly Collections

Assumes a transaction ratio of 50% cash and 50% Pay By Phone. Cost of Pay By Phone would reduce from current cost (£360,000) to £180,000.

X5 weekly collection regime would result in the following unit cost. Coin collection costs are calculated on the following basis: £13 per collection x 59 machines x 5 weekly x 52 weeks = £199,420

6.5 It is assumed that Pay By Phone would be retained in any circumstance as this currently the primary payment method for parking in the Borough. It is recognised that the re-introduction of cash as a payment method will have an impact on income from Pay By Phone transactions. Accordingly, estimates have been made on the reduction on income from this source as follows:

- Under Figure 1, the estimated reduction in Pay By Phone costs would be £72,000.
- Under Figure 2, the estimated reduction on Pay By Phone costs would be £180,000.

It is not possible to make assumptions around the take-up of cash payments and the subsequent level of income from this payment type. It should be acknowledged that there is a risk that the Council could incur costs from re-introducing cash as a payment method, but with a low take-up following reintroduction.

6.6 The costs associated with administering the Task and Finish Group review have been met from existing resources within the Governance Service budget. Lead Commissioners and Delivery Units have provided officer support for the review process.

6.7 The implementation of recommendations being made by the Task and Finish Group will need to be met from existing delivery unit budgets.

7. LEGAL ISSUES

7.1 Under Section 21 of the Local Government Act 2000, the Council's executive arrangements are required to include provision for appointment of an Overview and Scrutiny Committee with specified powers, including the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are the responsibility of the executive.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Business Management Overview and Scrutiny Committee has within its terms of reference responsibility:
- i) To have overall responsibility for monitoring and coordinating overview and scrutiny work across the authority.
 - ii) To appoint scrutiny panels and task and finish groups needed to facilitate the overview and scrutiny function.
 - iii) To coordinate and monitor the work of scrutiny panels and task and finish groups, including considering reports and recommendations and referring to the relevant decision-making body

9. BACKGROUND INFORMATION

- 9.1 At a meeting of the Business Management Overview and Scrutiny Committee on 7 October 2013, a Member's Item was received from Cllr. Schneiderman calling for a review into the benefits of reintroducing cash metres into High Streets in the Borough. The Members item explicitly stated that the review should take evidence from residents, traders and local businesses, and other Councils where cash meters have been maintained and removed.
- 9.2 At their meeting on 6 January 2014, the Business Management Overview and Scrutiny Committee considered a report which sought a decision regarding whether the Parking Policy (Cash Meters) Task and Finish Group review should proceed, taking into account the current projected timetable for the internal Parking Improvement Project which included the development of a borough-wide parking policy.
- 9.3 At this meeting, the Housing & Environment Lead Commissioner outlined the scope and timetable for the internal Parking Improvement Project and clarified that payment methods were not currently in scope for the Project.
- 9.4 Following consideration of the report, the Committee instructed that the proposed Parking Policy (Cash Meters) Task and Finish Group review should proceed (as per the decision of the committee on 7 October 2013) and would be focused on the costs and benefits of reintroducing cash meters in high streets and car parks, not the wider parking policy of the Council. The Committee resolved that the Task and Finish Group should proceed with the following scope:

"To review the costs and benefits of reintroducing cash meters in Barnet high streets and car parks, with the review to take evidence from residents, traders and local businesses, and other Councils where cash meters have been maintained and removed."

9.5 The Members appointed to this Task and Finish Group were:

Councillor Brian Gordon
Councillor Joan Scannell
Councillor Hugh Rayner
Councillor Ross Houston
Councillor Alan Schneiderman

The substitute Members were:

Councillor Maureen Braun
Councillor Pauline Coakley Webb
Councillor Claire Farrier

9.6 A Final meeting of the Task and Finish Group took place on 13 February at which the Group concluded their findings and agreed the recommendations as set out in the report at **Appendix 1**.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH/AD
Cleared by Legal (Officer's initials)	PM

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Task and Finish Group Review:

Parking Policy (Cash Meters)

Final Report

February 2014

Executive Summary

The Parking Policy (Cash Meters) Task and Finish Group was set up to explore the cost and potential benefits of reintroducing pay and display parking meters which accept cash payments within the London Borough of Barnet.

This report provides details the reviews findings, including the public consultation and research that was undertaken in order to inform recommendations. As part of the review, the Group undertook to consult with residents, traders and businesses in order to obtain an insight into local views on parking policy in relation to cash meters. Additionally, the Group reviewed national trends and policies in other London Boroughs. The Group also considered evidence from the Cabinet Member for Environment and senior officers from the Council.

The Council's Business Management Overview and Scrutiny Committee will be requested to consider and scrutinise this report, before its recommendations being formally received by the Cabinet at their meeting on 2 April 2014.

The Cabinet will be requested to provide a formal response to the recommendations when the report of the Group is presented to them. In order to track approved recommendations, the relevant thematic committee in the new governance structure (post Annual Council 2014) will monitor the implementation the above recommendations (if accepted).

The Recommendations made of the Task and Finish Group are as follows:

Recommendation One:

Reintroduction of Cash Pay and Display Machines

Conservative Group Recommendation –

That the Environment Committee re-consider the possible reintroduction of cash pay and display meters early in the 2014/15 municipal year.

Labour Group Recommendation –

That Cabinet be recommended to bring back cash parking with immediate effect by converting the recently introduced credit/debit card pay and display meters (59 machines in total borough-wide) to accept cash payment.

Recommendation Two:

Publicity – *the Group recommends that a Communications Plan be developed to publicise borough-wide parking arrangements following the recent town centre reviews. It is recommended that this includes a front page article on Barnet First which includes details of the following schemes: 20 minutes free parking in loading bays; restrictions being amended to allow free parking in some locations; the introduction of some limited free parking at specific on-street locations and at Moxon Street Car Park; the locations of the credit/debit card payment machines; the locations where payment can be made by PayPoint and where scratch cards can be purchased.*

Recommendation Three:

Signage – *Officers be instructed to undertake a review of all parking signage in town centre locations to ensure that all regulations are clearly detailed.*

Recommendation Four:

Enforcement – *the Cabinet Member be requested to undertake a review of the enforcement approach undertaken by NSL to ensure that it is fair and appropriate and meets the parking objectives of the Council.*

1. Background

- 1.1 At a meeting of the Business Management Overview and Scrutiny Committee on 7 October 2013, a Member's Item was received from Cllr. Schneiderman calling for a review into the benefits of reintroducing cash metres into High Streets in the Borough. The Members item explicitly stated that the review should take evidence from residents, traders and local businesses, and other Councils where cash meters have been maintained and removed.
- 1.2 At their meeting on 6 January 2014, the Business Management Overview and Scrutiny Committee considered a report which sought a decision regarding whether the Parking Policy (Cash Meters) Task and Finish Group review should proceed, taking into account the current projected timetable for the internal Parking Improvement Project which included the development of a borough-wide parking policy.
- 1.3 At this meeting, the Housing & Environment Lead Commissioner outlined the scope and timetable for the internal Parking Improvement Project and clarified that payment methods were not currently in scope for the Project.
- 1.4 Following consideration of the report, the Committee instructed that the proposed Parking Policy (Cash Meters) Task and Finish Group review should proceed (as per the decision of the committee on 7 October 2013) and would be focused on the costs and benefits of reintroducing cash meters in high streets and car parks, not the wider parking policy of the Council. The Committee resolved that the Task and Finish Group should proceed with the following scope:

"To review the costs and benefits of reintroducing cash meters in Barnet high streets and car parks, with the review to take evidence from residents, traders and local businesses, and other Councils where cash meters have been maintained and removed."

- 1.4 The Members appointed to this Task and Finish Group were:

Councillor Brian Gordon
Councillor Joan Scannell
Councillor Hugh Rayner
Councillor Ross Houston
Councillor Alan Schneiderman

The substitute Members were:

Councillor Maureen Braun
Councillor Pauline Coakley Webb
Councillor Claire Farrier

2. Context

2.1 Implementation of Cashless Parking in Barnet

- 2.1.1 In February 2009, the Acting Director of Environment and Transport took a decision in consultation with the Cabinet Member for Environment to review a trial of cashless parking in off street car parks and authorised the implementation of a borough-wide cashless parking scheme with effect from 22 March 2009. The decision also appointed Verrus (UK) Ltd to provide cashless parking services borough wide for a two year period.
- 2.1.2 In March 2011, the Interim Director of Environment and Operations and the Director of Commercial Services authorised the acceptance of a quote from a single supplier (Verrus UK Ltd) in order to continue the cashless parking service on existing terms, and to purchase the cashless parking service until new arrangements for delivery of the entire parking service were in place.
- 2.1.3 In August 2011, the Cabinet Member for Environment took a decision under delegated powers to remove pay and display parking machines in the borough and implement a policy of 'cashless' parking across the borough. The report (Delegated Powers Report, 1375: *Re-Provision of Parking Services*) noted that the then existing pay and display machine infrastructure was not operating efficiently due to an aging stock and a lack of maintenance contracts with the suppliers. The report also detailed the high maintenance and running costs of the pre-existing pay and display stock and highlighted the impact of this on income. The report detailed that new payment options would include Pay by Phone and PayPoint.
- 2.1.4 In November 2011, the Interim Director of Environment, Planning and Regeneration used their delegated powers to implement scratch cards as a cash method of paying for parking which acted as an alternative for people who wished to park in the borough who did not have a mobile telephone and/or a credit/debit card.

2.2 Parking Policy Reviews in Barnet

- 2.2.1 In July 2012, the Leader of the Council approved via delegated powers changes to fees and charges and new parking initiatives including: introducing a reduced rate for visitors voucher; proposals to increase the number of retail outlets stocking scratch cards; a reduction in off-street parking charges; and the introduction of credit card meters in council managed car parks. This decision was called-in by the Business Management Overview and Scrutiny Committee. However, the Committee resolved not to refer this decision back to Cabinet for reconsideration.
- 2.2.2 The Council undertook a review of parking in North Finchley and findings were reported in November 2012 via Delegated Powers Report 1847 in the name of Cabinet Member for Environment. As a result of the review, the following parking changes were introduced on an experimental basis:

- A reduction of parking charges;
- Encouraging medium and long stay parking in off-street car parks;
- Introduction of dedicated business parking bays within off street car parks;
- Standardised hours of operation within on street bays;
- Introduction of a 15 minute 'paid for' period at specific locations;
- Allow free parking for 15 minutes in loading bays;
- Introduced new 'Pay by Phone' short-stay parking bays at specific locations on the High Street to provide additional parking spaces.

2.2.3 In December 2012, the Interim Director of Environment, Planning and Regeneration approved via delegated powers the acceptance of a quotation from Parkeon Ltd to supply and install credit and debit card machines in council managed car parks and on a trial basis on-street in North Finchley Town Centre.

2.2.4 As part of the Borough Wide Town Centre and Shopping Parades Review, the Council undertook a review of parking in Edgware Town Centre and the findings were reported in January 2013. As a result of the review, the Cabinet Member for Environment authorised the following changes in Edgware Town Centre on an experimental basis:

- Reduced parking tariffs;
- Convert existing double yellow lines area into a 20 minute free bay;
- Limit blue badge holder parking to national standard of three hours;
- Review provision of disabled bays;
- Introduce credit/debit card machines to introduce alternative payment options;
- Promote scratch cards as an alternative payment method.

2.2.5 As part of the Borough Wide Town Centre and Shopping Parades Review, the Council undertook a review of parking in Chipping Barnet Centre and the findings were reported in January 2013. As a result of the review, the Cabinet Member for Environment authorised the following changes in parking changes on an experimental basis:

- Convert some long stay parking bays on the High Street to short stay parking bays with reduced tariffs;
- Enable some residents to purchase town centre CPZ permits;
- Introduce restrictions to business permit holder parking in the High Street, Moxon Street and Stapylton Road car parks;
- Convert a long stay parking bay in Fitzjohn Avenue to a short stay parking bay with a reduced tariff;
- Convert a long stay parking bay in Union Street to a short stay parking bay with a reduced tariff;
- Changes to areas where business permit holder can park on the High Street;
- Changes to charges and the maximum stay duration in the Moxon Street and Stapylton Road car parks;

- Adapt loading bays to all 15 minutes free parking;
- Reduced tariffs in certain locations (High Street, Park Road, Moxon Street, Hadley Green, Stapylton Road and Bruce Road);
- Consult with business permit holders on changes to parking arrangements and charging policy.

2.2.6 In April 2013, the Cabinet Member for Environment undertook a decision which saw a change in priority of the roll out of credit/debit card machines from council managed off street car parks to on-street locations following the Town Centre reviews and discussions held with traders.

2.2.7 In July 2013, the Cabinet Member for Environment authorised the procurement and installation of up to 40 credit and debit card machines at locations set out in the report, in addition to the 19 already procured and being placed at designated on-street locations, resulting in a total number of 59 credit and debit cards being located throughout the borough.

2.3 Analysis of Current Position in Barnet

2.3.1 Whilst this Task and Finish Group review has a narrowly defined remit to look at the costs and benefits of reintroducing pay and display machines which accept cash payments, Barnet's position on cashless parking cannot be disaggregated from changes in parking policy locally, trends in local authority management of parking regionally and the economic situation.

2.3.2 The decision to remove pay and display machines and make Barnet predominately a 'cashless' borough (with PayPoint and scratch cards retained as cash payment options) was implemented around the time that there were also significant increases in parking charges across the board.

2.3.3 Since the introduction of cashless parking and parking charges increases in 2011, the current Cabinet Member for Environment has been reviewing town centre parking arrangements. As outlined in section 2.2 above, changes were initially implemented in North Finchley and were then rolled out in other town centres and shopping areas. North Finchley was the first of all of the Town Centres that were reviewed as part of a Borough wide Town Centres and Shopping Parades Review.

2.3.4 In addition, the number of cashless parking transactions has been steadily increasing and residents / visitors are gradually becoming familiar with pay by phone as a payment method for parking in high streets and car parks. This is illustrated in Figure 2, section 3.2.2.

2.3.5 As detailed in section 2.4 below, other London boroughs have introduced pay by phone and credit / debit card machines to complement existing payment methods and some have been considering moving towards a cashless system due to the costs associated with collecting cash, vandalism, and the general cost of maintaining pay and display machines. Most of these boroughs have retained cash as a payment option.

- 2.3.6 Nationally, high streets have faced challenging circumstances with the increase in online retail and the economic situation which has impacted on trade. A number of national studies have considered issues which impact on high streets and parking which will be explored in section 2.5 below.

2.4 Review of Other London Boroughs

- 2.4.1 In order to obtain an understanding of trends in London, the Task and Finish considered the parking arrangements in other Boroughs with specific reference to payment methods.

London Borough of Brent

- 2.4.2 The London Borough of Brent provides a choice of methods by which motorists can pay for parking which includes pay and display by machines that accept cash, and pay by phone (which is supported by a smart phone application). Brent has a total of 722 pay and display machines which all accept cash. 13 pay and display by machines that accept cash are situated in nine council managed car parks.
- 2.4.3 At the time of the last tariff change in October 2013, the existing 27 pay and display machines which accepted credit/debit card payments in addition to cash had been disabled. Brent only accepted cash or pay by phone as payment methods. Officers from Brent reported that there was an expectation that they would move towards a cashless-based payment system over time.

London Borough of Croydon

- 2.4.4 The London Borough of Croydon has a total of 871 pay and display machines all of which accept cash payments and none of which accept credit/debit card payments. Croydon provides both cash and pay by phone as payment methods. In certain areas, Croydon provides areas of free parking for 30 minutes in one and two hour bays.

City of Westminster

- 2.4.5 The Group considered the City of Westminster Council as an example of a borough that has a relatively similar policy to Barnet in respect of parking payment methods. The City of Westminster is a predominantly a 'cashless' borough where pay by phone is the predominant method of paying for parking. By the end of 2012/13, pay by phone transactions accounted for 90% of all income, compared to the card only pay and display machines which accounted for 9.7% of income. Like Barnet, Westminster also has scratch cards which made up the remaining 0.3% of parking income that year.

London Borough of Lambeth

- 2.4.6 There are 16 Controlled Parking Zones in Lambeth which are mainly located in the North of the borough. Lambeth introduced pay by phone approximately one year ago to supplement existing cash pay and display machines. Some cash pay and display machines in Lambeth have been subject to high levels of vandalism and/or theft and in these locations, Lambeth have temporarily decommissioning the cash pay and display machines (via temporary covers) and are introducing PayPoint as an alternative cash payment method.
- 2.4.7 Lambeth will be monitoring the impact of decommissioning pay and display machines and roll-out will be on an incremental basis. Lambeth do not have a policy on the removal of pay and display machines. The number locations where PayPoint is an accepted payment method varies across the borough. Some are areas having a higher usage of pay by phone than others. For example, in Waterloo approximately 60% of transactions are pay by phone, whilst in Brixton the majority are cash transactions.
- 2.4.8 Lambeth have previously considered the replacement of coin operated parking meters upon the following basis: *“Replacement of coin operated parking meter machines with pay by phone linked parking. This will reduce the potential for theft and out of operation meters and lower maintenance and cash collection costs. This is planned for introduction in November 2011.”* This decision was subsequently abandoned.

Royal Borough of Kingston upon Thames

- 2.4.9 The Royal Borough of Kingston upon Thames have approximately 400 parking machines across the borough. Off street parking payments can be made by cash and credit/debit card and for on street parking payments are made by primarily by cash.
- 2.4.10 Kingston have a wide range of parking payment methods. They have introduced pay by phone on a borough-wide basis. Additionally, motorists have the option of purchasing season tickets which can be used in six out of the 15 borough car parks. The cost of season tickets range from approximately £1,000 – £1,800 per year. Council managed car parks also have pay by foot as a payment method (where motorists take a ticket as they enter the car park and pay on the way out). The pay by foot machines are cash and credit/debit card except for one, which is cash only.
- 2.4.11 Officers at Kingston have advised that the borough will be getting 15 new machines that will be cash and credit/debit card. Kingston expects to be in a position to be in position where motorists can pay by cash, credit/debit card, phone and via a permit.

London Borough of Southwark

- 2.4.12 Controlled parking zones cover approximately 50% of Southwark. Zones operate predominately to give priority to local residents and short-stay visitors

to shops and local businesses. Around 30% of bays in parking zones can be used by visitors. Payment can be made via pay by phone or at pay and display machines.

2.4.13 Southwark have approximately 360 pay and display machines which accept cash payments Pay and display machines are clustered around major centres such as Southwark, Borough, Stoke Newington, Camberwell, Bermondsey, Peckham and Herne Hill.

2.4.14 Southwark have a number of old style 'lollipop' pay and display machines which are gradually being phased out. These old style machines accept fewer denominations of coins than the new style pay and display machines. Southwark Officers have been unable to ascertain the number of the lollipop machines in operation vs. the number of new style pay and display machines.

Analysis of Case Studies

2.4.15 While the case study examples only provide a limited sample from the 32 London Boroughs, they do provide an indication of the current mix of payment methods in these boroughs and the general policy direction. Most boroughs provide pay and display machines which accept cash payments and this is complemented by one or more alternative payments methods. All boroughs considered as part of this review have implemented pay by phone. Officers from the case study areas have reported that they are looking at ways to reduce the number of pay and display machines, although none have a formal policy in this regard.

2.5 National Context

Department for Transport Guidance

2.5.1 The Department for Transport, Operational Guidance to Local Authorities: Parking Policy and Enforcement, Traffic Management Act 2004 sets out the operational framework for the management of parking controls. Whilst there is no specific reference to payment methods, the Guidance states that "...local authorities need to develop a parking strategy covering on- and off-street parking that is linked to local objectives and circumstances..." and that this strategy should "...consider the needs of the many and various road users in the area, the appropriate scale and type of provision, the balance between short and long term provision and the level of charges."

2.5.2 The Guidance highlights that "...parking policies and their enforcement are complex. They can confuse the public if they are not explained clearly..." and "...Consultation and communication are the foundation of a fair and effective parking policy. They help to ensure that the public understands and respects the need for enforcement. Consultation should be an on-going process that takes place whenever an authority proposes major changes and at regular intervals after that."

The Portas Review

2.5.3 In 2011, Mary Portas was commissioned by the Government to undertake an independent review into the future of the high street. Portas identified a number of issues affecting the high street including:

- a decline in the retail spending on the high street and an increase in out-of-town and online / mobile spending;
- the global recession impacting on households disposable income;
- increased competition from supermarkets;
- the rise in the number of out of town retail units;
- increased numbers of chain stores;
- a high retail unit vacancy rate on high streets;
- high rents and business rates;
- regulatory barriers; and
- parking arrangements

2.5.4 In relation to parking, Portas identifies that local authority parking policies can place the high street at a competitive disadvantage to out of town retail centres which offer free parking. She adds that parking charges can limit the "...appeal of that location to the shopping consumer and therefore the longer term economic viability and wellbeing of the area."

2.5.5 The Portas reviews recommends that local areas should "...implement free controlled parking schemes that work for their town centres" to increase the appeal of the high street.

Spaced Out: Perspective on Parking Policy (RAC Foundation)

2.5.6 In 2012, the RAC Foundation published 'Spaced Out: Perspective on Parking Policy' which considered a wide range of issues in relation to parking including supply, demand, the management of parking, public attitudes towards parking, other parking issues, and parking and car ownership. Issues relating to high street parking, charges and payment methods are detailed below.

2.5.7 Pay by phone was introduced in 2004 and has now become a widespread payment method. Referring to the advantages of pay by phone, the report recognises that payment by phone avoids the need for small change, provides a reminder when time is up and generally allows for parking to be extended up to the time limit on the parking place. For the council it is generally cheaper and safer than cash, although some local authorities feel that the charges by the commercial companies are too high and offset many of the benefits, which include the elimination of the problems of machine maintenance, vandalism and theft. Smartphone apps and VAT receipts are further enhancements. The report recognises that there remains, however, the issue of how those without credit cards or mobile phones can pay.

2.5.8 The report acknowledges that paying for parking is a nuisance, involving either finding small change for machines or paying by credit card over the phone. It

is highlighted that there is a "...general inconvenience associated with most current parking arrangements (such as poorly functioning machinery, restricted payment opportunities, machines not delivering change...)" and highlights the importance of a clear pricing structure.

- 2.5.9 It goes on to say that a "...properly conducted parking policy should be able to reduce the stress of searching for parking, provide capacity where it is needed, and – within limits – act as a sensible constraint on demand. Concomitant with this should go appropriate information systems, indicating charges and available capacity (in real time)."

Analysis of National Research

- 2.5.10 Research undertaken into the national context in relation to high street parking and payment methods highlights the following:

- High street retail has been impacted by a number of factors over recent years which includes managing parking. In order to support high streets, local authorities need to develop parking policies which support local retailers.
- There has been a significant increase in the number of pay by phone users – this increases convenience for some people and can reduce costs for local authorities. However, there needs to be a way for people without credit/debit cards and/or mobile phones, or those who struggle with the pay by phone concept to pay.
- Local authorities should have a clearly articulated parking policy and pricing policy

3 Review Format

- 3.1 The Task and Finish Group met three times in February 2014. The first meeting took place on 4 February 2014 where the Group considered a Feasibility Assessment and agreed their approach to public consultation. A further meeting took place on 11 February to consider verbal and written submissions from the residents, traders and businesses. A final meeting took place on 13 February to enable the Group to consider the evidence received and develop their conclusions and recommendations.

First Meeting (Review Scope), 4 February 2014

- 3.2 At their first meeting on 4 February, the Group considered a Feasibility Assessment which detailed relevant previous decisions, the progress of the Internal Parking Improvement Project, issues with cash pay and display meters, details of the Borough Wide Town Centre and Shopping Parade Parking Review, and the scope of the Task and Finish Group Review.
- 3.3 The Group determined they would hold their future meetings in public. It was agreed the meeting on 11 February 2014 would be to receive evidence from residents, businesses and traders, and officers issued a press release inviting

written submissions and verbal representations at this meeting and promoted the meeting on social media channels. Members agreed to hold another meeting on 13 February 2014 in order to evaluate all of the evidence received, and draw conclusions with a view to determining their recommendations.

- 3.4 On 4 February, the Group received a presentation from the Housing & Environment Lead Commissioner and the Infrastructure and Parking Manager. The Group were informed that in 2011, the then Cabinet Member for Environment had taken a decision under delegated powers to remove all pay and display meters in the borough. Officers advised the Group that at the time of the decision, the existing pay and display machines were reaching the end of their life and there were significant financial implications associated with replacing them. Members were aware that the decision to remove the meters had been partly motivated by the number of pay and display machines that were out of order at any one time, as well as the cost of collecting money from the machines. The Group agreed that the review should consider both the financial implications of implementing different policy options, alongside the issue of fairness to residents wishing to park in high streets. The Group also instructed that the current Cabinet Member for Environment be invited to the next meeting of the Task and Finish Group.
- 3.5 In considering the costs and benefits of the return to pay and display meters which accepted cash payments, the Group questioned the number of people using the various methods of payment available. The Group were advised that based on the current financial year (2013/14) from week 1 to week 43, 93% of people used Pay by Phone, 4.9% used a credit/debit card, 1.35% used scratch card and 0.8% used Pay Point.

Second Meeting (Evidence Session), 11 February 2014

- 3.6 Following the issue of the press release referred to at 3.3 above, details of the evidence gathering session had been publicised in the Barnet & Whetstone Press and the Hendon & Finchley Times. A total of 26 written submissions (**Appendix A**) and five requests to speak at the meeting were received.

Public Comments

- 3.7 The following members of the public spoke at the meeting: Ms Barbara Jacobson; Mr Bob Jacobson; Ms Helen Michael; Mr Paul Shea; Mr Spyros Spirou and Ms Gail Laser. Their comments covered the following points:
- Traders and residents had witnessed people seeing pay by phone signs who had driven away;
 - Cash was considered quick and easy payment method;
 - Not everyone owns a mobile phone;
 - That pay by phone provided no proof of payment;
 - Scratch cards were not always convenient and drivers could get a Penalty Charge Notice whilst waiting to buy one;
 - Visitors to the borough might not be familiar with the parking arrangements;

- Members of the public considered that cash meters were essential for the survival of the high street;
- Finchley High Road had been damaged by the removal of cash meters
- A trader in North Finchley attributed a reduction in turnover due to the council's parking policy;
- The re-introduction of cash meters would increase turnover for businesses;
- There was opportunity to advertise on ticket rolls to raise revenue;
- Consumers were shopping online and therefore staying away from the high street.
- The owner of a garage in North Finchley advised that the changes in parking arrangements had had a devastating effect on his business;
- Motorists were incorrectly receiving parking tickets related to the enforcement of parking measures.
- The parking policy in North Finchley and High Barnet was not working;
- Others areas of the Borough had a period of free parking;
- One option could be to allow half an hour free parking, and then charge £1 for the full hour, and then increase it further for more time.
- Motorists were unclear as to the parking policy of a given area.

Written Submissions

- 3.8 Members of the Group considered the written submissions that had been received and circulated in advance of the meeting. The following **themes** arose throughout the written submissions:
- 3.9 A large number of submissions reported that people were having **difficulty using pay by phone**. Many of the written submissions from the public linked the implementation of pay by phone and the removal of cash meters with a reduction in the number of people parking, and therefore using the high streets, with some submissions reporting that they would not shop in areas where cash meters were not in place. In considering this information, some Members of the Group questioned whether this was down to the fact that it was a relatively new system that people would get used to. It was reported in some submissions that instead of paying to park by phone, or by any available card meters, members of the public were choosing to use shopping centres such as Brent Cross, which have free parking, at the detriment to the high street. It should be noted that many of the submissions from traders made a direct link between the removal of cash meters and a reduction in turnover in their business.
- 3.10 A number of the submissions cited **concerns over safety** as an issue that warranted the return of cash meters. Several submissions expressed feeling vulnerable when having to have both a mobile phone and credit/debit card out when paying for parking. The use of mobile phones and credit and debit cards in the dark was highlighted as a particular issue.
- 3.11 It was reported **that older people who were less comfortable with technology** were finding the existing parking payment methods difficult. It

was also highlighted that a number of people, which included both younger and older people, did not have mobile phones and debit cards, meaning that that cash would be the only feasible way for certain people to pay for parking.

- 3.12 The submissions revealed a general theme that the public felt **that high streets and town centres** would be directly benefitted by the reintroduction of cash meters.
- 3.13 Submissions also requested that motorists were provided with a choice of how parking can be paid for, beyond that of PaybyPhone, scratch cards and PayPoint, with the majority requesting to be able to pay for parking by a cash meter.
- 3.14 A number of members of the public contributing to the evidence of the review advised that motorists felt unclear as to the parking policy of the area, which in turn, could lead to motorists receiving parking tickets.

Third Meeting (Members Conclusions), 13 February

- 3.15 In considering the responses that had been collated following the call for evidence, a Member noted that that one possible problem of the pay by phone system was that people were not yet familiar with the system.
- 3.16 It was highlighted that in the written submissions to the Group only one response had not been in favour of a return of pay and display meters which accepted cash. In addition, there were some people who do not have a credit or debit card, and some people who may not wish to use it to pay for their parking.
- 3.17 A Member advised that in order to help the high street, the public felt that they should be given a choice as to how they can pay for parking. Some Members of the Group referred to the costs associated with the reintroduction of pay and display meters which accepted cash as set out in the submission by officers at the first meeting of the Group on 4 February.
- 3.18 The Group highlighted that the evidence received showed that there needed to be a better understanding of current parking controls and pricing policy. It was suggested that there needed to be clearer signage, which would increase awareness and reduce the number of penalty charge notices issued. Members considered that if a motorist received a parking ticket, then they would be less likely to return to an area which would impact on that high street.
- 3.19 The Group noted that the capital cost to modify the machines would be approximately **£20,000**. There would be additional associated costs, details of which are set out in Figure 1 and Figure 2 below:

Figure 1: Cost of Converting 59 Pay and Display Machines to Accept Cash (x2 Weekly Collections)

Credit / Debit Card and Coin Machine	Cost
Additional Annual Maintenance Cost (£229 x 59)	£13,511
Annual machine replacement allowance	£8,300
Coin collection costs	£92,040
Signage Cost – 1 st Year Capital	£6,000
Signs maintenance	£600
Ticket Rolls, including replacement	£32,000
Total Cost	£143,551 per annum

Figure 2: Cost of Converting 59 Pay and Display Machines to Accept Cash (x5 Weekly Collections)

Credit / Debit Card and Coin Machine	Cost
Additional Annual Maintenance Cost (£229 x 59)	£13,511
Annual machine replacement allowance	£8,300
Coin collection costs	£199,420
Signage Cost – 1 st Year Capital	£6,000
Signs maintenance	£600
Ticket Rolls, including replacement	£32,000
Total Cost	£259,831 per annum

Assumptions:

Additional Annual Maintenance Cost

Annual maintenance cost for existing credit/debit card machines = £382

Annual maintenance cost for credit/debit card and cash machines = £611

Additional annual maintenance cost as a result of enabling existing credit/debit card machines to accept cash payments = £229

X2 Weekly Collections

Assumes a transaction ratio of 20% cash and 80% Pay By Phone. Therefore the cost of Pay By Phone would reduce from current cost (£360,000) to £288,000.

X2 weekly collection regime would result in a higher 'per collection' unit cost. Coin collection costs are calculated on the following basis: £15 per collection x 59 machines x 2 weekly x 52 weeks = £92,040

X5 Weekly Collections

Assumes a transaction ratio of 50% cash and 50% Pay By Phone. Cost of Pay By Phone would reduce from current cost (£360,000) to £180,000.

X5 weekly collection regime would result in the following unit cost. Coin collection costs are calculated on the following basis: £13 per collection x 59 machines x 5 weekly x 52 weeks = £199,420

3.20 It is assumed that Pay By Phone would be retained in any circumstance as this currently the primary payment method for parking in the Borough. It is recognised that the re-introduction of cash as a payment method will have an impact on income from Pay By Phone transactions. Accordingly, estimates have been made on the reduction on income from this source as follows:

- Under Figure 1, the estimated reduction in Pay By Phone costs would be £72,000.
- Under Figure 2, the estimated reduction on Pay By Phone costs would be £180,000.

It is not possible to make assumptions around the take-up of cash payments and the subsequent level of income from this payment type. It should be acknowledged that there is a risk that the Council could incur costs from re-introducing cash as a payment method, but with a low take-up following reintroduction.

Pay by Phone Usage

3.21 Throughout the review period, members of the public and some Members of the Task and Finish Group expressed concern that large numbers of people were struggling to use, or simply did not wish to use pay by phone, instead stating a preference for cash meters as an alternative method of payment.

3.22 The Group were advised that this was not reflected in the data provided by the pay by phone providers and that statistics show an increasing number of people registering to use pay by phone for both on and off street parking. Whilst some Members of the Group interpreted this as positive uptake, other Members questioned if this was because motorists had little choice but to use pay by phone as the predominant payment method. The proportion on first time pay by phone users 2012/13 (on street) is highlighted in Figure Two. The proportion of first time pay by phone users 2012/13 (off street) is highlighted in Figure Three.

Figure Two: Proportion of First Time PaybyPhone Users (On Street) 2012/13

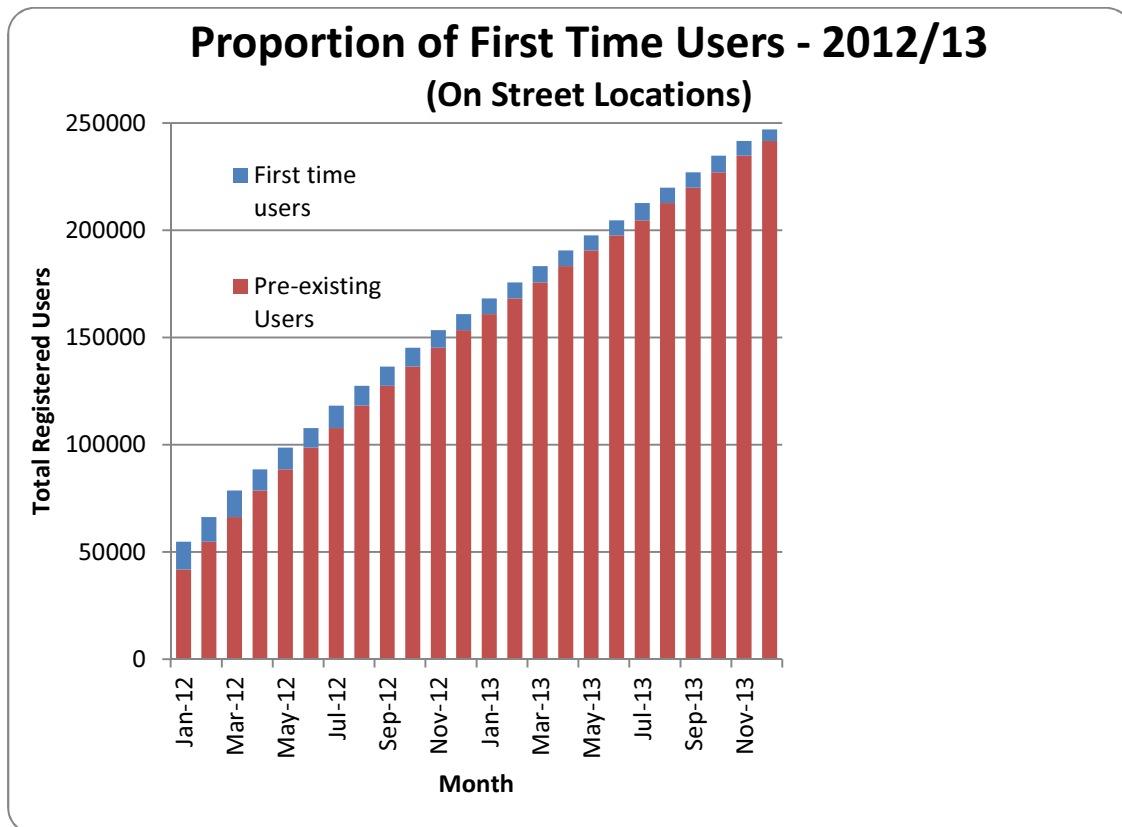
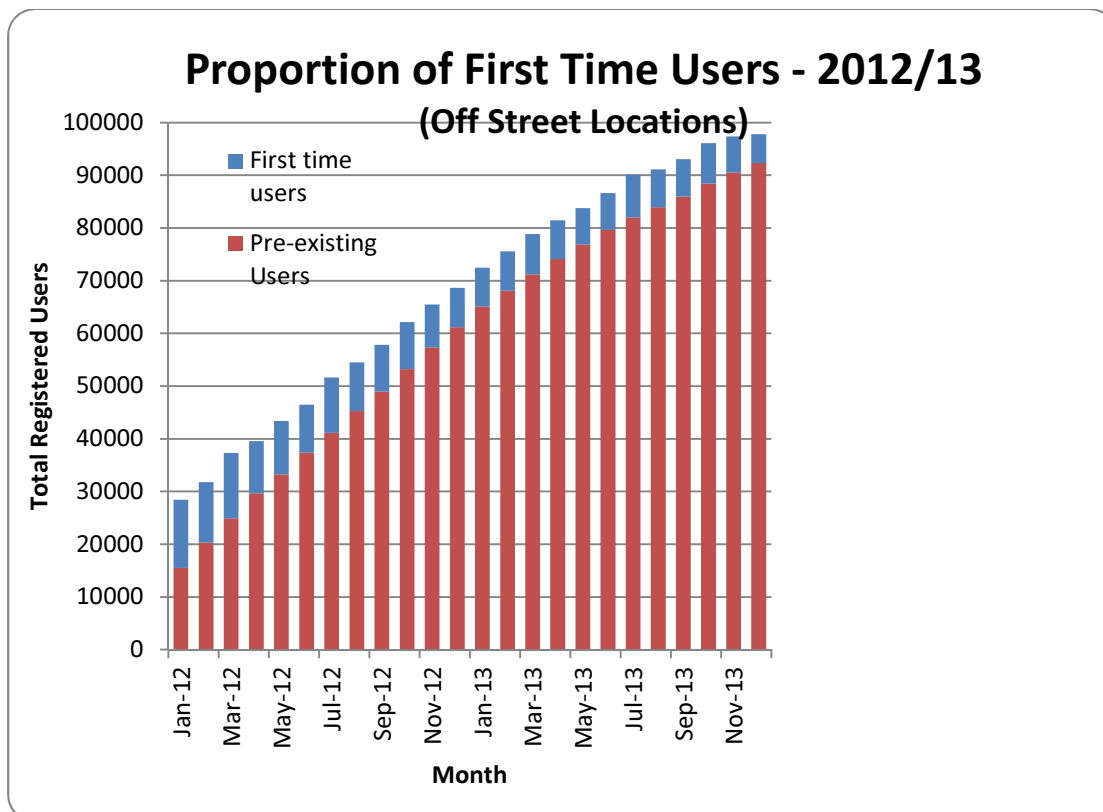


Figure Three: Proportion of First Time PaybyPhone Users (Off Street) 2012/13



Member Analysis: Credit and Debit Card Machines

- 3.33 As detailed in section 2.2.3 the Council accepted a quotation from Parkeon Ltd in December 2012 to supply and install credit and debit card pay and display machines in car parks and on a trial basis on-street in North Finchley Town Centre, resulting in the 59 credit and debit card machines that are currently in existence in town centres and shopping parades in the borough. During the review, Members questioned if data was available to indicate whether this alternative method of payment had proved successful. The Group were advised by officers that the roll-out of the credit and debit card machines had only taken place in December 2013, and that Officers felt that it was therefore too early to conclude upon their success. The Group were informed by officers that whilst they did not have the results, early indications pointed towards an increasing number of transactions on these machines.
- 3.34 The Conservative Members on the Group considered that there was no substantial data available at the time of the review on the success or otherwise of the new credit and debit card pay and display machines. As such, it would be inappropriate for them to recommend the conversion of the existing parking meters to enable cash when:
- a) the success of the recently implemented card meters was unknown; and
 - b) there was no guarantee that cash meters would lead to an increase in parking churn and revenue.
- 3.35 The Labour Members on the Group considered that the written and verbal submissions to the Task and Finish Group highlighted that residents and traders supported the re-introduction of pay and display machines which accepted cash payments. In addition, they highlighted that the evidence from other London boroughs contacted showed that most have retained cash as a payment option. Labour Members also noted the report of 16 September 2013 (Parking Pilot Schemes - Review of the Experimental North Finchley Town Centre Parking Measures) to the Budget & Performance Overview and Scrutiny Committee from the Strategic Director for Growth and Environment stated that "It has been noted that the introduction of the credit/debit card pay and display machines have had a significant impact on patronage levels". Labour members, therefore, wished to recommend to Cabinet that the 59 credit and debit card pay and display which had recently been introduced by converted to accept cash payments with immediate effect.

4. Witness Evidence: Cabinet Member for Environment

- 4.1 At the public consultation meeting, the Group invited the Cabinet Member for Environment to attend and requested his contribution to the discussion as the relevant portfolio holder.
- 4.2 The Group noted that the Cabinet Member had consulted with traders throughout the tenure of his portfolio in order to ascertain their views on how to improve the parking situation in the borough. The Group acknowledged that a

great deal of consultation had taken place in North Finchley Town Centre with the resultant changes outlined in **Appendix B**.

- 4.3 The Cabinet Member for Environment noted that the submissions made to the Group as part of the call for evidence had highlighted concerns regarding using credit and debit cards to pay for parking, particularly at night, and that many people felt that the idea of paying for parking by cash was a safer option. He informed the Group that a statistic had been released which showed that 90,000 cash parking meters had been vandalised in London in 2010 and that he did not want that element of crime being brought into the Borough.
- 4.4 The Cabinet Member for Environment advised that whilst the Council did not have the figures for the number of transactions that took place when cash machines were in operation, an increasing number of people were registering for pay by phone each week as highlighted in section 3.22.
- 4.5 The Group noted the importance of increasing the turnover of people parking in high streets and car parks and some Members questioned if the reintroduction of cash meters would improve this. The Cabinet Member for Environment advised the Group that it was his opinion that better turnover could be achieved by other methods such as improved advertising of the council's parking policy and charges. Officers advised the Group that there was no guarantee that an investment in pay and display machines which accepted cash payments would increase churn and deliver economic benefits. Labour Members however advised that they believe that cash payments will increase churn and deliver economic benefits but noted the difficulty in quantifying this.

5. Key Findings and Recommendations of the Task and Finish Group

- 5.1 In considering their conclusions and recommendations, the Group acknowledged that it was difficult to consider the issue of cash payments for parking without considering wider elements of parking policy such as charges, the availability of spaces and the balance between long term and short term parking space provision. It was also acknowledged that there were significant external factors (such as the economic downturn and changes in consumers shopping habits) that were affecting high streets. Whilst these were outside of the direct control of the council, it was acknowledged that parking policy should be designed to encourage visitors to high street locations.
- 5.2 Having considered both the written and verbal evidence submitted by the public, the evidence provided by the Cabinet Member for Environment, and the costings and evidence provided by the Housing and Environment Lead Commissioner and the Street Scene team, the Group agreed a series of recommendations:

Recommendation One:

Reintroduction of Cash Pay and Display Machines

Conservative Group Recommendation:-

That the Environment Committee re-consider the possible reintroduction of cash pay and display meters early in the 2014/15 municipal year

Labour Group Recommendation:-

That Cabinet be recommended to bring back cash parking with immediate effect by converting the recently introduced credit/debit card pay and display meters (59 machines in total borough-wide) to accept cash payment.

- 5.3 There was a party split when it came to the agreement of this recommendation. The Conservative Members on the Group considered that there was no substantial data available at the time of the review on the success or otherwise of the new credit and debit card pay and display machines. As such, it would be inappropriate for them to recommend the conversion of the existing parking meters to enable cash when:
- a) the success of the recently implemented card meters was unknown; and
 - b) there was no guarantee that cash meters would lead to an increase in parking churn and revenue
- 5.4 The Conservative Members requested that this investigation be reopened early into the new municipal year, advising that at that point, data on the usage of the recently introduced credit and debit card machines would be available. The Conservative Members explicitly stated that they required the data from the 50 credit and debit card machines in order to make an informed decision into the economic viability of the cash meters.
- 5.5 The Labour Group Members considered that the written and verbal submissions to the Task and Finish Group highlighted that residents and traders supported the re-introduction of pay and display machines which accepted cash payments and indicated that they wished to recommend to Cabinet that the 59 credit and debit card pay and display which had recently been introduced by converted to accept cash payments with immediate effect. Labour Members also wish to note that more substantial changes, including the introduction of a minimum of 30 minutes free parking across the borough are required. In addition, Labour Members highlighted the evidence from the other London Boroughs contacted showed that have most have retained cash as a payment option. As such, their Minority Group recommendation is detailed above.
- 5.6 Cabinet will be requested to consider these recommendations separately and indicate whether they are willing to accept or reject.

Recommendation Two:

Publicity – *the Group recommend that a Communications Plan be developed to publicise borough-wide parking arrangements following the recent town centre reviews. It is recommended that this includes a front page article on Barnet First which includes details of the following schemes: 20 minutes free parking in loading bays; restrictions being amended to allow free parking in some locations; the introduction of some limited free parking at specific on-street locations and at Moxon Street Car Park; the locations of the credit/debit card payment machines; the locations where payment can be made by PayPoint and where scratch cards can be purchased.*

- 5.7 The Group were encouraged by the parking measures that had been introduced to improve the parking situation following the borough's Town Centres and Shopping Parades review as outlined in section 2.2. The Group felt that these changes would have been well received by those who knew about them, but considered that there was scope to improve the public's awareness so that these measures were utilised fully, therefore increasing the churn of parking in high streets. Members considered that this would be a best value solution and would capitalise on improvements that had already been made by ensuring that the maximum number of people were aware of the council's parking policy.
- 5.8 During the evidence gathering session, the Group noted that the Cabinet Member for Environment shared the Group's view on the importance of encouraging more people to visit Barnet high streets and car parks. The Group and Cabinet Member alike were in agreement that encouraging an increased number of people to park, and increasing the churn of motorists parking was a priority.

Recommendation Three:

Signage – *Officers be instructed to undertake a review of all parking signage in town centre locations to ensure that all regulations are clearly detailed.*

- 5.9 Following review of the submissions made by the public as a result of the public consultation, the Task and Finish Group expressed concern that the signage of parking regulations was not clear enough. The Task and Finish Group considered that this could lead to confusion for motorists, and result in motorists receiving parking tickets, despite not intending to commit parking contraventions. Members were conscious that if a motorist received a parking ticket in a town centre, then there was a risk that they would be less likely to shop in the area which would in turn, lead to further detriment to the local economy.

Recommendation Four:

Enforcement – the Cabinet Member be requested to undertake a review of the enforcement approach undertaken by NSL to ensure that it is fair and appropriate and meets the parking objectives of the Council.

- 5.10 Both Members of the Task and Finish Group and members of the public who contributed to the consultation process expressed concern about what was considered a “zero tolerance” approach by Civil Enforcement Officers. The Task and Finish Group considered that motorists were not being given sufficient levels of grace, and that high levels of ticketing were putting people off returning to their town centres, and therefore reducing the spend in the local economy.

6 Acknowledgements

- 6.1 The Group would like to put on record their thanks to the Members of the public who participated to the review through submitted written or verbal submissions, or through attending public meetings. The Group would also like to thank council officers and the Cabinet Member for Environment for their contributions to this review.

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Parking Policy: (Cash Meters) Task and Finish Group**Public Comments for Consideration**

In today's East Barnet Press & Advertiser the public were asked to send you their comments on the cashless parking system in place in the borough. So here are mine:

Parking meters situated at the sides of roads - I never park using these so do not mind how these are paid for.

Parking in car parks such as Stapyleton Road in High Barnet and Lodge Lane in Finchley - I am deliberately avoiding shopping in these places as I do not wish to avail myself of cashless parking. I take my custom to Enfield instead, which has a much more vibrant town centre with more choice too. Dean Cohen mentioned in the paper that there would be a significant financial implication to reintroducing parking meters with coins. That may be the case with individual parking spaces but surely the larger car parks would only have 3 or 4 meters?

Last time went to Stapyleton Road I did not at first realise that one could not pay with cash. I was one of 3 people in those 5 minutes that chose to leave the car park rather than register for cashless parking. This cannot be helping the regeneration of Barnet as a shopping centre.

I trust that the council will reintroduce cash parking, at least in all car parks where it has been removed, and that this will help encourage local people such as myself to spend our money in our own locality.

yours sincerely
Elizabeth Burling

Barnet council review of cash parking provision

These comments are based on observations and from our active involvement with the council over parking provision in High Barnet

Major changes to pricing in the council-run town centre parking spaces has significantly increased usage, particularly so now that council parking is cheaper than the private provision. These comments are therefore made in the context that we consider pricing as a means of optimising usage of parking spaces is decidedly more important than the method of payment.

Being located at the edge of the Borough we do have a lot of visitors to the town centre who come from Hertfordshire. Traders report that some do have difficulty with the absence of a cash facility in council spaces notwithstanding the recently introduced card payment facility. Many therefore perhaps do prefer to use the two private car parks in town which offer cash facility, so the council may be losing some potential revenue. More important is the possibility that the absence of a cash facility in the council bays could put people off visiting at all, though perhaps more a problem of perception due to the extensive negative publicity of the past couple of years. 500 of the 800 or so spaces around the town are in two private car parks both of which have a cash facility so in reality there is no problem for those who wish to pay by cash. And paying a small premium in parking charges for this facility is perhaps reasonable given the additional cost of servicing the machines.

We have a phone only facility in the largest council car park which is designated for long term use. Most users here park every day and the car park routinely fills. This suggests that for regular users the phone is actually a positive and a cash option is not needed. We would therefore only need to consider the short-term parking areas to provide a cash facility for the benefit of short-term visitors. That said, the on-street provision in the town centre is very limited and in constant demand. though users may find it more convenient, a cash facility would not increase overall usage there.

Of course, we recognise that providing a cash facility does incur operational costs and the council would need to be sure that provision is cost effective. We do believe that in High Barnet the demand for a cash facility in council bays is likely to be somewhat limited. With this in mind a cautious approach might be desirable, perhaps pick one town centre to start with as an experiment. That would allow the council to evaluate demand and costs before committing to every location.

There is one further problem. The credit card machines in the car parks have been broken and on occasions and have taken some time to be repaired. An evaluation of the availability and the maintenance arrangements for the machines should perhaps be considered alongside consideration of the possibility of introducing cash payment. Having just card only constantly available would be preferable to an even more intermittent card/cash facility.

Gordon Massey
Chairman
Barnet Residents Association

I for one am very much FOR re-introducing cash meters for parking. I will NOT phone to pay to park, why should I give my credit card details for them to be on file, so I avoid anywhere if I have to phone and pay to park which means I take my business out of the borough in order to be able to pay for parking using cash. I am sure many people especially the elderly feel the same. YES PLEASE do re-introduce the cash meters and get our town centers buzzing with sales again.
best regards

I am away so will not be able to attend the meeting on 11th February. I would like you therefore to please put forward my view on the idea of re-introducing parking meters.

This enquiry should have been held before the meters were removed. The little experiment carried out by the council will have cost us the taxpayers a fortune when we would have told Barnet before the removal that the entire idea was a folly. To have a system that firstly is based in the idea that everybody has a mobile phone is more than presumptuous. It also increases the cost by the charge for the phone call and the charge made by for parking company so in fact the half hour parking is something like 15% more than the price set by Barnet. Secondly to make it compulsory to purchase a half hour parking when maybe three/five minutes are required to say purchase a loaf of bread, makes that loaf of bread almost double the price.

I vote for what I know most people would wish for and that is parking meters charged for by the minute so a driver can choose how much time they wish to pay for.

I also vote for those who decided to take the meters away in the first instance to pay for the reintroduction.

Many thanks for representing my view.
Sharon Klaff

I wish to submit the following contribution to the discussion of the task and finish group of the Business Management Overview and Scrutiny Committee on 11 February 2014:

The evidence of shop closures caused primarily by the withdrawal of cash parking meters in high streets and car parks is overwhelming, as are the views of shopkeepers and shoppers. The remedy is to bring back cash meters.

With all good wishes

Keith Martin

I am one of many residents who are very upset about the lack of parking meters. I have stopped going to the little shops in Barnet as I find the telephone parking so complicated. I am elderly and suffering with various illnesses. It is difficult enough to find a parking space and then when I have get one I have to stand outside, several times it has been in heavy rain and try to telephone a number which is often difficult to get through to.

It has given me reason to do more and more of my shopping on the internet. Taking business away from the local shops.

I know so many people who feel the same.

Please reinstate the parking meters!!!

Kind regards

Lisbet Davies

It is an utter outrage that these machines were removed by the Council in the first place and replaced with the phone parking service. The Council then backtracked and reintroduced machines which only accepted credit/debit cards. Now they are backtracking yet again to introduce cash machines.

Who pays for these stupid mistakes by the Council? The taxpayer. This is quite clearly a political move by the Conservative party with an eye on the election due in May. Had the Conservative Council not been so loose with the taxpayers' money, moving to a clearly inadequate and unworkable system of pay by phone these machines would still be in place. **THEY SHOULD NEVER HAVE BEEN REMOVED IN THE FIRST PLACE.**

If the Council do return these machines to our streets, then there is absolutely no way the taxpayer should foot the bill.

Peggy Sherwood

1) Since 'pay by phone' parking was introduced to North Finchley/Talley Ho area, I have virtually stopped shopping in that area, other than going to Waitrose or Homebase where there are car parks.

On one occasion I set up the system to use my phone for parking, but never again. Now, whenever I'm driving through the area, and think it would be nice to stop and browse the shops, I don't because it's too much hassle and too expensive to park the car.

I would be prepared to pay using a debit or credit card if enough machines could be set up - especially in the car parks - otherwise I am unlikely to frequent the area very much.

2) It's also time the Council stopped penalizing many residents in that area by removing parking restrictions at the far end of the roads, such as **Mayfield Avenue**, which is nowhere near the shops, buses or trains, but which makes life for visitors to people in that area exceedingly difficult if they cannot park near their friends houses, on an otherwise empty street, because the visitors permit charges are so exorbitant and unjust. If there must be restrictions then make them no parking between eg 2 - 3 pm etc

Otherwise this will only encourage more people to concrete over their front gardens to create more off street parking, which leads increased flooding risks.

Thank you.

Harriet Copperman OBE

My contribution to the review as follows:

I am fully in favour of the re-introduction of cash meters because they are machines that everyone can use easily and safely. People usually have some cash on them - not everyone likes to use credit/debit cards, especially on dark days in the winter when car parks and streets often have few people around, and they can be quite threatening with people more exposed to theft.

To pay by phone is often fraught - no signal, long wait for a response, if any at all. Not everyone uses a mobile or credit/debit cards.

In High Barnet, many people use The Spires car park, although now dearer than the Council parks, because they find the cash machines there, more convenient.

Yours sincerely, Diane Nightingale M.B.E.

Hello!

As a resident of north Finchley I would welcome the return of cash meters in the Borough of Barnet, not only in town centres like ours (Tally Ho, North Finchley) but across the borough in residential areas where visitors could pay for a few minutes at a time rather than waste all day parking vouchers.

Though I have a residents permit that allows me to park within my own parking zone (FN) it is not easy to drop the car off outside a shop to pick up a newspaper, drop in to the doctors surgery, pick up kids from McDonalds etc etc, without the hassle of texting for a 10 minute slot. In short, London (and other Town centres for that matter) are not allowing for the spontaneous action in our lives. You drive past a coffee and want to stop for a takeaway coffee. We can't do it because there is nowhere that takes cash!

The other element to the argument is simply one of choice. With a previous council vision of cashless parking, there was suddenly imposed upon us the lack of choice - of means to pay. No cash on you? Use the credit card. No credit card on you, or you are visitor from another borough or far away place, use cash! The choice should be available.

Incidentally, and this is a separate issue really, but the parking restrictions in this Borough are not consistent, and (forgive me for saying this) not entirely logical. There are residential areas where there is 'free parking' for folk who already have off street parking by way of carriage driveways, and restricted parking where folk are forced to buy a residents permit. In these areas particularly, the problem is compounded by residents who then apply for drop down kerbs - thus taking away vital parking space for permit holders.

Please bring the meters back, it makes for a friendlier place to live, work and welcome people. Barnet is not Westminster or Chelsea, its a friendly residential borough full of hard working folk who don't need the hassle redolent of other wealthier areas. There have been many divisive issues taking place in this Borough of late - parking not being the least. Let's get some unity back and some friendly sense of community harmony. Saving money, and making a profit doesn't make the world go round.

Many Thanks,
Kind Regards,
Martin Hurrell

I would strongly encourage the reintroduction of cash meters in Barnet.

I used to be a regular visitor to North Finchley but stopped when Pay by Phone was introduced and instead now go to other shopping areas Brent Cross etc

Regards

Ben

Ben Holroyd-Doveton

I may not be a typical car-park user, but there may be a significant number like me.

I do not use car parks that require me to use my mobile phone.
I am not in that minority that has no mobile,
but I am in the minority that does not often carry my mobile.
I am also in that minority that does not use text.

The question you might like to consider is:
"How big are these minorities?"

Thanks for your attention

Michael Franklin
A Barnet Council Tax payer

Ever since Barnet introduced cashless parking systems it has been an irritant to have to sit the car and handle the transactions on mobile. Quite apart from continuing security issues, the costs are further increased with a service charge each time. I have no problem getting out of the car and paying in cash as we've been doing off a generation. I, for one, would like to see them brought back.

Yours

David Carman

I am a local shop keeper and the removal of the cash parking system was a terrible decision. Many older people who do not use technology are unable to fathom the system. Visitors from outside the borough are clueless. The sign posting is poor. On my particular parade on Totteridge Lane The minium stay on the cash stream was only 20p. This jumped to €£1.10 with the pay by phone system. Cash meters must be brought back and also a 10 minutes free period should be introduced.

David Harvey

Totteridge & Whetstone Locksmiths Ltd

I am responding to your article in the this weeks Hendon and Finchley Press about parking. I firmly believe need to have meters that take cash. It is not just the elderly that may not have a mobile phone to us but there are times when one might have left their phone behind or that it might have lost charge. Also getting a phone and a credit card out in a public place leaves you very vulnerable to theft.

I had a terrible experience when I went for a job interview in a school that had controlled parking near by. It took me ages to find a meter and when I did find one. I was unable to use it as I had changed my credit card and car since I had used a cash less meter, therefore I was unable to pay. I had to drive to Brent Cross and run to the interview and was very nearly late.

I never use a cash less meter. I would rather drive somewhere else to shop and I know many of my friends feel the same.

Unfortunately I am able to make the public meeting but I hope that my views on this matter will be considered.

Regards
Jennifer Kuntner

The re-introduction of cash parking meters is to be welcomed for the following reasons:

1. The present card-based system puts visitors off parking in our streets and is bad for trade, because
 - a. Each Authority operates its own system, which means registering in every locality. This is a big cause of complaint to be heard from visitors. Many people have written to the Press to state that they will NEVER park in Barnet.
 - b. Not everybody has a credit card
 - c. Not everybody has a mobile phone
 - d. Some people that have mobile phones, can't either find them, are not carrying them, or have credit on their phone, at the time of trying to park
2. Chipping Barnet is particularly disadvantaged because of its proximity to Hertsmere's Potters Bar. Not only does Potters Bar provide free parking for 30 minutes, but they operate cash machines to boot.
3. Cash machines give a visual signal of time remaining. This is not the case with card operated machines. You know where you are with cash.

4. Card machines favour local residents over visitors, because visitors have to go through a steep learning curve in order to park. The effect of this is to further decrease business take from non-locals. Businesses need visitors in order to thrive. One casual stop by a visitor can lead to years of profitable patronage, from eateries to car sales, Barnet needs to be recognised as a friendly place to visit. Locals, on the other hand, should be discouraged from parking in the High Street. There are plenty of places for locals to park, should they have Zone parking permits, in addition to the various car parks.

Yours sincerely

Chris Carstairs

As I am unable to attend the meeting on 11th February, I would like to contribute in advance.

I strongly support the reintroduction of cash parking meters - this would be a real boost for local businesses. Recently, several shops have closed and not been replaced. I fear that these closures are partly due to the complicated parking setup used at present.

Kind Regards

I've lived in the borough for more than fifty years, am 82 years of age and a widow. I am unable to come to the meeting at Hendon Town Hall.

1. Most parking measures in the Borough have been decided arbitrarily without consultation with the residents so at least this is an improvement. In fact I have a blue disabled badge so these issues are not immediately relevant to me except that I need a car as I suffer breathlessness on hills so getting around independently is very important until I become too old to drive.
2. Other pensioners have been completely put off by the sudden imposition of complicated notices re change of parking meters and are not willing or able to read the long-winded wording of such notices. One family came to East Finchley from a neighbouring borough in order to go to the Phoenix Cinema and then have a celebratory meal for one of the party but were not prepared to go to such lengths as using a mobile phone or credit card to pay for parking so left our area and took their business elsewhere.
3. Another friend refuses to give details of her credit card in this manner and although she uses a mobile phone very competently it wastes her valuable time keying in details. This person is still in her sixties and still working and can't afford complicated procedures instituted by other bodies to interrupt her working day.
4. A lot of people of my age cannot stand around trying to decipher complicated information or even have hearing problems on the telephone. I also have not got into regular texting as I use a simple mobile phone just for emergencies and don't intend to spend vast sums on buying a more modern device. I already spend enough on Visitors' Permits in our CPZ area whether or not I own a car.
5. I have noticed recently that Parking Attendants are now targetting cars in our road with the use of photographs, especially outside our Doctors' Surgery where people may have to stop urgently or take an ailing relative. I realise that the Attendants have to protect themselves and I'm grateful that rogue drivers are checked but this seems to be like "Big Brother" and I'm wondering how far this will be extended. The money spent on these cameras could be used for proper old-fashioned cash parking meters plus staff to deal with them.
6. No, I'm not a grumpy old woman but a normal citizen with some common-sense and experience of employment in different fields but as one gets older we need services which are simple, easy to use and not dictated by some remote bureaucracy which doesn't have to suffer the results of their legislation.

MRS. JEANNE WRAY

After reading the item in this weeks Press dated 06 February 2014,
I am writing to inform you that I have had to stop doing a lot of my shopping in North Finchley, as well as visiting my Dentist in East Finchley as a result of parking in these areas.

In most cases I find the only parking is by telephone payment which gives me a problem as my car Registration number is never recognized to the make, model or colour of my vehicle.

As I live in Whetstone it would be nice and helpful if the car parks went back to the old cash payments in these areas, not only for my self but others who do not own mobile phones.

Yours Sincerely

Mrs Janet Dale

My thoughts:

Cash is the quickest method of payment.

It is convenient (just keep a small bag of coins in your vehicle)

It is inclusive. It doesn't discriminate against the deaf or the elderly, those without bank accounts (1 to 2 million people in UK) those without credit cards and overseas visitors.

It will lead to an uptake in usage of car parks. I currently avoid all PayByPhone locations.

The increased take-up will lead to increased visits to our town centres which councils should be taking positive steps to support.

It gives proof of payment for the windscreen which drivers find comforting as they know the traffic warden can see it and it is quick and easy for the traffic warden to check.

The parking meters can be made vandal proof in a metal cage and put under cctv surveillance in order to reduce vandalism and theft. (see the meter in Carcassonne)

It is universally available to everybody.

It will enable PayPoint to be dispensed with. A slow method of payment even if you can find the nearest shop.

It will give residents & visitors greater choice as PayByPhone can be retained alongside it.

The meters could also be used to regulate free parking periods by giving out tickets to prove how long you have been parked free for (see what Harrow are doing with 20 minutes free across the borough.)

If the mobile phone network goes down a payment method is still available.

As the Transport Select Committee says cash options should be retained where there is a clear need (which there always is for some elderly people and the unbanked).

I will attend the meeting.

Yours sincerely

Mr D R Dishman

Attachment:



I understand there is a public meeting tomorrow to gather views on the possible re-introduction of cash parking meters, unfortunately we are unable to attend and therefore are writing to you as advised on the website.

My wife and I have been Barnet residents for over 50 years and our major shopping expenditure was previously predominately in the Barnet High Street area. Since the introduction of payment by telephone which neither of us can master, we have transferred a high proportion of our shopping to on line sites (Ocado/Amazon etc) or to out of town sites where parking is free, which is bad for the local tradesmen and potentially negative for the local community in general.

The decision to do away with normal cash parking meters was in our view ill-conceived and it seems with minimal consultation.

We strongly urge the officers of the council (if there are any left?) and the elected representatives to earnestly consider reversing this poor decision if the views of the community are such. In addition, consideration should be given to a system allowing a period of free parking, such as that for example in Potters Bar.

Sincerely yours, Chris and Liz Bakhurst

My comments are:

- You can't always get a mobile signal which means you can't park

- It puts off casual shoppers who can't be bothered to spend the substantial time it takes to register
- I think it's detrimental to shopkeepers (evidenced by a growing number of empty shops on Temple Fortune parade)
- I think we should take a leaf out of Borehamwood's book by giving people 30 or so minutes free parking. I think this should be for everyone, but it would be a start to give that benefit to Barnet parking permit holders

Thanks for the opportunity to put my point of view.

Cheryl Kuczynski

Having just by chance noticed the above meeting we have actually started a petition against the parking regulations and charges in Temple a Fortune as I am a Shop Owner.

We have once again started a petition because customers have complained bitterly about the parking charges which ultimately killing our high street. We will be asking many of the shops in the high street to join in our "To save our high street" campaign as I have been very proactive in the past.

Once we have enough signatures we will be inviting the local press to once again highlight our situation.

I would very much like to attend this meeting if it would be possible for me to speak.

What a pity that shopkeepers are not made aware in advance of such meetings.

Yours sincerely

Lorretta Paterson

I regret I will be unable to attend the public meeting today due to a prior commitment. However I do have a suggestion for consideration.

I believe in the 21st Century operating parking machines that accept cash is unnecessary. Aside from the operating cost there is the issue of security. Parking attendants walking around carrying the money they have collected from the machines are a target for criminals.

However, I agree with the vast majority of Barnet residents that pay-by-phone is both tedious and inconvenient, and I welcome the introduction of credit/debit card payment as an alternative. Could this not be extended to include chip-and-pin pre-pay cards (similar to the old phonecards used by BT) which would be inserted into the same slots as a credit/debit card and debited by the appropriate amount? Cards with chip-and-pin technology are cheap and could be sold like phonecards at newsagents and other outlets in, say, £10 and £20 demoninations. With these low values they may not even need a pin number to protect them.

This should be acceptable to those who cannot manage or prefer not to use phones or credit/debit cards to pay for parking.

Yours sincerely,

Bill Foster

My name is Rupert Spencer-Smith and I own the Sound Garden Music Shop established 1994 on Barnet High Street and am also a Barnet resident.

My business has suffered considerably since the introduction of Pay by phone parking as it has made the High Street an inconvenient place to shop as confirmed by numerous of our customers. The situation has improved slightly with recent improvements but we still hear the same complaints about lack of free parking and particularly the fact that cash cannot be used even though the machines already installed are capable of accepting coins.

The High Street will benefit hugely by re-introducing cash payments.

As a resident, I myself have found the current system inconvenient, and have watched others struggle and sometimes give up, particularly the older generation.

Thanks
Rupert Spencer-Smith
Proprietor
Sound Garden LTD

HAMPSTEAD GARDEN SUBURN RESIDENTS ASSOCIATION

7 February 2014

Dear Sirs,
Cash meters

We understand that you are considering the reintroduction of cash parking meters in the borough. We should like to convey a view on this as large numbers of our members have expressed an opinion in the period since cash meters were discontinued.

The reports we have received indicate that many of our members find the alternative methods of paying parking charges by telephone, text or voucher to be awkward or inconvenient. In addition the elderly tend to find these systems confusing and not infrequently they inadvertently fall foul of parking restrictions as a result.

We would therefore strongly support the reintroduction of conventional cash parking machines in Barnet generally but specifically with an interest at our most local shopping areas of Temple Fortune and Golders Green.

In order to maximise convenience for the public might we suggest that should cash meters be reintroduced these be designed to provide change where required so that motorists are not over-charged for the amount of time they need to purchase. Machines that could accept credit or debit cards as well as coins would probably represent the optimum arrangement if the technology permits.

Yours faithfully,

Gary Shaw,

Chairman, Roads & Traffic Committee

Meeting	Cabinet
Date	2 April 2014
Subject	Report to the Business Management Overview & Scrutiny Committee: 20 MPH Zones Task and Finish Group
Report of	Scrutiny Office
Summary of Report	This report submits a reference from the Business Management Overview and Scrutiny Committee on the recommendations arising from the 20 MPH Zones Task and Finish Group

Officer Contributors	Ed Gilbert, Assurance Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Executive
Enclosures	Annex A – Report to Business Management Overview and Scrutiny Committee, 11 March 2014 Appendix A – Final Report of the 20 MPH Zones Task and Finish Group
Contact for Further Information:	Ed Gilbert, Assurance Officer ☎ 020 8359 3469 edward.gilbert@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That Cabinet considers and gives its instructions with respect to the recommendations made by the 20 MPH Zones Task and Finish Group, as set out at Appendix A.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Business Management Overview and Scrutiny Committee, 7 October 2013, [Item 10 - Task and Finish Group Updates](#) – the Committee resolved that a Task and Finish Group review on 20 MPH Zones be convened to complete by the end of March 2014.

- 2.2 Business Management Overview and Scrutiny Committee, 11 March 2014, Agenda Item 12 (20 MPH Zones Task and Finish Group) – the Committee resolved to endorse the report for onward referral to the next Cabinet meeting, subject to the amendment of recommendation 2 as follows:

“Cabinet are recommended to review on a case by case basis other areas where a 20 mph zone could be suitable to be implemented”

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 As set out in Annex A.

4. RISK MANAGEMENT ISSUES

- 4.1 As set out in Annex A.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 As set out in Annex A.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As set out in Annex A.

7. LEGAL ISSUES

- 7.1 As set out in Annex A.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 As set out in Annex A.

8.2 Council Constitution, Executive Procedure Rules, Section 2.3 – states that “At each meeting of the Executive the following business will be conducted: ... (v) consideration of reports from overview and scrutiny committees.”

9. BACKGROUND INFORMATION

9.1 As set out in Annex A.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH/AD
Cleared by Legal (Officer's initials)	AK

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ANNEX A

Meeting	Business Management Overview and Scrutiny Committee
Date	11 March 2013
Subject	20 MPH Zones Task and Finish Group – Final Report
Report of	Scrutiny Office
Summary of Report	The report at Appendix A presents the findings of the 20 MPH Zones Task and Finish Group following their review of the Council's approach to 20 MPH speed limits and other approaches nationally. The Committee is requested to consider the findings and recommendations of the Task and Finish Group as set out in the report and endorse the report for onward referral to Cabinet.

Officer Contributors	Ed Gilbert, Assurance Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Business Management Overview and Scrutiny Committee
Enclosures	Appendix A – Report of the 20 MPH Zones Task and Finish Group
Contact for Further Information:	Ed Gilbert, Assurance Officer  020 8359 3469 edward.gilbert@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Committee note and consider the findings and recommendations of the 20 MPH Zones Task and Finish Group, as set out in the report attached at Appendix A.**
- 1.2 That the Committee endorse the findings and recommendations set out in the report for onward referral to the next Cabinet meeting.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Business Management Overview and Scrutiny Committee, 7 October 2013, [Item 10 - Task and Finish Group Updates](#) – the Committee resolved that a Task and Finish Group review of 20 MPH Zones be convened to complete by the end of March 2014.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees, Panels and Task and Finish Groups must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three key priorities set out in the 2013-16 Corporate Plan are: –
 - Supporting families and individuals that need it – promoting independence, learning and wellbeing
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study
 - Promoting responsible growth, development and success across the borough.
- 3.3 In relation to the 20 MPH Zones Task and Finish Group, the 2013 – 2016 Corporate Plan has a strategic objective to 'Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study' and an outcome 'To maintain a well-designed, attractive and accessible place, with sustainable infrastructure across the borough.'
- 3.4 The implementation of 20 MPH zones is expected to make areas around schools safer resulting in a decrease the number of parents taking their children to schools via cars and an increase in the number of children walking to school. This supports the target in the Public Health Outcomes Framework to reduce obesity in primary school age children (PHOF indicators 2.6i and 2.6ii). In addition, the Public Health Outcomes Framework has a target to reduce the number of killed or seriously injured casualties on England's roads (PHOF indicator 1.10); the implementation of 20 mph zones would support delivery of this target locally.
- 3.5 The Health and Well-Being Strategy 2011 – 2105 under the objective of 'Preparing for a Health Life', aims to reduce obesity in children and young people by working with schools, community groups and parents to promote healthy eating and increase the use of active and sustainable school travel plans and the range of organised physical activities available. Delivering 20

mph zones around schools is expected to contribute towards delivery this objective.

4. RISK MANAGEMENT ISSUES

- 4.1 Failure to address issues of public concern through the overview and scrutiny process may result in reputational damage to the Council.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Pursuant to the Equality Act 2010 (“the Act”), the council has a legislative duty to have ‘due regard’ to the need to: eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advancing equality of opportunity between those with a protected characteristic and those without; and promoting good relations between those with protected characteristics and those without. The ‘protected characteristics’ are age, race, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation. The ‘protected characteristics’ also include marriage and civil partnership, with regard to eliminating discrimination.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council’s leadership role with respect to diversity and inclusiveness; and,
 - The fulfilment of the Council’s duties as employer including recruitment and retention, personnel, pensions and payroll services, services, staff development, equalities and health and safety.
- 5.3 Task and Finish Groups will need to take into account equalities considerations throughout the lifecycle of the review and through the on-going monitoring, via the Scrutiny Office, by implementation of accepted recommendations.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 Task and Finish Group reviews have the scope to consider value for money issues which identify how well the Council is managing and using its resources to deliver value for money and better and more sustainable outcomes for local people.
- 6.2 Task and Finish Group reviews must take into consideration value for money considerations when conducting their work, including the costs and benefits (both financial and non-financial) associated with any recommendations made by the Group. The costs associated with administering the Task and Finish Group review has been met from existing resources within the Governance Service budget.
- 6.3 Highways Officers have reported that the recommendations made by the Group could be funded through the Local Implementation Plan funding allocation for 2015/16. In addition, Highways Officers have indicated that if the Council were

to adopt a policy on 20 mph zones and/or limits, that additional funding may be available from Transport for London for schemes of this nature. As such, the recommendations are proposing a reallocation of existing resources and also present an opportunity for an additional funding stream for the Council.

7. LEGAL ISSUES

- 7.1 Under Section 21 of the Local Government Act 2000, the Council's executive arrangements are required to include provision for appointment of an Overview and Scrutiny Committee with specified powers, including the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are the responsibility of the executive.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 The scope of the Overview & Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Overview & Scrutiny Committees are set out in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).
- 8.3 The Business Management Overview & Scrutiny Committees Terms of Reference states that one of their responsibilities is to:
- “To coordinate and monitor the work of scrutiny panels and task and finish groups, including considering reports and recommendations and referring to the relevant decision-making body.”

9. BACKGROUND INFORMATION

- 9.1 At its meeting of 7 October 2013, the Business Management Overview and Scrutiny Committee agreed to establish a Task and Finish Group to review the 20 MPH Zones with findings being reported to the Business Management Overview & Scrutiny Committee by the end of March 2014.
- 9.2 The Members appointed to this Group were: Councillors Kate Salinger (Chairman), Geof Cooke, Geoffrey Johnson, Hugh Rayner and Stephen Sowerby. The Group held its initial meeting on 20 January 2014 to consider the scope and approach to the review. At the meeting, the Group agreed initial key lines of enquiry and a future meeting schedule. A further meeting took place on 29 January.
- 9.3 The Group undertook site visits on 5 February 2014 to the London Boroughs of Harrow, Camden and Haringey.
- 9.4 A final meeting of the Group took place on 10 February 2014 for the Group to consider the draft report and recommendations which are set out in **Appendix A**.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH
Cleared by Legal (Officer's initials)	AK

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**Task and Finish Group Review:
20 MPH Review**

Final Report Draft

February 2014

Executive Summary

At the Business Management Overview and Scrutiny Committee on 3rd October 2013, it was agreed to convene this Task and Finish Group to evaluate the possibility of implementing a policy on 20 mph speed restrictions in Barnet. Further, there has been considerable public demand from three 'Walksafe' campaigns in the borough (Walksafe N2, N10 and N14) pushing for the implementation of 20 mph zones in specific parts of the borough. The scope and purpose of the review was as follows:

- To review the implementation of 20 mph schemes in other London boroughs
- To evaluate the feasibility of devising a dedicated policy on 20 mph zones/limits in LB Barnet.
- Consider and take into account the needs of residents.
- To establish how a scheme would in practice be applied in LB Barnet – for instance how a policy on 20 mph zones/limits would be funded

The Group met three times during January and February 2014. In addition, the Group also undertook site visits to three London Boroughs (Harrow, Camden and Haringey) in order to understand how 20 mph speed restrictions have been implemented in other local authority areas and how LB Barnet could apply similar restrictions.

The recommendations that were made include:

1. Cabinet are recommended to introduce a dedicated policy on 20 mph limits and zones which is to allow any schools in the borough to 'opt-in' for a 20 mph limit/zone. Both primary and secondary schools would be equally entitled to apply for a 20 mph limit/zone.
2. Cabinet are recommended to review on a case by case basis other areas where a 20 mph zone could be suitable to be implemented.
3. Cabinet are requested to update the Council's Road Safety Plan, to include a clear policy position on 20 mph zones and limits, and for this to be delivered within 12 months from the date of reporting to Cabinet.
4. Subject to Cabinet agreeing the adoption of a policy on 20 mph limits and zones, Cabinet or its successor committee are requested to ensure that an effective engagement strategy is devised and adopted which should be applied before the implementation of 20 mph zones / limits and other road safety measures. It is also requested that an effective application process is designed which specifies how residents, schools or any other community groups can request a 20 mph zone/limit to be introduced.

This report provides an overview of the research undertaken and the findings of the Group.

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1. BACKGROUND INFORMATION

1.1 At the Business Management Overview and Scrutiny Committee on 3rd October 2013, it was agreed to convene this Task and Finish Group to evaluate the possibility of implementing a policy on 20 mph speed restrictions in LB Barnet.

1.2 Members appointed to this Task and Finish Group (TFG) were:

- Councillor Kate Salinger (Chairman)
- Councillor Geof Cooke
- Councillor Geoffrey Johnson
- Councillor Hugh Rayner
- Councillor Stephen Sowerby

The substitute members were:

- Councillor Andreas Tambourides
- Councillor Arjun Mittra
- Councillor Jim Tierney

1.3 Members of this Group have reviewed the Council's position on 20 mph zones/limits in the borough and have been determining whether a dedicated policy should be adopted.

1.4 20 mph zones and limits have been introduced in other London Boroughs and in other towns and cities nationally as a road safety measure.

1.5 The group has convened on three occasions: on 20th January; 29th January; and 10th February 2014.

1.6 The Group also visited the London Boroughs of Harrow, Camden and Haringey on 5th February in order to learn more about these boroughs' 20 mph policy position. The findings of these site visits are detailed later in this report.

1.7 For the purpose of this report, it is necessary to distinguish between 20 mph zones and 20 mph limits:

1.7.1 **20 mph zones** require traffic calming measures (e.g. speed humps, chicanes or other physical features) or repeater speed limit signing and/or roundel road markings at regular intervals, so that no point within a zone is more than 50 metres from such a feature. In addition, the beginning and end of a zone is indicated by a terminal sign. Zones usually cover a number of roads.

1.7.2 **20 mph limits** are signed with terminal and at least one repeater sign, and do not require traffic calming features. 20 mph limits are similar to other local speed limits and normally apply to individual or small numbers of roads but are increasingly being applied to larger areas.

2. NATIONAL CONTEXT

2.1 20 mph zones and limits are now relatively wide-spread, with more than 2,000 schemes in operation in England, the majority of which are 20 mph zones¹.

2.2 There is clear evidence of the effect of reducing traffic speeds on the reduction of collisions and casualties, as collision frequency is lower at lower speeds; and where collisions do occur, there is a lower risk of fatal injury at lower speeds. Research shows that on urban roads with low average traffic speeds any 1 mph reduction in average speed can reduce the collision frequency by around 6% (Taylor, Lynam and Baruya, 2000²). There is also clear evidence confirming the greater chance of survival of pedestrians in collisions at lower speeds³.

2.3 Important advantages of 20 mph schemes include quality of life and encouragement of healthier and more sustainable transport modes such as walking and cycling (Kirkby, 2002⁴). The Department for Transport (DfT) state that slower road speeds can create better environments for businesses to succeed which could have community benefits. There may also be environmental benefits as, generally, driving more slowly at a steady pace will save fuel and reduce pollution, unless an unnecessarily low gear is used. Walking and cycling can make a very positive contribution to improving health and tackling obesity, improving accessibility and tackling congestion, and reducing carbon emissions and improving the local environment⁵.

2.4 Local authorities are able to use their power to introduce 20 mph speed limits or zones on: Major streets where there are – or could be - significant numbers of journeys on foot, and/or where pedal cycle movements are an important consideration, and this outweighs the disadvantage of longer journey times for motorised traffic.

2.5 Successful 20 mph zones and 20 mph speed limits are generally self-enforcing, i.e. the existing conditions of the road together with measures such

¹ Department for Transport, January 2013, Setting Local Speed Limits. 20 mph Speed Limits and Zones

² *Ibid*

³ *Ibid*

⁴ *Ibid*

⁵ *Ibid*

as traffic calming or signing, publicity and information as part of the scheme, result in traffic speed complying with the speed limit without the need for additional enforcement. To achieve compliance there should be no expectation on the police to provide additional enforcement beyond their routine activity, unless this has been explicitly agreed⁶.

- 2.6 A comprehensive and early consultation of all those who may be affected by the introduction of a 20 mph scheme is an essential part of the implementation process. This needs to include local residents, the police and emergency services, public transport providers and any other relevant local groups.
- 2.7 The Department for Transport has recently made significant changes to facilitate and reduce the cost of introducing 20 mph zones in England. They have made it cheaper to install the following: A) a repeater speed sign; B) a speed roundel road marking; C) or a combination of both of these signs; D) additional traffic calming measures⁷.
- 2.8 According to the Department for Transport (DfT) improving road safety in itself contributes to economic growth, a key priority of the current government. For example, improved road safety will assist in reducing some of the lost economic output, valued at around £16 billion per year, caused by accidents and casualties on Britain's roads. This lost output takes various forms, the costs to the emergency and health service, the damage to property and vehicles and lost economic output from deaths and injuries. On top of this, congestion and potentially long delays are caused by accidents which impacts on the wider population⁸.

3. ZONES AND LIMITS- RESEARCH EVIDENCE

- 3.1 20 mph zones are very effective at reducing collisions and injuries. Research in 1996 showed that overall average annual collision frequency could fall by around 60%, and the number of collisions involving injury to children could be reduced by up to two-thirds⁹.
- 3.2 Zones may also bring further benefits, such as a modal shift towards more walking and cycling and overall reductions in traffic flow, where research has shown a reduction by over a quarter (Webster and Mackie, 1996).

⁶ *Ibid*

⁷ *Ibid*

⁸ Strategic Framework for Road Safety, Department for Transport, May 2011

⁹ Department for Transport, January 2013, Setting Local Speed Limits. 20 mph Speed Limits and Zones

- 3.3 There is no evidence of migration of collisions and casualties to streets outside the zone. (Grundy et al, 2008; Grundy et al, 2009).
- 3.4 20 mph zones are predominantly used in urban areas, both town centres and residential areas, and in the vicinity of schools. They can also be used around shops, markets, playgrounds and other areas with high pedestrian or cyclist traffic, though they should not include roads where motor vehicle movement is the primary function. It is generally recommended that they are imposed over an area consisting of several roads.
- 3.5 A large number of evaluation studies have demonstrated a link between the introduction of 20 mph zones and a subsequent reduction in casualties. The size of the reductions and the consistency of results over a wide number of areas are further evidence for this link¹⁰.
- 3.6 Research into signed-only 20 mph speed limits shows that they generally lead to only small reductions in traffic speeds. Signed-only 20 mph speed limits are therefore most appropriate for areas where vehicle speeds are already low. This may, for example, be on roads that are very narrow, through engineering or on-road car parking. If the mean speed is already at or below 24 mph on a road, introducing a 20 mph speed limit through signing alone is likely to lead to general compliance with the new speed limit¹¹.
- 3.7 20 mph limits covering most streets in Portsmouth have demonstrated that it is possible to introduce large-scale 20 mph limits in some built-up environments. Traffic speeds in most of the streets treated were relatively low (less than 20 mph) to start with. The early evidence suggests that it is likely that some speed and casualty reductions have taken place and this is consistent with previous research that has indicated that 20 mph limits without traffic calming reduce mean speeds by about 1 mph on average. A minority of streets in Portsmouth had average speeds of 25 mph or higher before the 20 mph speed limits were introduced and here the reductions in average speed tended to be greater, but insufficient to make the resulting speeds generally compliant with the new 20 mph limits. City-wide schemes may also contribute to changing travel and driving behaviour positively in the longer run, and the objectives of the Portsmouth speed limits spread well beyond improving road safety. Schemes need to aim for compliance with the new speed limit¹².
- 3.8 Traffic authorities have powers to introduce 20 mph speed limits that apply only at certain times of day. These variable limits may be particularly relevant

¹⁰ The Royal Society for the Prevention of Accidents, 20 mph zones and speed limits, 2012

¹¹ Department for Transport, January 2013, Setting Local Speed Limits. 20 mph Speed Limits and Zones

¹² *Ibid*

where for example a school is located on a road that is not suitable for a full-time 20 mph zone or limit, such as a major through road. To indicate these limits, variable message signs are available (TSRGD, Regulation 58). To reduce costs and sign clutter, the Department will consider authorising the placing of a single variable message sign on the approaching traffic lane (rather than signs on both sides of the road) on a case by case basis.

3.9 Traffic calming involves the installation of specific physical measures to encourage lower traffic speeds. There are many measures available to traffic authorities to help reduce vehicle speeds and ensure compliance with the speed limit in force. These are required at regular intervals in 20 mph zones and may be used in 20 mph limits. As set out above, speed limit traffic signs and/or speed roundel markings can now also be used by traffic authorities in England.

3.9.1 The Highways (Road Humps) Regulations 1999, The Highways (Traffic Calming) Regulations 1999, and Direction 16 of TSRGD 2002 (as amended) give details of the traffic calming measures that meet the requirements for a 20 mph zone¹³.

3.9.2 These calming measures range from more substantive engineering measures to lighter touch road surface treatments and include, for example:

- road humps
- road narrowing measures, including e.g. chicanes, pinch-points or overrun areas
- gateways
- road markings
- rumble devices

3.9.3 A recent review of 20 mph zone and limit implementation (Atkins, 2009) shows that the vast majority of traffic calming measures in use are speed humps, tables, cushions or rumble devices, so called vertical deflections, but traffic authorities will want to consider the full set of available measures to tailor to individual locations.

¹³ Department for Transport, *Strategic Framework for Road Safety*, 2011

4. LOCAL CONTEXT: LONDON BOROUGHS AND LB BARNET

4.1 Mayor of London's Transport Strategy:

The Mayor's Transport Strategy sets out his transport vision for London and details how Transport for London and partners will deliver the plan. Individual boroughs deliver the Mayor's Transport Strategy via borough Local Implementation Plans (LIP). Individual boroughs apply to Transport for London (TfL) for LIP funding which should be utilised to support road safety measures that the Mayor has prioritised which are currently: cycling; bus lanes; and the introduction of more 20 mph zones/limits¹⁴.)

During June 2013, TfL issued a new action plan for road safety in London to meet the Mayor's vision for liveability in London. In line with new Department of Transport (DfT) guidance, TfL have stated that they will work with boroughs to support the installation of 20mph zones and limits on borough roads where appropriate, and in keeping with the wider functions of the local road network. TfL will work with boroughs to monitor the roads where 20mph limits and zones are introduced to ensure safety benefits are realised¹⁵.

4.2 London-Wide Policy:

A study of 23 20 mph zones¹⁶ which have been implemented in London has shown them to have delivered:

- A 42% reduction in all casualties
- A 53% reduction in Killed or Seriously Injured (KSI) accidents and the greatest reductions amongst child and car occupant KSIs

There are over 400 20 mph zones in London, covering 11% of the road network. These have primarily been implemented on local, lightly trafficked roads which demonstrated higher casualty rates thereby warranting such solutions.

As such, speed reduction measures, such as 20 mph zones and limits remain an important and effective measure for reducing speeds on local and residential roads. Accordingly, TfL will work with the boroughs to support the installation of 20 mph zones and speed limits on borough roads where

¹⁴ Mayor of London's Transport Strategy, p. 53

¹⁵ Setting Local Speed Limits, Department of Transport Circular 01/2013

¹⁶ London Road Safety Action Plan, Consultation Document - *Towards a Road Safety Action Plan for London: 2020, July 2012*

appropriate, and in keeping with the wider functions of the local road network¹⁷.

4.3 Other London Boroughs:

Islington has introduced a 20 mph speed limit on all side roads, and will soon include the borough's principal road network as well. This is in addition to the 20 mph zones with physical measures that have already been delivered between 2002 and 2009. At this stage the roll out of 20 mph speed limit across all roads in Islington, including the Transport for London Road Network (TLRN), is not supported by Transport for London (TfL) as it requires more evidence that the casualty reduction can be achieved. In addition the Metropolitan Police has raised concerns about limited resources to enforce the speed limit.

Southwark's core approach to reducing road danger is to reduce vehicle speeds, with the aim of becoming a 20 mph borough. In practice, this is very difficult to achieve on roads with existing high vehicular volumes and speeds. The borough has been lobbying TfL for the introduction of intelligent speed adaptation devices and average speed cameras as tools to reduce vehicular speeds.

Haringey have implemented a large number of 20 mph zones across the borough and have just finished the consultation period over the proposition to implement a 20 mph borough wide limit. *Note, this was one of the locations that the group visited on 5th February, more information is available at point 5.*

Harrow have introduced a number of 20 mph zones and limits over the last few years, especially around primary schools. *Note, this was one of the locations that the group visited on 5th February, more information is available at point 5.*

Camden have implemented a borough wide 20 mph limit, with 20 mph zones within it. *Note, this was one of the locations that the group visited on 5th February, more information is available at point 5.*

4.4 LB Barnet

The Council have received a number of requests, usually via petitions, for 20 mph zones to be implemented in certain parts of the borough. This is the channel which residents currently use to request the implementation of a 20 mph zone/limit in a specific area. These requests tend to come from areas in

¹⁷ London Road Safety Action Plan, Consultation Document, Towards a Road Safety Action Plan for London: 2020, 2012

close proximity to schools, or other locations where residents consider that traffic speeds cause a risk to other road users and/or pedestrians. The Council's Road Safety Policy is set out in the Local Implementation Plan (LIP) 2005/06 – 2010/11¹⁸. The LIP outlines how Barnet will implement the Mayor of London's Transport Strategy, laid out 4.1, locally. LB Barnet's current approach is to implement on a case-by case, ad-hoc basis. 20 mph zones/limits in LB Barnet usually come in response to local concerns that are raised in petitions, such as Walksafe N2, N10 and N14, which are all locally launched petitions in favour of 20 mph zones in their respective areas. Together the petitions have received thousands of signatures. *Also see Appendix 1 for the Lead Commissioner's paper on 20 mph zones/limits in LB Barnet for more local context. Also see Appendix 5 for a list of current locations that are 20 mph in Barnet.*

5. FINDINGS FROM SITE VISITS

5.1 Harrow: Around a third of LB Harrow's road systems falls within a 20 mph zone. The majority of these zones have been implemented in the last 5-6 years, and the borough is now coming towards the end of its programme. The programme has been generally well supported by public and has delivered a safer environment.

5.1.1 The speed limit in these zones is not supported by the police due to a lack of capacity to enforce, therefore meaning that enforcement of the speed restriction is dependent on the traffic calming measures installed by the local authority. All 20 mph zones are self-enforcing.

5.1.2 LB Harrow have 20 mph zones around all primary schools, but not around secondary schools as there has not been the demand from residents. However, Harrow are considering implementing road safety measures around certain secondary schools where there are high traffic volumes and large numbers of people movements.

5.1.3 In total, there are 25 zones in the borough which operate 24 hours a day.

5.1.4 Harrow have received objections from emergency services in relation to some of their 20 mph zones. To mitigate against the risk of emergency services objecting to proposals, there are usually discussed with the emergency services first during regular liaison meetings. This provides scope for them to contribute to design before public consultation commences. The local authority reserves the right to

¹⁸ http://www.barnet.gov.uk/downloads/download/242/local_implementation_plan

implement 20 mph zones even when the emergency services object if they consider the benefits outweigh the objections.

- 5.1.5 20 mph zones in Harrow are generally funded from LIP (Local Implementation Project) funding. Total LIP funding in Harrow is £1.2 million per annum, which is low compared to some other boroughs which have major roads running through. LB Harrow's 20 mph policy is detailed in their Road Safety Plan which is part of their Local Implementation Plan. Harrow have one of the best accident records in London – there were approximately 400 collisions in 2012/13, with no fatalities. Within a 3 year period there have only 80 Killed or Seriously Injured (KSI) accidents. It should be noted that this may be attributable to Harrow being a predominantly residential borough.
- 5.1.6 Decision making on road safety schemes is made by Cabinet Member. However, the Cabinet Member consults with cross party group of Members (Traffic Road Safety Panel). The Cabinet Member considers officers' recommendations and views of the Panel, but ultimately has executive authority.
- 5.1.7 After 6 months of a zone has been implemented, Harrow will review traffic speeds to measure the impact of the scheme.
- 5.1.8 The Task and Finish Group visited three different 20 mph zones on their site visit:

Area	Details
Elmgrove Primary School 20 MPH Zone	In this zone speed cushions, entry treatment and raised platforms have been used as physical features. Double yellow lines in the whole area have been used to encourage walking and cycling. The school was supportive and was consulted on proposals (they also assisted in the scheme design).
Priestmead School 20 MPH Zone	This zone is larger than Elmgrove Zone. Speed cushions have been used to slow cars and vans, but larger wheelbase vehicles (such as ambulances) can pass over with minimal impact. Large platforms have been installed directly outside school entrances to create a shared space for pedestrians and vehicles as well. A zebra crossing just outside of the zone has been installed to complement travel safety in the area. In this area, a 20 mph zone was implemented at the

	same time as a controlled parking zone in order to stop commuter parking). The 20 mph zone helped to counterbalance the potential increase in vehicle speeds as a result of the CPZ implementation (which resulted in a reduction in the number of parked cars).
Camrose Avenue 20 MPH Zone	Introduced around the new Krishna Avanti School. CPZ has delivered a 10 mph reduction in vehicle speeds (from 33-34 mph to 22-23 mph).

5.1.9 Appendix A details where 20 mph zones have been applied in LB Harrow.

5.2 **Camden:** Camden have recently introduced a borough-wide 20 mph speed limit. Before December 2013, when this blanket limit was introduced, the majority of the borough was covered by 20 mph zones. These zones still exist, but have been complemented by the borough-wide limit.

5.2.1 The existing zones were supported by a range of physical road safety features such as speed cushions, speed tables and raised junctions.

5.2.2 Public consultation showed that residents wanted lower speeds but, generally, no more physical features. This led LB Camden to introduce a borough wide limit and not zone.

5.2.3 Police enforcement: due to lack of capacity, the police tend to object to 20 mph limits and zones as they do not have the resources to enforce them. Instead, the Council were advised to create an environment that would be self-enforcing. The police will, however, continue to tackle high end offending.

5.2.4 When implementing individual 20 mph zones, Camden would have consulted individual properties within the proposed zone. In relation to the borough-wide 20 mph limit, consulting took place via an online consultation and engagement with existing resident groups and other interested parties. Consultation with each property in the borough on the proposed zone would have been unfeasible.

5.2.5 The Camden 20 mph zone was led by their Cabinet Member.

5.2.6 Since installing 20 mph zones (from the mid 1990s onwards), the KSI rate in Camden has significantly dropped.

5.2.7 Speed surveys are always been conducted before implementation of any 20 mph zone or limit.

- 5.2.8 Camden have also utilised vehicle activated speed signs in order to alert drivers when they are going too quickly.
- 5.2.9 Conservation areas were an obstacle for Camden when 20 mph zones were being implemented. A tailored approach was required for each conservation area as existing street furniture could often not be used.
- 5.2.10 It is relatively easy to change (i.e. alter road layout) a 20 mph zone/limit once the proposal has been approved by the Cabinet member.
- 5.2.11 Camden's approach has favoured applying zones within a limit area as this gives them flexibility of where to put physical road features.
- 5.2.13 They funded their project(s) through the LIP and also had a lot of liaison with DfT.
- 5.2.14 Camden stressed that 20 mph limits/zones have good cultural impacts as they remove the dominance of vehicles; people find the borough a friendlier environment as a result.
- 5.2.15 As laid out in Appendix B, Camden laid out their plans for 20 mph limits/zones in their 2011 Transport Strategy. They will invest £50,000 per annum for the next 3 years for the following purposes:

- Monitoring the success of 20 mph speed restrictions
- Pedestrian surveys
- Air quality monitoring
- Speed monitoring
- Screen line data (to analyse cycling and driving records)

5.3 **Haringey:** LB Haringey found that KSI rates were often higher in areas of deprivation. This was possibly certain cultures having a lack of understanding of local road culture, and that children were – relatively – given more freedom and therefore were at more danger around roads.

- 5.3.1 Around 60% of roads in LB Haringey fall within a 20 mph zone, as seen in Appendix 3.
- 5.3.2 LB Haringey spend around £500,000 per annum on 20 mph and road safety schemes.
- 5.3.3 Haringey have attempted to avoid road humps where possible. They have instead used raised platforms and likewise measures to provide an environment of a more shared space. In the entry to specific 20 mph zones, trees are used on either side of the road in order to mark the beginning of the zone. This links to road calming measures and the

borough's green policy. It also provides a nicer environment to live and work in.

5.3.4 LB Haringey work with communities around the implementation of zones. The borough's first stage is to identify where a specific zone may be needed to then hold events in that area to help engage that community.

5.3.5 Decisions are ultimately made by the Executive.

5.3.6 LB Haringey have found that there has been an increase of slight accidents since the introduction of zones, but a decrease in the number of KSIs.

5.3.7 Earlier schemes featured the sinusoidal approach (which relied predominantly on using road humps). Whilst this created a friendlier environment for cyclists, it often led to objections and displeasure from residents as road humps can cause vibrations in the road and therefore affect surrounding properties.

5.3.8 The entry to 20 mph zones around schools featured children's pictures/writing in order to enforce the presence of children in the area.

5.3.9 LB Haringey also used oversized roundabouts

6. POSITION OF CABINET MEMBER

6.1 Councillor Dean Cohen was invited to attend one of the Task and Finish Group Meetings but was unable to attend. As a result he was contacted and requested to provide a written comment on his position.

6.2 Councillor Dean Cohen has stated that his policy position on the implementation of 20 mph zones/limits in Barnet is that such demands should be reviewed on a case-by-case basis.

Councillor Cohen has highlighted that 20 mph zones around schools are appropriate examples of where a 20 mph speed restriction would be appropriate. Councillor Cohen further believes that there should be police support before applying a 20 mph restriction.

Councillor Cohen has stated that 20 mph speed limits should not be automatically applied around regeneration sites, but should each be reviewed independently of one another. Councillor Cohen does not support the application of a borough wide 20 mph speed limit.

6 RECOMMENDATIONS

After discussing detailed national statistics on the road safety implications of 20 mph speed restrictions, the group has expressed unanimous support in implementing a policy on 20 mph speed restrictions in Barnet. After visiting the London Borough of Camden, and after examining other local authorities such as Bristol and the London Borough of Islington, the group decided against recommending a borough-wide 20 mph speed limit. The group agreed that these areas had different road cultures to Barnet and that a borough-wide speed limit would not be appropriate for Barnet.

The group has found that the approach of both Harrow and Haringey would be more appropriate to apply in Barnet. Both boroughs are similar to Barnet in regard to their road culture and road system. Furthermore, both Harrow and Haringey have implemented various 20 mph zones on a case by case basis, with Haringey implementing zones around primary schools. The group reached the conclusion that 20 mph zones around primary schools are particularly beneficial for road safety.

The group is therefore recommending a policy that would incorporate the following suggestions:

1. Cabinet are recommended to introduce a dedicated policy on 20 mph limits and zones which is to allow any schools in the borough to 'opt-in' for a 20 mph limit/zone. Both primary and secondary schools would be equally entitled to apply for a 20 mph limit/zone.
2. Cabinet are recommended to review on a case by case basis other areas where a 20 mph zone could be suitable to be implemented.
3. Cabinet are requested to update the Council's Road Safety Plan, to include a clear policy position on 20 mph zones and limits, and for this to be delivered within 12 months from the date of reporting to Cabinet.
4. Subject to Cabinet agreeing the adoption of a policy on 20 mph limits and zones, Cabinet or its successor committee are requested to ensure that an effective engagement strategy is devised and adopted which should be applied before the implementation of 20 mph zones / limits and other road safety measures. It is also requested that an effective application process is designed which specifies how residents, schools or any other community groups can request a 20 mph zone/limit to be introduced.

7 APPENDIX 1 – EVIDENCE FOR 20 MPH ZONES IN BARNET:

LONDON BOROUGH OF BARNET

LEAD COMMISSIONER’S BRIEFING PAPER

The most recent data published on road casualties in Barnet are for 2011¹⁹. 2012 data will be published shortly. The data presented is for personal injury road traffic collisions occurring on the public highway, and reported to the police, in accordance with the “Stats 19” national reporting system.

The data for Barnet are given in Table 6: “Casualties in Greater London 2011 by borough and percentage change over 2010”

Borough	Total casualties	Pedestrians	Pedal cyclists	Powered two-wheelers	Car occupants	Total vehicle occupants
Barnet	1,382 (-9%)	204 (-15%)	71 (-13%)	171 (-1%)	825 (-10%)	1,178 (-8%)

Table 6: Casualties in Greater London 2011 by borough and percentage change over 2010²⁰

What can be seen here is that as with wider London trends the numbers of reported injury accidents are reducing. However a further **42% reduction in accidents would potentially prevent 580 casualty causing accidents in Barnet.**

When we look at the breakdown of severity of accidents in Barnet in Table 7: “Casualties in Greater London 2011 by borough, severity and percentage change over 2010” we find that there would be a potential combined **reduction in the killed and seriously injured (KSI) of about 60 people.**

Borough	Fatal	Serious	Slight	Total Casualties
Barnet	8 (-11%)	133 (+8%)	1,241 (-11%)	1,382 (-9%)

Table 7: Casualties in Greater London 2011 by borough, severity and percentage change over 2010²¹

¹⁹ TfL Surface Transport (Jun 2012) Casualties in Greater London during 2011

²⁰ TfL Surface Transport (Jun 2012) Casualties in Greater London during 2011

Like Camden **many of our casualty accidents occur on main roads**. Attached at appendix 1 there is a map for Barnet of “All Injury Accidents” in 2011 where the bias towards main roads can be clearly seen. It should be noted that in particularly busy locations a star may represent more than one accident.

Roughly the casualty breakdown between different Barnet roads is as follows:

Motorway (M1)	19
TLRN (A1, A41 and A406)	389
A roads	569
B roads	70
Other roads	335

In 2011 all fatalities were on borough roads (not M1 or the TLRN) – however this is atypical – other years split roughly 50/50.

Barnet has agreed targets for casualty reduction in our LIP. For KSI we have a target of a 33% reduction by 2020 against the 2004-08 average of 151.8 which would bring KSI down to about 101. For total casualties we have a target of 10% reduction by 2020 against the 2004-08 average of 1,377.4 which would bring total casualties down to about 1,239.

Savings from the Introduction of 20 mph Limits

Since 1993, the valuation of both fatal and non-fatal casualties has been undertaken by the Department for Transport (DfT)²². Their approach encompasses all aspects of the valuation of casualties, including the human costs, which reflect pain, grief, suffering; the direct economic costs of lost output and the medical costs associated with road accident injuries.

The 2011 DfT figures for accident costs are shown below.

Accident/casualty type	Cost per casualty (£)	Cost per accident (£)
Fatal	1,686,532	1,877,583
Serious	189,519	216,203
Slight	14,611	23,136

²¹ TfL Surface Transport (Jun 2012) Casualties in Greater London during 2011

²² A valuation of road accidents and casualties in Great Britain in 2011 (DfT)

<http://assets.dft.gov.uk/statistics/releases/road-accidents-and-safety-annual-report-2011/rrcgb2011-02.pdf>

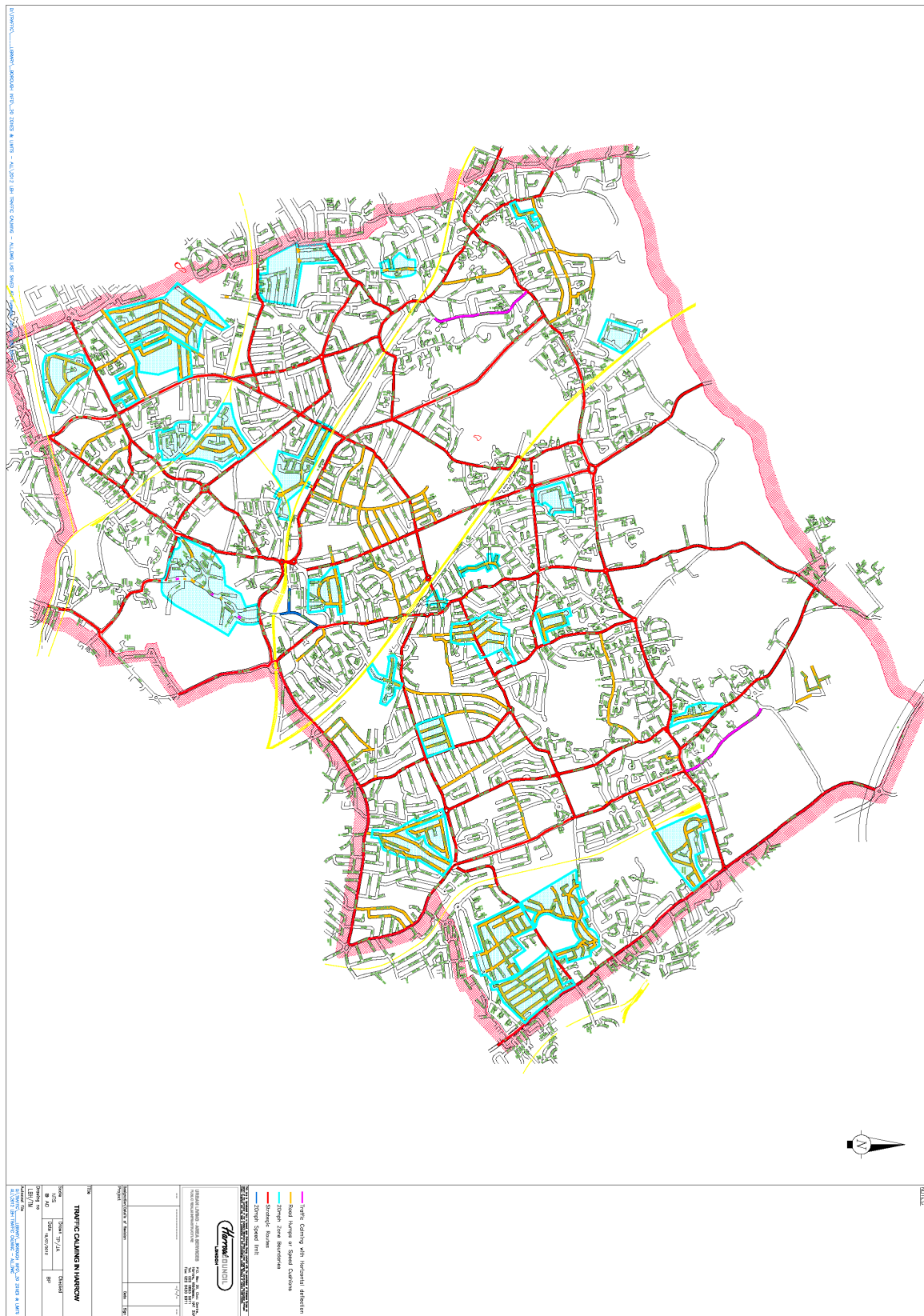
Average for all severities	50,024	71,885
Damage only	-	2,027

RAS60001: Average value of prevention per reported road accident casualty and per reported road accident: GB June 2011²³

On this basis the introduction of a 20 mph speed limit across the borough could result in considerable reductions in cost to society. For example **a 42% reduction in Barnet’s fatal accidents in 2011 from 8 to 5 has a saving of over £5 million and a reduction in serious accidents from 133 to 78 has a saving of over £10 million.**

²³ A valuation of road accidents and casualties in Great Britain in 2011 (DfT)
<http://assets.dft.gov.uk/statistics/releases/road-accidents-and-safety-annual-report-2011/rrcgb2011-02.pdf>

8 APPENDIX 2 – 20 MPH ZONES IN LB HARROW



Harrow Borough Council
 Planning and Transport Services
 100, The Broadway, Harrow, London HA1 1AA
 Tel: 020 8485 2000
 Fax: 020 8485 2001
 Email: planning@harrow.gov.uk

TRAFFIC CALMING IN HARROW

DATE	10/10/2011
PROJECT	20 MPH ZONES
SCALE	1:10,000
PROJECT MANAGER	MR M J BROWN
DESIGNER	MR M J BROWN
CHECKER	MR M J BROWN
APPROVED	MR M J BROWN

— Traffic Calming and Horizontal Alignment
— Traffic Calming and Speed Reduction
— Traffic Calming and Speed Reduction
— Strategic Routes
— 20mph Speed limit

9 APPENDIX 3 – 2011 TRANSPORT STRATEGY, LB CAMDEN

18 Speed reduction is an effective method for reducing casualties and improves both real and perceived safety for people cycling on those roads. Camden will continue its programme of rolling out 20 mph zones to areas across the borough as well as other highway engineering measures to manage traffic speeds that will help improve safety for cyclists and other modes of travel²⁴. (106)

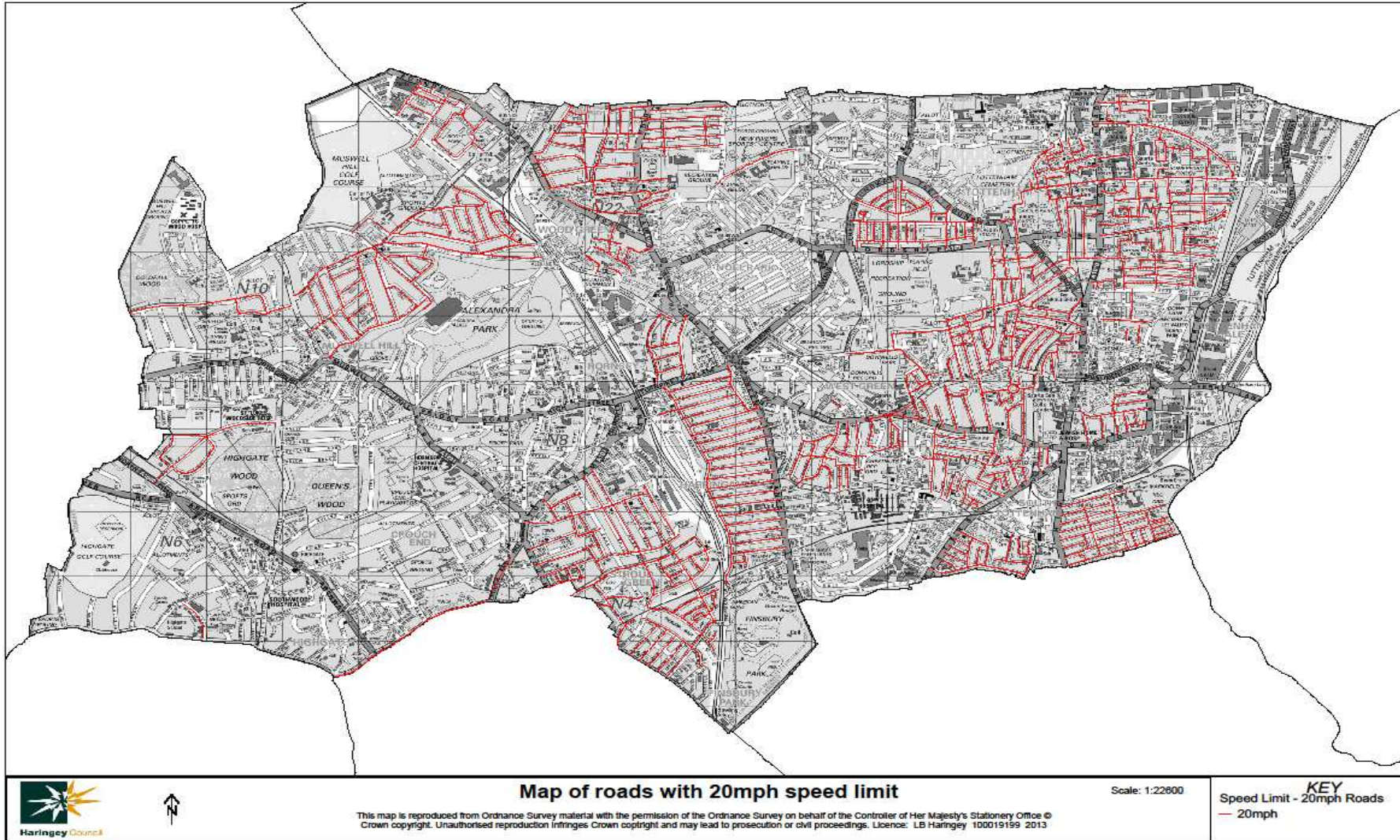
The programme of investment comprises three programmes (as required by the LIP guidance issued by TfL) which are as follows:

- Corridors, Neighbourhoods and Supporting Measures– schemes that generally involve implementation of on-street measures and infrastructure, such as bus priority measures, improved cycle and pedestrian facilities, 20 mph zones and road safety schemes. It also includes “soft” measures such as education, training and publicity to promote travel by sustainable modes and safety (Smarter Travel);
- Maintenance – schemes that involve maintenance of the road network and assessment and strengthening of bridges across the borough;
- Major Schemes – large, area-based schemes that have a minimum value of £1 million that make a transformational improvement and assist in delivering the Mayor’s Better Streets Agenda²⁵.

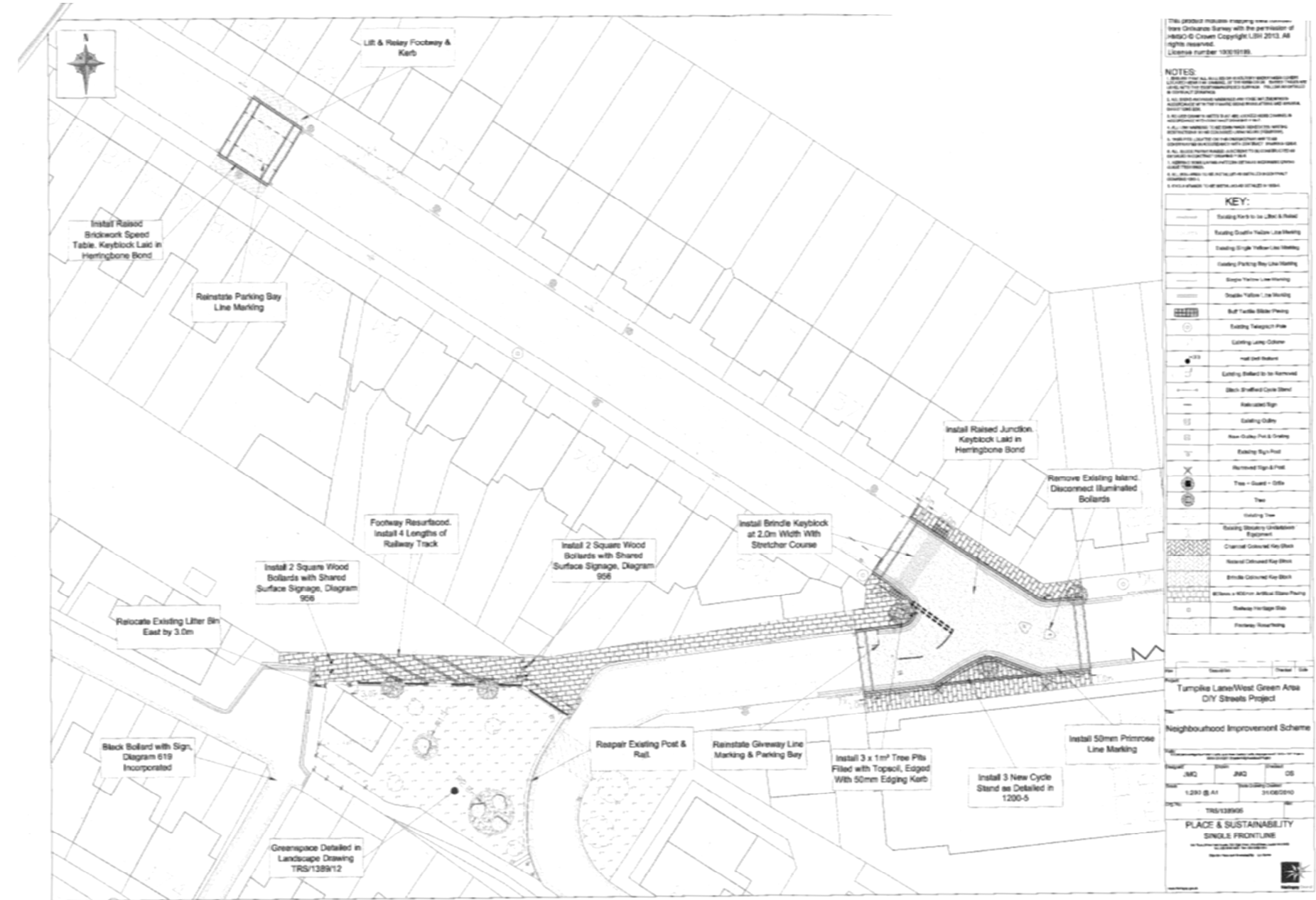
²⁴ Camden Transport Strategy, Delivering the Transport Objectives, 2011, p. 106

²⁵ Camden Transport Strategy, Delivering the Transport Objectives, 2011, p. 152

10 APPENDIX 3 – 20 MPH ZONES IN LB HARINGEY



11 APPENDIX 4 – 20 MPH ZONE IN LB HARINGEY; RAISED TABLES



This project includes planning work submitted to the Council in accordance with the provisions of the Planning Act 2008. Copyright © 2013. All rights reserved. License number 13011188.

NOTES:

- All work shall be completed in accordance with the relevant standards and specifications of the relevant authorities.
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KEY:

[Symbol]	Existing Work to be Altered & Raised
[Symbol]	Existing South Yellow Line Marking
[Symbol]	Existing Single Yellow Line Marking
[Symbol]	Existing Parking Bay Line Marking
[Symbol]	Single Yellow Line Marking
[Symbol]	Double Yellow Line Marking
[Symbol]	Buff Traffic Table Marking
[Symbol]	Existing Telegraph Pole
[Symbol]	Existing Lamp Column
[Symbol]	Not Set Before
[Symbol]	Existing Street to be Removed
[Symbol]	Black Streeted Core Street
[Symbol]	Relocated Sign
[Symbol]	Existing Utility
[Symbol]	New Utility Pole & Trailing
[Symbol]	Existing Sign Post
[Symbol]	Relocated Sign Post
[Symbol]	Tree - Guard - Offer
[Symbol]	Tree
[Symbol]	Existing Tree
[Symbol]	Existing Streetly Unobstructed Equipment
[Symbol]	Channel Coloured Key Block
[Symbol]	Neutral Coloured Key Block
[Symbol]	Brindle Coloured Key Block
[Symbol]	800mm x 400mm Artificial Grass Paving
[Symbol]	Surface Hot Spot Sign
[Symbol]	Priority Road Marking

Scale: 1:200 @ A1

Project: TRS/138905

Place & Sustainability Single Frontline

Neighbourhood Improvement Scheme

Tampole Lane West Green Area DIY Streets Project

12 APPENDIX 5 – 20 MPH ZONE IN LB BARNET; LOCATIONS

1. Byng Road / Wentworth Road, Barnet
2. NW7 area – Courtlands Avenue, Robin Close, Stockton Gardens, Hankins Lane, Norbury Grove, Bedford Road, Worcester Crescent, Ramillies Road, Glenwood Road)
3. Bushfield Crescent, Edgware area: Bushfield Crescent, Springwood Crescent, Meadfield, Burrell Close, Hamonde Close, Warrens Shawe Lane, Knightswood Close, Bushfield Close/
4. Finchley Central N3 area: Victoria Avenue, Church Crescent, Clifton Avenue, Dollis Avenue, Lyndhurst Avenue, Grass Park, Rathgar Close, Freston Park, Kingswood Park, Grenville Close, Hendon Avenue, Claremont Park, Village Road, Cyprus Gardens, St. Mary's Avenue, Cyprus Avenue, Dollis Park, Crescent Road, Queenswood Park
5. Addison Way NW11 area: Addison Way, Childs Way, Creswick Walk, Hogarth Hill, Wordsworth Walk, Coleridge Walk, Willifield Green, Asmunds Hill, Willifield Way, Erskine Hill, Woodside, Holmfield, Denman Drive, Chatham Close, Denman Drive North, Denman Drive South, Oakwood Road
6. Prayle Grove / Marble Drive NW2 area: Prayle Grove, Marble Drive, Wallcote Avenue, Jade Close, Amber Grove, Pearl Close
7. Partingdale Lane NW7
8. Mays Lane, Barnet: Chesterfield Road – Barnet Lane
9. Ranulf Road NW2 area: Ranulf Road, Lyndale, Hocroft Road, Farm Avenue, Hocroft Avenue, Harman Drive, Harman Close
10. Church Lane N2
11. Rowan Drive: private road off Aerodrome Road, also known to be signed 20mph

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Meeting	Cabinet
Date	2 April 2014
Subject	Reference from the Health Overview and Scrutiny Committee: NHS Health Checks Scrutiny Review
Report of	Scrutiny Office
Summary of Report	This report submits a reference from the Health Overview and Scrutiny Committee on the recommendations arising from the NHS Health Checks Scrutiny Review

Officer Contributors	Andrew Charlwood, Overview and Scrutiny Manager
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Executive
Enclosures	Appendix 1 – Report to Health Overview and Scrutiny Committee, 12 March 2014 Annex 1 – Final Report of the NHS Health Checks Scrutiny Review
Contact for Further Information:	Andrew Charlwood, Overview and Scrutiny Manager ☎ 020 8359 2014 andrew.charlwood@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That Cabinet considers and gives its instructions with respect to the recommendations made by the NHS Health Checks Scrutiny Review, as set out at Annex 1.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 As set out in Appendix 1.
- 2.2 Health Overview and Scrutiny Committee, 12 March 2014, Agenda Item 11 (NHS Health Checks Scrutiny Review) – the Committee received the final report of the NHS Health Checks Scrutiny Review (having previously approved that the final report of the Group be approved via e-mail at their 12 December 2013 meeting).

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 As set out in Appendix 1.

4. RISK MANAGEMENT ISSUES

- 4.1 As set out in Appendix 1.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 As set out in Appendix 1.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As set out in Appendix 1.

7. LEGAL ISSUES

- 7.1 As set out in Appendix 1.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 As set out in Appendix 1.
- 8.2 Council Constitution, Executive Procedure Rules, Section 2.3 (What business?) – states that “At each meeting of the Executive the following business will be conducted: ... (v) consideration of reports from overview and scrutiny committees.”

9. BACKGROUND INFORMATION

9.1 As set out in Appendix 1.

10. LIST OF BACKGROUND PAPERS

10.1 As set out in Appendix 1.

Cleared by Finance (Officer's initials)	JH/AD
Cleared by Legal (Officer's initials)	LC

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Appendix 1

Meeting	Health Overview and Scrutiny Committee
Date	12 March 2014
Subject	NHS Health Checks Scrutiny Review – Final Report
Report of	Scrutiny Office
Summary of Report	This report at Annex 1 details the findings and recommendations of the NHS Health Checks Scrutiny Review.

Officer Contributors	Andrew Charlwood, Overview and Scrutiny Manager
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	Annex 1 – Report of the NHS Health Checks Scrutiny Review
Contact for Further Information:	Andrew Charlwood, Overview and Scrutiny Manager, 020 8359 2014, andrew.charlwood@barnet.gov.uk

1. RECOMMENDATION

- 1.1 **The Committee note the findings and recommendations of the NHS Health Checks Scrutiny Review, as set out in the report attached at Appendix 1.**
- 1.2 **The Committee note that the report will be referred on to the Barnet Cabinet and Harrow Cabinet for consideration.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Health Overview and Scrutiny Committee, 3 October 2013, Minute Item 12, NHS Health Checks Scrutiny Review – the Committee received an update on the progress of the joint Barnet / Harrow NHS Health Checks Scrutiny Review.
- 2.2 Health Overview and Scrutiny Committee, 12 December 2013, Minute Item 13, NHS Health Checks Scrutiny Review – the Committee received an update on the joint Barnet / Harrow NHS Health Checks Scrutiny Review and agreed that the final report could be approved by the Committee via e-mail to enable the report to be referred to Cabinet in February 2014. *(Note: Item has subsequently been deferred for consideration at Cabinet on 2 April 2014)*

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –
 - Promote responsible growth, development and success across the borough;
 - Support families and individuals that need it – promoting independence, learning and well-being; and
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 3.3 In relation to the **NHS Health Checks Task and Finish Group**, the following outcomes and targets are relevant to the work of the Group:

“To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and

“We will work with the local NHS to encourage people to keep well by increasing the availability of health and lifestyle checks for those aged between 40 and 74, and promoting better use of green space and leisure facilities to increase physical activity.”

“Increase the number of eligible people who receive an NHS Health Check to 7,200”

4. RISK MANAGEMENT ISSUES

- 4.1 None.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.
- 5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 Scrutiny reviews have the scope to consider value for money issues which identify how well the Council is managing and using its resources to deliver value for money and better and more sustainable outcomes for local people. Reviews must take into consideration the costs and benefits (both financial and non-financial) of any recommendations which they propose. In relation to the NHS Health Checks Scrutiny Review, all recommendations are expected to be delivered within the proposed 2014/15 budget of £573,425 allocated to deliver Health Checks in Barnet.
- 6.2 The costs associated with administering the NHS Health Checks Scrutiny Review have been met from existing resources within the Governance Service budget. Administrative support for the review has also been supported by the Scrutiny Office at the London Borough of Harrow and from an Expert Advisor from the Centre for Public Scrutiny.
- 6.3 The Community Engagement workstream was commissioned by the Scrutiny Review and funded from the London Borough of Harrow Public Health budget.

7. LEGAL ISSUES

- 7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.
- 7.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take

such steps as it considers appropriate for improving the health of people in its area.

- 7.3 Under Section 9F of the Local Government Act 2000, the Council's executive arrangements are required to include provision for appointment of an Overview and Scrutiny Committee with specified powers, including the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are the responsibility of the executive.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 Council Constitution, Overview and Scrutiny Procedure Rules – sets out the terms of reference of the Health Overview and Scrutiny Committee which includes:

- i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- ii) To make reports and recommendations to the Executive, Health and Well-Being Board and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- iii) To receive, consider and respond to reports and consultations from the NHS Commissioning Board, Barnet Clinical Commissioning Group, Barnet Health and Well-Being Board and/or other health bodies.

9. BACKGROUND INFORMATION

- 9.1 In April 2013, the Centre for Public Scrutiny (CfPS) launched a programme to support local authority scrutiny functions to review their local approach to NHS Health Check and improve take up. A bid for support was made by the London Boroughs of Barnet and Harrow (who have a shared Public Health function) and the bid was successful. Work on this project was undertaken between June and December 2013. This project has been managed jointly by Scrutiny Officers from Barnet and Harrow and links directly to each council's overview and scrutiny committees; in the case of Barnet this is the Health Overview and Scrutiny Committee. As part of the offer from CfPS, the review has received support from a CfPS Expert Adviser (5 days total). In addition, the Joint Director for Public Health has been supporting the review.
- 9.2 In accepting the CfPS support offer, Barnet and Harrow committed to the following:
- Completing the review by the end of November 2013
 - Using the CfPS Return on Investment (ROI) model
 - Participating in Knowledge Hub online discussions
 - Keeping an Action Log which will be utilised to co-produce a case study
 - Participate in Action Learning Events

9.3 Barnet Members appointed to the Group were Councillors Alison Cornelius, Graham Old and Barry Rawlings. The Chairman of the Group was Councillor Vina Mithani from London Borough of Harrow.

9.4 The Scrutiny Review held meetings on the following occasions:

9.4.1 **25 July 2013**

- Approved of the Project Briefing to enable the review work to commence in advance of formal committee approvals
- Approved the composition of the Task and Finish Group (3 Harrow Members and 3 Barnet Members (Councillors A Cornelius, Old and Rawlings))
- Approved the consultation / engagement approach
- Noted resourcing arrangements
- Agreed an outline plan for the utilisation of the CfPS Expert Advisor support available

9.4.2 **18 September 2013**

- Received a summary of activity to date
- Reviewed and agree the Project Plan
- Received the results of a data mapping exercise undertaken by the public health team (including trend analysis)
- Agreed the approach to engaging with key stakeholders and residents / patients

9.4.3 **2 October 2013**

- Received a presentation from the CfPS Expert Adviser on the ROI approach
- Agreed the format of the Stakeholder Workshop

9.4.4 **1 November 2013**

- Stakeholder Workshop attended by Public Health England (London), GPs, Practice Managers, Healthwatch, Diabetes UK, Cabinet Members, Barnet / Harrow Public Health and Barnet Clinical Commissioning Group.

9.4.5 **4 December 2013**

- Considered results of an online questionnaire on Health Checks (promoted via Engage Space, Twitter / Facebook, Older Adults Partnership Boards and Members)
- Received results of community engagement exercise which included focus groups (generic, men and deprived areas) and 1:1 interviews

9.5 A detailed update was reported to the Health Overview and Scrutiny Committee on 12 December 2013 where the Committee agreed that the sign-off of the report could take place via e-mail. The final report agreed by the Committee is set out **Annex 1**. As this report has already been formally signed off by the Committee, the final version of the report is being reported to the Committee for information only.

- 9.6 The final report of the NHS Health Checks Scrutiny Review will be reported to the London Borough of Barnet Cabinet on 2 April 2014. The report was approved by the London Borough of Harrow Health & Social Care Scrutiny Sub-Committee on 11 February 2014, and will be reported to the Harrow Cabinet on 13 March 2014 for initial consideration and again on 10 April 2014 for formal response.
- 9.7 The work undertaken during this review forms part of a wider body of work on NHS Health Checks funded by Public Health England and supported by the Centre for Public Scrutiny. Barnet and Harrow are one of five NHS Health Check Scrutiny Development Areas nationally. Further details can be found via the link at item 10 below.

10. LIST OF BACKGROUND PAPERS

- 10.1 Centre for Public Scrutiny NHS Health Check Programme:
<http://www.cfps.org.uk/health-check>

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Cleared by Legal (Officer's initials)	LC



NHS Health Checks Scrutiny Review

Final Report

January 2014



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10. Project Activity – page 40
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Appendix A – Community Engagement Report

1. Executive Summary

1.1 Aim of Review

- 1.1.1 The aim of this Scrutiny Review was to review the current delivery model and performance of the NHS Health Checks Programme in Barnet and Harrow, consider the views of key stakeholder and residents on the programme, analyse options and make recommendations to inform the commissioning strategy in both boroughs.

1.2 Background to NHS Health Checks

- 1.2.1 The NHS Health Checks programme is a national risk assessment and management programme which assesses an individual's risk of heart disease, stroke, kidney disease, dementia and alcohol misuse with the objective of reducing death rates and the burden of disease from these conditions. It is a mandatory service provided by local authority public health teams.
- 1.2.2 The eligible cohort are aged 40 to 74 – approximately 91,000 people in Barnet and 64,000 people in Harrow. Public Health England expect 20% of the eligible population to be invited each year over a five year rolling programme with an update of approximately 75%. In Barnet this equates to 18,200 per year and 13,650 Health Checks completed. In Harrow this equates to 12,800 per year and 9,600 Health Checks completed.

1.3 Summary of Services / Existing Contracts

- 1.3.1 Currently in Barnet, 44 of 70 GP practices are signed up to deliver NHS Health Checks. However, 14 out of the 44 have not delivered any checks. At the time of the review, it was not possible to obtain the number of GP practices in Harrow signed up to deliver NHS Health Checks due to data transfer issues. Contracts in Barnet and Harrow have been transferred from primary care trusts and so continue to be delivered on that basis, although the Public Health team are reviewing performance and developing options for the checks to be delivered in the future.

1.4 Activity Levels and Current Performance

- 1.4.1 In 2012/13, Barnet and Harrow performed below the Department of Health target for performance – offering a Health Check to 20% of the eligible population. However, it should be noted that in 2012/13 Health Checks were still commissioned by primary care trusts and there remains scope to improve performance during the final years to the five year programme.
- 1.4.2 During the review, undertaking an analysis of performance for both boroughs was problematic as a result of the transfer of data from the primary care trusts to local authorities.

1.5 Strategic Direction and Policy Drivers

- 1.5.1 Public Health England and the Department for Health have placed an emphasis on the NHS Health Checks programme as a platform to provide a significant opportunity to tackle avoidable deaths, disability and reduce health inequalities in England. Barnet and Harrow are one of five NHS Health Checks Scrutiny Development areas and findings from this review will link into this national programme.
- 1.5.2 Locally, NHS Health Checks are priorities identified in the Corporate Plans and Health & Well Being Strategies of both Barnet and Harrow councils.

1.6 Best Practice

- 1.6.1 Barnet and Harrow currently deliver NHS Health Checks primarily through GP practices. The review considered a number of different areas nationally that were high performing or provided Health Checks through alternative or targeted delivery models. Consideration of best practice examples assisted the Scrutiny Review to make recommendations regarding delivery models to inform the future commissioning strategy.

1.7 Evidence

- 1.7.1 In addition to considering best practice and current performance, the review considered the views of key stakeholders including residents who were eligible for checks, specific sections of the community, commissioners, providers and other interested groups.

1.8 Return on Investment

- 1.8.1 The review has been conducted using the Centre for Public Scrutiny Return on Investment Model which seeks to quantify what the return on investment would be for a specific course of action being taken as a result of the scrutiny review.
- 1.8.2 The economic argument behind the NHS Health Checks screening programme is that the early detection of certain conditions or risk factors enables early intervention which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will:
- i. be much more cost effective than treating chronic conditions; and
 - ii. result in an overall improvement in the health and wellbeing of the general population.

1.9 Recommendations

- 1.9.1 Findings and recommendations are intended to inform the future commissioning and management of the NHS Health Check Programme in Barnet and Harrow.

	Theme	Recommendation and Rationale
1	Health Checks Promotion	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).
2	Providers / Flexible Delivery	Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible.
3	Treatment Package	All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities.
4	Referral Pathways	The patient pathway should clearly define the referral mechanisms for those identified as:- <ul style="list-style-type: none"> • Having risk factors; and • Requiring treatment
5	Restructure Financial Incentives	Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contract agreed via the West London Alliance) and that Health Check providers are paid on completion only.
6	Resources	Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver. Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.

7	Targeting	<p>It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:-</p> <ul style="list-style-type: none"> • men (who statistically have a lower up-take than women); • faith communities (who statistically have a high prevalence of certain diseases); and • deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)
8	Screening Programme Anxiety	<p>It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.</p>
9	Barriers to Take-Up	<p>Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.</p>
10	Learning Disabilities	<p>It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system</p>

2. Scope

- 2.1 Public Health England (PHE), the Local Government Association (LGA) and NHS England launched the NHS Health Check Implementation Review and Action Plan in July 2013. The purpose of the review was to consider progress made with the NHS Health Checks programme since its launch in 2009 and consider how to use the programme as a platform to provide a significant opportunity to tackle avoidable deaths, disability and reduce health inequalities in England.
- 2.2 PHE, the LGA and NHS England recognise that the involvement of local commissioners and providers is key to successful implementation of the NHS Health Checks programme.
- 2.3 In Spring 2013, the Secretary of State for Health launched a call to action to reduce avoidable premature mortality and the NHS Health Check programme has been identified as one of the 10 main actions which will assist in reducing premature mortality and focus on improving prevention and early diagnosis.
- 2.4 The *Global Burden of Disease* report (2013) highlighted the need to reverse the growing trend in the number of people dying prematurely from non-communicable diseases. Public Health England estimate that each year NHS Health Checks can prevent 1,600 heart attacks and save 650 lives, prevent 4,000 people from developing diabetes and detect at least 20,000 cases of diabetes or kidney disease earlier. As such, there is a national recognition that PHE should support local authorities to commission successful NHS Health Check programmes.
- 2.5 Further information on the economic case and health benefits of the NHS Health Checks Programme are set out in detail in the DoH and PHE Health Checks Implementation Review and Action Plan.¹
- 2.6 Within the Health Checks Implementation Review and Action Plan, Issue 3 (Providing the NHS Health Check) states that 'PHE will collaborate with the Centre for Public Scrutiny to work with several test bed sites to explore approaches to effective commissioning of the programme.'
- 2.7 In accordance with the national programme, the Centre for Public Scrutiny (CfPS) launched a programme in April 2013 to support local authority scrutiny functions to review their local approach to NHS Health Checks using its Return on Investment model. A joint bid for support was made by the London Boroughs of Barnet and Harrow (who have a shared Public Health function) and the bid was successful. Members from both Barnet and Harrow supported the review of NHS Health Checks as it provided an opportunity to consider the local approaches to the check following the recent transfer of public health functions from the NHS to local authorities (from 1 April 2013).

¹ DoH and PHE Health Checks Implementation Review and Action Plan
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

- 2.6 The scope of the Barnet and Harrow joint review was agreed as follows:
- Identify ways in which NHS Health Checks can be promoted within each borough under the leadership of the Joint Director of Public Health;
 - Explore the extent to which NHS services promote the NHS Health Checks to eligible residents;
 - Consider the capacity of GPs, local pharmacies or other suitable settings to undertake Health Checks;
 - Determine the extent to which secondary services are available to those who have been identified as having undetected health conditions or identified as being at risk of developing conditions without lifestyle changes;
 - Identify examples of best practice from across England to inform the approach of Barnet and Harrow to commissioning and monitoring the NHS Health Checks Programme;
 - Explore whether GPs could be organised on a cluster basis to deliver NHS Health Checks in each borough; and
 - Utilise the CfPS Return on Investment model to undertake an analysis of the cost/benefit of developing the NHS Health Checks Programme. The outcomes from this will influence the recommendations
- 2.7 The review took place between September and December 2013. This report includes the context, background, policy context, best practice examples, performance, methodology and key findings and recommendations.

3. Background

3.1 NHS Health Checks

- 3.1.1 The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke, diabetes and certain types of dementia. Everyone between the age of 40 and 74 who has not already been diagnosed with one of these conditions or have certain risk factors will be invited (once every five years) to have a check to assess their risk. Once the risk assessment is complete, those receiving the check should be given feedback on their results and advice on achieving and maintaining a healthy lifestyle. If necessary individuals should then be directed to either council-commissioned public health services such as weight management services, or be referred to their GP for clinical follow up to the NHS Health Check including additional testing, diagnosis, or referral to secondary care.
- 3.1.2 There is a statutory duty for councils to commission the risk assessment element of the NHS Health Check programme and this will be monitored by the Public Health Outcomes Framework². Health Checks were previously commissioned by the primary care trusts which were abolished with the implementation of the Health and Social Care Act 2012.
- 3.1.3 The Public Health Outcomes Framework focuses on two high-level outcomes:
1. Increased life expectancy
 2. Reduced differences in life expectancy and healthy life expectancy between communities
- 3.1.4 The Health Checks programme requires collaborative planning and management across both health and social care. Health and Well Being Boards are therefore vitally important in the local oversight of this mandated public health programme³.
- 3.1.5 As part of the Health Checks programme, local authorities will invite eligible residents for a health check every five years on a rolling cycle. Health Checks can be delivered by GPs, local pharmacies or other suitable settings. In Harrow and Barnet Health Checks are currently delivered exclusively at GP surgeries.
- 3.1.6 The tests comprise a blood pressure test, cholesterol test and Body Mass Index Measurement. Following the test, patients will be placed into one of three categories of risk: low, medium or high. Patients are offered personalised advice based on the outcome of their check.

² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216159/dh_132362.pdf

³ www.healthcheck.nhs.uk

3.2 Funding

3.2.1 The public health funding allocation is ring-fenced, to be spent only on public health functions. In Barnet, the current contractual liabilities do not cover all of the mandatory functions for councils in respect of public health. Historically in Barnet there has been no permanent budget line to cover NHS Health Checks. In Barnet and Harrow the 2013/14 commissioning plans allocate approximately £0.5m towards the provision of NHS Health Checks in each borough.

3.2.2 LB Barnet and LB Harrow Health Check Budget:

Barnet

- November 2012 – 31 March 2013 – £150,000
- 1 April 2013 – 31 March 2014 – £500,000

Harrow

- 1 April 2012 – 31 March 2013 – £456,000
- 1 April 2013 – 31 March 2014 – £456,000

3.2.3 Figures are based on national calculator costs of implementation and an enhanced programme offering. In Barnet, this represents a large increase in investment compared to 2012/13. The final cost will depend on negotiations with providers on the unit cost of the health check element of the budget.

3.3 Commissioning

3.3.1 Year 1 – the joint Public Health team have been limited during year 1 (2013/14) due to the transfer of existing contracts from primary care trusts to the local authorities. Whilst this has constrained the service delivery options, this has enabled the Public Health team to carry out a data base-lining exercise which will be used to support de-commissioning or re-commissioning decisions.

3.3.2 Year 2 – the joint Public Health team have an opportunity from year 2 (2014/15) onwards to develop a commissioning strategy for NHS Health Checks in Barnet and Harrow based on findings of this scrutiny review.

3.3.3 At present, Barnet and Harrow have different payment mechanisms. Barnet GPs are paid for both offers and completions, whilst Harrow GPs are paid on completion only. At present, Barnet GPs may be incentivised to make offers only as they will receive payment for this element of the check. The Scrutiny Review are recommending that the financial incentives be restructured to maximise the impact of the programme locally (see recommendation 5).

3.4 Link to Corporate Priorities and Health & Well Being Strategies

- 3.4.1 In Barnet, the Corporate Plan 2013 – 2016 has a corporate priority “To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health” and priority outcome of working with the local NHS to encourage people to keep well by increasing the availability of health and lifestyle checks for those aged between 40 and 74, and promoting better use of green space and leisure facilities to increase physical activity.
- 3.4.2 The Barnet Health and Well-Being Strategy (Keeping Well, Keeping Independent) 2012 – 2015 identifies that, in relation to lifestyle factors, that statutory agencies need to “Increase both the offer and take-up of health and lifestyle checks in primary care to all people aged between 40 and 74 years to help reduce risk factors associated with long term conditions.” A target of delivering a “Year on year increase based on the 2009/10 baseline of people aged between 40 and 74 who have received an NHS Health Check. In five years our coverage should be 80%.”
- 3.4.3 In Harrow, the Corporate Plan 2013 – 2015 has a corporate priority of “Supporting residents most in need, in particular, by helping them find work and reducing poverty” and a outcome of delivering “...an efficient public health service with the resources available, to positively influence residents’ health and wellbeing.”
- 3.4.4 The Harrow Health and Well-Being Action Plan 2013 – 2016 has under the objective of “Early identification of cardiovascular disease and diabetes through the health checks programme” the following targets:
1. Promote uptake of health checks including use of social marketing (June 2013)
 2. Evaluate outcomes and referrals onto other services as a result of health checks programme (March 2014)
 3. Implement a programme of activity to provide health checks to Harrow residents who are not yet registered with GPs (September 2013)

3.5 Marmot Review

- 3.5.1 Sir Michael Marmot was commissioned by the Government to review what would best reduce health inequalities in England⁴. The review proposed that health interventions should be offered to everyone (and not just the most deprived) but that it must be ‘proportionate to the level of disadvantage’ – the principle of ‘proportionate universalism.’

⁴ <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

4. Context

National Context

4.1 Purpose and Rationale

- 4.1.1 The purpose of the NHS Health Check has been outlined in sections 1 and 3 above.
- 4.1.2 The rationale for the NHS Health Check programme is to identify those who are at a higher risk of developing certain illnesses at a stage where the illness may still be prevented and/or future complications of an illness could still be avoided. The NHS Health Checks screening programme is expected to have beneficial effects on people's health, as well as saving money in the health and social care economy in the future as costly interventions will be prevented. Public Health England recommends that 20% of the eligible population should be invited each year and that councils should aim for 75% of those offers to be taken-up.
- 4.1.3 Local authorities took over responsibility for the NHS Health Check from 1 April 2013. Nationally, the check is most likely to be offered in GP surgeries and local pharmacies. However, a number of areas have offered and/or delivered health checks via different providers and in other suitable and accessible locations in the community. Examples of alternative delivery models are explored in section 5 of this report.

4.2 Responsibilities

- 4.2.1 Local authorities are responsible for commissioning the Health Checks programme and have a statutory obligation to provide the patients GP with the outcomes and data of an individual's Health Check. Local authorities are responsible for commissioning the checks and for monitoring the amount of invitations and take-up. Clinical Commissioning Groups (CCGs) are responsible for ensuring that there is appropriate clinical follow-up such as additional testing, referral to secondary care and on-going treatment. The connection between these two aspects of the programme is essential in making it successful.

4.3 Budget, Potential Savings and Take-Up

- 4.3.1 The Department of Health (DoH) has estimated that the NHS Health Check programme is likely to be cost effective in the long-term. The programme is underpinned by cost-benefit modelling which considers cost in relation to quality adjusted life years (QALY – the number of years added by the intervention) which shows that it is extremely cost effective. The programme is also likely to generate significant social care savings as a result of a reduction of people accessing care through ill health. The cost calculations include two components:

- The cost of the check itself plus any follow-on tests or monitoring; and
- The cost impact of the interventions that are provided as a result of the NHS Health Checks.

Modelling conducted by the Department for Health when the programme began in 2008/09 proposed that a basic NHS Health Check would cost in the region of £23.70. This does not include the cost of lifestyle and other follow-up services provided by local authorities and health to reduce the health risks identified by the check.

- 4.3.2 The estimated savings to the NHS budget nationally are around £57 million over four years, rising to £176 million over a fifteen-year period. It is estimated that the programme will pay for itself after 20 years as well as having delivered substantial health and well-being benefits⁵.
- 4.3.3 A substantial number of people will need to receive the NHS Health Check and subsequent support for the programme is necessary in order to achieve its estimated savings. Current data shows that this expected to be a significant challenge. A study analysing data from the NHS Health Checks programme in 2011/12, published in the Journal of Public Health⁶ in August 2013, concluded that coverage was too low currently to make the programme pay for itself. An article in PulseToday found that national figures for 2012/13 showed that overall uptake (the proportion of people invited who received the check) was 49%, having fallen back from 51% the previous year⁷. This data indicates that significant steps will need to be taken at a local and national level to improve take-up. Local authorities have a legal duty to seek continuous improvement in the percentage of eligible individuals taking up their offer of a NHS Health Check as part of their statutory duties. The higher the take up rates for the programme, the greater the reach and impact of the programme and the more likely the programme is to tackle health inequalities.
- 4.3.4 The NHS Health Checks website offers a 'Ready Reckoner' tool which can be used to identify the potential service implications, health benefits and cost savings of NHS Health Checks per local authority. The tool uses 2010 population data from Office for National Statistics to base its estimates on and presumes that 20% of the eligible population is invited to a health check each year, and that the 75% of these people will take up the offer of a health check⁸. The extent to which Barnet and Harrow are achieving this performance will be explored in detail in section 6

⁵ DoH and PHE Health Checks Implementation Review and Action Plan
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

⁶ <http://jpubhealth.oxfordjournals.org/content/early/2013/07/22/pubmed.fdt069.abstract?sid=0cf9fa5e-eb55-4946-8f48-0d696fbd20e2>

⁷ http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/less-than-half-of-patients-attend-nhs-health-checks-show-official-figures/20003835.article#.UI_vX9K-qK4

⁸ http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_resources/ready_reckoner_tools

Indicative Costs and Savings for Barnet

4.3.5 Applying the Ready Reckoner Tool⁹ for Barnet, it is estimated that the total cost of providing NHS Health Check for one year based on national estimates would be £673,408 (against an approved budget of £500,000 for 2013/14). The workforce requirements to undertake NHS Health Check in this year would be 4,243 hours of time to invite people to Health Check and arrange appointments, 5,039 hours of contact time for the Health Check tests and 3,536 hours of contact time for feedback on the results.

4.3.6 The estimated total cumulative costs and savings that will arise due to the interventions put in place following an NHS Health Check are:

	Costs	Savings	Net savings
1 st year after checks	£ 673,408	£ 107,397	£ (566,011)
5 th year after checks	£ 1,373,409	£ 705,042	£ (668,367)
10 th year after checks	£ 1,679,593	£ 1,475,877	£ (203,716)
15 th year after checks	£ 2,056,281	£ 2,014,528	£ (41,753)
20 th year after checks	£ 2,367,931	£ 2,419,419	£ 51,487

Indicative Costs and Savings for Harrow

4.3.7 Applying the Ready Reckoner Tool estimation for Harrow is that the total cost of providing NHS Health Check for one year based on national estimates would be £458,726 (against an approved budget of £456,000). The workforce requirements to undertake NHS Health Checks in this year would be 2,874 hours of time to invite people to Health Check and arrange appointments, 3,424 hours of contact time for the Health Check tests and 2,395 hours of contact time for feedback on the results.

4.3.8 The estimated total cumulative costs and savings that will arise due to the interventions put in place following an NHS Health Check are:

	Costs	Savings	Net savings
1 st year after checks	£ 458,726	£ 73,347	£ (385,380)
5 th year after checks	£ 936,550	£ 481,750	£ (454,800)
10 th year after checks	£ 1,141,916	£ 1,005,487	£ (136,429)
15 th year after checks	£ 1,396,064	£ 1,369,713	£ (26,352)
20 th year after checks	£ 1,604,439	£ 1,642,587	£ 38,147

4.3.9 The Ready Reckoner tool provides some indicative data on the potential costs and savings in each borough. Whilst the tool highlights that the NHS Health Checks programme will take 20 years to provide net savings, these savings will be across the whole health economy and will result in improved health and well-being for people more generally.

⁹ Total costs and savings will vary across Local Authorities, depending on demographic factors. More detailed information about the health benefits can be found when using the Ready Reckoner Excel tool.

4.4 Approaches to Implementation

- 4.4.1 The NHS Health Check Programme is most beneficial when it reaches people that would not otherwise be identified as being at risk, for example people who are unlikely to visit their GP's regularly now. Reaching these groups is difficult, but will be an essential aspect of successfully implementing the NHS Health Checks programme in Barnet and Harrow.
- 4.4.2 The health and financial benefits associated with the programme will not accrue until people's risk of diseases has been reduced. This reduction can be achieved by medication, but also by changes in lifestyle such as increasing exercise, following a healthy diet and giving-up smoking. These changes in lifestyle are often difficult to achieve for people, even when they are provided with support services. There is, therefore, a balance to be achieved between medical interventions and encouraging people to take ownership of their own health and well-being. In line with other public health programmes (such as the Smoke Free initiative), the NHS Health Checks programme commissioned in Barnet and Harrow should seek to achieve a balance between intervention and individual responsibility for healthy lifestyle choices. Measuring the impact of the programme should have a medium to long-term perspective to ensure that lifestyle changes are maintained by individuals on an on-going basis.
- 4.4.3 The NHS Health Check Implementation Review and Action Plan describes commissioners' and providers' experiences with implementing the NHS Health Checks Programme. The review identifies that several commissioners considered that successful implementation had been driven by a 'mixed model' for delivery. GP's were central to the successful delivery of the Programme as they hold patients records and are a trusted source of care for most patients. However, GP services can be supplemented by a variety of other providers as follows:
- Community Teams – commissioned to make contact with those who are typically resistant to presenting in a doctor's surgery by visiting community centres, shopping centres, leisure centres, church groups, markets, football clubs and work spaces.
 - Health Buses – used in supermarket car parks and other public spaces, both for walk-ups and by people notified by their GP's that the service would be available at that time and place.
 - Private Providers – commissioned to provide Health Checks in collaboration with GP's who are sometimes able to provide a room in their surgeries.
 - Pharmacies – used with mixed success, as they sometimes lack private space to perform the checks and can have difficulties in targeting the right audiences.

4.4.4 Public Health England is currently working on providing a repository of local case studies to support local implementation which will be published on the NHS Health Checks website.

4.5 Experts Views on NHS Health Checks Screening Programme

4.5.1 Whilst it is anticipated that there will be significant potential health and financial benefits as a result of the NHS Health Checks programme, there is a limited amount of peer reviewed evidence to support the success of mass screening programmes. Whilst PHE and DoH advocate the programme and are promoting and investing in it, a number of health care professionals have expressed concern regarding the effectiveness of the programme.

4.5.2 Dr Richard Vautrey, Deputy Chairman of the British Medical Association's GPs Committee, has said that “Last year they were talking about taking money from disease prevention, now they want to do this. We are very suspicious. Previous screening programmes have been introduced after much consideration and analysis of evidence. It doesn't seem like this is.”¹⁰

4.5.3 Professor Nick Wareham, Director of the Medical Research Council Epidemiology Unit, has said that the current programme may not represent the best use of resources. Instead, the advisor to Public Health England urged public health leaders to target high-risk individuals as the evidence suggested this was likely be cost-effective.¹¹

4.5.4 A study by NHS Heart of Birmingham, published in BMJ Open in March 2013¹² suggested that the NHS Health Checks Scheme programme overlooks a third of patients at high risk of having or developing diabetes, as patients with high HbA1c levels, but with normal or low body weight were not identified for further tests.¹³

4.5.6 The Chair of the Royal College of General Practitioners, Professor Clare Gerada, has backed a call from Danish researchers for the NHS Health Checks programme to be scrapped.^{14 15} The Danish research evaluated screening programmes run in a number of countries and concluded that general health checks failed to benefit patients and could instead cause them unnecessary worry and treatment.

4.5.7 Barbara Young, Chief Exec of Diabetes UK, expresses support for the programme by stating that “...while the £300 million it costs to run might sound like a lot of money, diabetes and other chronic conditions are expensive to treat. This means that once you factor in the savings in

¹⁰ <http://news.bbc.co.uk/1/hi/health/7174763.stm>

¹¹ <http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/reconsider-age-based-approach-to-health-checks-urges-public-health-england-adviser/20004268.article#.UIPsGtK-qK4>

¹² <http://bmjopen.bmj.com/content/3/3/e002219.long>

¹³ <http://www.pulsetoday.co.uk/clinical/therapy-areas/diabetes/health-checks-scheme-fails-to-identify-a-third-of-patients-at-risk-of-diabetes/20002241.article#.UmAebdK-qK4>

¹⁴ <http://www.pulsetoday.co.uk/clinical/therapy-areas/cardiovascular/gerada-scrap-health-checks-programme/20004025.article#.UIPjQNK-qK4>

¹⁵ <http://www.bbc.co.uk/news/health-23765083>

healthcare costs, the NHS Health Check is actually expected to save the NHS about £132 million per year.”¹⁶

- 4.5.8 Despite the concerns outlined above, the NHS Health Checks programme has been identified by the Secretary of State as an important vehicle for improving prevention and early diagnosis and the initiative is supported nationally by, PHE, DoH and the LGA. In addition, Health Checks are corporate priorities for both Barnet and Harrow councils and there is a significant opportunity for both authorities to utilise the data from this review to inform their commissioning strategies to deliver best value for money.

¹⁶ <http://www.bbc.co.uk/news/health-23765083>

5. Performance

5.1 Targets

5.1.1 There are no nationally prescribed targets in relation to NHS Health Checks. However, PHE suggest that health and well-being boards should aim to offer checks to 20% of their eligible population every year and for 75% of those offered checks to take them up. NHS Health Checks is a rolling five-year programme meaning that 100% of the eligible population should have been offered a check at the end of the period. In relation to quarterly performance, a local authority that has offered the Check to 5% of the population in quarter 1 and sustain that over the following three quarters will have offered a check to 20% of the eligible population at the end of the year.

5.1.2 High performing areas are those that both **offer** to a high proportion of the eligible population cohort and then achieve a high **transfer rate** (i.e. converting the Health Checks offered into Health Checks received).

5.2 Performance Data

Outcomes – 2012/13

5.2.1 NHS England data¹⁷ identifies that Health Checks in Barnet and Harrow in 2012/13 scored slightly lower than the London average, but close to the national average. Data for all London boroughs has been included in Table 1 for comparison purposes:

¹⁷ <http://www.england.nhs.uk/statistics/statistical-work-areas/integrated-performance-measures-monitoring/nhs-health-checks-data/>

Table 1 – Number of eligible people that have been offered and received NHS Health Checks (April 2012 – March 2013) (England and London)

Name	Number of people eligible for a NHS Health Check	Number of people who were offered a NHS Health Check	Number of people that received a NHS Health Check	Percentage of eligible people that were offered a NHS Health Check
England	15,609,981	2,572,471	1,262,618	16.5%
London	2,082,748	429,027	194,035	20.6%
Havering PCT	69,304	6,529	4,771	9.4%
Kingston PCT	53,678	7,661	5,668	14.3%
Bromley PCT	100,037	23,117	9,042	23.1%
Greenwich Teaching PCT	63,098	15,137	6,511	24.0%
Barnet PCT	114,883	18,357	4,758	16.0%
Hillingdon PCT	72,886	6,742	3,783	9.3%
Enfield PCT	79,400	12,746	5,503	16.1%
Barking and Dagenham PCT	41,328	12,821	4,152	31.0%
City and Hackney Teaching PCT	55,561	11,483	6,775	20.7%
Tower Hamlets PCT	48,778	9,365	7,242	19.2%
Newham PCT	40,000	9,500	5,369	23.8%
Haringey Teaching PCT	55,476	12,523	6,461	22.6%
Hammersmith and Fulham PCT	40,050	6,568	4,276	16.4%
Ealing PCT	70,881	15,789	9,931	22.3%
Hounslow PCT	55,297	6,997	4,501	12.7%
Brent Teaching PCT	76,444	15,410	9,505	20.2%
Harrow PCT	76,840	12,477	5,827	16.2%
Camden PCT	49,685	14,761	4,378	29.7%
Islington PCT	42,650	10,167	7,142	23.8%
Croydon PCT	100,197	20,047	2,512	20.0%
Kensington and Chelsea PCT	50,475	7,651	590	15.2%
Westminster PCT	61,800	13,307	7,119	21.5%
Lambeth PCT	92,171	26,592	6,382	28.9%
Southwark PCT	79,294	21,145	6,524	26.7%
Lewisham PCT	72,646	19,279	6,622	26.5%
Wandsworth PCT	57,000	15,984	12,766	28.0%
Richmond and Twickenham PCT	49,856	14,305	4,857	28.7%
Sutton and Merton PCT	113,300	24,184	13,364	21.3%
Redbridge PCT	72,000	12,015	6,286	16.7%
Waltham Forest PCT	62,932	8,301	3,388	13.2%
Bexley Care Trust	64,801	18,067	8,030	27.9%

5.2.2 However, the statistics in Table 1 above should be treated with caution.

There is a significant variation in the national statistics relating to the number of people eligible for an NHS Health Check (114,883 in 2012/13) and locally derived statistics provided by Public Health (91,139 in 2013/14 (see 5.2.3 below)).

Outcomes – Quarter 1 2013/14

5.2.3 The table below summarises the performance information regarding the NHS Health Check Programme for Quarter 1 of 2013/14:

Q1 2013-14	Total eligible population 2013-14	Number of people who were offered a NHS Health Check	Number of people that received a NHS Health Check	Percentage of eligible people that were offered a NHS Health Check of those offered
Barnet	91,139	4,911 (5.4%)	1,520 (1.7%)	31%
Harrow	63,879	1,093 (1.7%)	582 (0.9%)	53.2%
London	1,967,213	94,245 (4.8%)	41,517 (2.1%)	44.1%
England	15,323,148	598,867 (3.9%)	286,717 (1.9%)	47.9%

5.3 Comparative Performance

5.3.1 London Boroughs where a higher percentage of people are offered the health check tend to have a lower percentage of health checks received. At the same time, boroughs where a high percentage of the people received a health check tend to have offered health checks to a relatively low percentage of the population. Boroughs with the highest overall performance are those that both offer checks to a high percentage of their population as well as have a high percentage of checks delivered.

5.3.2 The London Borough of Wandsworth has been identified as an example of a local authority where both the percentage of offers made and the percentage of checks received have been on target.

5.3.3 In quarter 1 2013/14, the top five London Boroughs for **offering** the highest percentage of their eligible population a NHS Health Checks are:

Q1 2013-14	Total eligible population 2013-14	Number of people who were offered a NHS Health Check	Number of people that received a NHS Health Check	Percentage of eligible people that received an NHS Health Check of those offered
Camden	50,399	4,925 (9.8%)	924 (1.8%)	18.8%
Greenwich	60,012	5,605 (9.3%)	1,981 (3.3%)	35.3%
Lambeth	65,181	5,870 (9%)	2,013 (3.1%)	34.3%
Islington	44,687	3,429 (7.7%)	1,840 (4.1%)	53.7%
Westminster	52,589	3,971 (7.6%)	1,479 (2.8%)	37.2%

5.3.4 In quarter 1 2013/14, the top five London Boroughs for highest percentage of people that have **received** the health check after being offered it are:

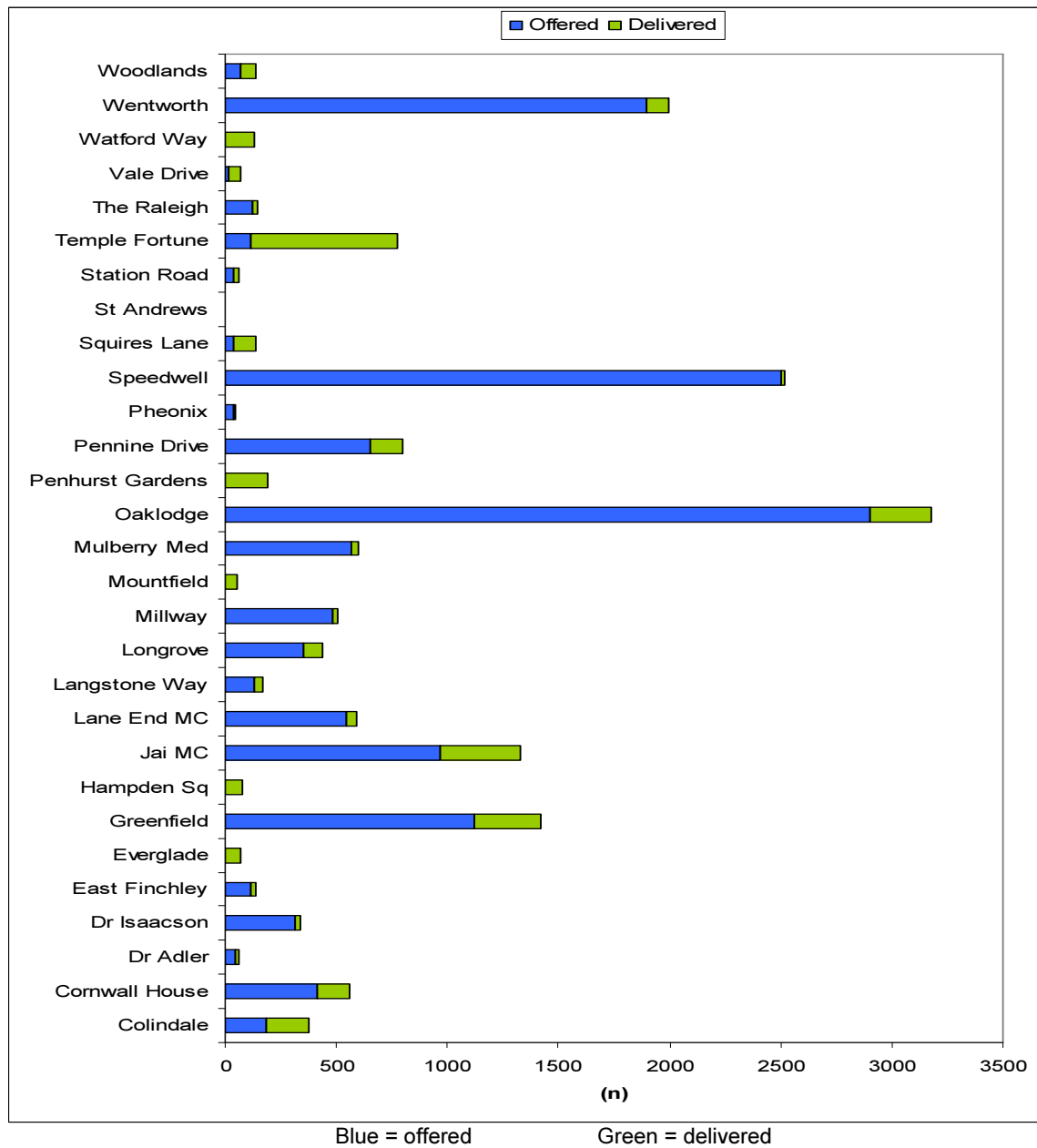
Q1 2013-14	Total eligible population 2013-2014	Number of people who were offered a NHS Health Check	Number of people that received a NHS Health Check	Percentage of eligible people that received an NHS Health Check of those offered
Hounslow	61,153	664 (1.1%)	664 (1.1%)	100.0%
City of London	2,266	72 (3.2%)	72 (3.2%)	100.0%
Havering	70,211	1,507 (2.1%)	1417 (2%)	94.0%
Newham	59,455	1,720 (2.9%)	1376 (2.3%)	80.0%
Wandsworth	64,128	3,203 (5%)	2419 (3.8%)	75.5%

5.3.5 For the NHS Health Checks programme to be successful, commissioners should be seeking to meeting or exceeding both targets to ensure that the reach of the programme is as wide as possible.

5.4 Local GP Practice Performance

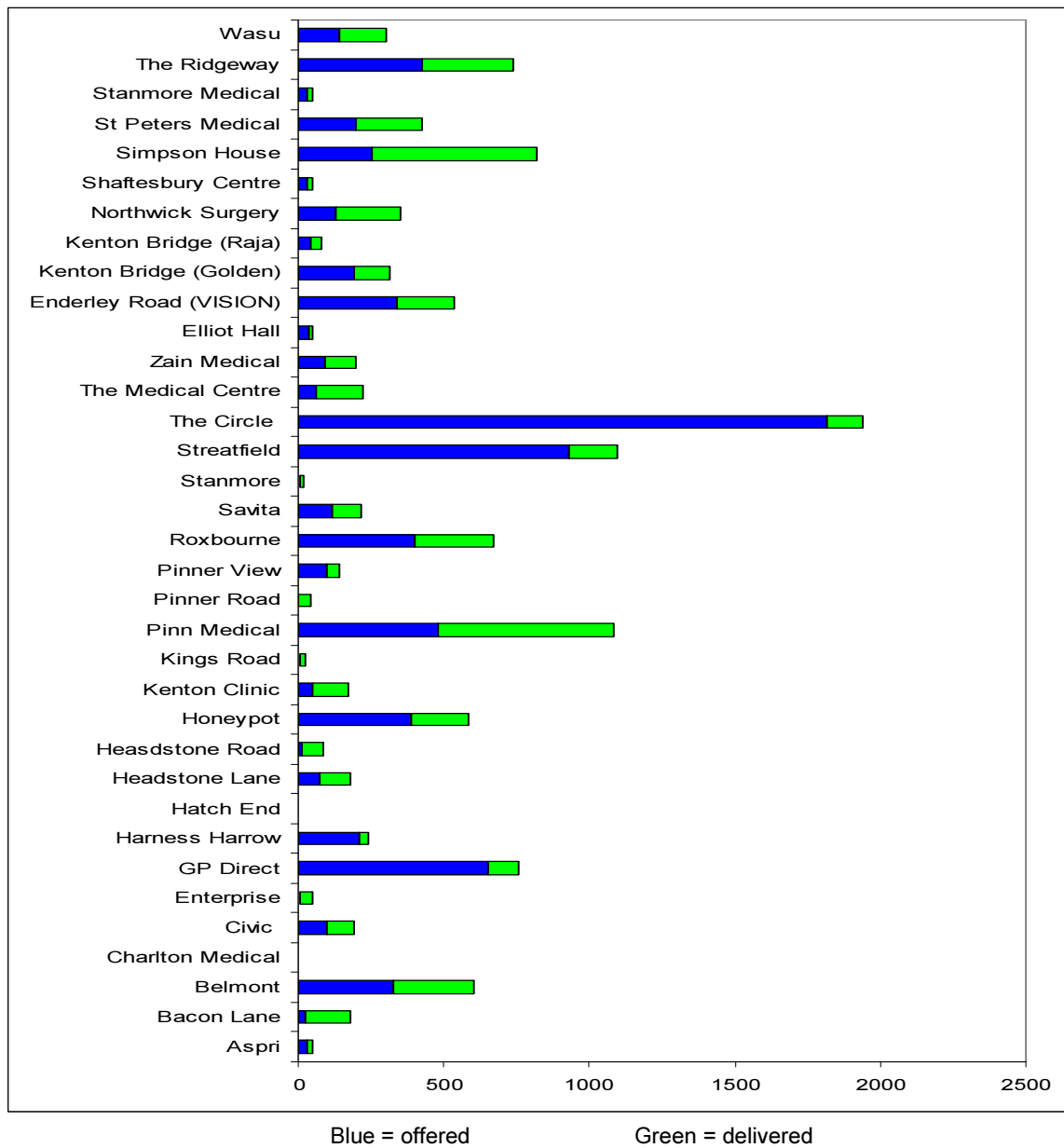
- 5.4.1 As part of the review, the Public Health team provided a breakdown of the performance of individual GP practices in Barnet and Harrow during 2012/13.
- 5.4.2 Table 1 provides relevant statistics for Barnet. Due to issues with the data transferred to the council, performance information for Barnet was only available for the period November 2012 to March 2013. Barnet achieved a 19% conversion rate from 'offered' status to 'delivered'. The table shows that larger GP surgeries tended to be the worst performing.

Table 1 – GP surgeries in Barnet performance, Nov 2012 – March 2013



5.4.3 Table 2 shows the statistics for Harrow. Members were advised that Harrow has a 38% conversion rate. As with Barnet, the larger surgeries had the lowest performing rates.

Table 2 – GP surgeries in Harrow performance between April 2012 – March 2013



6. Best Practice

6.1 In conducting the review, Members have explored best practice examples to identify the principal differences between the approach taken in Barnet and Harrow and the approach in high performing areas.

6.2 Haringey

6.2.1 In 2012/13 the activity for NHS Health Check offers in Haringey was 12,523 and 6,461 checks were delivered. This translates to a 52% uptake rate, which is better than the uptake rate for 2011/12 (which stood at 35%).

6.2.2 Haringey's programme is targeted at areas of highest deprivation and CVD mortality: East, Central and part of West Haringey (Stroud Green and Hornsey wards). Over 70% of the Health Checks Programme is delivered by GPs in Haringey. The programme is being supported by behavioural support programmes (e.g. Health Trainers) and these arrangements have been strengthened during 2013/14. Community programmes that ran in 2012/13 included a focus on mental health users and a focus on men.

6.2.3 Haringey identified that to improve uptake they had to:

- increase coverage across eligible practices;
- reduce variation in activity;
- target high risk groups;
- target men;
- improve data quality; and
- improve onward referral mechanisms.

6.2.4 Haringey consider that one of the main reasons for success is that alcohol misuse screening delivered as part of NHS Health Checks programme has encouraged people to take part. They are also planning to deliver some Health Checks at community events in order to expand the reach of the programme.

6.3 Teesside

6.3.1 Teesside have used several techniques to achieve success with delivering NHS Health Checks. Firstly they have invested in a rolling training budget that can be allocated to external providers to help extend the availability of the service. Secondly they have used social marketing techniques to help inform the development of a communications and marketing strategy. By doing this they have made the service more visible. They have delivered Health Checks under the local identity of 'Healthy Heart Check' which has further helped to make the service more accessible and embedded in local culture.

6.3.2 Teesside have targeted certain groups and have created a prioritisation list of certain groups to help tailor the service and to increase take up. They have also invested directly in dedicated primary care informatics (or information management systems), a nurse facilitation team and project management as a way of extending the reach of the service. It is worth noting that death rates from heart disease have reduced at a faster rate in Teesside than England as a whole since the implementation of the Health Checks programme. Health Checks in Teesside have also been provided at particular work places in an effort to make the take-up more substantial.

6.4 County Durham

6.4.1 In comparison to national performance, County Durham has been very successful in delivering NHS Health Checks. They promoted Health Checks via a 'Check4Life', campaign which is based on the 'Change4Life' national health and well-being programme. They have utilised the same branding as the Change4Life campaign which has improved recognition locally.

6.4.2 County Durham have carried out the service with 'opportunistic screening' (when someone requests that their doctor or health professional undertakes a check, or a check or test is offered by a doctor or health professional) with a focus on predicting and preventing vascular disease risk. Health Checks have been conducted on a 'one-stop-shop' approach in order to make the delivery of these checks more accessible, attractive and patient focussed. They have also promoted the service at road shows, such as 'Health@Work', where Health Checks have been offered in certain work places.

6.4.3 In addition to this, County Durham has focussed on the notion of 'Mini Health MOTs', which are targeted at certain groups. This has helped to broaden the scope of the service and has helped to promote the service across the area. In analysing the success of the campaign, County Durham found that 91.3% were very satisfied with the Mini Health MOT, whilst 99.1% would recommend it to others. Intertwined with the NHS Health Checks, it was also reported that 82.2% were very satisfied with the NHS Health Check and that 99.6% would recommend an NHS Health Check to other people. During 2011/12 73.5% of those offered a Health Check in County Durham took the offer. To date 2013/14, 8,509 people have been offered a Health Check and 3,936 people have received one from an eligible population cohort of 164,760.

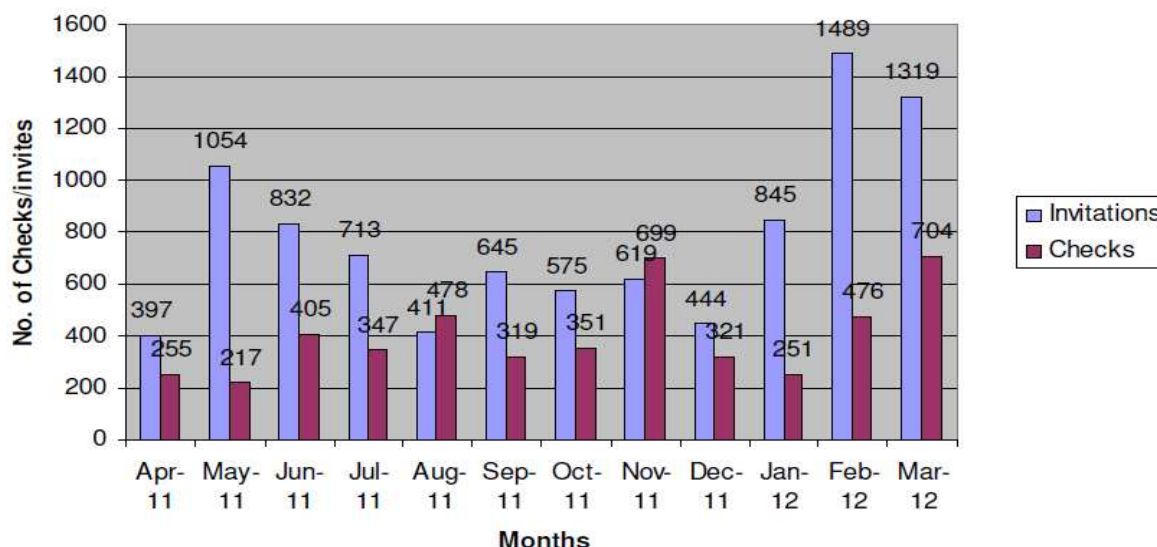
6.5 Richmond upon Thames

6.5.1 The London Borough of Richmond upon Thames has been successful in delivering NHS Health Checks. They have adopted an approach that relies on a strong advertising premise supported by a strong database to record the number of checks offered and delivered. As a result, Richmond is one of the leading boroughs in London in delivering NHS Health Checks.

- 6.5.2 Richmond works with more than 40 different partners including GPs, pharmacies, outreach and external providers to deliver Health Checks. Lifestyle programmes such as weight management, diabetes prevention and a health trainer service have been specifically commissioned for patients to be referred to.
- 6.5.3 Richmond launched a pilot programme in 2009 in line with the national launch of the NHS Health Checks programme which focussed on delivering Health Checks in the most deprived wards in a pharmacy setting. This helped to make the service accessible both in terms of timing and capacity. The Public Health team also carried out a Health Needs Assessment and selected the top three deprived wards and the six pharmacies which were best suited to run the pilot. Health Checks have been delivered by the *Live Well Richmond* service which also provides an exercise referral scheme in addition to other lifestyle services. This has helped the Health Checks delivery model to become locally known. GPs have been commissioned to deliver targeted invitations based on factors such as age, gender, body mass index, ethnicity, blood pressure/cholesterol levels, physical activity and smoking status.
- 6.5.4 More than 50% of the eligible population have been invited and more than 20% have received a check. More than 200 people have been newly diagnosed with various cardiovascular diseases such as hypertension, diabetes, chronic kidney disease and coronary heart diseases as a result of a health check. In 2011/12, 5,700 health checks were completed in general practice, pharmacy and at community outreach events which exceeded DoH targets.
- 6.5.6 Richmond have delivered a marketing programme which comprises newspaper adverts, a dedicated webpage¹⁸, letters, posters, leaflets and press releases to attract people for a health check. They also emphasised selling through personal sales (pharmacists, GPs and outreach), incentivising GPs, through focus groups and direct invitations.
- 6.5.7 Richmond use iCap, an IT system, to keep track of their Health Check performance. This system has enabled them to target checks where necessary and assists in provide statistical analysis as follows:

¹⁸ <https://www.live-well.org.uk/richmond/>

NHS Health Checks Performance 2011/12



6.6 Enfield – Innovision Health and Well-being Limited

6.6.1 In November 2012, Enfield Council awarded a contract for Community Health Checks to Innovision Health and Well-being Limited. This was done in an effort to allow targeting of health checks to communities that do not traditionally access primary care or who do not respond to invitations from primary care, which should improve the number of health checks being completed.

6.6.2 Innovision deliver health checks in both primary care and community settings. They perform health checks on behalf of GPs in communities and make a focussed effort to understand communities. By doing so, they are able to deliver health checks regularly. In Enfield, for instance, Innovision have noted that there is a large Turkish and Kurdish population and they have targeted Health Checks in those communities' first languages.

6.6.3 In Enfield, Innovision has established relationships with organisations such as ASDA, Tesco, various health centres and sports centres to enable delivery in these settings to encourage those who would not otherwise go to their GP. In an ASDA in Enfield, there is a weekly footfall of around 55,000; Innovision deliver checks in this ASDA on a daily basis. They determined that this was a good site after surveying the local area both in terms of weekly footfall and the regular attendance from specific communities. Innovision are also aiming to deliver Health Checks in all Boots stores in every London Borough that they are operating within (currently Brent, Haringey, Enfield and Islington). In addition, they deliver checks at community events, particularly in deprived areas in order to achieve their commitment of working with deprived communities.

6.6.4 Innovision have an on-line system where Health Check data is inputted to. This enables Public Health to be provided with non-identifiable data and has subsequently helped with reporting. This system has been used with Enfield and previously Haringey. The Innovision Health Check comprises the follows:

- BMI, weight and blood pressure checks are undertaken immediately
- The check takes 15-20 minutes
- Results of the above are given straight away
- If the patient falls out of the appropriate health range then they are signposted to their GP. GPs receive this information which they can then use as data in the future; the onus is on the GP to contact any patient who has risk factors or is in need of treatment.
- Innovision stress that primary care settings are the only places where advice can be given; those performing checks for Innovision are directly instructed not to give advice
- Checks are tailored to communities and are performed in appropriate settings (such as mosques, restaurants and wherever is possible)

7. Evidence

7.1 The Scrutiny Review recognised the importance of considering quantitative and qualitative evidence from a variety of sources. On that basis, the Group undertook three separate and distinct elements of engagement with key stakeholders as detailed below.

7.2 Community Engagement

7.2.1 The review commissioned a Community Engagement work stream to identify barriers to take-up across both boroughs. The full findings from the Community Engagement element of this project are attached at **Appendix A**. However, a summary of the key recommendations emerging are detailed below:-

- i. Marketing and promotion – people are not familiar with the Health Checks brand and individuals would like to know more about the objectives of the programme. GPs need to be convinced of the value of the programme at a national level.
- ii. Value for money – the economic case for Health Checks needs to be developed in greater detail by Public Health England. In addition, residents were concerned about the overlap with other screening programmes and wanted to see a more joined up approach to supporting wellness. The value of investing in Health Checks over other initiatives was questioned. Residents felt that support to make lifestyle changes should be free and have a long-term focus.
- iii. Innovative approaches to delivery – residents considered that commissioners should take a more flexible approach to delivery (e.g. community teams, a health bus, clinics at flexible times)
- iv. Effective IT – effective and joined up IT systems (across health and social care) would be essential for identifying the target population, collating data and information about individual risks, ensuring that follow-ups timely and evaluating the Health Checks programme. Residents wanted IT systems to provide a joined up and holistic view of their health.
- v. Competency of providers – residents considered that the Health Check should be provided by a registered professional to ensure that advice and support started seamlessly in the context of the discussions relating to risk factors.

7.3 Questionnaire

7.3.1 To support the review, Scrutiny Officers conducted a snap survey of Barnet and Harrow residents to gauge awareness and take-up of NHS Health Checks. The survey was promoted locally by both councils communications

teams and via local networks, such as Healthwatch. The survey received 47 responses and the detailed findings are detailed in the sections below. Responses to the questions relating to the residents' experience of the checks should be treated with caution due to the relatively small sample size. They do, however, provide some insight into the views of people who have experienced an NHS Health Check:

7.3.2 85.7% of respondents were from Barnet and 14.3% of respondents were from Harrow.

7.3.3 In response to the question 'Have you ever been offered a Health Check from your GP?' 80.9% stated 'no' and 19.1% stated 'yes'. This highlights that the vast majority of respondents had not been offered a check, despite the Health Check programme having been in place in both boroughs since 2009.

7.3.4 Respondents were asked to provide the name of their registered GP surgery. 17 different practices in Barnet and three different practices in Harrow were identified as not offering Health Checks to participants.

7.3.5 Of those respondents that had been offered a Health Check, 100% had taken up the offer. Respondents were asked to identify the reasons why they had accepted the offer and their responses are summarised below:

- General health and well-being check
- Aware of the Health Check programme and wanted to see how it worked in practice.
- Multiple health issues
- Precautionary measure
- Family history of high cholesterol, cardiovascular disease or diabetes

7.3.6 When questioned how important they considered regular health checks to be, 71.4% considered that it was very important and 28.6% considered that it was neither important or unimportant.

7.3.7 When questioned how beneficial they considered the Health Check that they had received to be, 66.7% considered it was beneficial or very beneficial and 33.3% considered it was not very beneficial or not beneficial at all. Respondents were asked to give reasons for their answer. One respondent stated that they were dissatisfied as they were still waiting for their blood test results following a check completed over a week ago.

7.3.8 Respondents were asked whether they considered that there were any areas of the Health Checks process that could be improved. 57.1% answered yes and 42.9% answered no. Respondents were asked to identify specific areas for improvements and the responses are summarised below:

- Consider the option of Integrated Medicine (homeopathy or other natural medicine choices)
- Scans for aneurysm
- Prompt results and more screening around breast cancer, etc.

- Health Checks should consider an individual's mental health too

7.3.9 When respondents were questioned whether they would recommend the Health Check to other people, 85.7% said yes and 14.3% said no. Respondents were asked to give reasons for their answers which are summarised below:

- Early detection of diseases
- Encourage people to make healthy lifestyle choices for them and their families
- Concern for the health and wellbeing of others
- Useful especially for men as they tend not to visit their GPs
- Early detection of health issues and an opportunity to discuss these with health professionals

7.4 Stakeholder Workshop

7.4.1 It was agreed at the outset of the project that engagement with stakeholders was key to understanding the overarching issues. In November 2013, Barnet and Harrow held a Stakeholder Workshop, facilitated by the CfPS Expert Advisor and supported by Scrutiny Officers from Barnet and Harrow. The aim of the workshop was to provide Members of the Scrutiny Working Group and key external stakeholders with the opportunity to:

- Understand the external factors that currently influence the commissioning and delivery of the Health Check in the Barnet and Harrow
- Identify the barriers to delivering the Health Check
- Identify opportunities for effective delivery in the future
- Discuss the improvements in services that could be achieved by change
- Identify and prioritise issues to be considered in the commissioning of the Health Check

7.4.2 The workshop was a deliberative forum which enabled participants to consider relevant information, discuss the issues and options and develop their thinking together before coming to a consensus view. The facilitators used the CfPS Stakeholder Wheel (as shown in Table 3 below) to structure the discussion throughout the workshop and to address the return on investment question of:

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

7.4.3 Based on the discussions that took place, the following recommendations emerged from the Stakeholder Workshop:

	Theme	Recommendation and Rationale
1	Health Checks Promotion	It is recommended that Public Health England develop a national communications strategy to promote awareness and advantages of Health Checks, supported by local campaigns. The campaign should seek to incentivise people to undertake a Health Check (e.g. by promoting positive stories relating to proactive management of risk factors or early diagnosis as the result of a check).
2	Providers / Flexible Delivery	Health Checks should be commissioned to be delivered through alternative providers (e.g. pharmacies, private healthcare providers etc.) and at alternative times (e.g. evenings / weekends), and in different locations (e.g. mobile unit at football grounds, shopping centres, work places, community events etc. or via outreach (e.g. at home or targeting vulnerable groups)) to make Health Checks more accessible.
3	Treatment Package	All elements of the Health Check should be delivered in a single session to streamline the process and make the experience more attractive. Commissioners should investigate feasibility of tailoring treatment options to specific communities.
4	Referral Pathways	The patient pathway should clearly define the referral mechanisms for those identified as:- <ul style="list-style-type: none"> • Having risk factors; and • Requiring treatment
5	Restructure Financial Incentives	Barnet and Harrow have different payment structures. It is recommended that contracts are aligned (preferably in accordance with a standard contract agreed via the West London Alliance) and that Health Check providers are paid on completion only.
6	Resources	Public Health England and local authorities must consider the cost of the whole patient pathway and not only the risk assessment or lifestyle referral elements of the Health Check. Health Checks are currently not a mandatory requirement for GPs (delivered by Local Enhanced Service contracts) meaning that they may not be incentivised to deliver and nor have the capacity (human resources and physical space) to deliver. Nationally, Public Health England and NHS England should consider the cost of the whole pathway and on that basis a whole system review is recommended.

7	Targeting	It is recommended that the Health Checks commissioning strategy should deliver a 'whole population' approach (offering checks to eligible population cohort), complemented by targeting of specific groups or communities particularly:- <ul style="list-style-type: none"> • men (who statistically have a lower up-take than women); • faith communities (who statistically have a high prevalence of certain diseases); and • deprived communities (where there is a statistical correlation between deprivation and a low uptake of Health Checks)
8	Screening Programme Anxiety	It is recommended that Public Health England, clinicians and local commissioners give consideration to managing potential public anxiety in participating in a screening programme.
9	Barriers to Take-Up	Commissioners are recommended to research the reasons for the public not to participate in the Health Checks programme to identify what the barriers to take-up are. On the basis of the research findings, targeted engagement with under-represented groups is recommended.
10	Learning Disabilities	It is recommended that Public Health England, clinicians and local commissioners give consideration to incorporating adults with learning difficulties into the Health Checks programme before age 40 due to their overrepresentation in the health system

7.4.4 Although listed as separate elements above, the Public Health team are recommended to undertake a **whole system review** (offer, appointment, results, advice etc.) to inform the future Health Checks commissioning strategy.

7.4.5 The recommendations at 7.4.3 have been endorsed and adopted by the Scrutiny Review Group.

7.4.5 In addition to the recommendations outlined above, the following have been identified as priority areas for Public Health to consider when commissioning Health Checks in the future:

1. Improve take-up across the board
2. Engage with local Healthwatch to promote
3. Communication – liaise with community leaders
4. Communication – develop and embed a local message articulating the offer

5. Providers and incentives need to be realigned
6. Target Health Checks locally to specific communities
7. Understanding barriers to take up in areas offered
8. Examine the whole system from offer to follow on
9. Communicate the advantages
10. Extent that service providers can encourage take-up (e.g. weekend availability)
11. Follow up with personalised letters and phone calls; state the advantages
12. Improve access based on research
13. Initiate follow-up programmes

8. Return on Investment

8.1 When applying to become a CfPS NHS Health Check Scrutiny Development Area, Barnet and Harrow committed to using the CfPS Return on Investment Model (RoI) to conduct the review.

8.2 The RoI model seeks to quantify what the return on investment would be for a specific course of action being taken as a consequence of the scrutiny review. As identified in the Stakeholder Workshop section, the RoI question that this review has been seeking to address is

What would be the return on investment if we improve take up of the Health Check amongst specific groups?

8.3 The economic argument behind the NHS Health Checks screening programme is that the early detection of certain conditions or risk factors enables early intervention which can take the form of medical treatment or lifestyle changes. Treating conditions in their early stages or managing risk factors will:

- i. be much more cost effective than treating chronic conditions; and
- ii. result in an overall improvement in the health and wellbeing of the general population.

8.4 Public Health England has estimated that over the next four years around £57 million will be saved through Health Checks and that over a 15 year period £176 million will be saved. After 20 years the NHS Health Checks programme is expected to have paid for itself and deliver improvements to the general health and well-being of the population.

8.5 The RoI modelling below will seek to analyse cost of this review against the potential financial benefits of implementing the recommendations arising. It is acknowledged that the RoI modelling could be open to challenge as it is based in a number of assumptions. Notwithstanding this, the model does provide a platform to demonstrate the potential financial and social benefits that implementing scrutiny recommendations could deliver if implemented; the model should therefore be considered on that basis.

Return on Investment – Cost of Scrutiny Review vs. Potential Savings

Table 2 (Input Costs)

Input	Scrutiny Officer Review	Public Health	External Engagement	Total
	2 x Scrutiny Officers for 1 day per week for 24 weeks (mid-July to mid-December) = 168 hours Plus 5 days of graduate trainee support = 37 hours Total hours 373 hours x £25 per hour = £9,325	Public Health Officers (including involvement in planning meetings, providing data and attending) Total hours = 10 days or 74 hours x £25 per hour = £1,850	22 days = £13,370	£24,545

Table 3 (NHS Health Checks – Newly Diagnosed Conditions)

	Number of people eligible for a Health Check	Number of Health Checks offered to the eligible population	Number of Health Checks performed	Transfer rate (take up of those offered)	Number of cases of Hypertension diagnosed as a result of a Health Check	Number of cases of Diabetes diagnosed as a result of a Health Check	Number of cases of High Cholesterol diagnosed as a result of a Health Check
Harrow (2012/13)	62,892	12,680 (20.16%)	3,729 (5.93%)	34%	65	32	815
Barnet (2012/13)	69,904	16,820 (24.06%)	3,263 (4.67%)	19%	146	65	750
Richmond (2011/12)	Approximately 19,000	9343 (c. 50+%)	4823 (c. 25%)	51%	152	19	Data not available

8.6 In considering the financial implications of not treating risk factors or diagnosed conditions early, a review of information available on the cost of treating chronic conditions was undertaken. The result of the modelling below should be treated with caution as the financial assumptions have not been fully tested. The findings do however provide an estimation of the potential savings across health and social care following the roll out of a successful NHS Health Checks programme in Barnet and Harrow.

8.7 The British Heart Foundation reports that 103,000 heart attacks occur every year, costing around £2 billion per year to treat or £19,417 per case. Diagnosing conditions such as Hypertension can be argued to prevent heart attacks from occurring later on therefore meaning that for every case diagnosed £19,417 is potentially saved. On this premise, the following amount of money will be saved as a result of Health Checks:

8.7.1 LB Harrow

In 2012-13, 3,729 had health checks (5.93% of the eligible population). This led to 65 cases of hypertension being diagnosed, saving a potential of £1,262,105.

If the uptake was improved to 11.86%, then it is possible that around 130 cases of hypertension could be diagnosed, saving a potential £2,524,210.

8.7.2 LB Barnet

In 2012-13, 3,263 had health checks (4.67% of the eligible population). This led to 146 cases of hypertension being diagnosed, saving a potential of £2,384,882.

If the uptake was improved to 9.34%, then it is possible that around 292 cases of hypertension could be diagnosed, saving a potential £5,669,764.

8.8 If the recommendations arising from this review (as set out in the following section) are agreed and implemented, it is anticipated that there will be a significant increase in the uptake of NHS Health Checks in both boroughs, particularly if roll-out of the checks is prioritised based on demographic risk factors.

8.9 Social Return on Investment

8.9.1 The Scrutiny Review Group wish to emphasise that the implementation of the recommendations made will deliver social as well and financial benefits. Encouraging people to adopt healthy lifestyles and managing pre-existing conditions before they become chronic will deliver health and well-being benefits in addition to the potential financial savings.

9. Summary Findings and Recommendations

Summary Findings

- 9.1 Following consideration of all the evidence received during the review, Members questioned whether GPs were the correct vehicle for delivering NHS Health Checks. Whilst performance in Barnet and Harrow had been around the national average, there was a lack of awareness of the checks in both boroughs. Best practice examples demonstrated that alternative delivery models could improve up-take by targeting to specific groups and making the checks more accessible.
- 9.2 Data supplied by the Public Health team had indicated that the cohort of patients presenting for health checks were not reflective of the demographics in each borough (e.g. there were a disproportionate number of women from more affluent areas). As such, presentations were not linking with communities identified as being at risk. There should therefore be a focus on hard to reach groups including specific ethnic communities with high risk factors, mental health patients, the homeless and men.
- 9.3 The Group recognised that there should be a balance between interventions and individuals managing their own risk factors. A communications campaign should therefore seek to strike a balance between promoting the checks locally and encouraging people to adopt healthier lifestyles.
- 9.4 Members recognised the importance of ensuring that there was a clearly defined pathway for those identified as being most at risk. Medical interventions should be supported later in the pathway by risk management and reduction elements and a joined up approach would be required to achieve this.
- 9.5 Contracts transferred from primary care trusts were inconsistent and in Barnet did not incentivise completion of the check. The Group considered that when the commissioning strategy was defined, there should be consistent payment by results contracts across both boroughs. Members were supportive of the work being undertaken within the West London Alliance to regularise NHS Health Checks contracts on a sub-regional level.
- 9.5 The Group recognised that greater work was required to understand the whole costs of the NHS Health Check process. Local authorities are responsible for commissioning the check and CCGs are responsible for ensuring an appropriate clinical follow-up. Further evaluation of the post-check care costs is required to provide an accurate cost benefit analysis.
- 9.6 The Group were supportive of the recommendation in the PHE / LGA paper titled *NHS Health Check: Frequently asked questions* (September 2013) that "Health and Wellbeing Boards (HWBs) should ensure that NHS Health Check is reflected in the commissioning plans stemming from locally agreed Joint Health and Wellbeing Strategies (JHWSs) and that it is resourced to operate

effectively. Coordinating the programme with wider strategic decision making by the whole council will avoid duplication, and can help maximise the programme's impact and value for money. It is important to ensure that the risk management and reduction elements of the NHS Health Check (lifestyle interventions such as stop smoking services, weight management courses and drug and alcohol advice) are properly linked to other council services like education, housing and family support."

Recommendations

- 9.7 The Group agreed that the recommendations arising from the Stakeholder Workshop, as detailed in **section 7.4.3** should form the basis of the recommendations to each council's Cabinet and Health & Well-being Board as recommendations were supported by all of the quantitative and qualitative research undertaken as part of this review.

10. Project Activity

A summary of the meetings in carrying out this scrutiny review is provided below:

Date	Activity
25 July 2013	<p>Approved the Project Briefing to enable the review work to commence in advance of formal committee approvals</p> <p>Approved the composition of the Task and Finish Group (3 Harrow Members and 3 Barnet Members)</p> <p>Approved the consultation / engagement approach</p> <p>Agreed an outline plan for the utilisation of the CfPS Expert Advisor support available</p>
18 September 2013	<p>Received a summary of activity to date</p> <p>Reviewed and agree the Project Plan</p> <p>Received the results of a data mapping exercise undertaken by the public health team (including trend analysis)</p> <p>Agreed the approach to engaging with key stakeholders and residents / patients</p>
2 October 2013	<p>Received a presentation from the CfPS Expert Adviser on the ROI approach</p> <p>Agreed the format of the Stakeholder Workshop</p>
1 November 2013	<p>Stakeholder Workshop attended by Public Health England (London), GPs, Practice Managers, Healthwatch, Diabetes UK, Cabinet Members, Barnet / Harrow Public Health and Barnet CCG</p>
4 December 2013	<p>Results of an online questionnaire on Health Checks (promoted via Engage Space, Twitter / Facebook, Older Adults Partnership Boards and Members)</p> <p>Results of community engagement exercise which includes focus groups (generic, men and deprived areas) and 1:1 interviews</p> <p>Outline report, co-authored by LB Barnet and Harrow Scrutiny Officers</p>

11. Acknowledgements

The Scrutiny Review Group wishes to thank those attendees and witnesses outlined below in addition the officers in the joint public health team who supported them during their work.

Councillors	
Councillor Vina Mithani	Harrow Council
Councillor Alison Cornelius	Barnet Council
Councillor Graham Old	Barnet Council
Councillor Helena Hart	Barnet Council
Councillor Barry Rawlings	Barnet Council
Councillor Ben Wealthy	Harrow Council
Councillor Simon Williams	Harrow Council
Council Officers	
Dr Andrew Howe	Joint Director of Public Health, Barnet and Harrow
Mary Cleary	Interim Senior Public Health Commissioning Manager
Rosanna Cowan	Public Health Commissioner
Dr Matteo Bernardotto	GP VTS Trainee at North West London NHS Trust, Public Health
Andrew Charlwood	Overview and Scrutiny Manager, Barnet Council
Felicity Page	Senior Professional Scrutiny, Harrow Council
Edward Gilbert	Graduate Trainee / Assurance Officer, Barnet Council
Hannah Gordon	Graduate Trainee, Barnet Council
Witnesses	
Brenda Cook	Expert Advisor, Centre for Public Scrutiny
Stephanie Fade	Managing Director, What Matters Cubed
Paul Plant	Deputy Regional Director – London, Public Health England
Christine Gale	Pinner Road Surgery, Harrow
Smita Mody	Pinner View Medical Centre, Harrow
Dr Sue Sumners	Barnet Clinical Commissioning Group Chairman
Councillor Helena Hart	Cabinet Member for Public Health, Barnet Council
Cllr Simon Williams	Health and Wellbeing Portfolio Holder, Harrow Council
Dr Pandya	Savita Medical Centre, Harrow
Roz Rosenblatt	London Regional Manager, Diabetes UK
Rhona Denness	Healthwatch Harrow
Selina Rodrigues	Healthwatch Barnet

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2013

Health Checks: Community Engagement Report

Summary

This work was commissioned by the Overview and Scrutiny teams from the London Boroughs of Barnet and Harrow. Focus groups and one to one interviews with residents of both Boroughs were carried out to explore public views about NHS Health Checks. This community engagement work showed that whilst residents supported the concept of Health Checks they wanted a more person-centred approach. Two over-arching themes emerged; the need for a more coherent wellness strategy pulling together all the current checks and screening initiatives and a greater focus on quality over targets in relation to access, delivery and follow-up. This paper describes these two themes setting out residents' views for consideration in the context of the wider local review of the Health Checks programme, which explored commissioner and provider perspectives. The report concludes with some considerations for the local development of the Health Checks programme linking with ongoing national work being led by Public Health England.

Background

The Overview and Scrutiny Teams at Harrow and Barnet Councils commissioned this in-depth, yet fast-paced community engagement work to explore public views on NHS Health Checks.

The NHS Health Check is a health screening programme which aims to help prevent heart disease, kidney disease, stroke and diabetes and identify certain types of dementia. Everyone between the ages of forty and seventy-four, who has not already been diagnosed with one of these conditions or have certain risk factors should be invited (once every five years) to have a check to assess their risk and provide advice/signpost services to help them reduce or manage that risk. Health Checks may be delivered by GPs, local pharmacies or other suitable settings.

Both Councils ran an online survey on the topic and consulted with commissioners and providers in parallel with this community engagement work.

The community engagement work started on 22nd October 2103 and completed on 30th November 2013.

Approach

The engagement sought to access views from different cultural perspectives, different socioeconomic groups, men and women, people across the eligible age range as well as groups that might face specific challenges accessing health services such as carers, people with disabilities, people with learning difficulties and other mental health diagnoses. A list of groups engaged is shown in appendix one.

Engagement via General Practice Patient Participation Groups

All GP Practice Managers across Barnet and Harrow were contacted by e-mail to identify Patient Participation Groups (PPGs) meeting during the time frame of the engagement work. Only four replies were received and three of these reported that the Practice's PPG was not due to meet until after the conclusion of the work. However one meeting was arranged with a PPG Executive group in Harrow. In order to ensure that PPG members had the opportunity to get involved with the work despite this constraint, two focus groups were arranged at the Harrow Council offices and Hendon Town Hall respectively. An invitation was sent to Practice Managers and PPG Chairs via the respective Healthwatch Directors, using the fliers in appendix two.

Engagement with Local Voluntary and Community Groups

Participants were identified from a number of sources:

1. Groups that represented the harder to reach communities in Harrow
2. Barnet CommUNITY website
3. Yell.com

Groups were contacted by phone call and e-mail in order to identify pre-existing meetings that were taking place during the timeframe available for data collection (28th October-26th November), where it would be possible to talk to small groups of residents about Health Checks.

Hard to Reach Groups

Following earlier analysis provided by the Harrow and Barnet Public Health teams, Overview and Scrutiny [Councillor Vina Mithani (Chairman of the NHS Health Checks Scrutiny Review), Councillor Alison Cornelius (Barnet), Councillor Graham Old

(Barnet), Councillor Barry Rawlings (Barnet), Councillor Ben Wealthy (Harrow)] had identified three groups of residents that were particularly under-represented in terms of taking up Health Checks, these were:

1. Men
2. Residents from deprived areas as indicated by the Index of Multiple Deprivation (IMD)
3. Overweight and obese residents

Men's groups or groups with strong male representation and groups meeting in deprived areas were targeted to ensure that the engagement took views from these groups into account.

The researcher (a registered Dietitian) sensitively identified overweight and obese people at the focus groups and arranged follow up phone calls with residents from this group to discuss relevant issues. Two interviews were carried out.

Engagement Tools

At each Focus Group the researcher used the survey questions shown in appendix three, to acquire quantitative data including demographic information from each respondent. Demographic data was used to report on the extent to which the engagement reached different ethnic and socioeconomic groups rather than to report differences between groups.

Group discussions were initially organised around the following themes developed in discussion with the Scrutiny Teams:

- ❖ Views about the general concept of Health Checks
- ❖ Awareness of Health Checks prior to the focus group and views on enhancing awareness

- ❖ Motivators and inhibitors for having a Health Check
- ❖ Experiences of booking or having a Health Check
- ❖ Experiences of the benefits of Health Checks or thoughts about the potential benefits
- ❖ Ideas about other potential ways to achieve the aims of Health Checks

Each session concluded with the question “Please tell me about anything that seems important to you about the subject of Health Checks that we have not already covered.” This question sometimes highlighted new themes that were then explored further in later focus groups and interviews. Supplementary questions under each theme were designed to increase the depth and breadth of the data. For example to provide depth the researcher asked “Can you tell me a bit more about that?” or “Do you have any thoughts or sense of whyhappens or the circumstances around your experience.” To increase the breadth of information the researcher asked: “Has anyone got a different view/had a different experience?”

As the meetings were relaxed and informal a decision was made not to tape record responses but simply to make notes during and after the session. Despite this an attempt was made to record quotes verbatim where key points were being made.

Data Analysis

Analysis began as soon as the first focus group session was completed enabling the identification of emerging concepts and where necessary relevant groups to engage with, in order to develop understanding around strong concepts in the data. A concept was considered strong if it occurred many times within or across groups or if cues indicated strength of feeling (e.g. making a statement such as “what makes me really angry is....” or shouting or becoming animated) even if the

view was only expressed by a few residents. This was considered important to ensure that the views of minority groups were reflected appropriately in the report. When new concepts emerged, data from previous groups were reviewed to check for examples that might have been missed on first analysis. As the work progressed concepts were organised under category headings and gaps in understanding were identified for exploration in future focus groups. A specific attempt was made to identify links between issues seen in the data in order to facilitate the development of a narrative describing the findings rather than a simple list of themes. This was done to make the findings more meaningful and user friendly particularly to the residents who had supported the work.

Findings

Survey Findings

Forty-one residents were involved in this work. 44% were from the Borough of Barnet and 56% were from the Borough of Harrow. 44% were male and 49% were identified as being from deprived wards (IMD score of 15.00 or more) based on data from the London Health Observatories (London Health Observatories 2010.) Before participating 51% reported that they were aware of the Health Checks programme. However the researcher noted significant confusion about the title "Health Check." Many residents reported that they had their health checked regularly and on discussion this seemed sometimes to be linked to checks relating to a pre-existing non cardiovascular health condition or routine checks carried out for older people by GPs. The researcher took care to specifically note residents who had been given a "Health Check" as part of the formal programme being investigated rather than all those who had experienced some form of check up in another context; however it must be accepted that there may have been some over-reporting. Of those who

had an awareness of Health Checks 29% (n=6) reported taking one up. In addition one resident said she would have to simply say that she was not sure if she had taken up a Health Check specifically but she had received a check up from her GP. 57% of all residents who had not had a health check (n=35) reported that based on the information provided by the researcher, they would like to have one. Reasons for not wanting to take up a Health Check are summarised in table one. The most common reason for not wanting to have a Health Check was the resident's perception that they already knew enough about their health. In many cases this was because the residents were already visiting their GP or another health professional regularly.

Reason for not wanting to take up a Health Check	Number of residents (total who did not want to take up a check =15)
Already know enough about my health	11
Don't think the service will be very good	2
Embarrassed to talk about my health	1
Don't have time	1

Table one: Reasons for not wanting to take up a Health Check

Of the very small number (n=6) of residents who had accessed a Health Check, all but one said that they would recommend the check to others, essentially because they believed that "prevention is better than cure." However the one respondent who stated that they would not recommend a Health Check felt strongly that the check was process-driven, inadequately individualised, delivered by someone who did not have the capability to respond to patient questions and who gave advice she found condescending.

Qualitative Findings

Based on the qualitative data the central theme identified by this work was that residents desire a more **“person centred approach”** to the promotion of wellness in the community than is currently reflected in the Health Checks programme. Figure 1 below summarises the findings.

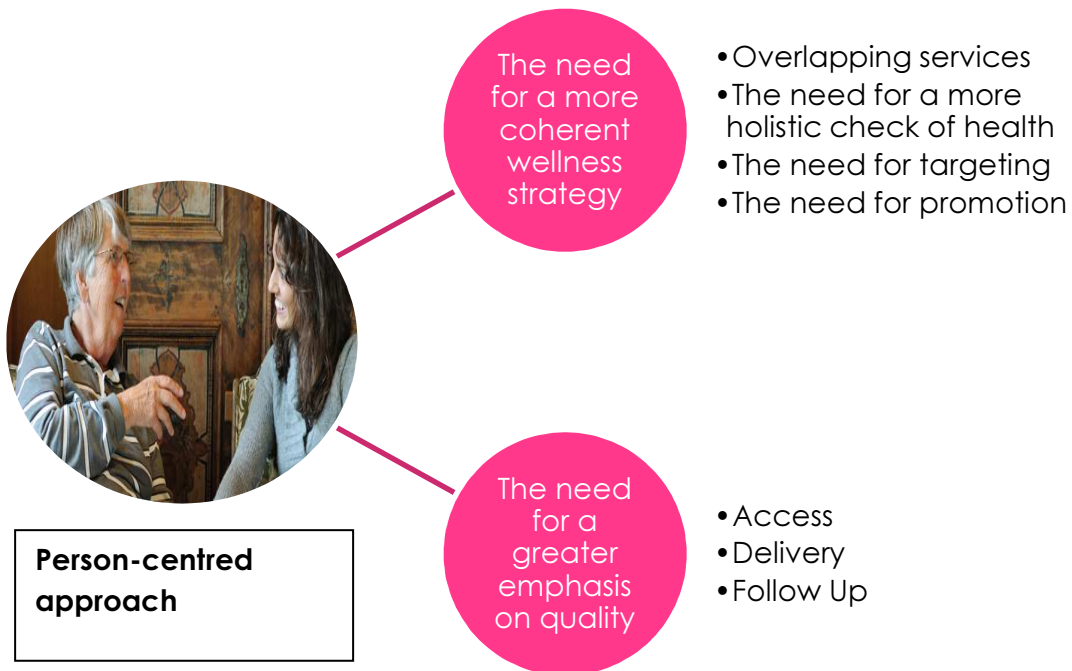


Figure 1: Summary of Residents' Views of the Health Checks Programme

What follows is a narrative describing the findings and summarising the sub-themes using quotes from the interviews and focus groups.

The need for a More Coherent Wellness Strategy

Residents were supportive of the concept of Health Checks but had questions and concerns about the programme's place in wider wellness strategy. Four sub-themes emerged:

1. Overlapping services

2. The need for a more holistic check of health
3. The need for targeting
4. The need for promotion

Overlapping Services

Residents expressed some confusion about the specific role of Health Checks. People at the older end of the eligible age range often reported that they believed that their GP already had good oversight of their general health. These residents reported that they were offered the same checks included in the Health Check already, often on an annual basis.

“You get that anyway with your older person check....My GP is always saying: ‘You haven’t had your blood pressure taken for a while let’s do it now or it’s time for another blood test.’ I don’t understand what this Health Check adds.”

By contrast other older people were concerned to ensure that they had access to more frequent checks as they got older and were concerned that they were often dismissed by the health system. This seemed to be more about the lack of intervention they were offered rather than lack of access to checks.

“They don’t want to know you once you get older.....they say oh don’t worry that’s just old age. But we do worry and we want to be well.”

Other residents with pre-existing non-cardiovascular conditions also commented that the blood pressure and height and weight check elements of the Health Check were already carried out as part of their routine reviews. Community groups such as the Barnet Asian Old People's Association already had a nurse doing weekly visits who checked blood pressure, height and weight and provided advice and support to members.

People were not only confused about the purpose of the Health Check in this context but also concerned about value for money.

“Do they know the people they need to target? It doesn't seem like they do. If the Dr doesn't know the person has already had these checks then money is being wasted.”

The Need for a More Holistic Check of Health

People felt that the term “Health Check” was very misleading in relation to this specific programme. Residents were disappointed that the check did not look at health more holistically.

Some people felt that more wide-ranging blood tests would be useful as a general indicator of health. The following were mentioned specifically; full blood count, urea and electrolytes, liver function tests and thyroid function tests. People acknowledged that this would make the Health Check much more expensive but argued that targeting the checks at a smaller group of at risk people whilst making the check more wide-ranging might be preferable and this will be explored further in the next section.

Specific concerns were raised about the missed opportunity to identify mental health problems:

“It could be a way to reduce stigma about mental health. You come and have your health checked and of course that includes mental health. It shows people that professionals think it’s important.”

“What about depression? It can be very black for some people and they probably don’t feel like they can bother their GP with that. Professionals should check and make people feel like they can talk about it; you know it’s ok to ask for help.”

“You withdraw, you don’t tell anyone and then it’s too late. If it was normal to be asked, people might feel..... you know like they’re not a burden.”

Another specific area of concern was musculoskeletal health particularly amongst those with very physical jobs or caring responsibilities:

“How much do back problems cost this country? If you could get quick access to massage or physio from a routine check it could save pain and money.”

“What about bone health and the huge problems we now have with vitamin D?”

Residents also talked about joining Health Check results up with findings from all the other screening and checks they experienced to give them an overall picture of their health. Some residents linked this with concerns around lack of effective investment in NHS IT systems.

“It’s not joined up; the parts of the system don’t talk to each other. You need a computer programme that takes all the test results and creates a picture of your health so your GP can see straight away how it all links up.”

The Need for Targeting

Residents felt that the eligible age-range seemed somewhat arbitrary. They were also interested in research to explore population groups that would benefit most from a Health Check and felt intuitively that children and younger people ought to know about risk and be supported to manage their personal risk factors.

“Why is it everyone 40-74? Don’t you need to catch these things younger?”

“You could argue you should be at mums and toddlers and in the schools with all this. Especially about food and activity.”

“They need a better idea which groups would benefit most.....I mean these diseases aren’t they more common in some groups.”

People were concerned about the burden that the scheme was placing on the healthcare system and furthermore the additional burden associated with carrying out the more holistic, person centred Health Checks that they felt were necessary to be of real benefit.

“There is an issue about targeting.....If we really cannot afford to do it properly then maybe a scaled down version is needed.”

Some people felt that there was already enough information about priority health problems in the community and that funding should be targeted on known problems. For example one resident with experience of healthcare delivery said:

“For me the most important thing is obesity....regular weight checks....support groups....partnerships with organisations like Weight Watchers.”

Other residents agreed:

“Weight is at the centre of it all. If you're overweight you're more at risk of heart disease, diabetes, cancer, back and knee problems. Regular weight checks and advice when you need it, plus support over time might be a better way to spend our money.”

The Need for Promotion

As previously discussed there was poor awareness of Health Checks as a brand and people were not clear about whether they had received a “Health Check” or just some other routine check carried out at their GP surgery. Residents made some interesting suggestions about how the scheme could be publicised and these are summarised in table two.

Potential approaches to promoting Health Checks suggested by residents
Topic on local “talk radio” or national television “magazine” shows
Article in local newspapers and magazines
Fliers in public places such as supermarket community notice boards, libraries, pharmacies, places of worship.
Information for Pharmacists to handout to customers

Table Two: Suggested Approaches to Promoting Health Checks

People also took the view that the name did not really reflect the aims of the check.

“It’s not a **health** check, it’s a heart, diabetes and kidney check with dementia tacked on....it just doesn’t make sense.”

“The real question is, what is the objective of Health Checks?”

Furthermore some people felt that screening was much more compelling as a concept than a check, although they also felt that it was not currently clear to them what was being screened as part of the Health Checks programme. This meant that people could not make a judgement about the potential benefits for them so felt this would be likely to reduce the take up.

“I just get this thing through the post and I think what’s this about and why is it important for me?”

The Need for a Better Quality Service

Residents were concerned that the focus seemed to be on the number of checks offered and the number taken up. They were more concerned about the quality of the check and 3 sub-themes were evident from the data:

1. Access
2. Delivery
3. Follow Up

Access

Residents talked about needing access to Health Checks at convenient times and in convenient locations. Younger resident stated a preference for evening and weekend appointments or the opportunity to have a Health Check at their place of work or at job clubs and job centres. This was a particular concern for people who had experienced unemployment or feared being made unemployed:

“If you’re looking for a job or trying to keep a job. It’s hard to take time out; your boss is just not going to allow it. Going to the doctors when you’re well, they would laugh and think you’re lazy.”

Some people recognised the funding challenges associated with offering health checks at work, given that workplaces include people from a variety of Local Authority areas. However they wondered if a funding model could be designed that

would make the change possible, for example, top-slicing or giving the budget to individuals. This latter point was also made in relation to the option for self-assessment using calibrated blood pressure monitors and home blood sugar and cholesterol testing kits available at pharmacies.

“Why not pay the patient and give them options where to get their check. They can then pay the provider or buy stuff to check themselves.”

Residents who regularly attended local community groups wondered if checks could be offered at their routine meetings.

“If you’re a carer you can’t get out so much, we need things like this at our meetings.”

Some community groups already had visits from a nurse who carried out height, weight and blood pressure checks and let people know what they should do if there was a problem. This service did not seem to be part of the “Health Checks” scheme. People also commented that GP surgeries did not seem to be the right vehicle for Health Checks as the system was already over-burdened.

“If your GP is doing all these Health Checks it’s going to be even more impossible to get help when you’re sick.”

Older people were concerned about their ability to attend yet another appointment and again wanted the service at groups they already attended or in libraries, supermarkets and even pubs. The benefits of mobile units were frequently

mentioned in relation to providing Health Checks at all the venues discussed in this section.

“What about mobile units like they use for blood donation...with a clear NHS logo so you know it's NHS Health Checks.”

Residents were also concerned about the difficulties they might experience accessing a Health Check and talked about times when they had tried to get health services that they were entitled to but met with administrative barriers, which they found very distressing. Examples included trying to get breast cancer screening when they'd had a lump previously and having to fight for several years to get access, requesting a blood pressure check and being given a six week wait, requesting a cholesterol check because of concerns associated with family history of heart disease and getting “lost in the system.” People were clear that the system needed to be ready to deliver before Health Checks were more widely publicised or there was a risk of unnecessary stress and worry for those struggling to get a Health Check in a timely way. One resident reflected on previous difficulties with breast screening and all the distress that caused and there was a clear view that action should be taken to minimise the chance of missing people or miss-reporting risks.

Delivery

Residents talked about who should deliver the Health Check and the need for an individualised approach.

People who had experienced a Health Check described a standardised computer-based approach. Most residents did not see any risks associated with this but one

respondent was very concerned that the Healthcare Assistant who delivered her check was not able to answer her questions and seemed to be using a “script.” This respondent reported finding the advice given as “condescending” and “not at all personalised.” Other residents at this focus group agreed that this approach seemed concerning and talked about the need for the check to be conducted by a “registered professional.” Doctors, Nurses, Pharmacists and Dietitians were mentioned as suitable staff to carry out the check. People talked about the need for a “one stop shop” where you could get the results of the check and then immediate access to professional advice and support. There was concern that knowing the results of the check without swift access to credible, professional advice and support risked causing people unnecessary stress and worry.

Another resident talked about the need for the check to be collaborative, involving the person having the check in working out a plan of action with a professional. This was also a theme at a group for older people.

“Whose health is it? It’s mine not theirs, I know what works for me. Is this really about me or ticking a box for politicians. I feel very sceptical”

People were concerned that Healthcare Assistants who often deliver the checks would not have the knowledge or skills to work collaboratively with individuals as they believed they were trained to follow a process and give standard answers.

“I want to be able to ask questions about what matters to me and know the person has the knowledge to answer. I can read words on the computer screen myself... that’s not it for me.”

At one focus group this thinking triggered further discussion about the benefits of doing the actual assessment part of the Health Check online with the option to then click to see a list of local advice and support sessions. Some residents thought this support could be provided partly in groups based on individual risks.

“I’ve had some experience of cardiac support groups.....it was very good and could be pushed out.”

Follow Up

Residents believed that any interventions stemming from Health Checks needed to be free, implemented quickly and be reasonably long-term.

The cost and long term nature of support was a particular issue in relation to weight management and exercise on referral. People talked about these areas requiring initial and then intermittent, ongoing professional advice supported in between by people who would “walk alongside” them in order to help them stick with the changes they needed to make. For example one resident was shocked at the cost and short-term nature of the exercise on referral programme.

“It’s still £12.95 a month and it goes up after a few months...how can you do that when you are on benefits? You need someone to help you stick to it and that needs to be available to everyone.”

Other residents had enjoyed being part of walking groups but expressed concern that these were not supported long term and relied on the good will of residents.

“I used to lead a walking group and the council said you know you take it over. But I can’t do that I’ve got my own health problems and stress I need to think about me.”

Residents who were part of community groups thought that long term funding for exercise classes at their regular meetings might deliver better value for money and would allow the sessions to be tailored to the needs of the group:

“You may have had an accident and people don’t realise you need to build up your muscle strength....Lots of us here have had accidents if we could have supervised exercise it would help us get fit and prevent us having more falls.”

People were very clear that these interventions needed to have strong professional oversight to ensure that the advice was correct and useful.

“Your needs must be followed up by the relevant professional so that you get appropriate information and accurate answers to your questions.”

People were also very keen to ensure that GPs remained at the fulcrum so they could provide oversight for all the interventions.

“Your GP is the central point and has a duty of care.”

Good IT support was highlighted as being essential to successful delivery.

“If this was being done properly the computer would note the results and automatically refer for the right follow up.”

Summary

This work has shown that the residents of Harrow and Barnet have a strong interest in taking care of their health and some insight into the funding constraints of current times. People were keen to capitalise on all the screening and routine checks that were already taking place by pulling together the findings to give people and their GPs a clear picture of their health from a broad perspective. People clearly needed screening and checks to be provided at convenient times and in convenient places and the GP surgery was seen as only one potential venue, with mobile units offering benefits to working people, older people, carers and those with existing health problems.

Residents made a distinction between the assessment part of the health check and the ongoing advice and support. There was a strong view that advice and support must have relevant professional oversight whilst some of the long-term motivational elements could be supported by peers, who were in turn well supported financially and administratively.

These findings provide important information for Public Health and wider wellness strategy development as well as information to help shape the Health Checks programme specifically.

Discussion and Areas for Further Work

The findings from this community engagement work in Barnet and Harrow reflect and further illuminate some of the key themes in recent publications about the ongoing development of Health Checks (Department of Health and Public Health England 2013, Public Health England 2013 a and b, Public Health England and Research Works 2013) as follows:

1. Marketing and promotion
2. Value for money
3. Innovative approaches to delivery
4. The need for effective IT
5. Competency of providers

This next section reflects on these themes in the light of the findings of this work and makes suggestions for local consideration.

Marketing and Promotion

Public Health England (PHE) has developed an action plan for ongoing implementation of NHS Health Checks (Public Health England 2013 b.) Action two states:

“PHE will work with local authority NHS Health Check teams to test the potential impact of behavioural insight and marketing interventions on uptake. This will include developing options for improving the NHS Health Check brand, establishing the effectiveness of different approaches to

recruitment and testing marketing campaigns to support uptake locally and nationally.”

This community engagement work showed that people were not familiar with Health Checks as a brand but also that they wanted to understand more about the objectives of the Health Checks programme from their perspective as individuals. For the Health Checks programme to be successful, GPs will need to be convinced of the value at a population level and the public will need to understand the benefits for them personally. There is a danger that promotional work might focus too much on health benefits for the nation and too little on health benefits for individuals, families and communities.

Value for Money

PHE intend to carry out further work to refresh the economic case for Health Checks (Public Health England 2013 a and b.) Residents from Barnet and Harrow were particularly concerned about overlap with other screening services and checks and will want to see that this has been taken into account. Furthermore residents highlighted the potential benefits of a more joined up approach to supporting wellness, capturing all the checks and screening already taking place, allowing Health Checks to be individualised to fill in any gaps.

PHE acknowledge the need to consider indirect harm from generating an increased workload in primary care and the cost of investing in Health Checks at the expense of other Public Health initiatives (Public Health England 2013 a.) These were both issues raised by residents in this study who for example questioned the benefits of a

Health Check programme targeted at those aged 40-74 compared to the benefits of investing more in diet and lifestyle initiatives with children and younger people.

Furthermore residents highlighted concerns about the need for greater investment in lifestyle initiatives to support people identified as being at risk to make long term lifestyle changes. In particular residents felt it was important that interventions were free of charge to ensure that everyone could benefit and also that support to help people change their lifestyles was available on a more long-term basis. This will require innovation in delivery to develop schemes that are both affordable and effective. Residents would have much to offer in the co-development of such schemes and longitudinal exploration of the benefits.

Innovative Approaches to Delivery

A recent report (Public Health England and Research Works 2013) highlighted that in some areas, good uptake of Health Checks was thought by commissioners to be associated with the following:

1. Commissioning of community teams to go to community centres, shopping centres, leisure centres, church groups, farmers' markets, football clubs and workplaces to deliver Health Checks.
2. Taking a Health Bus to supermarket car parks and other public places to deliver Health Checks to passing members of the public and others who had been given the Health Bus itinerary by their GP surgery.
3. Offering early morning or evening clinics to enable working people to access a check.

All these points were highlighted by residents in this study and it would be interesting for local commissioners to explore areas where these approaches to delivery have been effective and consider the implications locally. Public Health England is also exploring approaches to commissioning and delivery (Public Health England 2013b) and it will be interesting to participate in this work and consider the findings as they evolve.

The Need for Effective IT

Effective IT will be important for identifying people in the target population, collating data and information about individual risks, ensuring that individuals get access to all the relevant follow up in a timely way, evaluating the benefits of the programme and aggregating information from individual to population level. PHE talk about exploring:

“...the use of innovation and IT technologies to allow the seamless flow of NHS Health Check data across the health and social care system.” Public Health England 2013 b

This study showed that residents wanted IT solutions to go further than this joining up data and information from other checks and screening initiatives in order to provide a more holistic view of their health. Whilst it is likely that the technology exists to achieve this, the health and social care system has experienced significant challenges in joining up IT across provider organisations. Despite the challenges the findings of this work indicate that achieving a more joined up approach should remain an aim.

Competency of Providers

Whilst this work only reflects the views of a very small number of people who have actually had an NHS Health Check it is interesting that the issue of competence was raised by residents. One respondent in particular was very keen to raise this issue and their views do mirror a key statement in PHEs Implementation Review and Action Plan (Public Health England 2013 b.) PHE state that:

“NHS Health Checks can and have been provided by a range of health professionals (GPs, nurses, healthcare assistants, volunteers etc). Further work needs to be undertaken to understand the value of using different types of professionals for different populations.....Some practitioners have suggested that they do not feel qualified to undertake lifestyle assessment discussions”

Several residents who had not had a Health Check felt that delivery of the advice and support element of the check had to be managed by a registered professional. Residents also talked about the potential for using Dietitians and Pharmacists to support Health Check delivery. Residents felt that it was important for advice and support to start seamlessly in the context of the discussion of risk and so stressed that registered professionals needed to have responsibility for this. Implementing this type of approach needs to be considered in discussion with Professional Regulatory Bodies such as the General Medical Council, the Health and Care Professions Council, the Nursing and Midwifery Council and the General Pharmaceutical Council as well as Health Education England and the local LETB, Health Education North West London and education providers.

Conclusion

There is currently a ground-swell of activity around Health Checks both nationally and locally and this presents an opportunity for debate and action to make improvements to the programme. Residents are the people this initiative seeks to benefit at individual, local and Borough-wide population levels. There are great opportunities for collaborations across local Borough boundaries and for strong and meaningful community engagement to develop the programme and design ways for it to link up with other wellness initiatives both in terms of assessing risk and implementing lifestyle change.

The researcher would like to thank local residents involved in this work for their time, honesty and innovative ideas which can now help shape the future of Health Checks across the Boroughs of Barnet and Harrow.

Appendix One: Groups that Participated in the Engagement

Harrow Carers

Harrow Healthwatch

Beacon Community Centre on the Rayner's Lane Estate

Pinn Medical Centre PPG Executive

Harrow Mencap

Barnet Asian Old People's Association

Barnet Voice for Mental Health

Barnet Centre for Independent Living

Barnet Healthwatch

Grahame Park Estate Work Club

GP Patient Participation Groups across Harrow and Barnet via Practice Managers
and PPG Chairs.

Appendix Two: Fliers for Focus Groups

Are you aged 40-74? Are you interested in keeping Barnet healthy?

Everyone aged 40-74 is entitled to a Free Health Check to help prevent heart disease, kidney disease and diabetes.

- ❖ What do you think about this idea?
- ❖ How could we let people know about Health Checks?
- ❖ Do you have experiences to share about trying to book a Health Check or having a Health Check?
- ❖ Perhaps you think there are better ways to keep Barnet Healthy?

Come and share your views

On: 12th November 2013 at 11-12 noon
In: Committee Room 1, Hendon Town Hall, The Burroughs, NW4 4AX

To book a place or for more information please contact:
stephanie.fade@whatmatterscubed.com

Are you aged 40-74? Are you interested in keeping Harrow healthy?

Everyone aged 40-74 is entitled to a Free Health Check to help prevent heart disease, kidney disease and diabetes.

- ❖ What do you think about this idea?
- ❖ How could we let people know about Health Checks?
- ❖ Do you have experiences to share about trying to book a Health Check or having a Health Check?
- ❖ Perhaps you think there are better ways to keep Harrow Healthy?

Come and share your views

On: Tuesday 19th November 12.30-13.30
At: Committee Room 5, Harrow Council, Station Road, Harrow, HA1 2XY

Travel costs and parking will be reimbursed

To book a place or for more information please contact:
stephanie.fade@whatmatterscubed.com

Appendix Three: Survey Questions

Health Checks Community Engagement Survey

1. Male Female
2. If you are happy to give it, we would like to know your postcode. We would like this information to ensure that we consider views from across the Borough.

Postcode	
-----------------	--

3. If you are happy to tell us, we would like to get an idea of your age

We would like this information so that we consider views from all ages of people entitled to a Health Check in the next 5 years	
35-40	<input type="checkbox"/>
40-50	<input type="checkbox"/>
50-60	<input type="checkbox"/>
60-70	<input type="checkbox"/>
70-74	<input type="checkbox"/>

4. If you are happy to share your ethnicity/heritage with us, please let me know which statement best describes you

White		Black or Black British	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Any other White background (✓ AND WRITE BELOW)	<input type="checkbox"/>	Any other Black background (✓ AND WRITE BELOW)	<input type="checkbox"/>
Mixed		Asian or Asian British	
White & Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any other Mixed background (✓ AND WRITE BELOW)	<input type="checkbox"/>	Any other Asian background (✓ AND WRITE BELOW)	<input type="checkbox"/>
Chinese and Other ethnic groups			
Chinese	<input type="checkbox"/>	Other ethnic group (✓ AND WRITE BELOW)	<input type="checkbox"/>

5. Have you heard of NHS Health Checks?

Yes **Go to Q6**

No **Go to Q7**

6. Have you had a Health Check?

Yes **Go to Q9**

No **Go to Q7**

7. Would you like a Health Check (An explanation of the check will be given first as required.)

Yes *Please contact your GP and thanks for your time*

No **Go to Q8**

8. Please help us understand why you think the Health Check is not right for you

- a) I don't have time
- b) I already know enough about my health
- c) I don't think the service will be very good
- d) It might make me worry about my health
- e) I find it embarrassing to talk about my health
- f) Other (please describe)

Thank you for your time.

9. Would you recommend a health check to other people?

Yes **Go to Q10**

No **Go to Q11**

10. Please help us understand why you would recommend Health Checks

11. Please help us understand why you would not recommend Health Checks.

References

Department of Health and Public Health England (2013) NHS Health Checks Programme: Draft Best Practice Guidance. Department of Health.

London Health Observatories (2010) Index of Multiple Deprivation Scores by Ward. <http://www.apho.org.uk/resource/item.aspx?RID=111280> London Health Observatories.

Public Health England (2013a) NHS Health Check: Our Approach to the Evidence. Public Health England.

Public Health England (2013b) NHS Health Checks: Implementation review and action plan, Public Health England.

Public Health England and Research Works (2013) Understanding the implementation of NHS Health Checks: Research Report. Public Health England.

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Meeting	Cabinet
Date	2 April 2014
Subject	Report to the Budget & Performance Overview and Scrutiny Committee: Empty Properties Task and Finish Group
Report of	Scrutiny Office
Summary of Report	This report submits a reference from the Budget & Performance Overview and Scrutiny Committee on the recommendations arising from the Empty Properties Task and Finish Group

Officer Contributors	Ash Tadjrishi, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Executive
Enclosures	Annex A – Report to Budget & Performance Overview and Scrutiny Committee, 13 March 2014 Appendix A – Final Report of the Empty Properties Task and Finish Group
Contact for Further Information:	Ash Tadjrishi, Overview and Scrutiny Officer ☎ 020 8359 2368 ash.tadjrishi@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That Cabinet considers and gives its instructions with respect to the recommendations made by the Empty Properties Task and Finish Group, as set out at Appendix A.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Business Management Overview and Scrutiny Committee, 7 October 2013, [Item 10 - Task and Finish Group Updates](#) – the Committee resolved that a Task and Finish Group review of Empty Properties be convened to complete by the end of March 2014.
- 2.2 Budget & Performance Overview and Scrutiny Committee, 13 March 2014 Agenda Item 8 (Empty Properties Task and Finish Group Report). The Committee resolved to endorse the report for onward referral to the next Cabinet meeting.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 As set out in Annex A.

4. RISK MANAGEMENT ISSUES

- 4.1 As set out in Annex A.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 As set out in Annex A.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 As set out in Annex A.

7. LEGAL ISSUES

- 7.1 As set out in Annex A.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 As set out in Annex A.

- 8.2 Council Constitution, Executive Procedure Rules, Section 2.3 – states that “At each meeting of the Executive the following business will be conducted: ... (v) consideration of reports from overview and scrutiny committees.”

9. BACKGROUND INFORMATION

9.1 As set out in Annex A.

10. LIST OF BACKGROUND PAPERS

10.1 None.

Cleared by Finance (Officer's initials)	JH/AD
Cleared by Legal (Officer's initials)	IG

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Meeting	Budget & Performance Overview and Scrutiny Committee
Date	13 March 2014
Subject	Empty Properties Task and Finish Group – Final Report
Report of	Scrutiny Office
Summary of Report	This report at Appendix A presents the findings of the Empty Properties Task and Finish Group following their review of the approach being taken to identify and return empty properties back in to residential use. The Committee is requested to consider the findings and recommendations of the Task and finish Group as set out in the report and endorse the report for onward referral to Cabinet.

Officer Contributors	Ash Tadjrishi, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	N/A
Reason for urgency / exemption from call-in	N/A
Function of	Budget & Performance Overview and Scrutiny Committee
Enclosures	Appendix A – Report of the Empty Properties Task and Finish Group
Contact for Further Information:	Ash Tadjrishi, Overview and Scrutiny Officer ☎ 020 8359 2368 ash.tadjrishi@barnet.gov.uk

1. RECOMMENDATIONS

- 1.1 That the Committee consider the findings and recommendations of the Empty Properties Task and Finish Group, as set out in the report attached at Appendix A.**
- 1.2 That the Committee endorse the report for onward referral to the next Cabinet meeting.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Business Management Overview and Scrutiny Committee, 7 October 2013, [Item 10 - Task and Finish Group Updates](#) – the Committee resolved that a Task and Finish Group review of Empty Properties be convened to complete by the end of March 2014.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees, Panels and Task and Finish Groups must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three key priorities set out in the 2013-16 Corporate Plan are:
 - Supporting families and individuals that need it – promoting independence, learning and wellbeing,
 - Improving the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study,
 - Promoting responsible growth, development and success across the borough.
- 3.3 In relation to the Empty Properties Task and Finish Group, the following corporate priorities, outcomes and targets are relevant to the work of the Group:
 - Create the right environment to promote responsible growth, development and success across the borough- Bringing empty properties back into use preserves the housing stock and improves its energy efficiency. Renovating existing homes has around a 33% smaller carbon foot print than building new homes.
 - Support families and individuals that need it, promoting independence, learning and well-being:- The additional housing secured through Landlord Empty Property Assistance will assist in reducing the number of persons in nightly purchased accommodation used by Barnet Homes. This will enable more homeless families to be provided with secure accommodation which will enable stability in schooling, health care etc.
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study- The nomination rights secured through Empty Property Financial Assistance will provide more housing security for some of Barnet's most vulnerable residents. Empty properties can be a magnet to criminal behaviour leading to increased crime in the local area. Bringing empty properties back into residential use will reduce crime and reduce the fear of crime for local residents which will increase residents' satisfaction with their local community.

3.4 Barnet's Housing Strategy 2010-2025 key objective is to increase the housing supply, including family sized homes, to improve the range of housing choices and opportunities available to residents. This review contributes to this by making recommendations which:

- Improve the sustainability of the existing housing stock.
- Support the objective for securing nomination rights to house people in housing need

4. RISK MANAGEMENT ISSUES

4.1 Failure to address issues of public concern through the overview and scrutiny process may result in reputational damage to the Council.

5. EQUALITIES AND DIVERSITY ISSUES

5.1 Pursuant to the Equality Act 2010 ("the Act"), the council has a legislative duty to have 'due regard' to the need to: eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advancing equality of opportunity between those with a protected characteristic and those without; and promoting good relations between those with protected characteristics and those without. The 'protected characteristics' are age, race, disability, gender reassignment, pregnancy, and maternity, religion or belief and sexual orientation. The 'protected characteristics' also include marriage and civil partnership, with regard to eliminating discrimination.

5.2 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the responsibility of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role with respect to diversity and inclusiveness; and,
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, services, staff development, equalities and health and safety.

5.3 Task and Finish Groups will need to take into account equalities considerations throughout the lifecycle of the review and through the on-going monitoring, via the Scrutiny Office, by implementation of accepted recommendations.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

6.1 Task and Finish Group reviews have the scope to consider value for money issues which identify how well the Council is managing and using its resources to deliver value for money and better and more sustainable outcomes for local people.

6.2 Task and Finish Group reviews must take into consideration value for money considerations when conducting their work, including the costs and benefits (both financial and non-financial) associated with any recommendations made by the Group. The costs associated with administering the Task and Finish Group review has been met from existing resources within the Governance Service budget.

- 6.3 If the Committee is minded to endorse the report, Cabinet will be required to identify an appropriate funding stream to enable the implementation of any recommendations which have financial implications.
- 6.4 In relation to recommendation 1, at this stage it is difficult to estimate the financial implication of implementing a grant scheme over the existing loan scheme as this depends on uptake. However, it is anticipated that, in line with neighbouring boroughs' schemes, a competitive Barnet scheme will become more attractive with a resultant increase utilisation of funds and consequent increase in New Homes Bonus received.
- 6.5 Officers have advised that the approximate cost of implementing recommendation 3 will be £10,000.
- 6.6 Recommendation 5 suggests that sustainable arrangements may be supported through reinvestment of funds received by the Council as a result of work to bring empty properties back in to use.
- 6.7 Recommendation 6 asks that staffing resources for the identification of empty properties be made permanent. An indicative cost for maintaining the current temporary team in a permanent format would be £190,000 per annum (including on-costs). This includes one Technical Officer, one Technical Support Officer and 2.5 FTE Principal Environmental Health Officers. For 2012-14 these posts have been funded through £120,000 capitalisation and £260,000 from reserves.
- 6.8 Costs for implementing recommendation 7 will be mitigated by a benefit to the Council on receipt of additional income from New Homes Bonus should referrals result in properties being brought back in to use over and above projected performance.
- 6.9 Evidence from the review suggests that the overall benefit for the Council in financial and non-financial terms is likely to significantly outweigh the cost. Overall financial implications of the recommendations could be funded from the New Homes Bonus.

7. LEGAL ISSUES

- 7.1 Under Section 21 of the Local Government Act 2000, the Council's executive arrangements are required to include provision for appointment of an Overview and Scrutiny Committee with specified powers, including the power to make reports or recommendations to the authority or the executive with respect to the discharge of any functions which are the responsibility of the executive.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 The scope of the Overview & Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Overview & Scrutiny Committees are set out in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).
- 8.3 The Budget and Performance Overview & Scrutiny Committee Terms of Reference states that one of their responsibilities is to:

“To scrutinise the overall performance, effectiveness and value for money of Council services, including the planning, implementation and outcomes of all corporate improvement strategies.”

9. BACKGROUND INFORMATION

- 9.1 At the Business Management Overview and Scrutiny Committee meeting of 3 October 2013 it was agreed that a Task and Finish Group should be convened to review Council’s approach to tackling empty properties.
- 9.2 The Group held its first meeting on 14 January 2014 to discuss the scope of the review. In order that recommendations emerging from the review could be considered at the 2 April Cabinet meeting, it was agreed that the review be conducted over two meetings at Hendon Town Hall during January. At the meeting, it was agreed that review would focus on the policies and actions being taken to identify empty properties in the borough and the challenge of returning them to residential occupancy, with balanced and evidence-based recommendations made to the Budget & Performance Overview and Scrutiny Committee and Cabinet.
- 9.3 At its meeting of 23 January 2013, the Group considered evidence from Officers on the empty property journey, resources dedicated to the investigation and management of empty properties, the accuracy of the database of empty properties in Barnet, the impact of the current Empty Properties Strategy and Private Sector Financial Assistance policy. The Group made enquiries on enforcement action and the factors that may limit success in returning empty properties back to residential use. This was followed by consideration of a statement received from the National Landlords Association in relation to Empty Properties.
- 9.4 A final meeting took place on 30 January 2014, at which the Group made further enquiries with Officers from Barnet, Re. Ltd and Barnet Homes, received case studies of neighbouring local authorities’ approach to tackling empty properties, considered the impact of recent council tax reforms and reviewed consultation arrangements.
- 9.6 The Group’s findings and recommendations are set out in the report at **Appendix A**.

10. LIST OF BACKGROUND PAPERS

- 10.1 None.

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Task and Finish Group Review:

Empty Properties

Final Report

February 2014

Executive Summary

Properties that stand empty are a wasted resource for the owner and the community.

With over 1,700 properties recorded as empty, representing 1.2% of total residential dwellings, Barnet has the 9th highest proportion of all London boroughs. In line with the national agenda, the Council's policy is to develop initiatives to encourage owners to bring long-term vacant properties back in to use.

The Empty Properties Task and Finish Group was set up to consider the approach being taken to tackling the challenge of empty properties in the borough.

This report provides a summary of the Group's approach and the research conducted to inform their review. Conclusions detail comments and recommendations relating to Council objectives and policies for bringing empty properties back in to residential use.

To pursue its aims, the Group received and discussed papers from Officers detailing the background to the subject and on policy and implementation. The Group also received evidence from a range of agencies which was subject to scrutiny and debate. Additional written and oral responses were received from Officers of the Council.

The Budget & Performance Overview and Scrutiny Committee will be requested to consider this report before the findings and recommendations are formally reported to the Cabinet. The Group recognise that some of the recommendations made may require the Council's partners, Re. Ltd. and Barnet Homes, to respond to and implement.

However the Cabinet Member for Housing is responsible for the portfolio of services provided by the Private Sector Housing team and Cabinet endorsement will be required to give effect to the recommendations. In order to track the implementation of any accepted recommendations, the Housing Committee (which will come in to effect on 2 June 2014) will be asked to monitor the implementation of any recommendations agreed by Cabinet.

Key recommendations emerging from the review were:

1. The Council should substitute the existing 'refurbishment loan' offer with a competitive grant funding option tied to tenancy nomination rights. Officers should evaluate the offer against those of comparable local authorities and review annually.
2. Barnet Homes should be encouraged to develop a clearer range of competitive offers for owners of empty properties.
3. In partnership with Barnet Homes, the Private Sector Housing team should develop a cohesive promotional programme to raise awareness of work being done to address empty properties in the borough. To be rolled out over the next 12 months and emphasising the following:

- rewards available for reporting previously unidentified empty properties which subsequently results in a New Homes Bonus payment being due to Council;
 - the revised Financial Assistance policy; and
 - the full range of support available from the Council and Barnet Homes.
4. Information outlining the various options available and highlighting penalties to be imposed for failing to comply with the Council's requirements concerning bringing empty properties back in to use should be produced and distributed with the 2015/16 council tax billing letter. The same information should be sent out every time an owner registers their empty property with the council tax team.
 5. To maintain the success of the current empty property programme the Council should develop a comprehensive strategy for the long-term identification and enforcement of empty properties. Enforcement action should be considered readily where it is appropriate to do so. The element of New Homes Bonus received by the Council as a result of empty properties being brought back in to use should be disaggregated from the total and reinvested in the programme to support on-going work in this area; alongside other income received as a direct result of action on empty properties.
 6. The Council should consider replacing the current temporary posts (due to terminate in 2014) within the Private Sector Housing Team with permanent posts dedicated to the identification, recording and inspection of empty properties and Houses of Multiple Occupancy (HMO). This could also maximise potential for fraud referrals to the Council's Corporate Anti-Fraud Team (CAFT).
 7. The Council should consider introducing a commission scheme to encourage public reporting of empty properties. A cash reward could be paid to anyone reporting a previously unknown empty property that is subsequently brought back in to use and results in New Homes Bonus income being received. This arrangement would provide a benefit to the Council.

Two additional recommendations were also put forward by the Group for consideration:

8. Vacant or otherwise available commercial units in the borough should be evaluated in partnership with Barnet Homes for possible conversion to residential use.
9. Officers working on Town Centre Regeneration projects should be required to report possible opportunities for residential use of spaces above shops.

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1 BACKGROUND INFORMATION

1.1 For the purposes of the review, an empty property is defined as a residential dwelling that has been left empty and unoccupied for at least 6 months.

1.2 At the Business Management Overview and Scrutiny Committee meeting of 3 October 2013 it was agreed that a Task and Finish Group should be convened to review Council's approach to tackling empty properties.

1.3 The membership of the Group (as appointed by the Conservative and Labour Group Secretaries) was as follows:

Councillor Brian Salinger (Chairman)
Councillor Graham Old
Councillor John Hart
Councillor Julie Johnson
Councillor Ross Houston

Substitutes were:

Councillor Rowan Quigley Turner
Councillor Zakia Zubairi
Councillor Jim Tierney

1.4 The Group held its first meeting on 14 January 2014 to discuss the scope of the review. In order that recommendations emerging from the review could be considered at the 2 April Cabinet meeting, it was agreed that the review be conducted over two meetings at Hendon Town Hall during January.

1.5 The review focused on the policies and actions being taken to identify empty properties in the borough and the challenge of returning them to residential occupancy. Key lines of enquiry centred on:

- Identifying and tracking empty properties
- Current approach and methods available to bring empty properties back in to use
- Local awareness and engagement

1.6 Following protocol guidelines stipulated in the Council's Constitution under Overview and Scrutiny Procedure Rules, the Group considered a range of evidence provided by the following key stakeholders:

- Private Sector Housing Manager (Re. Ltd)
- Revenues Operations Manager, Revenues (CSG)
- Project Manager (Barnet Homes)
- Deputy Chief Operating Officer (LBB)
- National Landlords Association

1.7 To support the review, research was undertaken to provide Members of the Group with case study information on other local authorities. The work of the Group was promoted alongside a call for evidence asking for the views of owners of empty properties in the borough.

2 NATIONAL CONTEXT

- 2.1 710,000 homes are currently empty in England, according to the Homes From Empty Homes statistics¹. Of these, 259,000 have been empty for more than 6 months. Empty homes account for approximately 3% of the total housing stock in England.
- 2.2 Bringing empty homes back in to use is a priority set out by the Government's Housing Strategy²; Chapter 5 identifies the importance of tackling empty homes as a means of increasing the overall supply of housing and reducing the negative impact that neglected empty homes can have on communities. Empty homes can quickly start to cause problems for neighbours, depressing the value of adjacent properties and attracting nuisance, squatting and criminal activity. Creating additional burdens on local authorities and the emergency services.
- 2.3 Actions set out in the Strategy include:
- Awarding the New Homes Bonus for empty homes brought back in to use. New Homes Bonus is paid to Local Authorities to match fund the Council Tax receipts for a period of six years;
 - Providing an 'Empty Homes Toolkit' available on the Homes and Communities Agency website;
 - Providing practical advice to local authorities and local community groups to help them to address empty homes;
 - Using £100 million of the Affordable Housing Programme to fund bringing empty properties (including non-residential properties) in to use as affordable homes;
 - The Government has given council tax billing authorities the discretion to levy an 'empty homes premium' of up to 50% in addition to the normal council tax payable from 1 April 2013. The premium may be imposed once a property has remained vacant, that is unoccupied and substantially unfurnished, for two years; and,
 - Proposed changes to Empty Dwelling Management Orders to limit their use to properties which have been empty for over two years and can be shown to have caused a nuisance. Local Authorities have to demonstrate that there is community support for the proposal.
- 2.4 The reasons homes are left empty are often complex – and can include inheritance, the cost of financing repairs, inability to achieve a desired sale or rental price, and stalled redevelopment or a decision to retain the property to benefit from house price increases. The Government has made tackling empty homes a priority within the Affordable Housing Programme with specific allocations targeted at bringing empty homes back in to use.

1 <http://www.emptyhomes.com/statistics-2>

2 Laying the Foundations (November 2011)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7532/2033676.pdf

- 2.5 The National Planning Policy Framework³ encourages Councils to use their Compulsory Purchase Order (CPO) powers to bring empty properties back in to use. Paragraph 51 states:
"Local planning authorities should identify and bring back in to residential use empty housing and buildings in line with local housing and empty homes strategies and, where appropriate, acquire properties under compulsory purchase powers".
- 2.6 On 17th December 2013 the Government reported that a record 37,414 long term empty homes came back in to use in England in the year (Oct 2012- Oct 2013), reducing the total number of long-term empty homes to 222,428, its lowest ever recorded number. The drop is also the biggest ever annual drop. In the previous year (Oct 2011- Oct 2012)the total dropped by 17,945⁴.

3 LOCAL & REGIONAL CONTEXT

- 3.1 London is divided in to 5 Housing sub-regions. Barnet is in the North London region (with Camden, Enfield, Haringey, Islington and Westminster).
- 3.2 In 2012, the North London boroughs jointly secured Empty Homes Programme (2012-2015) funding from the Homes & Communities Agency (whose powers in London have since been devolved to the Greater London Authority (GLA)).
- 3.3 As at October 2013, council tax base statistics⁵ published by the Department for Communities and Local Government (DCLG) show Barnet as having 1,707 properties recorded as long-term empty. Barnet ranks third in the North London sub-region (ninth in London) with 1.2% of its 142,474 residential dwellings standing empty (3.4 - Table 1).

³ National Planning Policy Framework (2012)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6077/2116950.pdf

⁴ <http://www.emptyhomes.com/2013/12/17/2013-a-record-year-for-empty-homes-coming-back-into-use/>

⁵ <https://www.gov.uk/government/publications/council-taxbase-2013-in-england>

3.4 Council Tax Base (London) 2013 - Table 1 :

Borough	Total residential dwellings	Total long-term empty	% long-term empty
Kensington & Chelsea	87,393	2,301	2.63%
Camden	104,721	1,837	1.75%
Westminster	122,693	2,013	1.64%
Sutton	80,788	1,075	1.33%
Hackney	106,694	1,400	1.31%
Bromley	136,706	1,784	1.30%
Kingston upon Thames	65,152	812	1.25%
Havering	101,328	1,238	1.22%
Barnet	142,474	1,707	1.20%
Greenwich	106,039	1,221	1.15%
Islington	102,960	1,151	1.12%
Enfield	122,329	1,330	1.09%
Ealing	130,649	1,350	1.03%
Merton	82,241	789	0.96%
Hounslow	97,931	938	0.96%
Lewisham	120,684	1,145	0.95%
Croydon	148,625	1,376	0.93%
Lambeth	135,153	1,245	0.92%
Southwark	130,412	1,147	0.88%
Waltham Forest	100,068	847	0.85%
Hammersmith & Fulham	83,563	706	0.84%
Tower Hamlets	115,389	901	0.78%
Redbridge	101,781	759	0.75%
Barking & Dagenham	72,361	517	0.71%
Haringey	105,390	715	0.68%
Harrow	87,867	588	0.67%
Richmond upon Thames	82,617	489	0.59%
Bexley	95,731	513	0.54%
Hillingdon	107,706	556	0.52%
Newham	106,056	528	0.50%
Wandsworth	136,771	669	0.49%
Brent	113,530	355	0.31%
City of London	6,429	0	0.00%
TOTAL	3,440,231	34,002	0.99%

3.5 Bringing empty properties back in to use represents value for money for Barnet. For every property that moves from an unoccupied to occupied banding on council tax records, the Council is allocated New Homes Bonus for six years (a total of £8,734 per Band D property). This is in addition to council tax paid by the new resident.

- 3.6 Working with Barnet Homes and housing associations to increase the number of properties with nomination rights reduces the number of persons currently placed in nightly purchased accommodation. This currently costs the Council £2,345.89 per annum for an average for a two bed property. There is no net cost for the same size accommodation under the Private Sector Leasing Scheme.
- 3.7 The Council adopted an Empty Property Strategy (Appendix 1) and amendments to the Private Sector Financial Assistance Policy (Appendix 2) on 30 May 2013.
- 3.8 The amendments to the Private Sector Financial Assistance Policy and introduction of an Empty Property Strategy were designed to ensure that:
- Resources are effectively targeted
 - The work programme is in line with the Council's objectives
 - Maximum use is made of the resources available and
 - The team's objectives are transparent.
- 3.9 Despite the amendments, the Private Sector Financial Assistance Policy has not resulted in significant interest from property owners (two in the last year only) and is to be reviewed to try and secure more properties for Barnet Homes.
- 3.10 Council's key Corporate Priorities detailed in the Barnet Corporate Plan 2013-2016 which relate to this review as follows:
- Create the right environment to promote responsible growth, development and success across the borough – Bringing empty properties back in to use preserves the housing stock and improves its energy efficiency. Renovating existing homes has around a 33% smaller carbon foot print than building new homes;
 - Support families and individuals that need it, promoting independence, learning and well-being- The additional housing secured through Landlord Empty Property Assistance will assist in reducing the number of persons in nightly purchased accommodation used by Barnet Homes. This will enable more homeless families to be provided with secure accommodation which will enable stability in schooling, health care etc.;
 - Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study - The nomination rights secured through Empty Property Financial Assistance will provide more housing security for some of Barnet's most vulnerable residents. Empty properties can be a magnet to criminal behaviour leading to increased crime in the local area. Bringing empty properties back in to residential use will reduce crime and reduce the fear of crime for local residents which will increase residents' satisfaction with their local community.

4 REVIEW FINDINGS

4.1 Identifying and Recording Empty Properties

- 4.2 As at the 1st April 2013, there were 1,707 residential properties recorded as being empty for longer than six months in Barnet.
- 4.3 The Group learned that a total of 290 properties were recorded as being brought back in to use in 2012/13. The Corporate Plan 2013-2016 set a target to bring 100 empty properties back in to use for the year 2013-14 (CPI 6003). Performance reports for Quarter 2 2013/14 recorded that a total of 186 properties had been brought back in to use. Although this year's annual target had already been exceeded, it was thought that this could be attributed to less complex cases being successfully brought back in to use. It is believed that the rate of improvement will dip during the remainder of the year as more complex cases are being tackled that require more effort, time and resources to complete.
- 4.4 The Council's Empty Property Team, sits within the Private Sector Housing Team as part of a range of services delivered by Re. Ltd. along with HMO (House in Multiple Occupancy) Licensing, Housing Enforcement, DFGs (Disabled Facilities Grants) and other minor works grants, under the Enforcement and Grants Team Leaders and the Private Sector Housing Manager. The team has been up and running in its current format for a year and currently consists of 1.5 Environment Health Officers, 2 Technical Officers, and a Technical Support Officer (4 days per week).
- 4.5 The current team has another 12 months to run, although the existing funding from the North London Sub Region will be stretched out for as long as possible in conjunction with 10% capitalisation from the £600,000 annual funding from Council. After this time there are staffing costs through capitalisation for one officer until December 2017.
- 4.6 The majority of empty properties are identified through the council tax database. Regular surveys (every year or so) are undertaken of all properties registered on the database as long-term empty. Data is updated based on the evidence provided from surveying officers. Empty properties may also become known through; referrals from other departments within the Council, being reported by members of the public or from other agencies such as the Police and Fire Brigade. However the properties on the database are dwindling following the removal of the empty property council tax exemption.
- 4.7 Since 1st April 2013, aside from properties meeting certain exemption criteria, Council Tax discounts for unoccupied properties (including homes undergoing major repair) were removed. The Council also used its discretionary power to impose a Council Tax premium of up to 50% for properties which have remained vacant for more than two years.
- 4.8 The Group considered that the removal of council tax discounts and the imposition of the premium had created a financial incentive for owners of

registered empty properties to let or sell the property, therefore, bringing it back in to use. However, the removal of these discounts no longer incentivises property owners to declare their property as empty. This loss of self-reporting has presented the Private Sector Housing team with a challenge in how to update and keep an accurate database of Empty Properties. In turn this poses a risk for the Council in no longer being able to collect evidence and pursue owners of empty properties to avoid deterioration of local communities and loss of housing units in the borough.

4.9 The Group were pleased to note that Officers working on empty properties were given appropriate access to the council tax database. However, it was thought that many empty properties were now being reported as second homes. This reduces Council income and is detrimental to on-going enforcement cases. Extra work to investigate properties is needed to be able to maintain the accuracy of Council-held information on empty properties. More work is also required on ensuring that the work completed by the Empty Property Team is being accurately recorded on the Council Tax data base. There was currently just one Council Tax Inspection Officer dedicated to this task.

4.10 Through discussion with the Private Sector Housing Manager for Re. Ltd., the Group heard that properties may become empty for short periods as part of the normal churn in the property market. Those that remained empty for the longer term were variously challenging and there could be a number of reasons that they had become long-term vacant.

4.11 Properties are assessed as high, medium or low-risk and owners are targeted accordingly. Risks could include:

- Nuisance to neighbours
- Dereliction/Disrepair
- Environmental health (rubbish, rats etc.)
- Squatters

4.11 The average timescale for bringing an empty property back in to residential use since the start of 2013/14 was 633 days, compared to 110 days for all other private sector housing service requests. The Council has been involved in 569 empty properties coming back in to residential use to date 2013/14. The majority of these were “easy hits” (i.e. cases where the Council has completed informal or advisory action).

4.12 The Group learned that some properties remain empty for a combination of complex reasons including: death; family breakdown; and personal health problems. Working with owners of such properties to bringing them back in to residential use is often a long and complicated process.

4.13 Enforcement Options

4.14 The preferred option is to work with owners of empty dwellings to bring them back in to use; enforcement powers are resource-intensive to implement and

are not appropriate in all cases. However, in rare cases of non-cooperation, Barnet uses its powers to bring these empty properties back in to use.

- 4.15 In dealing with an empty property, Officers first attempt to contact the owner to discover the reason for the property being empty and any issues in returning them back in to use. Support is offered, whether this be through advising of potential financial assistance or providing contact details of local builders/letting agents. If on-going discussion does not lead to positive action being taken, enforcement is considered and may be pursued. Options for enforcement are detailed at Appendix 3 – Local Authority Action on Empty Homes.
- 4.16 If enforcement is being considered, two reminder letters are sent detailing the enforcement action which will be taken if the owner doesn't bring the property back in to residential use. Private Sector Housing work closely with the Planning department and, where the property is detrimental to the local amenity, enforcement action will be taken by Planning. If the Council is still ignored, the property is referred to the Empty Property Steering Group for a decision of the next step (e.g. referral to the Cabinet Resources Committee (CRC) for a Compulsory Purchase Order (CPO), Empty Dwelling Management Order, Enforced Sale etc.) At this stage more often than not the owner will either sell the property or commence improvement. To date out of more than 30 cases that have been referred to CRC for approval for CPO, two properties are now in the Council's ownership and two more are due to go to the Secretary of State.
- 4.17 A property is identified for enforcement depending on the condition of the premises, impact on the local community and the level of co-operation from the owner. Successful enforcement is dependent on robust evidence of significant consultation with the owner, key procedures being in place and followed and comprehensive legal support. Where enforcement action is required, this elongates the process further due to the extreme nature of EDMOs, CPOs, Enforced Sales etc.

4.18 Financial Assistance Policy

- 4.19 The Group was advised that Council's current Financial Assistance Policy scheme was revised in May 2013 to make it more attractive to owners of empty properties. Currently, owners could apply to receive a loan towards improving the property, subject to agreeing to a minimum tenancy of through Barnet Homes. However, only two owners in the last twelve months had taken up the offer. For many owners, the incentives did not stack up as a business case when compared to the market for private tenants.
- 4.20 Bringing an empty property back in to use can be costly. However, as well as environmental and social benefits, bringing an empty property back in to use provides a source of income to the Council though the New Homes Bonus scheme.

- 4.21 Supported by the Deputy Chief Operating Officer, the Group investigated whether there would be a benefit to reintroducing a shorter, six-month, exemption period to encourage owners to report their property as becoming empty. It was confirmed that the council tax exemptions cost the Council an average of £2.2m a year, £2m of which was apportioned to vacant dwellings. The remainder (£200,000) to second homes. Long-term empty properties (those which were empty for six-months or longer) comprised £1.6m-£1.8m of the overall cost.
- 4.22 Income from the New Homes Bonus for properties brought back in to use is offset against those that became empty in the same year. Given the present housing trajectory, properties being brought back in to use were projected to provide a net annual income resulting from the New Homes Bonus of around £40,000.
- 4.23 The Deputy Chief Operating Officer confirmed that income from the New Homes Bonus was added to the Council's General Fund and would commonly be used towards infrastructure projects.
- 4.24 The Group accepted that there was no financial viability for bringing back the council tax exemption for empty properties. However, the Group explored how the element of the New Homes Bonus attributed to empty properties being brought back in to use may be disaggregated from the total and be used to support funding for work on empty properties.
- 4.25 The Group made enquiries as to whether flats or spaces above shops were being investigated. Officer reported that priority had been given to houses due to them posing a greater risk and higher value return. Houses were also in greater demand for homing families in the borough.
- 4.26 Engaging With Property Owners**
- 4.27 Following investigation on how other local property owners were being engaged with, the Group learned that work was underway to identify key sites and initiate a dialogue with the NHS (to discuss the regeneration of sites such as Elmbank House in Barnet Road), the Police (to investigate the potential of residential use of their property portfolio), and commercial property owners for example Tescos. The Group were informed that there is additional funding available from the GLA which it may be possible to use to convert commercial properties.
- 4.28 The Group met with an Officer from Barnet Homes to discuss their work undertaken in relation to empty properties. It was noted that Barnet Homes was a member of the Empty Homes Steering Group and also managed an online Landlords' Forum Network with over 300 landlords registered.
- 4.29 Barnet Homes reported that by increasing the management of units under their Private Sector Lease Scheme they would seek to mitigate the cost of providing temporary accommodation. Landlords in this scheme were being offered up to 100% of the local housing allowance. The Group noted that

following referrals there were two more previously empty properties being managed in this way, another being finalised and a further 31 properties were in the pipeline. In addition, Barnet Homes were working on turning a former office block in to 18 residential units.

- 4.30 The Group discussed the need for a flexible offer that was competitive and widely-promoted in order to attract experienced landlords as well as those who may need support and advice with their property. Through discussions on the competitiveness of the present offer, the Group learned that established landlords were more likely to rent to the private sector due to the limitations under Local Housing Allowance rates. Barnet Homes were open to review its current offer, possibly adding practical support with refurbishments, in order to develop a more attractive package.
- 4.31 The Group heard that Barnet was competing with other local authorities for tenancy contracts with property owners. Case study information on neighbouring local authorities confirmed the assertion that, where offered, financial assistance tied to nomination rights was available as a grant. By contrast, the funding offered from Barnet was through a repayable loan. The Group noted that local authorities as far away as Croydon Council were canvassing property owners in Barnet, offering enhanced incentives.

5 CASE STUDIES

- 5.1 The Group were provided with a report giving an overview of the resources and approach taken by Brent, Harrow, Haringey and Enfield councils with regards to empty properties.

5.4 London Borough of Harrow

- 5.4.1 In the period April 2009 to March 2012, Harrow Council enabled around 800 empty private sector properties to be brought back in to use through a combination of grant assistance and collaborative working with landlords.
- 5.4.2 As of 1st May 2012, there were 946 (1%) vacant private sector properties in Harrow, of which 302 (0.3%) had been empty for 6 months or more. Harrow state that their target is to bring 45 empty private sector properties in to use per annum.
- 5.4.3 In May 2012, a new Council-funded grant scheme called “Repair to Lease” was introduced in response to challenges arising from the housing market and government reform. The scheme aims to encourage more landlords to work with the Council and bring empty properties back in to use. The Repair to Lease scheme gives a grant in exchange for full nomination rights to the property for up to three years through the Council’s Help2Let scheme. Harrow’s Help2Lease scheme also provides management services for owners who are looking to rent out their properties.

- 5.4.4 Harrow has a funding allocation to bring empty properties back in to use and grants are offered for owners to turn empty properties in to homes for local residents if owners agree to work with local letting agency Help2Let to generate rental income.
- 5.4.5 From 1 April 2013 the exemption period for owners of empty properties was removed, and council tax rates increased for properties that had been empty for two years or more.

5.5 London Borough of Haringey

- 5.5.1 Haringey do not currently award grants or offer financial assistance to owners of empty properties. Pending the outcome of the recent bid for funding through the Greater London Assembly (GLA), a new financial assistance policy is proposed. This will detail how up to £13,000 per unit from a funding total of £180,000 may be used.
- 5.5.2 As with many other local authorities, Haringey revised its council tax exemption policy following the Local Government Finance Act 2012. From 1st April 2013, any property that registered as empty is given one month exemption from council tax, following which there are no discounts. Also from this date if a property has been empty and unfurnished for two years or more owners are charged an additional 50% premium.
- 5.5.3 Empty properties are flagged through council tax records or via public reporting or Environmental Health becoming made aware of problems. Staff working on empty properties are given access to the council tax database. Haringey currently have a 0.5 FTE member of staff working on empty properties.
- 5.5.4 Pressure to bring an empty property back in to use is through enforcement only. This resulted in 52 properties being brought back in to use in last year.

5.6 London Borough of Brent

- 5.6.1 Brent employs one Empty Property Officer, supported by a Surveyor. Previously the team consisted of two full-time Empty Property Officers, one Surveyor and a Team Leader.
- 5.6.2 As with the other examples, empty properties are identified on council tax records. There are no longer exemptions given for empty properties and a council tax premium of 150% is levied for properties that remain empty for over two years.
- 5.6.3 Following the successful bid for funding from the GLA, since April 2012 Brent has met a target of bringing 70 empty properties back in to use.
- 5.6.4 Brent offer grants to bring empty properties up to a standard suitable for letting. In return, owners must sign up to one of the council lettings schemes for five years. A grant may be approved for up to 70% of the cost of the work,

depending on the size of property (one-bedroom 50%, two-bedroom 60%, three-bedroom or larger 70%) or £6,500 for every person that could be accommodated to the lower of the two calculations.

5.6.5 The types of grant available are:

- Refurbishment Grant - to cover works such as faulty and unsafe electrics, inferior heating system, windows that are so faulty as to be provide very poor insulation, inadequate kitchen food safety or food preparation arrangements and bathrooms that are very old. It may also cover work to provide an additional bedroom, subject to relevant planning and building control approval.
- Conversion Grant - towards conversion of a large empty house to smaller units, or for conversion of empty commercial premises to residential units. Subject to full planning consent.
- Interest Free Loan - As an alternative to the grant scheme, an interest free loan for properties that have been empty for two years. The loan could be up to £30,000 and is repaid from rental income. This is subject to a five-year nomination or lease agreement with the council or partner housing associations.

5.7 London Borough of Enfield

5.7.1 Enfield offer Renovation Grants to owners of long term empty homes up to 80% of the cost of major repairs (subject to the maximum grant limit of £25,000). The grant is able to be used towards replacement windows, central heating, roofing and electrical works and does not have to be paid back. In return owners are asked to lease the home to a family nominated by the Council for a minimum period of five years. During this five year period, owners receive a guaranteed rental income and full management service.

5.7.2 As with most of the other examples, there are no longer exemptions given for empty properties and a council tax premium of 150% is levied for properties that remain empty for over two years.

5.7.3 There are currently 1.5FTE staff working on empty properties in Enfield.

5.6 Results

5.6.1 Empty properties brought back in to use between October 2011 and October 2012 for each of the local authorities researched was:

Local Authority	Number of Empty Properties brought back in to use (Oct 2011 – Oct 2012)
Barnet	295
Brent	19
Enfield	293
Harrow	44
Haringey	-179

5.6.2 Financial assistance available to owners of empty properties was:

Local Authority	Financial Assistance	Nomination Rights
Barnet	Loan	3 years
Brent	Grant	5 years
Enfield	Grant	5 years
Harrow	Grant	3 years
Haringey	Currently none (pending outcome of GLA bid)	N/A

5.6.3 The cases studies show how other local councils have chosen to exercise powers to revise council tax exemption policies in a similar way following the Local Government Finance Act 2012.

5.6.4 Barnet has taken a unique approach to its financial support policy. Of the local authorities researched, each one either offered, or sought to offer, financial support through grants. Barnet's financial support is currently offered as a repayable loan. The Group agreed that that this was an uncompetitive offer and supported the notion that a carefully considered grant offer would be more attractive to property owners.

6 CONSULTATION

6.1 Call for Evidence

6.1.1 The Group issued a press release promoting the review which was subsequently published in a local newspaper⁶. The work of the Group was further promoted on the Council's website and via its Twitter feed. 334 letters were sent directly to known owners of empty properties.

6.1.2 Media promotion of the review encouraged owners of empty properties to fill out an online survey asking the following questions:

1. How long has the property been empty?
2. Why is the property empty?
3. What options are being considered for the property and have any decisions been made?
4. What are the barriers for bringing your property back in to use?
5. Are you aware that the Council offers financial assistance to help you bring the property back in to use? If so, what prevented you from taking up this offer? If not, how could the Council be communicating its policies better?
6. What could the Council be doing to assist you with bringing your property back in to use?
7. Do you have any other comments you feel are relevant to the review?

⁶ <http://www.barnet-today.co.uk/News.cfm?id=3256&headline=Owners+urged+to+help+with+bid+to+revive+empty+homes>

6.1.3 Despite the press coverage and direct mail-out only three responses (one of which was not from an owner of an empty property) were received. However, the low turnout and nature of the responses confirmed the Group's assertion that identifying and engaging with owners of empty properties was a significant challenge.

6.2 The National Landlords Association

6.2.1 The National Landlords Association (NLA) represent 1.4 million landlords in the United Kingdom. To learn more about the reasons for properties standing empty, the Group invited the NLA to provide a written submission for consideration. Their response was as follows:

What leads to landlords letting their properties become empty?

Commonly landlords will not leave a property empty for any extended period of time. The letting of private residential property is a business; other than to have renovation work on the premises it doesn't make financial sense to leave a property empty between tenancies as it is an inefficient way of generating rent.

The majority of unoccupied residential housing is most likely to belong to property owners rather than landlords; for example property acquired through inheritance.

Does the NLA give support to landlords who have 'empty dwellings', and what advice do you provide them?

Landlords who do not wish to manage their properties should instead enlist the services of a reputable letting agent.

Alternatively many landlords work with local authorities to bring empty and disused properties back in to use. For example, Private Sector Leasing Schemes and Social Letting Schemes allow local councils to let out private properties on behalf of their owners. This proves a successful way of bringing properties back in to use and provides a valuable source of good quality and affordable accommodation for low income or vulnerable tenants who may otherwise only have access to temporary accommodation.

Are landlords trying hard enough to re-house their empty properties, and are these empty properties high on the NLAs agenda to help fix?

The letting of private residential property is a business and it doesn't make financial sense to leave a property empty for any prolonged period of time. The UK is in the midst of a housing crisis. Along with building many more homes, local authorities must use every tool at their disposal to bring the estimated 800,000 empty properties back in to use.

Gavin Dick, Senior Policy Officer at the NLA, wrote:

The National Landlords Association (NLA) supports proposals that focus on promoting and assisting with the renovation and restoration of empty

properties in Barnet and welcome efforts to work closely with landlords to bring empty homes back in to use.

It is important to note that landlords do not leave properties empty; void periods represent waste in terms of a failure to meet housing needs and in generating financial returns. Most commonly landlords will only leave a property unoccupied in order to have restoration or improvement work undertaken between tenancies, with the ultimate aim of bringing the property back onto the market.

We support the removal of tax exemptions for long-term empty properties as they are a blight on communities, bring with them an increased risk of squatting and criminal damage, act as a disincentive to investment and reduce local house prices.

However, we advocate the maintenance of current tax exemptions for short-term empty homes as this enables landlords to effectively prepare their property to be re-let.

- 6.2.2 In consideration of the response from the NLA, the Group acknowledged that experienced landlords were largely self-motivated and commercially focused towards bringing properties back in to use in a timely manner. The Group therefore did not consider this demographic to be the most challenging in terms of preventing long-term empty properties from being brought back in to use. However, the Group did agree that promoting competitive policies for assisting with the renovation and restoration of empty properties would support more empty homes being brought back in to use earlier.

7 CONCLUSIONS & RECOMMENDATIONS

- 7.1 Having considered the actions being taken to bring empty properties back in to use, the Group agreed that Barnet was performing well. However, some key challenges to maintaining success in this area were identified during this review.
- 7.2 Barnet's Financial Assistance Policy is unusual, when compared to its neighbours, in offering a repayable loan. The existing policy has not proved popular and has resulted in only two applications in the past year.

Recommendation 1:

The Council should substitute the existing 'refurbishment loan' offer with a competitive grant funding option tied to tenancy nomination rights. Officers should evaluate the offer against those of comparable local authorities and review annually.

- 7.3 Engaging with owners of empty properties is the first step to success. The Group noted that this was an area of particular challenge. Priority should therefore be given to raising the profile of a high quality, competitive offer available from Barnet Homes and the assistance available from the Council. Consideration should be given to providing a range of attractive options;

comprehensive management for hassle-free guaranteed income (i.e. owner is totally hands-off, Barnet Homes carry out inspections/refurbishment and provide necessary certificates in return for a management fee), to the basic tenant-finding service (whereby owners are paid an incentive in return for a tenancy being arranged by Barnet Homes).

Recommendation 2:

Barnet Homes should be encouraged to develop a clearer range of competitive offers for owners of empty properties.

Recommendation 3:

In partnership with Barnet Homes, the Private Sector Housing team should develop a cohesive promotional programme to raise awareness of work being done to address empty properties in the borough. To be rolled out over the next 12 months and emphasising the following:

- *rewards available for reporting previously unidentified empty properties which subsequently results in a New Homes Bonus payment being due to Council;*
- *the revised Financial Assistance policy; and*
- *the full range of support available from the Council and Barnet Homes.*

Recommendation 4:

Information outlining the various options available and highlighting penalties to be imposed for failing to comply with the Council's requirements concerning bringing empty properties back in to use should be produced and distributed with the 2015/16 council tax billing letter. The same information should be sent out every time an owner registers their empty property with the council tax team.

- 7.4 The focus given to empty properties is founded on external funding received from the GLA, which is not guaranteed to be supported in the long-term. However, bringing empty properties back in to use should remain a priority for the Council due to the positive financial (reducing nightly purchased accommodation costs), social and environmental impacts. Notwithstanding these benefits, additional income is generated from New Homes Bonus payments (or sale of assets following enforcement action).

Recommendation 5:

To maintain the success of the current empty property programme the Council should develop a comprehensive strategy for the long-term identification and enforcement of empty properties. Enforcement action should be considered readily where it is appropriate to do so. The element of New Homes Bonus received by the Council as a result of empty properties being brought back in to use should be disaggregated from the total and reinvested in the programme to support on-going work in this area; alongside other income received as a direct result of action on empty properties.

- 7.5 The council tax database remains the key information source for identification of empty properties. Changes to council tax rules from April 2013 –

particularly the removal of discounts for empty properties and the introduction of a premium 150% rate for those properties empty for longer than two years - has compromised the value of this data and has led to some empty properties not being reported. In turn, this may prevent timely enforcement being achievable. The Group agreed that the removal of council tax exemptions for empty properties incentivises owners to bring back in to use those properties already known to be empty. However, there was now no incentive for owners to self-report as a property became vacant. Though there is no financial case for bringing back council tax exemptions, investing in resources to support identification of empty properties could provide a potential benefit for Council.

Recommendation 6:

The Council should consider replacing the current temporary posts (due to terminate in 2014) within the Private Sector Housing Team with permanent posts dedicated to the identification, recording and inspection of empty properties and Houses of Multiple Occupancy (HMO). This could also maximise potential for fraud referrals to the Council's Corporate Anti-Fraud Team (CAFT).

- 7.6 Given the size of the borough and diminished ability to rely on the council tax database, other methods of reporting empty properties will become increasingly valuable.

Recommendation 7:

The Council should consider introducing a commission scheme to encourage public reporting of empty properties. A cash reward could be paid to anyone reporting a previously unknown empty property that is subsequently brought back in to use and results in New Homes Bonus income being received. This arrangement would provide a benefit to the Council.

- 7.7 Though outside the scope of the review, the Group considered that the following additional recommendations had direct relevance to Council's housing strategy and should be considered:

Recommendation 8:

Vacant, or otherwise available, commercial units in the borough should be evaluated in partnership with Barnet Homes for possible conversion to residential use.

Recommendation 9:

Officers working on Town Centre Regeneration projects should be required to report possible opportunities for residential use of spaces above shops.

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Appendix 1

London Borough of Barnet Empty Property Strategy 2013-14

1. Introduction

In Barnet 2.14% of properties are empty with 0.78% (0.7% is average for London) of those being classed as long term empty. Properties may be empty for a short period of time e.g. whilst they are refurbished or between lets. Unfortunately sometimes things go wrong and buildings stay empty for a long time. This may be because planned refurbishment did not take place, or is delayed or abandoned. Also complications sometimes arise over inheritance where occupiers have died.

All too often disrepair can result from homes being left empty and not maintained. With no occupants to notice, small disrepair problems can escalate quickly. Empty homes can attract anti-social behaviour, crime (including squatting), encourage fly tipping, attract vermin and become detrimental to the amenities of the neighbourhood.

Bringing empty properties back into residential use contributes to increasing the overall housing supply (including the supply of affordable homes). This is particularly crucial at the present time. Barnet Council is currently being faced with a steep increase in the number of requests for housing for example in 2012/13 there was a 21.7% increase in new temporary accommodation admissions from 694 in 2011/12 to 845 in 2012/13. With the recent changes in the benefits system this looks likely to continue to rise.

2. Aim of the strategy

The Empty Property Strategy contributes towards the Barnet's Housing Strategy 2010-2025 "Providing Housing Choices that Meet the Needs and Aspirations of Barnet Residents". It is also built upon the principles set out in the Homes and Communities Agency "Empty Homes Tool Kit" and the Mayor of London Draft Revised Housing Strategy (currently in consultation)"

The main aim of this Strategy as set out in the Councils strategy is to reduce the numbers of empty properties in the Borough. In doing so we aim to benefit:

- *the community* by improving the local environment, supporting regeneration and removing crime hot spots caused by some squatted premises
- *owners of empty properties* by improving the condition of the property and turning them from a wasted resource into a productive one
- *the housing market* by increasing housing availability (with a focus on the supply of affordable housing)
- *the environment* by re-using existing dwellings the impact on the environment is lower for a new build.
- *the Council finances* through increased revenue from the New Homes Bonus.

3. Local Strategic Context

The second priority outcome of the Councils Corporate Plan 2013-16 (published April 2013) is *'to maintain the right environment for a strong and diverse local economy'* which confirms the Councils commitment to creating the environment for growth in the local economy. Investment in regeneration and development is an essential driver for this for growth, creating jobs, reinvigorating communities and improving living standards. One of the key targets for this priority outcome is to bring one hundred empty properties back into use.

In September 2012 the Council adopted a 'Local Plan' which replaced the Unitary Development Plan (UDP) (adopted May 2006). Its vision (shared with the Councils Sustainable Community Strategy) is:

'It is 2026. Barnet is known as a successful London suburb. It has successfully ridden difficult times to emerge as resilient as ever. The public service is smaller than before but the organisations within it, through effective partnerships, work together to deliver good services and there is a healthy relationship between them, and residents who do things for themselves and their families.

Established and new residents value living here for the Borough's excellent schools, strong retail offer, clean streets, low levels of crime and fear of crime, easy access to green open spaces and access to good quality healthcare.

Barnet is an economically and socially successful place. With high levels of educational qualifications and access to good transport networks, residents continue to have access locally, in other parts of London and beyond to jobs in a wide variety of different industries.

Barnet's success is founded on its residents, in particular through a strong civic society, including its diverse faith communities, founded on an ethos of self-help for those that can, and support through a wide range of volunteering activities for others. Different communities get on well together with each other"

Bringing empty properties back into use contributes to the following Objectives contained within the Core Strategy of the Local Plan:

- *To manage housing growth to meet housing aspirations*
- *To promote strong and cohesive communities*
- *To protect and enhance the suburbs*

The Council's Housing Strategy 2010-25 also has a commitment to achieving a high quality of desirable and modern homes for everyone in Barnet. Making better use of empty properties also contributes to the following key objectives of the strategy:

Increasing housing supply, including family sized homes, to improve the range of housing choices and opportunities available to residents and

Improving the condition and sustainability of the existing housing stock.

4. Regional Strategic Context

The Mayor of London's spatial development strategy known as the London Plan (2011) directed Boroughs to:

.....promote efficient use of the existing stock by reducing the number of vacant, unfit and unsatisfactory dwellings, including through setting and monitoring targets for bringing properties back into use. In particular, boroughs should prioritise long-term empty homes, derelict empty homes and listed buildings to be brought back into residential use.

The Mayor proposed to work towards reducing long-term vacant properties to one per cent of the overall stock, which (across London) will require bringing at least 3,000 dwellings back into use.

The Revised London Housing Strategy (in draft) confirmed this commitment stating that

long term empty homes are a wasted housing resource. They are also often magnets for crime, vandalism and squatters, and are a blight on neighbourhoods and that:

No more than one per cent of homes in London should stand empty and unused for more than six months. (2.20 p40)

Currently Barnet meets this requirement.

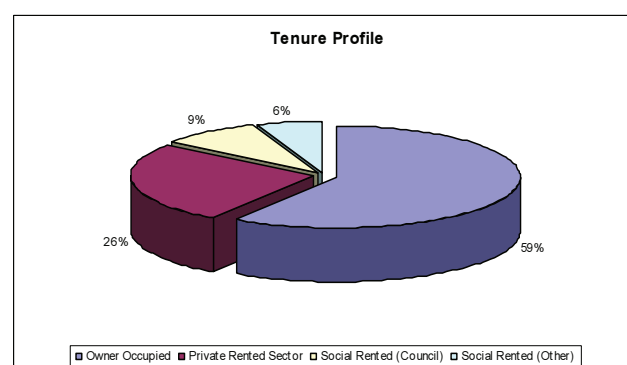
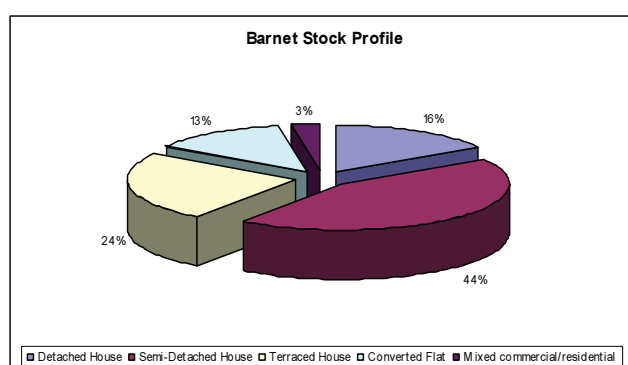
There are currently 82,000 empty homes in London (2.5% of the total housing stock) of which 66,000 are in the private sector (Page 65 of the original Mayors Housing Strategy). Although this is below the national average there is a risk of this figure increasing during the housing market down turn.

35,000 (1.1%) of London's private and public sector homes have been empty for more than 6 months. In the private sector, these are often properties that are caught in protracted legal disputes, abandoned or derelict, or are where the owner does not intend to or has insufficient incentive or resources to bring the empty property back into use. Returning such properties to use is challenging and expensive, often requiring enforcement action and/or significant investment to make them habitable (Page 65 of the original Mayors Housing Strategy).

5. Borough Profile and Housing Need

Covering 86.7 square km, Barnet covers a large geographical area stretching from Chipping Barnet in the North to Cricklewood in the South, and from Edgware in the West to Brunswick Park in the East. Barnet is a very attractive place to live and work, with large amounts of high quality greenbelt land, parks and open spaces, popular and high performing schools and good transport links. There are pockets of deprivation, particularly in the west of the borough which provide the focus for our regeneration plans.

According to the Housing Strategy Statistical Appendix 2011-12 HSSA 2011-12) the total number of dwellings in the Borough was 138,453. However, this number is smaller than the actual number of households due to Houses in Multiple Occupation (HMOs), the number of which is estimated to be 4,973 bringing the total up to in excess of 143,426. The stock and tenure profile of the Borough are as follows:



As at the 1st April 2011, an estimated 6,429 dwellings were considered to have a category 1 hazard^[1] present, 6,194 of those dwellings being within private housing (HSSA 2011-12).

There is an ever-increasing pressure to provide affordable housing in the Borough. The growth in the local population, newly-formed households and existing households in need of appropriate accommodation and the high price of properties in the Borough contribute to pressures on the affordable end of the housing market. There are a number of regeneration initiatives in the Borough, which include development of new housing.

As of October 2012 there were 2,329 homeless households placed in temporary accommodation in the Borough, broken down by property size this was as follows:

Property Size	No of households
1-bed	617
2-bed	987

3-bed	596
4-bed	106
5-bed	21
6-bed	2
Total	2329

The number of households recorded for which housing provision needs to be made stands at 16,103 (HSSA 2011-12).

As at the 1st April 2012 there were 3,260 dwelling vacant in the borough the majority of which (2,708) were private sector dwellings vacant in the Borough. A total of 1,676 of those private sector dwellings had been vacant for more than six months (HSSA 2011-12).

Bringing such properties back into use is an important part of the Councils and the Mayor of London's Strategies for meeting housing need, improving quality of life and developing a sustainable community.

6. Previous Performance

Barnet Council has had an intermittent Empty Property Programme over the past three years due to low levels of funding for Empty Property Grants since 31st March 2011.

The Council's performance for the period, 1st April 2010 to 31st March 2013 can be summarised as follows:

Total number of properties brought back into residential Use.	415
Properties renovated and occupied by homeless persons through nomination rights.	11
Properties Demolished following Council involvement	7
Properties Approved by CRC for Compulsory Purchase	24

Due to the reduced size of the programme the majority of the activity has been around the provision of informal advice and dealing reactively with service requests regarding empty properties causing problems.

A significant amount of work has also been undertaken to ensure that the databases held by Council Tax and Environmental Health are fully up to date and accurate. An Empty Property Survey has been completed annually for the past three years of all properties recorded as long term empty on the Council Tax database. As of 1st April 2013, 1,314 long term empty properties were recorded on the Environmental Health Empty Property Database. Of these 60% have been prioritised for action by the Council and 219 are considered a high to medium priority.

7. The Strategy

It is normal for an area to have a number of properties that are empty for short periods of time as a result of housing churn and it can be seen as an indicator of a healthy housing market. These properties will be brought back into use as a natural part of the market and do not require any intervention from the Council.

However some properties will not naturally come back into use and over time can start to cause the problems outlined above. It is these properties that the strategy is targeted at whilst also aiming to provide assistance to owners who are keen to occupy their properties but need some additional guidance and support in doing so.

In order to develop a successful strategy the reasons why the property may have fallen and remained empty must be considered. Within Barnet the reasons include:

- simple abandonment and/or neglect by owners
- the owner being in long term care
- properties bought as a capital investment in a rising market (which is now stagnant)
- or a simple inability to bring the property back into use (financial or through capability).

This strategy is aimed at bringing long-term vacant properties, including vacant sites and redundant commercial premises (that have the potential for either conversion or redevelopment for housing purposes), back into beneficial use.

The strategy has three key priority outcomes:

Priority Outcome 1: Increase the Housing Provision in Barnet with Nomination Rights

This strategy feeds into the following Corporate Strategy Priority Outcomes:

Priority Outcome 1: To maintain a well designed, attractive and accessible place, with sustainable infrastructure across the borough.

Reduce the number of households placed in emergency accommodation to 500.

Priority Outcome 2: To maintain the right environment for a strong and diverse local economy.

Reduce the average length of time spent by households in short-term nightly purchased accommodation to 26 weeks

The Council will work with Barnet Homes and/or an alternative Social Housing provider approved by the Council to develop a seamless service to compliant landlords applying for Empty Property Financial Assistance

How We Will Make This Happen

We will work with Barnet Homes and/or an alternative Social Housing provider approved by the Council to house people in housing need nominated by the Council, to ensure that:

- accepting Empty Property Financial Assistance and letting to Barnet Homes is a commercially viable option for landlords in the current economic climate
- a seamless service for administering Empty Property Financial Assistance and letting the property is provided to landlords.

How We Will Measure Success

- Procedures are in place to enable seamless administration of Empty Property Financial Assistance.
- Empty property grant budget committed in line with the criteria laid down in the Financial Assistance Policy.
- 90% of landlords in receipt of Empty Property Financial Assistance scoring the Council 8 out of 10 or above in a satisfaction survey.
- Work with Barnet Homes to assess the suitability of/and develop where found to be viable a scheme for renovating and letting properties where the prospective landlord does not have immediate access to funds.
- Empty Dwelling Management Procedure in place

Priority Outcome 2: Provision of a Targeted, Legally Compliant Empty Property Team

The Private Sector Housing Team will provide both a reactive and proactive service in relation to empty properties. The reactive service will respond to complaints about problems being caused by empty properties e.g. accumulations, vermin, squatters etc. These cases usually involve enforcement action during the initial stages to deal with the matter that triggered the complaint.

Due to the number of properties on the database the Council are unable to take action against all the properties recorded. These properties will be targeted using the risk assessment method outlined below.

Generally the Council will begin by offering advice, guidance and financial incentives. Where the owners are receptive to this no enforcement action will generally be required. Where this is not successful the Council will move onto

enforcement against the owner to require the property to meet a minimum standard and be brought back into use. At all stages the process will be in line with the current Environmental Health Enforcement Policy and as such will be fair and equitable. The owners of the empty properties will be given reasonable opportunity to bring the property back into use. Using a range of options is much more successful in bringing these properties back into use rather than using a one size fits all approach.

The possible enforcement actions are summarised below:

- **Compulsory Purchase Order (CPO)**
Compulsory Purchase Orders allow Local Housing Authorities to apply to the Secretary of State to compulsorily purchase properties.
- **Empty Dwelling Management Order (EDMO)**
Empty Dwelling Management Orders allow councils to secure occupation and proper management of privately owned houses and flats that have been empty for a minimum of 6 months. To start the process the local authority must apply to the Residential Property Tribunal (RPT) for an interim management order.
- **Enforced Sale Procedure**
Enforced sales allow local authorities to force the sale of a property to recover debts. The debts will usually be for work undertaken in default of the owner or for Council Tax debt. Debts may be secured either against a property.

Where possible the Council will also seek to maximise the potential returns in relation to the New Homes Bonus.

How We Will Make This Happen

- Develop procedures to enable seamless delivery of all enforcement options.
- Ensure that all properties at risk of illegal entry are secure to reduce the risk of squatting.
- Work with NSCSO in relation to Council Tax to maximise the opportunities for securing New Homes Bonus in relation to empty properties.

How We Will Measure Success

- A minimum of 100 long term (empty for 6 months or more) empty properties brought back into use
- Officers are 95% compliant on an audit of compliance with the Environmental Health Enforcement Policy.
- All non secure empty properties to be secured against unauthorised entry within 48 hours of notice expiration

- Increase in the amount of New Homes Bonus received linked with bringing empty properties back into residential use.

Priority Outcome 3: Ensuring that the Properties Causing the Most Problems are Targeted.

In order to effectively tackle empty properties an accurate and up to date database is essential.

The Council has taken the opportunity provided by Central Government to design its own Council Tax Support Scheme and has decided to remove the discount previously given to long term empty properties and increase it to 150% for properties which have been empty for at least two years. There will therefore be no incentive for 'self-reporting' and it is therefore vital that an accurate database is kept of empty properties.

The database will not just be a list of addresses of empty properties, but all properties within it will be risk assessed for their potential impact (based upon length of time empty, state of repair, potential negative impact on the surrounding area and any previous enforcement action). The database will also allow the Council to measure the impact of the Empty Property Strategy.

In order for the scheme to be successful the profile of empty properties both internally and externally must be raised. By increasing the profile of empty property work internally it is anticipated that it will increase the number reported to the Private Sector Housing Team.

Raising awareness within the community is also vital and this will be done by using for example Members, London Landlord Accreditation Scheme News Letter, the Police, the Landlords Forum, estate agents and other property professionals.

How We Will Make This Happen

- Up to date Empty Property Database with all properties on the data base inspected and risk assessed
- Work programme designed around targeting the highest risk properties first
- Use a combination of working with other departments/organisations and raising awareness in the community to ensure that properties continue to be identified, added to the database and prioritised.
- Set up an Empty Property Steering Group involving Council departments and commissioned functions to meet quarterly and prioritise problematic properties for enforcement action.

- Website reviewed for accessibility and ease of use and improvements implemented where appropriate.
- Comprehensive advertising undertaken of the Empty Property Service
- Explore opportunities for more extensive customer feedback to improve accessibility and quality of the service.
- Identify any areas of the borough with a particularly high density of empty properties

How We Will Measure Success

- Annual empty property survey to review and refresh the data on the Empty Property Database.
- Empty Property Steering Group set up and used to agree the properties to be targeted with quarterly meetings implemented.
- Increase in the number of hits on the empty property web pages
- Communication strategy developed, implemented and effectiveness measured.
- Use the Council's Graphical Information Systems (GIS) to map the location of long term empty properties in the borough, and identify any hot spots
- Identify and actively target the top three owners of long term empty properties in the borough

7. The Action Plan

No.	Priority Outcome	Measure of Success	12-13 Baseline (where available)	Timescale	Accountable Owner	Data source ¹
1.1	Increase the Housing Provision in Barnet with Nomination Rights	Procedures are in place to enable seamless administration of Empty Property Financial Assistance.	N/A	July 2013	Belinda Livesey Private Sector Housing Manager	Formal procedures in place
1.2		Empty property grant budget committed in line with the criteria laid down in the Financial Assistance Policy.	None in 2012/13	End of March 2014	Belinda Livesey Private Sector Housing Manager	Idox Acolaid GR
1.3		90% of landlords in receipt of Empty Property Financial Assistance scoring the Council 8 out of 10 or above in a satisfaction survey.	N/A	Annual Target	Belinda Livesey Private Sector Housing Manager	Idox Acolaid GR

¹ State where data associated with this indicator is stored

No.	Priority Outcome	Measure of Success	12-13 Baseline (where available)	Timescale	Accountable Owner	Data source²
1.4		Work with Barnet Homes to assess the suitability of/and develop where found to be viable a scheme for renovating and letting properties where the prospective landlords does not have immediate access to funds.	N/A	July 2013	Belinda Livesey Private Sector Housing Manager	Scheme in place where found to be viable.
		Empty Dwelling Management Procedure in place	N/A	July 2013	Belinda Livesey Private Sector Housing Manager	Formal procedures in place
2.1	Provision of a Targeted, Legally Compliant Empty Property Team	Procedures in place to enable seamless delivery of all enforcement options.	N/A	July 2013	Belinda Livesey Private Sector Housing Manager	Formal procedures in place

² State where data associated with this indicator is stored

No.	Priority Outcome	Measure of Success	12-13 Baseline (where available)	Timescale	Accountable Owner	Data source ³	Data source
2.3		Officers are 95% compliant on an audit of compliance with the Environmental Health Enforcement Policy.	N/A As New Team	Annual target	Belinda Livesey Private Sector Housing Manager	5% sample of Idox Acolaid NV cases	
2.4		95% of non secure empty properties to be secured against unauthorised entry within 48 hours of notice expiration	N/A As New Target	Annual target	Belinda Livesey Private Sector Housing Manager	Idox Acolaid NV	
2.5		Work with Council Tax to maximise the opportunities for increasing the New Homes Bonus received linked with bringing empty properties back into residential use. Current process reviewed and improvements implemented.	N/A	Annual target	Belinda Livesey Private Sector Housing Manager/Council Tax	Council Tax HCA Statistical return.	
3.1	Ensuring that the Properties Causing the Most Problems are Targeted.	Subject to funding being available an annual empty property survey undertaken to review and refresh the data on the Empty Property Data Base.	Survey completed in September 2013 and revised data passed to Council Tax in October 2013	October 2013	Belinda Livesey Private Sector Housing Manager/Maxine Kirby Council Tax	Idox Acolaid NV	

³ State where data associated with this indicator is stored

⁴ State where data associated with this indicator is stored

No.	Priority Outcome	Measure of Success	12-13 Baseline (where available)	Timescale	Accountable Owner	Data source ⁵
3.2		Empty Property Steering Group set up with quarterly meetings completed. Agreement reached on properties to be targeted.	N/A	Quarterly meetings undertaken	Belinda Livesey Private Sector Housing Manager	4 sets of minutes
3.3		Increase in customers self serving.	169 26th March 2013- 25 th April 2013	May 2013 Baseline identified July 2013 Site review/modification complete	Belinda Livesey Private Sector Housing Manager	Increase in the number of hits on the empty property web pages. Data provided by LBB webmaster
3.4		Communication strategy developed, implemented and effectiveness measured to ensure that residents are aware of the empty property service and property owners are aware of the financial assistance available	N/A	October 2013	Belinda Livesey Private Sector Housing Manager	Effectiveness of strategy measured and documented.

⁵ State where data associated with this indicator is stored

No.	Priority Outcome	Measure of Success	12-13 Baseline (where available)	Timescale	Accountable Owner	Data source ⁶
3.5		Map the location of long term empty properties in the borough, identify any hot spots and target them where appropriate.	N/A	July 2013	Belinda Livesey Private Sector Housing Manager	Itox Acolaid NV
3.6		Identify and actively target the top three owners of long term empty properties in the borough	N/A	July 2013	Belinda Livesey Private Sector Housing Manager/Maxine Kirby Council Tax	Council Tax data base

⁶ State where data associated with this indicator is stored

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APPENDIX 2 – PROPOSED AMMENDMENTS TO THE PRIVATE SECTOR HOUSING FINANCIAL ASSISTANCE POLICY

Existing Empty Property Assistance Reference	Existing Empty Property Assistance Criteria	Proposed Amendments to the Empty Property Assistance Criteria
3.3	<p>Budget permitting, assistance is available from the council for bringing long-term empty residential properties in the Borough back into use under the Regulatory Reform (Housing Assistance) Order 2002.</p> <p>Empty property assistance during the 2011-2012 financial year was funded by the North London Housing Sub Region. Barnet's funding allocation for 2012-13 is up to a maximum of £600,000 which is drawn down upon spend.</p> <p>Following the initial letter offering the Empty Property Grant the offer will remain open for a maximum of 6 months. After this time the offer will be withdrawn.</p> <p>There are currently two types of Empty Property assistance available:</p> <ul style="list-style-type: none"> • assistance for prospective owner-occupiers 	<p>Budget permitting, assistance is available from the Council for bringing long-term empty residential properties in the Borough back into use under the Regulatory Reform (Housing Assistance) Order 2002.</p> <p>Following the initial letter offering Empty Property Financial Assistance, the offer will remain open for a maximum of six months. After this time the offer of grant would normally be withdrawn.</p> <p>Four types of Empty Property Financial Assistance are available:</p> <ul style="list-style-type: none"> • assistance for prospective owner-occupiers (in long term care) • assistance for prospective owners – occupiers (key workers) • assistance for prospective landlords • assistance for prospective landlords (where work is undertaken by agreement with LBB or an alternative agreed provider)

	<ul style="list-style-type: none"> assistance for prospective landlords 	
<p>3.3.1</p>	<p>Empty Properties – Assistance for owner-occupiers</p> <p>The council may offer assistance to owner-occupiers who wish to return empty properties to housing use in the following circumstances:</p> <ul style="list-style-type: none"> the property has been empty for 12 months or more; the applicant is in long term care and due to disrepair is unable to return to their property; the applicant owns the freehold of the property and is responsible for all structural repairs or the applicant has a lease with at least 10 years to run and any required freeholder permission for the proposed works is obtained; the property does not meet the Decent Homes Standard. The property must be decent at the end of the works. <p>The maximum assistance for owner-occupiers is £12,000 subject to a reasonable cost assessment and is capped at 50% of the</p>	<p>Empty Properties – Assistance for Owner-Occupiers (in Long Term Care)</p> <p>The Council may offer assistance to owner-occupiers who wish to return empty properties to housing use in the following circumstances:</p> <ul style="list-style-type: none"> the applicant is in long term care and due to disrepair is unable to return to their property; <p>Empty Properties – Assistance for Owner Occupiers (Key Workers)</p> <p>The Council may offer financial assistance to key workers where:</p> <ul style="list-style-type: none"> the purchase price of the property was £500,000 or less. the applicant owns no other properties. <p><i>A Key Worker is defined as a Public Sector Employee who is considered to provide an essential service.</i></p> <p>Specific Conditions for Both Types of Owner Occupier Assistance</p> <ul style="list-style-type: none"> the property has been empty for 6 months or more the applicant owns the freehold of the property and is responsible for all structural repairs, or the applicant has a lease with at least 8 years to run and any required freeholder permission for the

	<p>reasonable cost of the works. The applicant's eligibility will be determined by a means test using the formula or method dictated by the Housing Renewal Grants Regulations 1996 (as amended).</p> <p>Works must be started within 3 months, completed within 9 months of grant approval and meet the Decent Homes standard on completion. The property must be occupied on completion.</p>	<p>proposed works is obtained</p> <ul style="list-style-type: none"> ▪ the property does not meet the Decent Homes Standard. ▪ the applicant has Planning Permission for the proposed works or an Established Use Certificate ▪ the applicant has no outstanding debts to the Council e.g. Council tax arrears ▪ applicants who wish to convert a larger property into flats, and move into one of the units will be entitled to a Landlord's Financial Assistance for the work (see below) ▪ the property must remain occupied by the applicant or immediate family. This is not time limited. ▪ the maximum assistance for owner-occupiers is £20,000, subject to a reasonable cost assessment. The applicant's eligibility will be determined by a means test using the formula or method dictated by the Housing Renewal Grants Regulations 1996 (as amended). ▪ the property shall be occupied within 1 month of completion of the work ▪ a charge is registered against the property so that if the property is sold, or the deeds are transferred, the grant must be re-paid. In addition, if the property is allowed to fall vacant unreasonably, for a period of 6 months or more, the grant must be repaid. If any of the conditions are contravened following the completion of the works then the full sum will have to be repaid to the Council. This is not time limited. <p>The Council has the discretion to pay 50% of the money up front e.g. where works to properties have stalled due to a lack of funds.</p>
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<p>3.3.2</p>	<p>Empty Properties – Assistance for landlords</p> <p>The council may offer assistance to landlords to return empty properties to housing use in the following circumstances:</p> <ul style="list-style-type: none"> • the property has been empty for 12 months or more; • the applicant is the owner or leaseholder of the property and is responsible for all structural repairs; • the property does not meet the Decent Homes Standard; • the applicant intends to rent out the property for three years either through the Council’s Home Choice Scheme or a Private Sector Leasing Scheme to house people in housing need nominated by the Council; • the applicant has any required planning permission for the proposed works or an established use certificate; • the applicant has any required freeholder permission for the proposed works; • the applicant and owner have no outstanding debts to the Council e.g. Council tax arrears. 	<p>Empty Properties – Assistance for Prospective Landlords</p> <p>This assistance may be used for work to:</p> <ul style="list-style-type: none"> ○ bring a residential property up to the Decent Homes standard and/or, ○ conversion of the property into self contained flats and/or, ○ demolition and rebuild (providing there is an increase in the units of available housing) or, ○ assisting with the purchase of a long term empty property or, ○ conversion of a commercial unit into residential accommodation. <p>The council may offer assistance to landlords to return empty properties to housing use in the following circumstances:</p> <ul style="list-style-type: none"> • the property has been empty for 6 months or more • the applicant is/will be the owner or leaseholder of the property and is responsible for all structural repairs • the property does not meet the Decent Homes Standard • the applicant intends to, (and the property is acceptable) to rent out the property for a minimum of three years to Barnet Homes or an alternative Social Housing provider approved by the Council, to house people in housing need nominated by the Council • the applicant has any required Planning Permission for the proposed works or an Established Use Certificate (including Building Regulation Approval) • the applicant has any required freeholder permission for the proposed works • the landlord is a “fit and proper person” as defined under section
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66(2) of the Housing Act 2004 this includes not contravening any provision of the law relating to housing or landlord and tenant law.

The maximum sums for landlord assistance are shown in the following table. This policy provides the discretion to reduce the "Maximum Assistance" through an Officer Agreed Delegated Powers Report where demand outweighs the budget available.

Number of Bedrooms	Maximum Assistance	Early Bird incentive paid where a full Application is * See below	If the property is available before 31st March 2014. * See below
1	£15,000	£1,500	Provision of annual Gas Safety record for the 3 years of letting to Barnet Homes
2	£20,000	£2,000	
3+	£25,000	£2,500	

This policy provides the discretion to add top ups to the grant to promote the scheme, or where landlords work closely with the Council. This can include but is not limited to:

- o an Early Bird Incentive (applying before a certain date),
- o a Certificate Service (for example where the Council will provide Energy Performance, Gas Safe Certificate and Electrical Condition Report)

The maximum sums for landlord assistance reflect the current demand for properties that are suitable for the needs of those that apply for Council Housing and meet the priority banding system (usually band 1) and are shown in the following table:

Number of Bedrooms	Maximum Grant
1	£4,000
2	£8,000
3+	£12,000

Applicants are required to fund 50% of the reasonable cost of the works and improvement of the property up to the maximum sums shown above. The maximum sums are inclusive of any VAT incurred by the applicant, so for example if the total cost of the work is £6,000 in a one bed property the grant will be £3,000, if the cost of the work is £20,000 in the same property the grant would be capped at £4,000.

Landlord assistance is available subject to

<p>certain conditions. The sum is registered as a charge against the property and if any of the conditions are contravened during a period of three years following the completion of the works then the full sum will have to be repaid to the Council:</p> <ul style="list-style-type: none"> • a certificate of availability for letting, stating that the current owner will let all dwellings for three years from the date of completion of the grant-aided works; • the property must meet the decent homes standard and the Council's energy efficiency and security standard on completion of the works; • applicants are required to convert or improve the property to the London Borough of Barnet's accommodation standards; • the property (and its fixtures, fittings and furniture) must be fully insured. The Council will require a copy of the current insurance certificate to be provided before the grant can be paid; • all works listed on the specification of works and all units within the property must be completed before the final payments can be made; • final payments are subject to 	<ul style="list-style-type: none"> ○ A Loyalty Scheme for landlords signing up for extended nomination rights <p>Applicants can apply for up to a maximum of 6 units per property. Additional units may be agreed at the discretion of the Private Sector Housing Manager.</p> <p>Empty Properties – Assistance for Prospective Landlords (where work is undertaken by agreement by LBB or alternative agreed by LBB)</p> <p>This policy provides the discretion to provide this financial assistance if it is found to be viable following an assessment of the business case. The Council is currently investigating the practicalities of this option. The service would enable landlords without access to funds up front, willing to let the property through Barnet Homes, or an alternative agreed provider to agree to LBB or alternative agreed by LBB completing the necessary works. The owner would need to agree formally to any costs not covered by the Financial Assistance plus an administrative fee being accrued back through the rental income.</p> <p>The property must be let to Barnet Homes or an alternative Social Housing provider approved by the Council to house people in housing need nominated by the Council for three years or until the assistance plus fee has been repaid, whichever is the longer.</p> <p>Empty Properties – Assistance for Prospective Landlords- Specific Conditions</p> <ul style="list-style-type: none"> • the property must be let for a minimum of three years to Barnet
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	<p>confirmation from the Home Choice Scheme or the Private Sector Leasing Scheme that the works meet the standards agreed;</p> <ul style="list-style-type: none"> • the owner (or agent, if any) must be accredited under the London Landlords Accreditation Scheme before final payment can be made. For more information call 020 7974 1970; • works should be started within 3 months and completed within 9 months of approval. To claim the payment a copy of the builder's final account with all relevant certificates e.g. building control, gas/electrical certificates, roof/damp guarantees etc should be provided on completion. The property must meet the Decent Homes standard on completion. • the Landlord should be a fit and proper person as defined under the Housing Act 2004 and not subject to any enforcement action 	<p>Homes or an alternative Social Housing provider approved by the Council to house people in housing need nominated by the Council.</p> <ul style="list-style-type: none"> • applicants are required to convert or improve the property to Barnet Homes Property Standards (or an alternative agreed by LBB) and the Decent Homes Standard • the property (and its fixtures, fittings and furniture) must be fully insured. The Council will require a copy of the current insurance certificate to be provided before the assistance can be paid • all works listed on the specification of works and all units within the property must be completed before the final payments can be made • final payments are subject to confirmation from Barnet Homes (or an alternative agreed by LBB) that the works meet the standards agreed • the owner (or agent, if any) must be accredited under the London Landlords Accreditation Scheme before final payment can be made • works should be started within 3 months and completed within 9 months of approval • to claim the payments a copy of the builder's final account with all relevant certificates e.g. building control, gas/electrical certificates, roof/damp guarantees etc must be provided on completion. • the property shall be occupied within 1 month of completion of the work • applicants are required to fund 25% of the reasonable cost of the works and improvement of the property up to the maximum sums shown above so for example, if the total cost of the work is £20,000 in a two bed property, the assistance will be £15,000. The
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		<ul style="list-style-type: none"> • maximum sums are inclusive of any VAT incurred by the applicant, a charge is registered against the property so that if the property is sold, or the deeds are transferred, the financial assistance must be re-paid. In addition, if the property is allowed to fall vacant unreasonably, for a period of 6 months or more, the financial assistance must be repaid. If any of the conditions are contravened following the completion of the works then the full sum will have to be repaid to the Council <p>The Council has the discretion to pay 50% of the money up front e.g. where works to properties have stalled due to a lack of funds.</p>
<p>3.3.3</p>	<p>Empty Property - Top Up</p> <p>Homes and Communities Agency (HCA) top up grant is an additional funding of up to £13,000 per empty property to support the main empty homes programme. The grant is a top up to properties which require extensive works.</p> <p>Additional conditions are applicable which are defined by the HCA,</p> <ul style="list-style-type: none"> • The property must have been empty for at least 2 years. • The owner must be willing to enter into an agreement for a period of 5 years to rent the property back to the Council through our Private Sector Leasing 	<p>Empty Property – Top Up</p> <p>Homes and Communities Agency (HCA) top up grant is an additional funding of up to £13,000 per empty property to support the main Empty Homes Programme. It is limited to a minimum of 14 properties (9x2 bed and 5x 3 bed). On completion they must be let at 80% of the prevailing market rates.</p> <p>A condition of this funding is that the property is let to the Council for a minimum of 5 years and landlords will be expected to enter into a legally binding agreement with the Council. This could be in the form of a lease and/or registered Local Land Charge.</p> <p>In addition to the criteria listed for “Empty Properties Assistance for Prospective Landlords”, this funding may be used to :</p> <ul style="list-style-type: none"> ○ bring a residential property up to the Decent Homes standard

	<p>scheme.</p> <ul style="list-style-type: none"> • Any funding provided will be matched by the owner and it will only cover reasonable costs. • The grant is payable upon completion of the works and the property must as a minimum meet the Decent Homes Standard, the HCA's Design and Quality Standards 2007 and where possible the Design and Quality Standards for temporary social housing from the HCA. 	<p>and/or,</p> <ul style="list-style-type: none"> o conversion of the property into self contained flats <p>This funding may also be used where the Empty Properties – Assistance for Prospective Landlords has been put towards the cost of purchasing a long term empty property.</p> <p>The “Top Up” can be used to cover the remaining 25% of the landlords match funding element.</p> <p>The “Top Up” element is a grant and as such is not repayable although it will be reclaimed if the landlord terminates the lease within the initial five year period and/or the above conditions are not complied with. It is repayable on a pro-rata basis.</p> <p>Additional funding is currently being applied for from the Homes and Community Agency. This policy provides the discretion to use any new funding secured from this or any alternative funding streams in line with the funding criteria and in addition to the financial assistance provided through this policy. It will not be used as an alternative to the proposals contained in this policy.</p>
<p>4.3</p>	<p>Empty Properties Assistance</p> <p>Where Empty Property Assistance is provided a charge is registered against the property so that if the property is sold, or the deeds are transferred within this time, the grant must be re-paid. In addition, if the property is allowed to fall vacant unreasonably, for a period of more</p>	<p>Included above.</p>

than 6 months, the grant must be repaid. In relation to all Empty Property Assistance:

- a Certificate of Availability for Letting, stating that the current owner will let all dwellings for three years from the date of completion of the grant-aided works;
- the property must meet the decent homes standard, the Council's energy efficiency and security standard on completion of the works and maintained for ten years thereafter;
- applicants are required to convert or improve the property to the London Borough of Barnet's accommodation standards;
- the property (and its fixtures, fittings and furniture) must be fully insured. The Council will require a copy of the current insurance certificate to be provided before the grant can be paid;
- all works listed on the specification of works and all units within the property must be completed before the final payments can be made;
- final payments are subject to confirmation from the Home Choice Scheme or the Private Sector Leasing Scheme that the works meet the

	<ul style="list-style-type: none"> standards agreed; the owner (or agent, if any) must be accredited under the London Landlords Accreditation Scheme before final payment can be made. For more information call 020 7974 1970. works should be started within 3 months and completed within 9 months of approval. 	
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Local Authority Action on Empty Homes

What can Local Authorities do to owners who keep their property empty?

Compulsory Purchase Orders (CPOs)

Serving compulsory purchase orders (CPOs) on empty properties may be justified where there appears to be no other chance of a suitable property being used as a home. Before a CPO is confirmed, the Local Authorities will have to show that they have taken steps to encourage the owner to bring the property into acceptable use. They will also need to show that their reasons for making a CPO justify interfering with your human rights or those of anyone else with an interest in the property.

Housing Act 1985, section 17

This Act gives Local Authorities the power to take over land, houses or other properties to increase the number of houses available or improve the quality of the housing stock. The main uses of this power are to get land for housing. This includes bringing empty properties back into use as homes, and improving substandard ones. Where control of a property is gained through this power, Local Authorities will usually sell it to:

- a private-sector developer
- an owner-occupier or
- a registered social landlord

Town and Country Planning Act 1990, section 226

The powers in section 226 are intended to help Local Authorities which have planning powers to take control of the land they need to put in place their community strategies and local development documents. These planning powers are wide enough to allow the take over land for redevelopment.

Enforced sales procedures

Law of Property Act 1925, where the Local Authority has issued and enforced a charge against a property, they have all the legal rights of a mortgage lender under the Law & Property Act 1925. The Local Authority may have issued a charge against the property because the owner did not:

- obey the terms of a statutory notice issued or
- pay Council Tax or other debts owed to the Local Authority.

Dangerous or dilapidated Buildings or structures

Building Act 1984, sections 77 & 78 . Local Authorities can order owners to make property safe or allow them to take emergency action to make it safe.

Statutory nuisance (statutory nuisance or premises which can affect health)

Environmental Protection Act, 1990, Section 80 (link) Building Act 1984, Section 76. Local Authorities can order owners to make their property safe or allow them to take emergency action to make the building safe.

Unsecured properties

These are empty properties that are not secure so they can be broken into, vandalised, set on fire and so on. Under the Local Government (Miscellaneous Provisions) Act 1982, Section 29 Local Authorities can order owners to:

- make the property secure or allow the Local Authority to board it up in an emergency or
- allow the Local Authority to fence off the property.

Empty Dwelling Management Orders (EDMOs)

The Housing Act 2004 allows Local Authorities to take out an empty dwelling management order (EDMO) to make sure that the empty property is used for housing. The Local Authority can make EDMOs on properties that have been empty for at least six months. There are two types of EDMO – interim and final. An interim EDMO lasts 12 months but a final EDMO can last up to seven, 14 or 21 years.

An EDMO allows the Local Authority to:

- ‘step into the shoes’ of owners of unoccupied buildings and
- make sure that empty properties are occupied and managed properly.

The Local Authority will bring the property back into use but will not own it. They can take any costs to improve the property from the rents they receive when they let the property.

The Housing Act 2004 gives the Local Authority new powers to make sure that properties are safe and suitable to live in. The powers may also apply to empty properties. These changes came into force in April 2006. For more information, see the [Housing Act 2004](#).

- Powers of entry – these allow the Local Authorities to enter a property to inspect it if the owner refuses to let them in (The Local Authority has to give at least 24 hours’ notice). If a Local Authority officer is prevented from getting in, the Local Authority may get a warrant to enter from the courts. This allows them to force their way in if they have to.
- Power to require information – The Local Authority can serve notices asking for certain information, for example, about who owns a property. This allows the Local Authority to act to improve the property using the other powers described.
- Hazard-awareness notices – these will make sure that the person responsible is aware of a danger and the need to carry out repairs or alterations ([Housing Act 2004](#)).
- Power to serve notices – the Local Authority can serve improvement notices when work needs to be done to improve living conditions for occupiers or neighbours. The work the Local Authority specifies, depends on the conditions they find and what the law allows them to do.
- Powers to enter a property and carry out work (emergency remedial action) – if work is not carried out to the standard specified by a notice, the Local Authority has the option of doing the work and charging for it.
- Power to take over managing properties – there are a number of reasons why the Local Authority may do this, including not being able to issue a licence or if a property has been empty for a long time ([Housing Act 2004](#)).
- Power to close a property (prohibition order) – The Local Authority would issue this notice only after they had carried out a detailed assessment to decide the best course of action to deal with a seriously substandard property. The Local Authority might close a property where improvements are too expensive or the condition of the property is too bad to repair. The notice would mean that nobody could live in the property. ([Housing Act 2004](#)).
- Power to order a property to be demolished or an area is cleared – this is done in similar circumstances to closing a property.

AGENDA ITEM 9

Meeting	Cabinet
Date	2 April 2014
Subject	Early Years Review – Outline Business Case
Report of	Cabinet Member for Education, Children & Families
Summary	Cabinet is asked to agree the recommendations made as part of the Early Years Review Outline Business Case that have been formulated following an extensive review of early years services in Barnet. If these recommendations are approved a full business case will be developed for further approval.

Officer Contributors	James Mass, Family & Community Well-being Lead Commissioner Sam Raffell, Commissioning and Policy Advisor
Status (public or exempt)	Public
Wards Affected	All
Key Decision	Yes
Reason for urgency / exemption from call-in	N/A
Function of	Executive
Enclosures	Appendix A: Early years review outline business case Appendix B: Equalities Impact Assessment
Contact for Further Information:	James Mass, Family and Community Well-being Lead Commissioner james.mass@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That Cabinet approve the Outline Business Case for the consolidation of early years services and agrees development of a full business case based on the recommendations set out in 9.31 of this report.**
- 1.2 That Cabinet agree for consultation to be undertaken with stakeholders as set out in this report.**
- 1.3 That Cabinet agree that the full business case should be taken to the relevant committee under the new committee structure in the Summer 2014 for consideration of the final proposal.**
- 1.4 That Cabinet approve a budget of £46,000 from the transformation reserve for the development of the full business case.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 On 25 February 2014, Cabinet agreed to support each of the recommendations of the Early Years Provision Task and Finish Group.
- 2.2 Cabinet Resources Committee agreed a new funding allocation for Barnet's Children's Centres on 17 July 2012. This meant that funding was distributed among the Children's Centres in a targeted way, benefitting the needs of the most vulnerable families and communities in Barnet.
- 2.3 Cabinet received a paper on the proposed reduction and redesign of children's centres and related services in Barnet on 14 February 2011. Cabinet approved the proposal to reduce the number of funded Children's Centres from 21 to 13, resulting in a saving of £0.85m from Children's Centres.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 One of the Corporate Plan 2013-16 priorities is "To create better life chances for children and young people across the borough". This includes working with families during the early years of a child's life to have a positive impact for the future. A stated aim is to identify and support vulnerable families, using children's centres to support those with the greatest need and work preventatively with those on the cusp of becoming vulnerable or at risk.
- 3.2 The Children's Trust Board has also identified the following priorities for early years in the Children and Young People's Plan 2013 – 2016:
 - Engage families early to ensure children have happy lives at home.
 - Provide high quality health services for mothers and young children.
 - Ensure children in need of support are identified early and appropriately supported in their early years.

4. RISK MANAGEMENT ISSUES

- 4.1 Risks associated with the delivery of this project will be managed and reported in accordance with the corporate risk and project management processes and will also be reported through existing democratic processes.

- 4.2 The current provision through Children's Centres is established in its current format. The new commission for early years will involve significant changes to the current service and risks disruption to the established service. A robust implementation plan will be developed to ensure this does not happen.
- 4.3 Failing to deliver a new commission for early years risks not achieving the most cost effective model for early years and missing an opportunity to take advantage of the opportunities for improved working across the local authorities and partners. The new model will also ensure we focus resource on targeting and supporting the most vulnerable families in the borough.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The Council and all other organisations exercising public functions on its behalf are required under the Equality Act 2010, to have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; advance equality of opportunity between those with a protected characteristic and those without; promote good relations between those with a protected characteristic and those without. The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. It also covers marriage and civil partnership with regard to eliminating discrimination.
- 5.2 An equalities impact assessment for the service has been conducted and found no adverse impacts. As the full business case develops the detail of the proposals in the OBC, and consultation is undertaken, the equalities impact assessment will be reviewed and updated.
- 5.3 A key strategic aim of the new commission for early years is to improve the targeting of the most vulnerable families in the borough. This approach is to ensure we focus resources on those who most require support. This is an attempt to reduce inequality, by targeting the most vulnerable at an early age, with a key objective to reduce inequality in educational attainment and health and wellbeing.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 Following the full business case, if approved, there will be a range of resource implications including finance, staffing, property and sustainability. The full business case will return to the relevant committee for approval once completed and these resource implications will be clearly outlined.
- 6.2 The section below outlines the impact of developing the Full Business Case and potential impact of implementation.

Finance

- 6.3 The table below outlines the approximate 2013/14 budget for early years services and how each service is funded.

Service	Cost (2013/14)	Funding Source
A. Children's Centres and Family Support		
Children's Centres	£4.3m	Family Services budget
Children's Centres support	£292k	Family Services budget
Parenting Programmes	£35k	Family Services budget
Health Visitors	£3.8m	Public Health England
Family Nurse Partnership	£300k	Public Health
Community Midwives	£1.5m	CCG
Healthy Children's Centres	£275k	Public Health
Speech and Language Therapy	£80k	CCG / Family Services budget
Total	£10.6m	
B. Childcare		
Free eligibility for 3&4 year olds	£15m	DSG
Free eligibility for 2 year olds	£3.2m	DSG
Early Years Vulnerable Fund	£200k	DSG
Support offered to childcare	£900k	Family Services budget
Total	£19.3m	
Total (A+B)	£29.9m	

- 6.4 The public sector spend is eclipsed by private spend on childcare – the early years economy in Barnet is likely to exceed £100m when this is taken into account.
- 6.5 The Council's Medium Term Financial Strategy (MTFS) includes £700k savings linked to further reconfiguration of early years services. This will be achieved through the development of the new commission for early years. The Full Business Case will identify the detail of how the MTFS savings will be achieved and identify any further resource implications as part of the implementation.
- 6.6 The £700k savings referred to in point 6.2 will be made from only those areas funded through the Family Services base budget.
- 6.7 The Priorities and Spending Review (PSR) will need to identify any further savings from 2016/17 onwards either in early years services and / or elsewhere in the system as a result of improved early intervention. This will be clearly identified as part of the full business case.
- 6.8 There is a resource implication of £46,000 from the transformation reserve for the development of the Full Business Case.

7. LEGAL ISSUES

- 7.1 The Childcare Act 2006 sets out the statutory duties for local authorities in relation to childcare and children's centres. The following sections are particularly relevant:
Section 1 – duty to improve the well-being of young children and reduce inequalities.

Section 3 – duty to make arrangements to secure that early childhood services are provided in an integrated manner to facilitate access and maximise benefits to young children and their parents.

Section 4 – duty on commissioners of local health services and Jobcentre Plus to work together with local authorities in their arrangements for improving the well-being of young children and securing integrated early childhood services.

Section 5A – arrangements to be made to ensure sufficient children’s centres to meet local need.

Section 5C – duty to ensure each children’s centre is within the remit of an advisory board.

Section 5D – duty to ensure there is consultation before any significant changes are made to children’s centre provision in their area.

- 7.2 Statutory guidance in relation to children’s centres was published in April 2013. This confirms that there is a presumption against closure of children’s centres and when consulting on significant changes, everyone who could be affected should be consulted, including local families, users of the centres, children’s centre staff, advisory board members and service providers. Particular attention should be given to ensuring disadvantaged families and minority groups participate in the consultation. Decisions following consultation should be announced publically and give reasons for the decision.
- 7.3 There is a statutory duty to consult. As a matter of public law consultation must be carried out fairly. In general, a consultation can only be considered as proper consultation if:
- Comments are genuinely invited at the formative stage;
 - The consultation documents include sufficient reasons for the proposal to allow those being consulted to be properly informed and to give an informed response;
 - There is adequate time given to the consultees to consider the proposals; and
 - There is a mechanism for feeding back the comments and those comments are conscientiously taken into account by the decision maker / decision making body when making a final decision.
- 7.4 When making policy decisions, the Council must take account of all relevant considerations; including importantly the duty to give due regards to the public law equality duties and in particular any potential differential and/or adverse impact. The Council must also have regard to and weigh up all countervailing factors, including financial resources, which in the context of the function being exercised; it is proper and reasonable for the Council to consider.
- 7.5 The guidance confirms that children’s centres should have a named health visitor and access to a named social worker as a minimum. The guidance recommends that children’s centres are commissioned as part of local authorities’ wider early intervention strategy and strategy for turning around the lives of troubled families.
- 7.6 Children’s centres are subject to Ofsted inspection. From April 2013, inspections are organised according to how local authorities deliver their children’s centres. If centres are grouped and share leadership and management, they will be inspected together.

7.7 Each children's centre must have an advisory board, however centres clustered together can share a board. The board must include representatives from each children's centre within its remit, the local authority and parents and prospective parents in the area. Other representatives should be included on the board as set out in the guidance.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

8.1 Part 3 of the Constitution sets out the executive functions. The Cabinet Member for Education, Children & Families is the lead Member for the matters identified within this report. Responsibility for Functions 4.2 sets out the Cabinet Member's responsibility including Early Years Provision.

9. BACKGROUND INFORMATION

Executive Summary

- 9.1 The early years of childhood development present us with the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state. Following a thorough review that has included significant engagement with residents, front line staff and a range of other stakeholders, this report sets out a new commission for the early years.
- 9.2 The current early years system in Barnet is the complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths – including a dedicated and passionate work force – that success is often despite rather than because of the system.
- 9.3 The new commission brings together many parts of the system to provide a more coherent and strategically managed offer where resources can be more flexibly moved to the areas of greatest need. The main features of this new commission include:
- Bringing Barnet’s children centres together into a centrally managed locality structure to make more efficient and effective use of our resources. This necessitates a new role for schools and advisory boards.
 - Integrating health visiting into the new early years commission to make better use of the service’s universal reach and ability to identify the most vulnerable families.
 - Bring together the teams that support childcare settings to reduce duplication and maximise our impact on the quality of childcare in the Borough.
 - Focus initially on consolidating the model within Family Services whilst preparing to create an employee owned company to increase staff accountability for early years outcomes and encourage innovation in their achievement.
 - Retain the childcare offer in children’s centres as an important tool to support the most vulnerable families.
- 9.4 Evidence has shown that development in the first few years of life has a huge impact on a whole range of whole-life outcomes. This reconfigured model will take cost out of the system in two ways. The new model will be more efficient and allow the achievement of the savings included in the medium term financial strategy.
- 9.5 Secondly, and perhaps more importantly, it will enable Barnet to better focus on increasing early years standards for all and better identify and support the most vulnerable families in the borough. Our local case history research has shown that if we get this right, over time we can expect to see fewer cases escalating to the point that a social care intervention becomes necessary. This is better for families and has the potential to take out significant cost from the social care budget. This will not be a quick return, but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.

- 9.6 The Early Years Task and Finish Group ran alongside the review and reported to Cabinet on 25 February 2014. The recommendations agreed have been incorporated into this report.

Background

- 9.7 In June 2013 the Council began the Early Years Review to help the council and its partners identify how it can improve Barnet's early years provision. The aim of the review was to develop an effective early years model that improves outcomes for young children and families in Barnet.
- 9.8. Early intervention and prevention is increasingly becoming a policy priority on the national agenda. The growing interest in early intervention reflects widespread recognition it is better to identify problems early and intervene effectively to prevent escalation than to respond only when the difficulty has become so acute as to demand action.
- 9.9 The government is currently undertaking a review of childcare and has recently released a number of policy documents and consultations. There were two key childcare papers in 2013, *More Great Childcare* (January 2013) and *More Affordable Childcare* (July 2013). Recommendations made as part of the outline business case have considered the implications of national policy changes.
- 9.10 There are an estimated 26,074 children under five in Barnet, with a projected increase to 27,637 in 2018. The most significant growth is in the Colindale, Golders Green and West Hendon wards.

Children's Centres and Family Support

- 9.12 The public sector spends approximately £30million on early years services in Barnet. It is important to note that a significant amount of this funding is Designated School Grant (DSG), with over £18million going directly to childcare settings who provide the free eligibility offer for 2, 3 and 4 year olds. Spend from Barnet base budget in 2013/14 was £5.5m. For 2014/15 there will be a reduction of £500k from Barnet base budget funding through the MTFS savings.
- 9.13 Currently there are 13 children's centres across the borough with an additional 8 main outreach venues at a cost of £4.6m in 2013/14 (including central team costs), reducing to £4.16m in 2014/15 from the Family Services budget. The children's centres are delivered by various providers, with 8 delivered by schools, 4 delivered by the Council and 1 delivered by a voluntary sector organisation.
- 9.14 A range of other services, including health visitors, community midwives, job centre plus, Barnet and Southgate College and a range of voluntary and community organisations have key relationships with children's centres across Barnet.
- 9.15 Through the Early Years Review there have been the following key findings;
- Reach areas do not match the children's centres that families use
 - There is the potential for a more collaborative approach

- Improving front-line relationships with health would significantly improve the whole system's ability to identify vulnerable families early and effectively support them.
- The balance between targeted and universal services is not sufficiently planned.
- Improving outreach and proactive work would enhance early intervention.

Childcare in Barnet

- 9.16 Childcare is either purchased privately by parents or provided as part of the Free Early Education (FEE) funding which comes directly from the dedicated schools grant (DSG).
- 9.17 All 3 & 4 year olds are eligible for up to 15 hours of free early education for up to 38 weeks per year.
- 9.18 The FEE2 offers the 20% most deprived two year olds with 15 hours of high quality childcare provision per week. From 1 September 2014 the entitlement will then extend to fund the 40% most deprived two year olds.
- 9.19 There are 16,703 registered childcare placements in Barnet, spread across a range of providers including day nurseries, maintained sector nursery classes and registered childminders.
- 9.20 It is widely acknowledge that high quality pre-schooling is related to better intellectual and social/behavioural development for children¹ and in particular has been proven to reduce the risk of special educational needs.
- 9.21 Overall the quality of provision in Barnet is better than both the London and England average. However the quality of provision is weaker than in most statistical neighbours, the quality of provision for the most deprived is weaker, the quality of provision offered by childminders is more likely to be weak than that of other providers.
- 9.22 The following key findings were made about childcare as part of the early years review;
- The majority of parents are satisfied with their childcare options.
 - Childcare needs to support parents back to work.
 - The quality of provision is weaker for the most deprived.
 - Barnet performs worse than the majority of its statistical neighbours.
 - The quality of provision offered by child minders is more likely to be weaker than that of other providers
 - Changes are required to reflect changes in national policy
 - Demand will soon significantly outstrip supply in some areas.
- 9.23 A wide range of support is offered for early years education and childcare providers from various teams within the council and by commissioned organisations.
- 9.24 As part of the early years review the following key findings were made about the Early Years Standards and Childcare Support teams in Barnet;

- The current approach is fragmented and confusing
- A more consistent approach to supporting childcare settings is required
- The relationships between the local authority and local providers must improve
- Childcare settings value the support they receive

Evidence

- 9.25 Evidence has shown that development in the first few years of life has a huge impact on a whole range of whole-life outcomes. Our local case history research has shown that if we get this right, over time we can expect to see fewer cases escalating to the point of a social care intervention being necessary.
- 9.26 In August 2013 a sample of 81 randomly selected child protection, looked after children, and troubled families cases were reviewed to identify the proportion of cases that could have been prevented, and how the escalation of need could have been averted. It was found that 77 per cent of Troubled Families cases, 29 per cent of child protection cases and 14 per cent of looked after children cases could have been prevented. It is important to note this was qualitative research based on practitioner feedback.
- 9.27 There is a significant amount of national research that demonstrates the importance of early years development. This includes the Graham Allen Review and Frank Fields Review referenced in the outline business case.
- 9.28 Evidence from a range of research and best practice demonstrates that Barnet needs to develop a more integrated and co-ordinated early years commission to improve outcomes for vulnerable families and young children.

Case for Change

- 9.29 The Outline Business Case outlines a very strong argument for a new commission for early years. The early years review has provided extensive analysis of early years services in Barnet and collected a range of evidence from across the country. This provides an ideal opportunity to develop a new commission for early years, improving early intervention, developing a more cost effective service model that will improve life chances for children in Barnet.
- 9.30 The key themes from the early years review that have informed the options analysis are;
- A joined-up Barnet early years system
 - A family approach with higher risk groups
 - Simplifying the system for parents and partners
 - Consolidation of support for early years settings
 - A further shift in the balance from universal to targeted services

Options Analysis and Recommendations

9.31 5 recommendations are made as part of the OBC. The following section summarises these recommendations.

A. It is recommended that a hub and spoke model is developed as part of the Full Business Case.

The key reasons for this recommendation are;

- It allows for a whole borough strategic approach to early years.
- It allows for the most cost effective management and administrative model, allowing for front-line service to be protected and support to early years settings to be continued.
- It offers the ability to share resources across localities effectively and efficiently.

B. It is also recommended that a single organisation manage all of the centres as part of the new hub and spoke model. The recommendation is that the centres are managed in the first instance by the Council.

This necessitates a new role for schools and advisory boards in order to effectively meet the following objectives;

- Allow children's centres the flexibility of resource to support the most vulnerable families in the borough.
- Allow for a whole borough strategic approach for children's centre services.

C. It is recommended for full integration of health visitors and children's centres to create a consolidated early years service.

This will be either through a section 75 (secondment) arrangement or full TUPE. This will be worked up through the Full Business Case, taking into account workforce analysis from the Health Visitor / School Nurse Review. Either of these options offers a structure that;

- Allows for clear accountability for health visitors in the early years agenda
- Allows for a shared vision between health visitors and children's centres
- Allows the best model for early identification and support of vulnerable families

This does not mean that health visitors will work only in children's centres - home visits will continue to be an essential part of the role. Rather, by working as part of an integrated team the support to families will be improved.

It is important to note that the commissioning responsibility for health visitors will transfer from NHS England to Public Health in 2015, giving a unique opportunity for integration. The timescales for integration will be developed as part of the full business case, using information collected from the health visitor and school nurses review and there will be continued engagement across early years and health to ensure an effective implementation plan is developed.

D. It is recommended that childcare is continued to be offered as part of core Children's Centre model.

The key reasons for this are:

- Children's centres have worked hard to make childcare cost-neutral.
- The link between childcare and core children's centre work is important, especially in early identification and support for vulnerable families.
- It would be logistically difficult to separate childcare from the core children's centre work within each building.
- There is nothing significantly wrong with the current childcare offer and any change could add to the disruption of re-modelling the early years service.

E. It is recommended that the Early Years Standards and Childcare Support teams are centralised and align to the early years service.

Moving the teams together into the Family Services delivery unit will support the strategic focus on early years. Strong links with Education and Skills need to be maintained so that the robust focus on raising outcomes for children at the end of the EYFS is retained.

The functions of the Early Years Standards Team, Business Team, Childminding Team and Pre-school Inclusion Team should be brought together under one management with staff aligned to localities to further strengthen links with children's centres.

F. An employee owned company appears to be the optimum long-term delivery vehicle for early years services, with the service developed in house in the short term, but this needs to be tested with staff and reviewed.

Trying to implement this too quickly would however be detrimental to the longer term success of the organisation and so it is recommended that the service elements are brought together and consolidated as part of the Family Services delivery unit initially before considering transfer to a separate organisation.

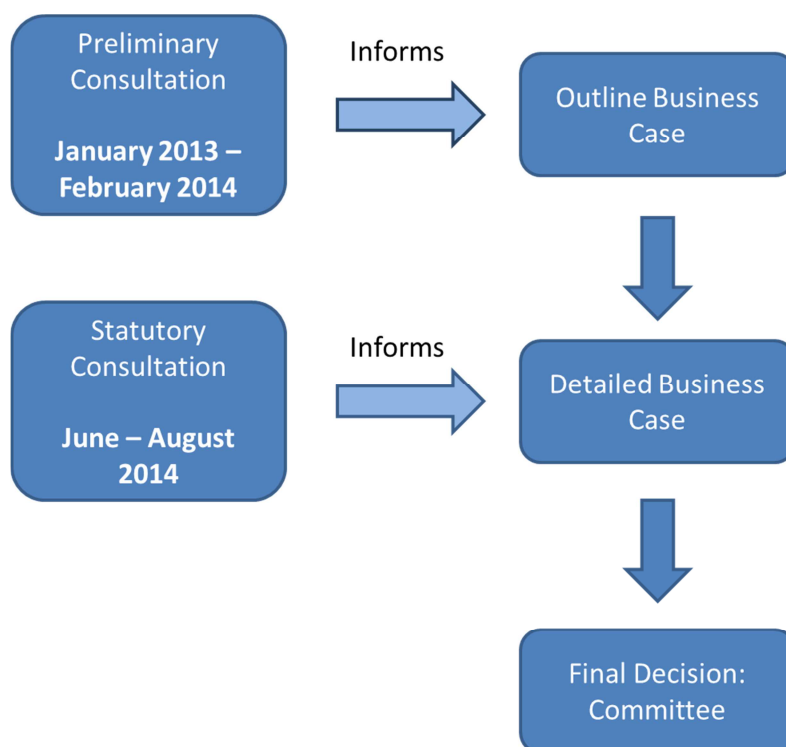
During the development of the full business case, further considerations as to the most effective structure will be considered, as will a detailed timescale. Having this as a clear direction will bring a focus to the recruitment to senior posts in the structure.

Further recommendations are made that will be developed as part of the FBC. See Appendix A for more details.

10. Consultation

Clear communication, consultation and engagement is taking place and will continue to take place throughout the early years review to help ensure the views of Barnet's diverse communities are taken into account.

The process for consultation for the early years review is outlined below;



10.1 Key stakeholders

- Families with young children in Barnet (uses of both targeted and universal services)
- Children's Centre Managers and staff
- Family Services and Early Intervention staff
- Early Years and childcare support teams
- Health staff, including Health Visitors and Community Midwives
- School head teachers
- Childcare / Early Education providers
- Parents and families in Barnet (users of both targeted and universal services)
- School head teachers

10.2 Methods

A range of open and closed consultation has been undertaken as part of the preliminary consultation that has informed the development. The same approach will be used as part of the formal consultation. Open consultation is important to ensure

the council gets a broad range of views on the proposal, whilst targeted (closed) engagement is important to get views from specific groups who could be impacted by the changes. Methods used include;

- Interviews
- Workshops / Focus groups
- Online/paper questionnaires
- Existing forums (e.g. staff meetings)
- Citizen's Panel

10.3 Preliminary consultation – informing the outline business case

Objectives

The objective of informal consultation as part of the development of the outline business case was to;

- Understand the views and priorities of residents, staff and a range of external stakeholders
- To understand the needs of families who will use the service.
- To get a view on what works well in Barnet and what (and how) services could be improved.
- To communicate the need to change early years services to improve support for the most vulnerable families.

Engagement log

A wide range of engagement has taken part to inform the development of the outline business case with families, staff, providers and a range of front-line practitioners and external stakeholders. This has been conducted through;

- Interviews
- Workshops / Focus groups
- Online/paper questionnaires
- Existing forums (e.g. staff meetings)

Feedback from the preliminary consultation is in section 11.4 of the Outline Business Case.

10.4 Formal consultation – informing the full business case

Objectives

The objective of consultation as part of the development of the full business case is to;

- To communicate the need to change early years services to improve support for the most vulnerable families.
- To test ideas and models at an early stage to ensure they meet the needs of families in Barnet.
- So residents, staff and external stakeholders have a chance to shape the new commission for early years
- To ensure the new early years commission meets the needs of Barnet families.

Consultation Plan

As part of the development of the full business case there will be a ten week formal public consultation and engagement period. This engagement will use a range of methods, targeting the key stakeholder groups outlined in section 1. Methods will include;

- Interviews
- Workshops / Focus groups
- Online/paper questionnaires
- Existing forums (e.g. staff meetings)
- Citizen's Panel

The ten week formal public consultation and engagement period will be from **June – August 2014**.

11. LIST OF BACKGROUND PAPERS

Appendix A: Early years review outline business case

Appendix B: Equalities Impact Assessment

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Early Years Review - Outline Business Case (OBC)

Author:	James Mass Sam Raffell Hannah Gordon
Date:	13 February 2014
Service / Dept:	Commissioning Group

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DRAFT

1. Executive summary

The early years of childhood development present us with the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state. Following a thorough review that has included significant engagement with residents, front line staff and a range of other stakeholders, this report sets out a new commission for the early years.

The current early years system in Barnet is the complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths – including a dedicated and passionate work force – that success is often despite rather than because of the system.

The new commission brings together many parts of the system to provide a more coherent and strategically managed offer where resources can be more flexibly moved to the areas of greatest need. The main features of this new commission include:

- Bringing Barnet's children centres together into a centrally managed locality structure to make more efficient and effective use of our resources.
- Integrating health visiting to make better use of the service's universal reach and ability to identify the most vulnerable families.
- Bring together the teams that support childcare settings to reduce duplication and maximise our impact on the quality of childcare in the Borough.
- Focus initially on consolidating the model within Family Services whilst preparing to create an employee owned company to increase staff accountability for early years outcomes and encourage innovation in their achievement.
- Retain the childcare offer in children's centres as an important tool to support the most vulnerable families.

Evidence has shown that development in the first few years of life has a huge impact on a whole range of whole-life outcomes. This reconfigured model will take cost out of the system in two ways. The new model will be more efficient and allow the achievement of the savings included in the medium term financial strategy.

Secondly, and perhaps more importantly, it will enable Barnet to better focus on increasing early years standards for all and better identify and support the most vulnerable families in the borough. Our local case history research has shown that if we get this right, over time we can expect to see fewer cases escalating to the point that a social care intervention becomes necessary. This is better for families and has the potential to take out significant cost from the social care budget. This will not be a quick return, but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.

The Early Years Task and Finish Group ran alongside the review and reported to Cabinet in February. The recommendations agreed have been incorporated into this report.

2. Background and Objectives

“The evidence is overwhelming that for optimal effectiveness, intervention should be focused on the earliest years, and ensure that children arrive at school ‘school ready’.”

International experience of early intervention for children, young people and their families, WAVE Trust, 2010

2.1 Background

In June 2013 Barnet began the Early Years Review to help the council and its partners identify how it can improve Barnet’s early years provision. The aim of the review is to develop an effective early years model that improves outcomes for young children and families in Barnet.

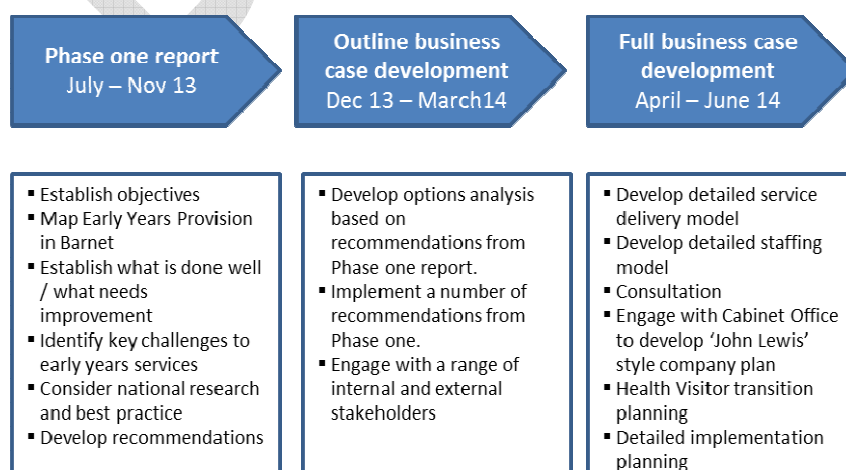
The Early Years Review supports Barnet’s Children and Young People’s Plan 2013 – 2016, which sets out a vision that ‘every child in Barnet has a great start in life, with the security and safety to grow in a nurturing environment’. The early years priorities as part of the Children and Young People’s Plan are;

- Engage families early to ensure children have happy lives at home.
- Provide high quality health services for mothers and young children.
- Ensure children in need of support are identified early and appropriately supported in their early years.

Building on these, the review is focused on improving the following:

- Improved identification and support for the most vulnerable.
- Improved school readiness for all children in Barnet.
- Improved health outcomes for all children in Barnet.
- Sufficiency of high quality childcare places for children in Barnet.
- Reduction in the number of adults held back from returning to work because of childcare constraints.

Phase one of the Early Years Review informed the Outline Business Case (OBC). The Full Business Case will be developed following approval of the OBC by Cabinet. The diagram below gives an overview of the process:



2.2 National Context

2.2.1 Children's centres and family support

Early intervention and prevention is increasingly becoming a policy priority on the national agenda. The growing interest in early intervention reflects widespread recognition it is better to identify problems early and intervene effectively to prevent escalation than to respond only when the difficulty has become so acute as to demand action. This becomes even more vital with the continued reduction in central government funding to local authorities, reducing by over a quarter in real terms (£7.6 billion) between 2011 and 2015 ([Public Accounts Committee](#)).

Central government has commissioned a number of reviews that have focussed on early intervention, including;

- The Foundation Years: preventing poor children becoming poor adults (Frank Field) – December 2010
- Early Intervention: The Next Steps (Graham Allen) – January 2011

The government has recently established the Early Intervention Foundation which aims to develop an evidence base and shared learning tools to support public sector organisations to invest in and effectively commission or run activities that intervene early.

Ofsted

A new Ofsted framework for the inspection of children's centres was introduced in April 2013. This outlines what children's centres need to do to ensure that "families are supported to give their children the best start in life, including preparation for school". Judgements are made on the following areas:

- Access to services by young children and their families.
- Quality and Impact of Practice and Services.
- Effectiveness of leadership, governance and management.
- Overall effectiveness of centre.

There is now a much greater emphasis on children's centres knowing the families within their reach area especially those deemed vulnerable and therefore to be targeted for support. To be "good" or above centres must be able to demonstrate they know at least 80% of their families and that 65% of their targeted families are registered with the centre.

In developing a new early years model it is important that it allows children's centres to focus on the key areas that the Ofsted Framework focuses on.

2.2.2 Childcare

The government is currently undertaking a review of childcare and has recently released a number of policy documents and consultations. There were two key childcare papers in 2013, *More Great Childcare* (January 2013) and *More Affordable Childcare* (July 2013). These papers will be followed by firmer recommendations in spring 2014 and these will need to be considered as part of the Full Business Case. The policy papers include:

1. Additional support to childcare market development by;

- Allocating a small pot of money to support new childcare businesses - £250 for childminders and £500 to start a nursery or after school club.
 - Making better use of schools – looking at ways in which schools can extend beyond the traditional 9am – 3pm nursery provision.
2. Commitment to continued funding for 3 and 4 year olds and expanding 2 year old offer to 40 per cent of children from September 2014
 3. Making Ofsted the sole arbiter of quality.

These changes have impacted on the role the local authority plays in supporting childcare and meant a removal of the quality assurance role from local authorities.

2.3 Statutory Duties

The section below outlines the responsibilities of a local authority with regard to Children's Centres and Childcare.

Children's Centres

The local authority must ensure that there is provision of a network of children's centres. These must;

- Be within a reasonable travel distance of families
- Offer health and employment services
- Consider how best to ensure families can access services
- Target children and families at risk of poor outcomes
- Demonstrate all children and families can be reached effectively
- Have opening times that meet need

Childcare

The local authority must;

- Secure sufficient childcare for working parents
- Secure prescribed early years provision free of charge, ensuring eligible 2 year olds and all 3 and 4 year olds can access high quality free nursery education
- Undertake an assessment of childcare provision in their area
- Provide information, advice and training to childcare providers

2.4 Local Context

2.4.1 Demographics

There are an estimated 26,074 (based on CSA) children under five in Barnet, a 24% increase in ten years. The borough's population currently stands at 356,400 (as recorded in 2011 Census) and is projected to increase further, generating increasing demand for services.

Projections developed by the Greater London Assembly (GLA) based on the 2011 census have projected an increase in the number of 0-4 year olds from 26,074 in 2013 to 27,637 in 2018.

The increase is most prominent in the West and South of the borough, with the biggest growth in;

1. Colindale (+37%)
2. Golders Green (+30.5%)
3. West Hendon (+6.5%)

The table below gives a short analysis of the current 0-4 population and their families.

Families with children aged 0-4	19,752
Number of Children aged 0-4	26,074
Total number of reception children in academy & maintained schools	3,974
Estimated lone parent families with children aged 0-4	5,227
Number of families with children aged 0-4 receiving housing benefit	6,262
% of 0-4 income deprived children	23%

2.4.2 Financial Context

The Council's Medium Term Financial Strategy (MTFS) includes £700k savings linked to further reconfiguration of early years services.

The Priorities and Spending Review (PSR) will need to identify any further savings from 2016/17 onwards either in early years services and / or elsewhere in the system as a result of improved early intervention.

3. Early Years provision in Barnet

This section briefly outlines what Early Years Provision is offered in the borough and key findings from the Early Years Review.

The table below details the main services offered in Barnet and their cost.

Service	Cost (2013/14)	Funding Source
Children's Centres and Family Support		
Children's Centres	£4.3m	Base Budget
Children's Centres support	£292k	Base Budget
Parenting Programmes	£35k	Base Budget
Health Visitors	£3.8m	Public Health England
Family Nurse Partnership	£300k	Public Health
Community Midwives	£1.5m	CCG
Healthy Children's Centres	£275k	Public Health
Speech and Language Therapy	£80k	CCG / Base Budget
Total	£10.6m	
Childcare		
Free eligibility for 3&4 year olds	£15m	DSG
Free eligibility for 2 year olds	£3.2m	DSG
Early Years Vulnerable Fund	£200k	DSG
Support offered to childcare	£900k	Base Budget/DSG
Total	£19.3m	

The total of spend on early years is approximately **£30 million**. It is important to note that a significant amount of this funding is Designated School Grant, with over £18million going directly to childcare settings who provide the free eligibility offer for 2, 3 and 4 year olds.

There are some further services offered, such as parenting programmes through the Family Focus team, which have not been included in these calculations but are fairly small in scope.

The next sections are broken down into 4 areas;

- 3.1 Children's centres and family support (including health services)
- 3.2 Childcare
- 3.3 Childcare in children's centres
- 3.4 Early years standards and childcare support

3.1 Children's Centres and Family Support (including health services)

Currently there are 13 children's centres across the borough with an additional 8 main outreach venues at a cost of £4.3m in 2013/14 (including unallocated costs). The children's centres are delivered by various providers, with 8 delivered by schools, 4 delivered by local authorities and 1 delivered by a voluntary sector organisation.

Each children's centre has its own geographical 'reach area' of families it should be working with, and are all individually registered for Ofsted purposes.

The table below gives details of children's centres in Barnet.

Children's Centre	Locality	Childcare (Y/N)	Delivery Model	April 2013 - March 2014
Coppetts Wood	East	Y	School	£342,524
Fairway	West	Y	School	£315,953
Parkfield	South	Y	Local Authority	£323,968
The Hyde	South	Y	Local Authority	£320,872
Underhill	Central	Y	School	£331,655
Barnfield	West	N	School	£340,101
Bell Lane	South	N	School	£270,266
Childs Hill	South	N	School	£260,601
Hampden Way	East	N	School	£230,768
St Margaret's	East	N	School	£231,929
Newstead	East	Y	Local Authority	£316,550
Wingfield	West	Y	Local Authority	£357,384
Stonegrove	West	N	Commissioned	£293,040
Total				£3,935,612

Information based on Children's Centre Funding Statement 2011-2015

The above table does not include the cost of the central support team to children's centres (£292k) and spend on the public health led healthy children's centre programme (£275k for 2013/14).

A range of other services, including health visitors, community midwives, job centre plus, Barnet and Southgate College and a range of voluntary and community organisations have key relationships with children's centres across Barnet.

3.1.1 Key findings

Barnet's children's centres are not performing well against the new Ofsted inspection framework.

There have been five Ofsted inspections since the new Ofsted Framework came into place in April 2013. This has resulted in one receiving 'good' (Barnfield) and four receiving 'requires improvement' (Stonegrove, The Hyde, Fairway and Hampden Way).

The main contributory factors that led to the 'requires improvement' scores were:

- Lack of knowledge and data of reach areas.
- Poor targeting of vulnerable groups.
- The limited extent of adult learning and support.
- Tracking of children and adults was not consistent.
- Advisory boards and governing bodies were not sufficiently challenging.

However, there is still good practice within the network. Customer research conducted in November 2012 reported that 82 per cent of respondents said they had experienced positive outcomes from using children's centres.

The implementation of a new model needs to ensure a focus on achieving 'good' or 'outstanding' Ofsted ratings for all children's centres is sustained. This is vitally important as the outcome of inspections in children's centres will also have an impact on the wider children's services Ofsted inspection.

Reach areas do not match the children's centres that families often use.

The reach areas of children's centres were refined in 2010/11 when the number of core centres was reduced from 21 to 13. Whilst people can access universal services in Barnet at any children's centre, targeted services need to be accessed at the children's centres in their 'reach area'.

In 2013, half of children accessed services outside their 'reach' area and both the Hemsalls report and recent Ofsted Inspections have highlighted that the current reach arrangements make it difficult for centres to engage with the required 65 per cent of targeted families.

There is the potential for a more collaborative approach.

Children's centre managers and staff have recognised the potential in operating in a more collaborative model, especially around sharing resources, expertise and skills. The south locality are currently developing a collaboration agreement as part of their Service Level Agreements (SLA) for 2014/15, this will act as a pilot for the future early years commission.

Improving front-line relationships with health would significantly improve the whole system's ability to identify vulnerable families early and effectively support them.

The current delivery system does very little to develop effective front-line relationships between practitioners. The number of hours of maternity and health visitor services in children's centres varies significantly across the borough with no planned pattern - service provision is based on historical anomalies and personal relationships. There were significantly more hours of maternity services (112) offered in children's centres compared to health visitor services (37).

Furthermore, there has been concern from some children's centre managers that health professionals have not been effectively involved in common assessment frameworks (CAF) and in generally communicating potential needs, or risk factors.

A key complaint from children's centre managers and staff was the difficulty of data sharing, especially between children's centres and health professionals. This is both in regard to data such as new birth data but also with sharing information on vulnerable families.

The balance between targeted and universal services is not sufficiently planned.

Having reviewed the sessions run across all children's centres, approximately half were universally accessible, with half targeted. However, the majority of children's centre managers felt they did a significant amount of targeted work as part of the universal offer. They also stressed the importance of universal services in reducing stigma, allowing for engagement between parents from different backgrounds and identifying issues.

Children's centres felt that access to clear data on target groups was essential to improve targeting and that this could be further developed as part of the Early Years Review.

Improving outreach and proactive work would enhance early intervention.

Children's centre managers and staff felt that they were generally effective at identifying vulnerable families through stay and play sessions, baby groups and those that came in to access midwifery or child health services. However, practitioners also felt that outreach work could be improved in some places, as it was seen as very important for engaging with the most vulnerable families.

Lessons of what works effectively are not shared across the system and practitioners have to re-invent approaches. There is also an opportunity to focus more on the 120 toddler groups run by volunteers across Barnet and improved interaction between pre-schools / nurseries and children's centre.

3.2 Childcare in Barnet

The council has a statutory duty to undertake a childcare sufficiency assessment (CSA) on a yearly basis, allowing the council to have a clear and up-to-date view of childcare supply and demand within the borough.

Childcare is either purchased privately by parents or provided as part of the Free Early Education (FEE) funding which comes directly from the dedicated schools grant (DSG).

3.2.1 Free Early Education for 3 & 4 Year olds (FEE 3&4)

All 3 & 4 year olds are eligible for up to 15 hours of free early education for up to 38 weeks per year.

We have 205 providers delivering free early education for 3 and 4 year olds. This includes maintained nursery schools/classes; private, voluntary & independent nurseries; children's centres and childminders.

3.2.2 Free Early Education for 2 year olds (FEE2)

The FEE2 offers eligible children up to 15 hours per week of high quality early years education. From 1 September 2013, local authorities have to fund the 20% most deprived two year olds with 15 hours of high quality childcare provision per week. From 1 September 2014 the entitlement will then extend to fund the 40% most deprived two year olds.

As of 25 February 2014 there are 895 children accessing a FEE2 place and 126 childcare providers.

3.2.3 Childcare Provision

The table below shows the number of known childcare placements across the borough by type of provider.

Type of Provision	Registered places	% of total known places in Barnet
Day nursery and sessional pre-school	4,648	28%
Independent sector nursery schools	1,165	7%
Maintained sector nursery classes	3,931	23%
Nursery schools	252	1.5%
Registered childminders	1,869	11.5%
Out of school childcare	4,838	29%
Total	16,703	100%

NB these figures include some childcare spaces for those over 5.

3.2.4 Key Findings

It is widely acknowledged that high quality pre-schooling is related to better intellectual and social/behavioural development for children¹ and in particular has been proven to reduce the risk of SEN.

Overall the quality of provision in Barnet is better than both the London and England average. However the quality of provision is weaker than in most statistical neighbours, the quality of provision for the most deprived is weaker, the quality of provision offered by childminders is more likely to be weak than that of other providers.

The majority of parents are satisfied with their childcare options.

In recent childcare market research only one in ten of parents surveyed were unsatisfied with childcare provision in Barnet. For those who were unsatisfied, the primary reasons given were that it was too expensive, inconvenient and inflexible times, inconvenient location and poor quality of care.

Childcare needs to support parents back to work.

The cost and flexibility of childcare was cited by significant number of people in the market research as a problem impeding their return to work. However, the work of the welfare reform joint team has not found that childcare has been a significant barrier for many families returning to work.

The quality of provision is weaker for the most deprived.

The quality of provision for the most deprived is weaker. In the least deprived areas only 11% of providers are satisfactory / inadequate, whereas in the most deprived areas the figure is 29%.

Barnet performs worse than the majority of its statistical neighbours.

Compared to statistical neighbours Barnet ranks poorly for the proportion of Early Years settings deemed satisfactory / inadequate / needs improvement (24%).

The quality of provision offered by child minders is more likely to be weaker than that of other providers

Significantly more childminders are in 'Satisfactory / Requires Improvement' than non-domestic childcare (11 percentage points difference).

Changes are required to reflect changes in national policy

Recent Ofsted changes have made Ofsted the sole arbiter of quality, removing quality assurance role from local authorities. Support should therefore now be focused on driving up standards and quality amongst providers who 'require improvement' or are 'inadequate'.

Demand will soon significantly outstrip supply in some areas.

Demand within particular areas, such as Colindale, Golders Green and West Hendon, will soon outstrip supply unless the council takes a pro-active approach to support the development of the market.

3.3 Children's Centre Childcare

There are currently 7 children's centres offering Childcare in Barnet, with 6 centres not offering childcare. The childcare offered ranges from wraparound care for a small number of children (Coppetts Wood) to a large childcare setting (Fairway).

The children's centre's offering childcare are:

- Coppetts Wood (wrap-around care)
- Underhill
- Wingfield
- Parkfield
- The Hyde
- Fairway
- Newstead

In 2011/12 children's centres who offered childcare had to split costs and ensure that the childcare element of the children's centre was self-sufficient. This has meant that childcare within children's centres has had to function as a business.

Childcare in children's centres provides the opportunity to increase the available two year old offer, ensure sufficient childcare in areas of demographic growth and to act as part of a package of family support. Childcare offers an ideal opportunity to identify and support vulnerable children and families at an early stage, linking them up to other council and health led services.

Combined the centres have 275 children registered, with 345 on roll. They also offer 98 FEE2 places, equating to approximately 20% of the 486 places (December 2013). This illustrates the importance of Children's Centres in supporting those eligible for the FEE2 offer accessed childcare.

3.3 Early Years Standards and Childcare Support

The previous section outlines the challenge to the council, especially in regard to increasing standards in the most deprived areas and ensuring the quality of early years settings improves in comparison to statistical neighbours.

A wide range of support is offered for childcare providers from various teams within the council and by commissioned organisations. These include;

- Barnet Pre-School Learning Alliance
- Barnet Pre-school Inclusion Team
- Barnet Children's Service Workforce Development
- Early Years Standards Team (including Narrowing the Gap)
- Early Years Business Team
 - Child-minding Team
 - 2, 3&4 Year Old Team
 - Registrations Support
- Fairplay Barnet
- Children's Centres
- Nursery Schools
- FYi Service

These teams support a variety of different settings, in different ways.

SEN in the early years

The role of the early years standards advisory teacher is to ensure high quality teaching in early education settings. There are additional staff that help them with this. Where this relates to high standards in the provision of inclusive early years education, it makes sense to work closely with the pre-school inclusion team.

The pre-school inclusion team works to build capacity, confidence and competence in early education settings, so that very young children with SEN can remain close to their home for their EY education. They provide technical guidance and advice on approaches, strategies, learning setting management, individual education plans and progress monitoring.

The EY standards team will also model teaching approaches ensuring that the focus is on meeting the needs of children through high quality teaching, the use of universal and/or targeted support from the children's centres and that additional SEN services are seen as a last resort.

A structure for collaborative working is needed so that before any consideration of accessing additional Inclusion Funding support for a child, there must have been a thorough discussion and observation with the Standards Team to be clear about why the setting cannot provide what is needed, and for what precise teaching interventions Inclusion Funding is needed.

It is envisaged that the EY Inclusion Funding will be considered as Enhanced High Needs funding, and that decision making will be through the delegated decision making attached to the Head of Inclusion and Skills, whose wider responsibilities span the provision of educational assessment and support from 0-25. Part of the decision making will require a more robust examination of why ratios in settings are insufficient and what use is envisaged of any enhanced EY High Needs funding.

3.4.1 Key findings

The current approach is fragmented and confusing.

Currently a wide range of support is offered for childcare from a variety of teams. Whilst the teams work fairly well together, the fragmented nature of support creates a confusing system for providers to understand and a more coherent approach would simplify the system for settings. A more coherent approach to support childcare settings could reduce duplication, improve the ability to target resources and improve accountability.

A more consistent approach to supporting childcare settings is required.

The settings supported vary from team to team, with some inconsistency between what support is offered to private, voluntary and independent providers (PVIs), childminders and schools.

The relationships between the local authority and local providers must improve.

When childcare settings were asked about the quality of their relationship with different professionals, the response showed the relationship, when it exists, is generally strong, especially with the pre-school inclusion team and the early years standards team. However, there is a significant amount of instances where there is no contact with professionals.

Childcare settings want support.

Providers surveyed as part of the CSA stated they would like to receive more business and marketing support and advice in addition to greater involvement in the planning of local childcare.

4. Evidence

In order to improve outcomes for young people in Barnet there are two key drivers for the re-modelling of early years services;

1. Improved early intervention.
2. Improved service delivery and efficiency.

This section outlines the evidence for change broken down by the above two areas.

4.1 Improved Early Intervention

Evidence has shown that development in the first few years of life has a huge impact on a whole range of whole-life outcomes. Our local case history research has shown that if we get this right, over time we can expect to see fewer cases escalating to the point of a social care intervention being necessary. This is better for families and has the potential to take out significant cost from the social care budget. This will not be a quick return but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.

Local case history

In August 2013 a sample of 81 randomly selected CP, LAC, and TF cases were reviewed to identify the proportion of cases that could have been prevented, and how the escalation of need could have been averted. In total, 48 practitioners were interviewed as part of this review.

The review found the following:

Type of case	Percentage preventable	Parental factors			
		DV	Drug abuse	Alcohol abuse	Mental health
Troubled families	77%	54%	23%	23%	31%
Child protection	29%	64%	49%	47%	45%
Looked after children	14%	62%	67%	48%	67%

A significant number of LAC cases were where one or more siblings of the child had already been taken into care and practitioners felt it was inevitable that subsequent children would also. Over time, if we intervene early there may be greater potential as these cyclical incidents are avoided.

A similar exercise recently run by Bexley found that 39% of looked after children's cases were very likely to have been avoided and 39% might have been through an improved whole family approach.

Evidence

The information below outlines the key argument for early identification and the need to continue to invest in early years to support families at the earliest opportunity and improve life chances for those involved.

Figure 1 demonstrates how the level of physical aggression at the age of 3 has a strong correlation to the level of aggression at through development of the person.

Figure 1: Early foundations set the pattern for the rest of the child's life

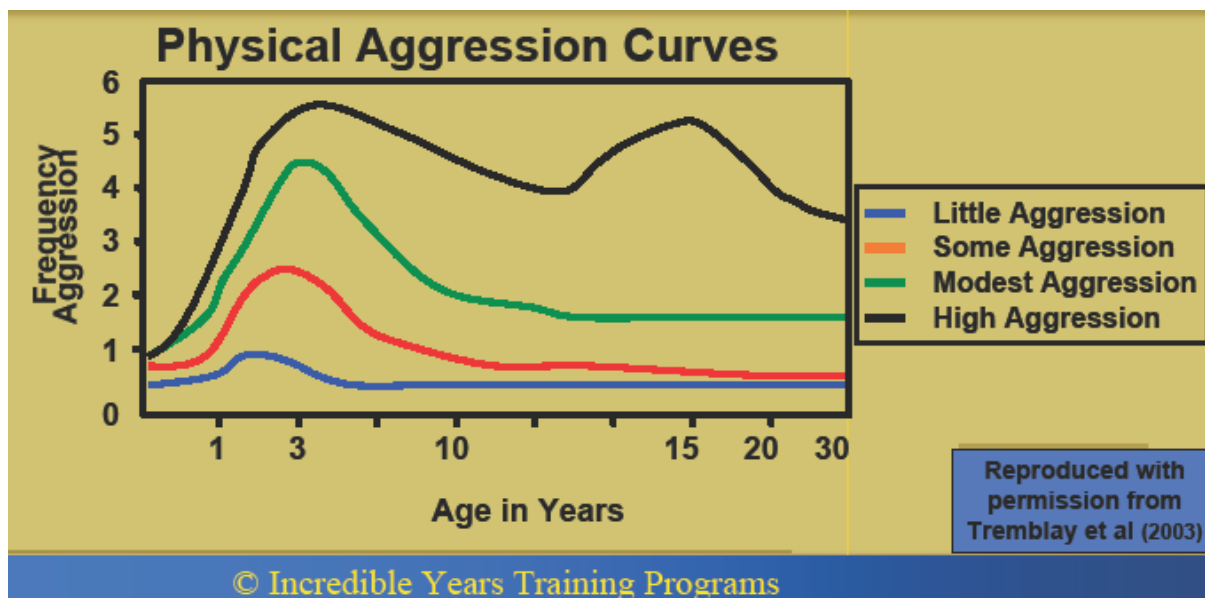
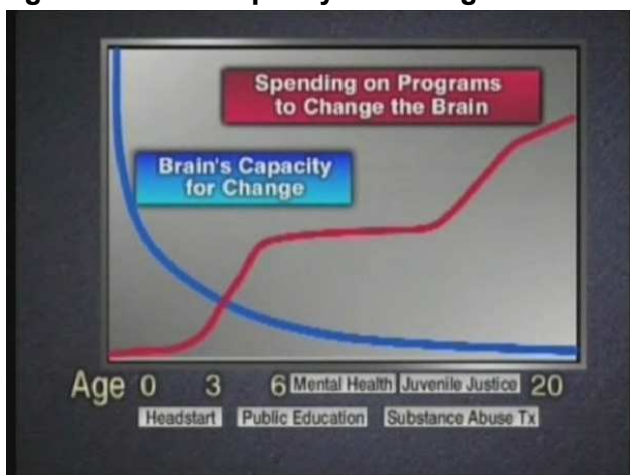


Figure 2 demonstrates the Brains Capacity for change compared to public spending. Although this information is in relation to US spend, the principle is the same in the UK.

Figure 2: Brain Capacity for change in relation to public sector spend



Dr Bruce Perry, Child Trauma Academy (US)

Further research has been undertaken as part of the Graham Allen and Frank Fields Review, which have stated the following;

- Influencing social and emotional capability becomes harder and more expensive later on in someone's life.
- Early intervention should be more widely adopted to make 'massive savings in public expenditure'.
- Recommends a focus on antenatal education / preparation for parenthood and 0-3 social development, health and well-being boards should create integrated early intervention approaches.

(Graham Allen Review)

- The early years are crucial - by the age of 3 a babies brain is 80 per cent formed.
- GP's, midwives, health visitors, hospital services children's centres and PVI nurseries offer fragmented support which is neither well understood nor easily accessed by all of those who might benefit from it most.
- Local and central government should give more prominence to the earliest years in life, from pregnancy to age 5 and that funding moves to early years and weighted toward the disadvantaged children as we build the evidence base of effective programmes.

(Frank Fields Review)

4.2 Improved service and efficiency

The key findings demonstrate that across early years provision there is a need to develop a more coherent and cost effective early years services in Barnet. Without significant change to the early years system it will be unable to improve support for vulnerable families in a difficult financial environment.

This section outlines the evidence and best practice that has informed the recommendations made in this report, to improve general service delivery and effective early intervention and support.

Childcare

Reports focusing on early education / childcare emphasise the importance of a highly skilled workforce and high quality childcare, especially in supporting those at risk of starting school 'behind'. Below are a few segments from recent policy papers;

'The positive impact of high-quality is more pronounced for those children who are at risk of starting school 'behind' their peers: those with less-educated parents, from lower income, or for whom English is a 2nd language'

(Early Developments – Bridging the gap between evidence and policy)

'A well-qualified early years workforce was a consistent theme throughout my review. More should be done to make early years education an attractive career option for more people'

(Tickell Review, The Early Years: foundations for life, health and learning)

Children's Centres

Papers on Children's Centres have focused on the positive impact of integration of children's centres and health services as well as emphasising the need to target the most

disadvantaged in society. Below are some segments from recent policy papers on children's centres and family support;

'Children's centres should re-focus on their original purpose – to identify, reach and provide targeted help to the most disadvantaged families'

(Frank Fields Review: The Foundation Years)

A balance between universal and targeted services needs to be developed – 'services targeted at the poor risk being poor services' - Need to offer distinct and finely tuned services to particular groups

(Innovation Unit – 21st Century Children's Centres)

Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children's Centre services, taking a more holistic and preventative approach to working with families, particularly in these straitened times

(Best Practice for a Sure Start - All Party Parliamentary Report)

All perinatal services should be delivered under one roof with midwifery, health visiting and Children's Centre services all being accessed from the Children's Centre

(Best Practice for a Sure Start -All Party Parliamentary Report)

The importance of health visitors in identifying risk factors, promoting infant mental health (emotional wellbeing); assesses young children's social and emotional development, support parental psychological health and parenting capacity

(Wave 2: Conception to the age of 2)

Best Practice

As part of the Early Years Review Phase One a range of targeted best practice was undertaken. It demonstrated that across the country Children's Centres are modelled in a range of different structures with varying approaches to delivery. This section gives an overview of two key examples, focussing on Brighton and Greater Manchester.

Brighton

Brighton and Hove developed an integrated health led model from the outset of Children's Centres. Health Visitors, along with other children's health professionals, were seconded into the council under a section 75 agreement.

In the Brighton model;

- Health visitors are the lead professionals for CAFs
- HVs supervise Early Years Visitors (council outreach) – all families are known, no referrals or duplication
- Support is based on the HV 4 levels of support (e.g. universal, universal plus, universal plus partners)

This has resulted in effective identification and targeting of families, high breast-feeding rates and a reduction in the number of looked after children and child protection numbers.

By fully integrating health staff and children's centres, Brighton use midwives and health visitors to quickly identify high risk families and use the professional status and trust of these staff to encourage take-up of additional support such as parenting programmes.

Greater Manchester

Great Manchester has developed a system-wide commitment to a whole family approach, which makes the best use of resources and supports shared outcomes to ensure all children in GM are "school ready".

The community budget pilot is investing an extra £38m per annum in early intervention with a projected net return on investment after 5 years based on a "cautious" Cost Benefit Analysis suggests a cost-benefit ratio of 1:4.

5. A case for change

This paper outlines a very strong argument for a new commission for early years. The early years review has provided extensive analysis of early years services in Barnet and collected a range of evidence from across the country. This provides an ideal opportunity to develop a new commission for early years, improving early intervention, developing a more cost effective service model that will improve life chances for children in Barnet.

Early years services across the public sector provide the ideal opportunity to identify risk factors in vulnerable families at an early stage and offer effective support to allow families to support themselves and reduce reliance on social care services at a later date. This will not be a quick return but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.

The current early years system in Barnet is the complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths - including a dedicated and passionate work force – that success is often despite rather than because of the system.

The new commission will involve a more joined-up approach to early years services and provide a more coherent and strategically managed offer where resources can be more flexibly moved to the areas of greatest need.

This re-modelling of early years will allow costs to be taken out of the system, meet MTFs savings whilst preserving and improving the majority of front-line services. This can be achieved through the development of a more cost effective management structure and ensuring the service is flexible and can adapt to future need.

The key themes from the early years review that have informed the options analysis are;

- **A joined-up Barnet early years system** – Children’s Centres and partners (including health) need to work closer together to identify and support vulnerable families
- **A family approach with higher risk groups** - Work with adult, public health and housing services to develop a family approach to higher risk groups where whole family outcomes are incentivised.
- **Simplifying the system for parents and partners** – ensure parents and partners clearly understand what services are available to support families.
- **Consolidation of support for early years settings** – Develop a more coherent approach to supporting childcare settings.
- **A further shift in the balance from universal to targeted services** – Ensure a focus of services on targeted families whilst ensuring the balance of spend and activities between universal and targeted is appropriate.

6. Options appraisal

Completing an options appraisal for the future of early years services is not a simple exercise. With the various elements of service delivery involved the approach taken has been to work through the various sub-options before considering the combined delivery model for the whole commission.

This has been done on a proportionate basis depending on the complexity of analysis required.

The options for children's centres and family support, children's centre childcare, and early years standards / childcare support are fairly straightforward and the differences between them reasonably transparent. As such each option has been given a simple score out of five with one being a very weak option and five being very strong.

The options for health integration are more complex and as such a set of evaluation criteria have been developed. Each of these criteria has been given an equal weighting and so the score for each option is the sum of a series of scores on the same 1 – 5 scale.

The choice of delivery model is most complex and the weightings attached to each of the evaluation criteria are not equal and so weightings have been applied in the calculation of the total score.

The analysis is summarised in the tables that follow and is based on the work detailed in this document and the first phase report. This has included engagement with customers, settings and staff; service analysis and research into best practice elsewhere.

6.1 Children's centres & family support

The children's centre model needs to:

- Help children's centres to focus on supporting the most vulnerable families in the borough.
- Offer a whole borough strategic approach for children's centre services.
- Have a cost effective management structure.
- Support shared practice, learning and resourcing across the borough.

The following table outlines the advantages and disadvantages of the 3 models for consideration:

Option	Explanation	Advantages	Disadvantages	Score
A. Do nothing	Children's centres will continue to operate relatively independently. Each will have its own manager & staff and be registered individually with Ofsted.	<ul style="list-style-type: none"> - Lack of disruption to service. - Strong management focus on specific needs of the locality. 	<ul style="list-style-type: none"> - Lack of whole borough strategic approach to early years. - Expensive management model. - Difficult to develop specialisms & share best practice / learning. - Reach area overlap issues. - Difficult to integrate with health. - Limited efficiency savings. 	2/5
B. Cluster Model	Groupings of children's centres collaborate as a designated locality cluster. Centres each have their own centre leaders but they (and other staff) agree to collaborate on specific areas of work. Each centre will continue to be registered individually with Ofsted.	<ul style="list-style-type: none"> - Allows for a more strategic focus on localities (including a number of children's centres). - Improved collaboration across centres, including the ability to share best practice / learning across localities. - Shared reach area across localities, avoiding overlap issues. - Limited disruption to staff and service. 	<ul style="list-style-type: none"> - Lack of whole borough strategic approach to early years. - Expensive management model. - Difficult to integrate with health. - Limitations in making efficiency savings. 	3/5
C. Hub and spoke model	Three hub centres would have responsibility for co-ordinating services across a number of satellite or 'spoke' children's centres in their locality. Hub centres have their own leaders, and spokes may or may not be led by an individual centre manager (or deputy). The hub may provide core services that are not available in spoke centres. There would be just three registrations with Ofsted.	<ul style="list-style-type: none"> - Whole borough strategic approach. - A more strategic approach to localities. - Most cost effective management model. - Easiest to fully integrate with health. - Able to develop specialisms & share best practice / learning across localities. - Flexible use of resources across borough to support service pressures and priorities / changing demographic patterns. - Parents can access services and receive targeted support from any children centre in their locality. - Shared reach areas avoids some overlap issues but will persist across locality boundaries. 	<ul style="list-style-type: none"> - Risk that a localised approach is lost (potential Ofsted impact). - Significant disruption to current service – staff and providers / schools. - Risk that service becomes more bureaucratic and less agile. 	5/5

Recommendation

It is recommended that **Option C – hub and spoke model** is developed as part of the Full Business Case. The key reasons for this recommendation are;

- It allows for a whole borough strategic approach to early years.
- It allows for the most cost effective management and administrative model, allowing for front-line service to be protected and support to early years settings to be continued.
- A central hub and spoke model offers the ability to share resources across localities effectively and efficiently. This will reduce need for agency staff and provide more flexibility to adapt to the changing needs and demographics of the borough.

6.2 Governance & leadership

Given the recommendation above, a thought to the governance and leadership of each of the centres is required. The mixed model in Barnet currently includes:

- 8 centres managed by schools.
- 4 centres managed directly by the council (rolling annual SLAs in place).
- 1 centre managed by Barnet Pre-School Learning Alliance (contract in place to March 15).

For those managed by schools, the governing body and head teacher are accountable and provide governance, monitoring, evaluation and leadership direction. There are varying degrees of integration with school – all include facilities management, opening and access whilst others also share specific roles (e.g. child protection co-ordinator), allow centres to use school space and have a process for a managed transition to reception.

Advantages and disadvantages of being part of the school model

The table below outlines some of the advantages and disadvantages of children’s centres continuing to be managed by a school.

Advantages	Disadvantages
<ul style="list-style-type: none"> - Enables linkages with schools and within Learning Communities, supporting school readiness and transition. - Link to families at local school, ability to share information about families and improve targeting. - For some families, linkages to the school will encourage engagement. - Available accommodation space. - Headteachers can provide strong local leadership 	<ul style="list-style-type: none"> - Challenge of engagement for those adults who had a negative experience of school. - Dual reporting requirements to the Council and the School can disruptively complicate. - Limits ability for a cohesive and strategic locality based approach. - Issues with level of challenge provided by governors (Ofsted).

Recommendation

It is recommended that **a single organisation manage all of the centres as part of the new hub and spoke model**. This necessitates a new role for schools and advisory boards in order to effectively meet the following objectives;

- Allow children's centres the flexibility of resource to support the most vulnerable families in the borough.
- Allow for a whole borough strategic approach for children's centre services.

As part of the Full Business Case we will work closely with schools to develop a solution that allows there to be a more cohesive and strategic locality based approach whilst maintaining some of the advantages of a close relationship with a school. We recognise that the relationship with each school is different and this will be considered as part of the on-going discussions. This discussion will include reviewing the impact of the management transfer on the following;

- The role of the head teacher.
- The role of governing boards.
- The potential for locality based advisory boards.
- The relationship with the school including facilities management, access, 3 & 4 year old offer, shared services and transitions.
- Funding arrangements.

Furthermore, as part of the full business case how children's centres are registered with Ofsted will be developed, with a clear implementation plan that gives a focus to ensuring all children's centre's get 'good' or 'outstanding' both through and following implementation.

6.3 Integration with Health

This section explores the options to improve integration between health and children's centres. The level of joint working currently varies depending on individual relationships in each centre. Whilst there are other future potential services to consider, this paper focuses on Health visitors

Health Visitors

Health visitors have a key role in supporting 0-4 year olds and their families, and, along with community midwives offer the most effective tool for early identification of risk factors of both the child and their family. They also are in an important position to register families with their children's centre and effectively communicate the support that can be offered through children's centres.

Current Provision

Health visitor services in Barnet are currently commissioned by NHS England and provided by Central London Community Healthcare NHS Trust (CLCH). In 2015 the responsibility for commissioning health visitors will transfer to local authorities. This offers a unique opportunity to shape service delivery in Barnet to deliver universal services and support the most vulnerable families in the borough.

Barnet & Harrow Public Health have commissioned a detailed review of Health Visitors and School Nurses. This project has been developed alongside the Health Visitor and School Nursing review, and the Full Business Case will be developed using the detail from this work including:

- Health needs assessment –demographic and geographical analysis.
- Stakeholder analysis.
- Review of service.
- Workforce analysis.
- Options appraisal.

Services currently offered by health visitors in children's centres include baby clinics, two year development checks, early years assessment checks and drop in sessions for parents. This varies from centre to centre but only 37 hours of service are delivered per week across the whole network.

It has been evident through the Early Years Review, in discussion with children's centre managers, health visitors, providers and other front-line practitioners that an improved relationship between health visitors and children's centres is required. The key issues have been;

- Information sharing – improved data sharing to support targeting of most vulnerable families
- Improved shared understanding of health visitor and children's centre roles and what they can offer to vulnerable families.
- Improved structure to increase accountability
- A shared vision between local authority and health services.

Short term work is underway and a 'virtual team' involving both health visiting and children's centre staff is being piloted with Barnfield children's centre.

Strategic aims of integration of health visitors

- Ensure the most effective early identification and support of vulnerable families.
- Improve information sharing between early years practitioners.
- Increase professional accountability for vulnerable families and avoid the problems associate with service to service referrals.
- Ensure the widest reach for early years services.

Options Analysis

The options analysis below details the 4 options for health visitors against key criteria (Family Experience, Outcomes and accountability, potential for savings, staff and implementation difficulty).

	A. No integration	B. Partnership agreements & some co-location	C. Section 75 (secondment)	D. Full integration (TUPE)
Family Experience	2 Separate relationships with different services Repeat story multiple times	3 More convenient More likely to be referred to appropriate support services Clearer communication	5 Seamless service Single point of contact Clear communication and easier to understand the system Even more likely to be referred to appropriate support services	5 Seamless service Single point of contact Clear communication and easier to understand the system Even more likely to be referred to appropriate support services
Outcomes and accountability	2 Problem caused by limited case holding of HVs and need for referrals to CCs – this often fails. Different vision / measures of success.	3 Problem caused by limited case holding of HVs and need for referrals to CCs. Referral process is likely to be better. Different vision / measures of success unless partnership agreement can bring these together.	4 Single team accountable for family outcomes and the service provided. Single vision, outcomes framework and measures of success. Single line of accountability to commissioners. Whole system can have performance managed.	5 Single team accountable for family outcomes and the service provided. Single vision, outcomes framework and measures of success. Single line of accountability to commissioners. Whole system can have performance managed. Permanence of model increases accountability and stability.
Potential for savings	1 None	2 Potential to reduce property related costs or share admin / contact points.	3.5 Potential for management and overhead savings. Reduction of duplication (including assessment, admin, referral). Ability to optimise workforce mix (appropriate skill level for tasks). Potential to reduce property related costs or share admin / contact points.	4 Potential for management and overhead savings. Reduction of duplication (including assessment, admin, referral). Ability to optimise workforce mix (appropriate skill level for tasks). Potential to reduce property related costs or share admin / contact points. No costs associated with managing

				relationship with health host organisation.
Staff	2 People don't like change. Frustrations of uncoordinated partnership working. Protection of professional boundaries.	3 Protection of professional boundaries. Limited change. Potential for no culture change and additional work from confused objectives / outcomes. Lack of clarity.	4.5 Short term change is less dramatic. Health staff maintain 'health allegiance'. Longer term uncertainty / instability. Opportunity for greater satisfaction from being part of a wider team. More accountability for outcomes for families – satisfaction but potentially daunting. More effective working environment should increase satisfaction. Allows for protection of professional boundaries and terms and conditions within integrated model	4 Long term more stability. Health staff lose some of 'health allegiance'. Shorter term uncertainty / instability / fear of change. Opportunity for greater satisfaction from being part of a wider team. More accountability for outcomes for families – satisfaction but potentially daunting. More effective working environment should increase satisfaction. Risk of TUPE proposal making health visiting in Barnet less attractive – will depend on delivery model.
Implementation difficulty	4 Makes service improvement much harder.	3 Willingness from all parties to develop approach. Difficulty in implementing change and aligning incentives.	3 Requires significant HR change and restructuring. Need to develop relationship with host health authority. Makes it easier to deliver service improvement in the long term.	2 Requires significant HR change and restructuring. Additional pensions work. Easiest to deliver service improvement in the long term.
Fit with wider Health & Social Care	2 Allows closer integration between HVs and GPs (although would need to be developed, not	3 Model can be developed to support effective working with GPs (e.g. link workers). Partnership agreements could	4 Model can be developed to support effective working with GPs (e.g. single point of contact, link workers). HV's can benefit from strong relationships between CCs and social care.	4 Model can be developed to support effective working with GPs (e.g. single point of contact, link workers). HV's can benefit from strong relationships between CCs and social care.

	currently in place).	facilitate links with other agencies.	Other relationships only have to be developed once for HVs and CCs.	Other relationships only have to be developed once for HVs and CCs.
Total	13	17	24	24

Recommendation

The recommendation is for a full integration of health visitors and children's centres to create a consolidated early years service. This can be achieved through both **Option C and D**. As the scoring is so close, both options will be explored in more detail through the Full Business Case, taking into account workforce analysis from the Health Visitor / School Nurse Review.

Either of these options offers a structure that;

- Allows for clear accountability for health visitors in the early years agenda
- Allows for a shared vision between health visitors and children's centres
- Allows the best model for early identification and support of vulnerable families

This does not mean that health visitors will work only in children's centres - home visits will continue to be an essential part of the role. Rather, by working as part of an integrated team the support to families will be improved.

The commissioning responsibility for health visitors will transfer from NHS England to Public Health in 2015. The timescales for integration will be developed as part of the full business case, using information collected from the health visitor and school nurses review and there will be continued engagement across early years and health to ensure an effective implementation plan is developed.

6.4 Children's Centre Childcare

There are currently seven children's centres offering childcare in Barnet. The childcare offered ranges from wraparound care for a small number of children (Coppett's Wood) to a large childcare setting (Fairway). The operation of a childcare business is significantly different to targeted outreach

Strategic aims of childcare in children's centres

- Offering high quality, affordable childcare.
- In particular, provision of places for those eligible for FEE2.
- Identifying and supporting vulnerable families
- A cost neutral childcare service

Options analysis

An options analysis was undertaken to consider if there was a different approach to delivering childcare within Children's Centres. The table below outlines the considered options, whilst considering the following;

- Management
- Ability to use childcare for family support
- Economies of scale
- Sustainability of childcare
- Quality

Options for Childcare	Advantages	Disadvantages	Score
A. Continue as part of core Children’s Centre model	<ul style="list-style-type: none"> - Full control over places – able to use as targeted family support tool. - Reduced complexity of delivery model. - Minimum disruption. 	<ul style="list-style-type: none"> - Hard to be price competitive given council terms and conditions. - Management focus can be diverted to immediacy of childcare. 	4 / 5
B. Outsource to a private, voluntary or independent sector provider	<ul style="list-style-type: none"> - Provider could utilise existing infrastructure and expertise. - Potential to reduce costs. 	<ul style="list-style-type: none"> - Private sector provider would need to take out profit. - Higher risk of community links / local focus deteriorating. - Hard to find provider with likely contract specifications (e.g. expanding 2FEE). - Introduces an additional provider which complicates running of the centres. 	3 / 5
C. Transfer responsibility for provision to schools	<ul style="list-style-type: none"> - Schools are used to focusing on quality and outcomes. - Would require an SLA rather than a procurement exercise. 	<ul style="list-style-type: none"> - Not core business for schools – especially provision for long days / during school holidays. - Limited 2 year old expertise. 	2 / 5

Recommendation

It is recommended that **option A** is pursued – to **continue with childcare as part of core Children’s Centre model**. The key reasons for this are:

- Children’s centres have worked hard to make childcare cost-neutral.
- The link between childcare and core children’s centre work is important, especially in early identification and support for vulnerable families.
- It would be logistically difficult to separate childcare from the core children’s centre work within each building.
- There is nothing significantly wrong with the current childcare offer and any change could add to the disruption of re-modelling the early years service.

6.5 Early years standards and childcare support

Currently a wide range of support is offered for childcare providers from a variety of teams. Whilst the teams work fairly well together, the fragmented nature of how the support is delivered creates a confusing system for providers to understand. A more coherent approach to support childcare settings could reduce duplication, improve the ability to target resources and improve accountability.

See section 3.3 for a clear outline of the role of the Early Years Standards and Pre-school inclusion team. This details the importance of these teams having clear links to Education & Skills.

Strategic aims

- Increase the quality of early years provision in the borough in order to offer better life chances for children.
- Target this support to where it is most needed – children in our most deprived areas are currently more likely to be in lower quality childcare.
- Ensure there is sufficient provision of childcare in the borough and in particular that parents are able and encouraged to take-up their free entitlement at 2, 3 and 4 years old.

In light of the changes to make Ofsted the sole arbiter of quality, and the non-statutory nature of some functions, the council could significantly reduce the support offered to early years providers. Given the strategic aims above though, it is suggested that the early years standards and childcare support teams should offer:

- Targeted training and support to settings. This leaves Ofsted as the sole arbiter of quality and allows the council to focus on supporting the development of those that 'require improvement' or are 'inadequate' to ensure all children access a childcare setting that offers a 'good' level of early education.
- Wider training and support should be developed on a traded basis for the full range of providers, regardless of quality.

Options analysis

The table below outlines a table exploring the main options for the early years standards and childcare support teams.

Potential options	Definition	Advantages	Disadvantages	Score
A. Do nothing	The early years standards and childcare support teams continue in their current configuration.	<ul style="list-style-type: none"> - No disruption to staff. - The teams work fairly well together. 	<ul style="list-style-type: none"> - The fragmented nature of how support is delivered creates a confusing system for providers to understand - Doesn't allow for strategic use of standards and support teams. - Doesn't allow for a more effective model. 	1 / 5
B. Centralise and align to the early years service	The early years standards and childcare support teams are centralised and developed into one team under Family Services	<ul style="list-style-type: none"> - Can strategically use resource to target settings effectively. - Most cost effective childcare standards and support team. - Providers have one point of contact for early years support. - A more coherent approach will reduce duplication and improve accountability. 	<ul style="list-style-type: none"> - Risk that if elements are moved away from education & skills the 'education' element is diminished. 	4 / 5
C. Centralise and align to school standards teams	The Early Years Standards and childcare support teams are centralised and developed into one team under Education & Skills	<ul style="list-style-type: none"> - Can strategically use resource to target settings effectively. - A more cost effective childcare standards and support team. - Providers have one point of contact for early years support. - Retains key focus on education element of early years 	<ul style="list-style-type: none"> - Diminishes ability for a wider focus on early years. - Splits early years leadership. 	2 / 5

Recommendations

It is recommended to implement **option B - centralise and align to the early years service**. Moving the teams together into the Family Services delivery unit will support the strategic focus on early years. Strong links with Education and Skills need to be maintained so that the robust focus on raising outcomes for children at the end of the EYFS is retained.

The functions of the Early Years Standards Team, Business Team, Childminding Team and Pre-school Inclusion Team should be brought together under one management with staff aligned to localities to further strengthen links with children's centres.

The role of the Early Years Standards Advisory Teacher and some elements of the Pre-School Inclusion Team (area SENCos) would be amalgamated to ensure that the focus was on meeting the needs of children through high quality teaching; the use of universal and/or targeted support from the children's centres and that additional SEN services are seen as a last resort.

6.6 Delivery models – options appraisal

Given the series of recommendations above that pull together large parts of the early years provision in Barnet into a single commission it is now logical to consider who is best placed to deliver. This initial options appraisal has considered the following delivery models:

- In-house council led service
- Outsourced service
- Employee owned company
- Local Authority Trading Company (LATC)

The criteria weightings applied to evaluate the options are:

Key area	Breakdown	Weighting (%)
Cost and time	Price (over 5 years including implementation costs)	30
	Risk transfer / guarantee of savings	5
	Mobilisation period	5
Quality	Confidence in performance / delivery	35
	Ability to engage and build trust with local people	25

The following table summarises the narrative of the options analysis and is followed by the detailed scoring.

Breakdown	In house council led service	Outsourced service	Employee owned company	Local Authority Trading Company
Price (over 5 years including implementation costs)	<p style="text-align: center;">3</p> <ul style="list-style-type: none"> - Base option against which others are compared on price. 	<p style="text-align: center;">3.5</p> <ul style="list-style-type: none"> - Providers can bring innovation and learning from other clients to accelerate and increase level of savings that can be achieved. - Potential to achieve savings through more flexible use of resources. - Costs of the provider margin, procurement and contract management need to be recovered. - Market experience of early years delivery of this scale is limited and there is no strong evidence of reduced cost. - Staff costs make up the majority of the addressable spend and would need to be a focus for savings. Given the competitiveness in recruitment, significant 	<p style="text-align: center;">3</p> <ul style="list-style-type: none"> - Employee owned structure provides incentives to different groups of staff. Some will be motivated to achieve savings / grow the business by their increased level of engagement and control, others by the potential of a financial return. - Potential for savings / profit generation is not huge and is likely to be at least partly cancelled out by cost of creating the company and contract managing it. - It is likely that most if not all of the profit would need to be retained by staff in the short term to provide a sufficient incentive, hence no increase in score. - Organisational focus should enhance ability to learn from customer insight to support profit making activity. - Council may have to support the company in its initial 	<p style="text-align: center;">3</p> <ul style="list-style-type: none"> - Some potential to achieve efficiencies not available within the Council but limited effective levers to reduce cost. - Additional flexibility / potential for savings is likely to be at least partly cancelled out through set-up and contract management cos.s. - Potential is there to grow elements of business that could deliver a profit but there is little incentive and no strong track record of achieving this,

		savings on staff costs are unlikely.	stages through financial guarantee.	
Risk transfer / guarantee of savings	1 - All the risk of delivery is retained by the authority.	4 - Any savings (in early years delivery) would be guaranteed in contract. - Opportunities to fix outcomes, improved performance and new initiatives through the contract. - Market doesn't have a proven model that could operate at this scale to deliver savings. - Outsourced provider is likely to be large enough to cover any financial loss through reserves.	2 - The local authority is likely to need to provide some element of financial guarantee and so will retain some liability. However, as a discrete organisational entity some risk for any bad debts is likely to be transferred. - Risk is mitigated in part due to the provision of external support and legal advice. As the organisation matures it is likely to become less risky for the Council. - LBB would be an early adopter of this model for this grouping of services. - New delivery organisation doesn't come with a proven delivery model.	1 - Risk is ultimately retained by the authority. There is a shorter term risk for the Council if the company does not meet performance levels. - As the organisation matures it is likely to become less risky for the Council. - LBB would be an early adopter of this model for this grouping of services. - New delivery organisation doesn't come with a proven delivery model.
Mobilisation period	5 - Change can commence straight away and can be consolidated. - Minimal disruption to current local authority staff.	3 - Strong potential for industrial relations issues during procurement exercise. - Procurement exercise likely to take 12 months from OJEU notice to go-live. - Improvements can be	4 - Improvements can be started in-house during mobilisation period. - Likely to involve two TUPE transfers for many staff.	4 - LATC legal structure is already in place. - Improvements can be started in-house during mobilisation period. - Likely to involve two TUPE transfers for many staff.

		<p>started in-house during mobilisation period.</p> <ul style="list-style-type: none"> - Likely to involve two TUPE transfers for many staff. 		
Confidence in performance / delivery	<p>3</p> <ul style="list-style-type: none"> - Retaining the service in-house maximises direct control over the service and its direction. - New senior management has been brought into the service and is having a positive impact. - Changes to national or local policy can be enacted without any contractual variations. - Historically the local authority has not always been strong at effecting staff behaviour change. Although this is an issue across all delivery models. - Council policies, procedures and processes can result in inflexibility in delivery. - The local authority environment may not be the most attractive for health visitors. 	<p>2.5</p> <ul style="list-style-type: none"> - Less control and flexibility over outcomes or ability to make changes to the contract. - Market experience of early years delivery of this scale is limited and there is no strong evidence improved outcomes. - Provides the freedom to innovate. - Organisation likely to have broader pool of expertise to call on to support delivery. - The appeal to professional staff of some providers could be limited which may cause recruitment and retention issues (especially for health visitors). 	<p>4</p> <ul style="list-style-type: none"> - A specialised organisation with a single focus would provide strong and dedicated leadership for the early years in Barnet. - The model puts faith in the assertion that those closest to customers know how best to deliver positive outcomes and so gives them a stake in how the business is run, supported by commercial and strategic expertise. - For the company to be successful it needs a leader to firmly establish and embed its culture, practices and approaches. - There are many individuals within the current services who are passionate about improving outcomes for families in Barnet and who would be highly motivated to influence how the new organisation is shaped and delivered to make it a success. 	<p>2.5</p> <ul style="list-style-type: none"> - Creating a LATC goes somewhat to create an organisation focused on early years. - Early years would be one part of a range of services delivered by the Barnet Group – there would not be a sole leadership focus. - Not an obvious fit with existing services in the Barnet Group. - Provides the freedom to innovate

	<ul style="list-style-type: none"> - Governance structures do not support a dedicated organisational focus on early years. 		<ul style="list-style-type: none"> - Common shared purpose and clear direction of travel. - Most levers to incentivise staff – active engagement and control in how the service is run combined with potential for a financial return. - Provides the freedom to innovate. - The practice of setting up similar models is becoming more common and support could be obtained from the Cabinet Office. 	
Ability to engage and build trust with local people	<p style="text-align: center;">3</p> <ul style="list-style-type: none"> - Retaining an in-house model will lead to the lowest risk of affecting relationships with staff, users and other stakeholders. - 	<p style="text-align: center;">2.5</p> <ul style="list-style-type: none"> - There is no evidence to suggest that an outsourced service would be better than the in-house service in this regard. - Organisation is motivated by profit and achieving delivery metrics in the contract. Engagement and trust is difficult to measure and so incentivisation is difficult. As such this is unlikely to be a primary focus. 	<p style="text-align: center;">5</p> <ul style="list-style-type: none"> - Engaging and building trust of local people requires long term relationship and reputation building. An employee-owned company will have the sustained local focus to achieve this. - It provides the best opportunity to maximise staff commitment and effect their behaviour change to support this engagement. - Providing the people who care with the freedom to innovate helps achieve the longer term incentive to achieve trust and engagement. 	<p style="text-align: center;">3</p> <ul style="list-style-type: none"> - There is no evidence to suggest that an outsourced service would be better or worse than the in-house service in this regard.

Scoring

Key area	Breakdown	Weighting (%)	In house council led service	Outsourced service	Employee owned company	Local Authority Trading Company
Cost and time	Price (over 5 years including implementation costs)	30	3	3.5	3	3
	Risk transfer / guarantee of savings	5	1	4	2	1
	Mobilisation period	5	5	3	4	4
Quality	Confidence in performance / delivery	35	3	2.5	4	2.5
	Ability to engage and build trust with local people	25	3	3	5	3
Total			60	58	77	55.5

Recommendation

The initial options appraisal above suggests that **an employee owned company is the desired long-term delivery vehicle** for early years services. Staff now need to be engaged to see if there is sufficient appetite to give confidence that this model could be a success. The options appraisal will be reviewed and updated with this added insight as part of the development of the full business case.

Trying to launch a new organisation too quickly would be detrimental to the longer term success of the organisation and so it is recommended that the service elements are brought together and consolidated as part of the Family Services delivery unit initially before fully spinning out.

During the development of the full business case a list of conditions that need to be met before services could spin out will need to be developed, as will a detailed timescale.

There is a significant amount learning that can be drawn from existing public service employee owned companies, some of which have now been in operation for a number of years at a larger scale than the service grouping proposed here. The box below provides one such example case study:

Care Plus Group (North East Lincolnshire) Limited

Overview

Care Plus Group is a fully integrated health and social care provider created on the transfer of community services out of North East Lincolnshire Care Trust Plus, and of the adult social care services which had previously been delegated to Care Trust Plus by North East Lincolnshire Council.

Care Plus Group has a **single NHS Standard Contract with a single commissioner**, the Care Trust Plus, who has **delegated powers to commission social care** on behalf of North East Lincolnshire Council. The services include intermediate care, community nursing, home care, specialist nursing, employability, meals on wheels, day services and chlamydia screening alongside many other health and social care services. The Group has:

- Staff - 700
- Income - £23 million
- Largest user of Employability and Modern Apprenticeships in the NHS in England

Why did Care Plus become an employee owned company?

The structure offered a permanent commitment to the NHS public service ethos whilst allowing community services to become more efficient. The organisation is driven by a commitment to meeting the needs of the different local communities and exists for the benefit of patients and service-users, not for staff or private benefit. Benefits include:

- **Management and decision-making** so that change is not inhibited by structures and the **need for permission or authority from elsewhere**, or bogged down by repetitive bureaucratic processes
- **Staff involvement** - enabling staff to have a say in the running of the organisation and to influence its development were clearly seen as important both in terms of improving services, and being a successful business.
- **Flexibility in service provision** – meet different and changing needs of a diverse population
- **Ownership** – every member holds a £1 share, and nobody may hold more than one share.
- **Partner with a wider range of organisations** in radically different ways
- Any **surplus is reinvested** in the interests of the local community.

Care Plus Group is incorporated as a community benefit society which is one of two types of industrial and provident societies (the other being the cooperative).

There are numerous other health service cases to refer to alongside examples of individual children centres becoming employee owned companies.

7. Recommendations

7.1 Options Analysis recommendations

Subject to approval the following recommendations are therefore proposed to be developed as part of the full business case;

1. A hub and spoke model for children's centres.
2. Full integration of health visitors and children's centres to create a consolidated early years service.
3. Childcare will remain as part of the core children's centres model.
4. Early years standards and childcare support will be centralised under Family Services.
5. An employee owned company appears to be the optimum long-term delivery vehicle for early years services, with the service developed in house in the short term, but this needs to be tested with staff and reviewed.

7.2 Further recommendations to be developed as part of the Full Business Case

There is a significant amount of work to be undertaken as part of the full business case to ensure that the vision set out in this paper is implemented effectively. Section 9 broadly outlines the approach, next steps and resourcing required to complete the full business case and implement the review effectively.

This section outlines some recommendations that, alongside the options analysis, will be developed as part of the full business case.

7.2.1 Family and young people's information service (FYI)

It is recommended that as part of the full business case the FYI service is re-designed, ensuring it fits clearly into the new commission for early years. This will involve exploring the following areas;

1. Ensure FYI is meeting its core purpose and providing one point of contact for parents and providers on early years services.
2. Explore the opportunity to develop a shared appointment system for the early years through FYI.
3. Ensure FYI is providing information on universal early years services and is effectively referring and signposting to other early years services when required.
4. Explore the opportunity for the FYI service to provide information on working tax credits, childcare vouchers and Free Early Education.

These recommendations will be considered alongside the role that children's centres play, ensuring that information and advice is provided in a way that works for families, especially the most vulnerable.

7.2.2 A sustainable solution to nursery schools

As part of the full business case for early years the council will continue to conduct an options appraisal to find a suitable solution to nursery school funding problems.

7.2.3 Early Years and health services

An early years health and wellbeing group, consisting of representatives from family services, the CCG, public health, NHS London and a range of health providers has been established to develop the early years health agenda.

This group will work on the service development of early years and maternity services, exploring approaches to improve early identification and support of vulnerable families through improved joint working and a targeted focus.

A clear pathway will be developed to ensure that when risk factors during pregnancy are identified (e.g. high maternal stress, alcohol or drug misuse) that GPs and midwives should trigger targeted services (for example parenting classes, training on the social and emotional development of children, talking therapies).

7.2.4 Review of assets

As part of the full business case a review of the use of suitable public sector assets should be undertaken, including libraries and health assets.

7.2.5 Staff training and development

As part of the full business case there will be a review of the skills required to effectively work with vulnerable families and conduct an audit to identify any gaps.

An early years volunteer programme focused on outreach, community relations and family support.

7.3 Short term improvements

There is a significant amount of work being undertaken in Family Services to improve early years services. This work is being developed alongside the early years review team.

7.3.1 Performance management and shared learning

Ensure that the performance management and supervision of practitioners focuses on the delivery of outcomes.

Instigate quarterly or termly reviews with all partners to learn and improve.

7.3.2 A more joined up approach to early years

A collaboration agreement is being piloted in the south locality, allowing for flexible use of resources and improved shared learning. This pilot will help to inform the implementation of the new early years commission.

A 'virtual team' of children's centre staff and health visitors is being developed around Barnfield children's centre to improve joint working.

Investigate how families moving into the borough with children under five can be referred onto health visitors / children's centres when registering with GPs.

7.3.3 A family approach with higher risk groups

An action plan will be developed alongside adult social care, public health and housing services to develop a family approach to higher risk groups where whole family outcomes are incentivised.

Development of 'link' officers between family support / early years and adult social care and public health services (this could be achieved through the MASH).

Map out family services / early years support services and provide to health, adult social care and public health services to counter the current lack of clarity.

7.3.4 Childcare Sufficiency

A qualifications, training and standards strategy has been developed outlining how the council will ensure we continue to support early years settings to improve standards.

A strategy has been developed outlining how the council will meet the demand for additional new places with the expansion of the FEE2 off to 40 per cent of children.

An action plan has been developed to outline how the council will meet the demand for additional new places in areas which lack sufficient childcare or demographic growth means demand is projected to outstrip supply.

7.3.5 Early years standards and childcare support

An Outcomes framework has been developed to ensure we can record the impact of support to childcare settings and have shared strategic aims

7.3.6 Improve the relationships with schools across the borough

On-going engagement with schools across the borough needs to be developed to ensure that schools and children's centres have a strong relationship and that the resource that both provide is used effectively.

7.3.7 Data recording

Reviewing administrative tasks and data recording to make them as efficient as possible – recording only what we need to improve, measure outcomes or meet statutory requirements.

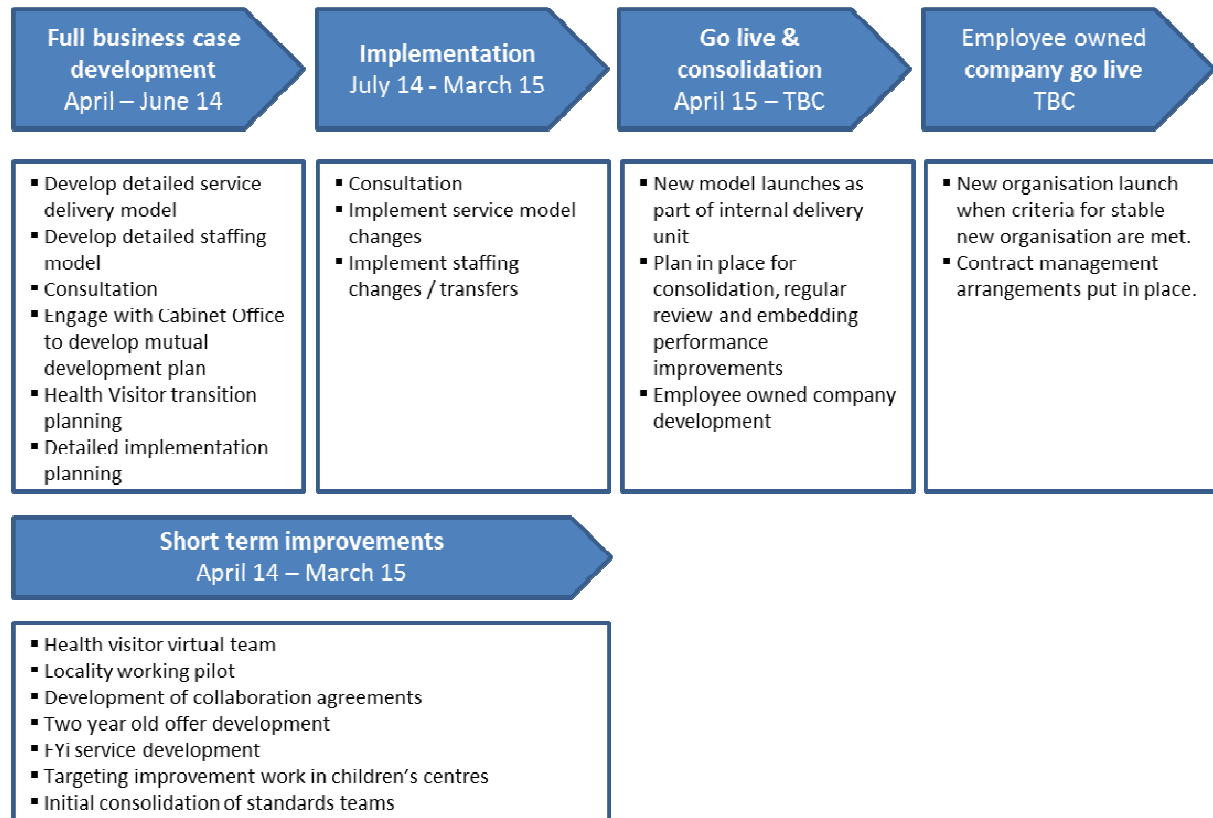
8. Risks

The top project risks are highlighted below:

Risk	Mitigation
Delays to process of integrating health visitors.	Proactive engagement with NHS England to ensure smooth transition.
Difficulty in retaining / attracting health visitors during the change process.	Use insight gained from the Health Visitor review to ensure future model is attractive to health visitors.
Significant change impacts on business as usual and distracts from focus on Ofsted.	Ensure implementation planned and resourced effectively with clear roles and responsibilities.
Difficulty in recruiting people with suitable skills into Children's Centre roles.	Plan suitable training and support to develop skills set should it not be available.
Challenging negotiations with schools about their changing relationship in the new structure.	Engage with schools early and agree principles for transition approach.
Capacity to manage the implementation is not in place.	Resource required has been estimated and will be sourced.

9. Project Approach

The project will, subject to approval, proceed in the following stages:



The next phase of work will develop a full business case which will report to Education, Children, Libraries & Safeguarding Committee in June / July 2014. This will include:

- Detailed service delivery model.
- Detailed staffing model.
- Results of initial consultation.
- Health Visitor transition plan.
- Detailed implementation plan.

Governance

The project will continue to be sponsored by the Lead Commissioner for Family & Community Well-being during the development of the full business case.

A multi-agency project board is already in place and will continue to oversee the development of the full business case. An Early Years Health and Well-being group has also been established to bring together health commissioners and providers and support the development of integration and service improvement.

Project resources and budget

The following resource will be required for each stage in addition to input from business as usual staff:

Full business case development (April – June 14):

Resource	Detail	Cost
Policy unit	Commissioning and Policy Advisor – 3dpw	No cost to the project
Finance	Budget analysis & review of business case	No cost to the project
HR	Support to determine technical process to achieve detailed staffing model Plans for TUPE / S75 – actuarial reports	No cost to the project £10,000
Project management	Project manager 2.5dpw	£15,000
Data analyst	To assist with detailed analysis 1.5dpw	£10,000
Legal	Limited input	£1,000
Public health	Input to developing approach to health visitors – 1dpw	No cost to the project
Consultation & communication	Initial consultation	£5,000
Contingency		£5,000
Subtotal		£46,000

Implementation (July 14 – March 15):

Resource	Detail	Cost
Project lead	3dpw resource to work with Head of Early Years on project implementation.	£40,000
Children's centre manager secondment	2.5dpw resource to advice on the practicalities of implementation	£35,000
Finance	Support to re-model budgets, actuarial work	£15,000
HR	Support to restructure and any staff transfers	£30,000
Project management	Project manager 2.5dpw	£50,000
Legal	Support with transfer of staff	£20,000
Public health	Input to developing approach to health visitors – 2dpw	No cost to the project
Consultation & communication		£10,000
Contingency		£15,000
Subtotal		£215,000

Short term improvements implementation:

- To be delivered with no additional resource.

Total budget estimation for the project is therefore **£261,000** to be funded from the transformation reserve.

In addition, there will be a cost to the creation of the employee owned company. This will be estimated during the development of the full business case.

Equalities

An equalities impact assessment has been completed and this will be updated during the development of the full business case.

10. Dependencies

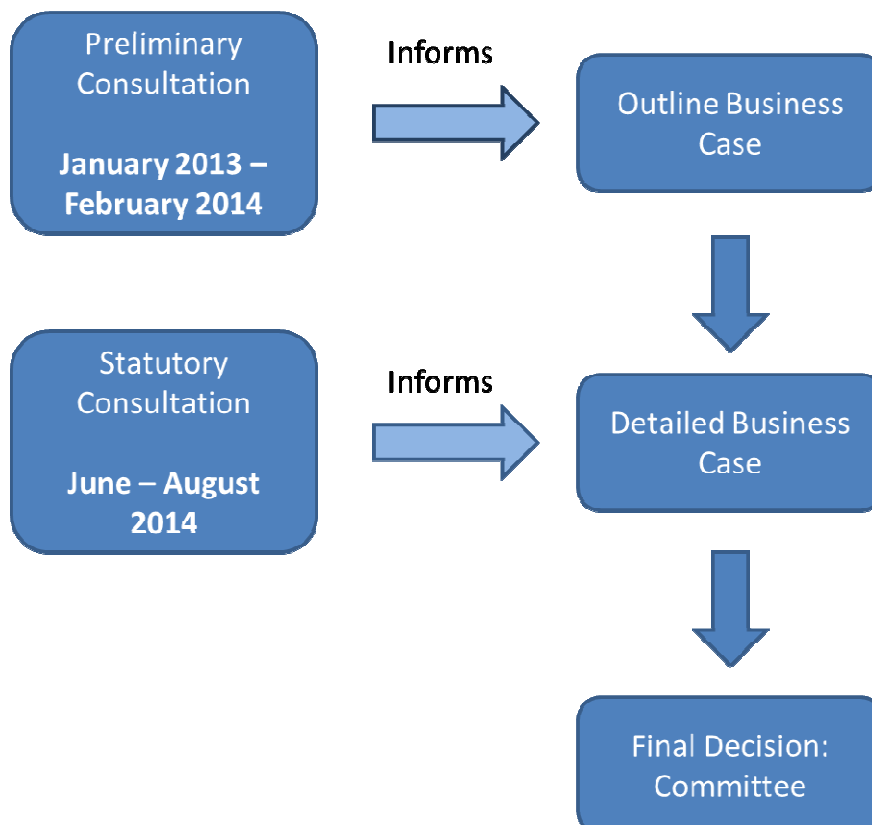
The most critical dependencies for this project are:

- Priorities and spending review.
- Health Visitor and School nursing review.
- Early intervention & prevention children's transformation project.

11. Consultation

Clear communication, consultation and engagement is taking place and will continue to take place throughout the early years review to help ensure the views of Barnet's diverse communities are taken into account.

The process for consultation for the early years review is outlined below;



11.1 Key stakeholders

- Families with young children in Barnet (uses of both targeted and universal services)
- Children's Centre Managers and staff
- Family Services and Early Intervention staff
- Early Years and childcare support teams
- Heath staff, including Health Visitors and Community Midwives
- School head teachers
- Childcare / Early Education providers
- Parents and families in Barnet (users of both targeted and universal services)
- School head teachers

11.2 Methods

A range of open and closed consultation has been undertaken as part of the preliminary consultation that has informed the development. The same approach will be used as part of the formal consultation. Open consultation is important to ensure the council gets a broad range of views on the proposal, whilst targeted (closed) engagement is important to get views from specific groups who could be impacted by the changes. Methods used include;

- Interviews
- Workshops / Focus groups
- Online/paper questionnaires
- Existing forums (e.g. staff meetings)
- Citizen's Panel

11.3 Preliminary consultation – informing the outline business case

Objectives

The objective of informal consultation as part of the development of the outline business case was to;

- Understand the views and priorities of residents, staff and a range of external stakeholders
- To understand the needs of families who will use the service.
- To get a view on what works well in Barnet and what (and how) services could be improved.
- To communicate the need to change early years services to improve support for the most vulnerable families.

Consultation Log

1: Preliminary consultation – informing the outline business case				
Group / targeted group	Method	Number of participants	Objective	Date
Parent/carer	Individual Interviews in Children's Centres	22	Explore how parents/carers first accessed services, services used and the outcomes or impact of services.	January 2013
Parent/carer	Questionnaire	367	Explore how parents/carers first accessed services, services used and the outcomes or impact of services.	January – February 2013
Parents/carer (broad sample from across Barnet)	Interviews (majority telephone) – part of Childcare Sufficiency Assessment.	1,100	To understand a range of issues around childcare – including usage, satisfaction, satisfaction and the role of children's centres.	July – August 2013
Parents/carer (targeted at particular groups)	Focus groups– part of Childcare Sufficiency Assessment.	6 focus groups	To understand a range of issues around childcare – including usage, satisfaction, satisfaction and the role of children's centres.	August – September 2013
Parents/carer	Individual interviews in Children's Centre – as part of the Health Visitor and School Nursing review	16	To establish; <ul style="list-style-type: none"> - Where is best for people to receive support from Health Visitors - What could the council and health do to improve services - What was the reason for first visiting a children's centre. 	November 2013
Children's Centre staff and managers	Focus Groups	15	To identify; <ul style="list-style-type: none"> - key outcomes for service user - How services are targeted and delivered 	

			<ul style="list-style-type: none"> - How children's centres work with other agencies 	
Children's Centre managers	Locality and individual meetings with Children's Centre managers	13	To discuss in detail each individual children's centres and get feedback on the draft proposals for the outline business case	October 2013 – February 2014
Front-line practitioners (Children Centres, Troubled Families, Midwives, Health Visitors)	Range of workshops	18	To identify; <ul style="list-style-type: none"> - key outcomes for service user - How services are targeted and delivered - How children's centres work with other agencies 	July – October 2013
Early years providers	Telephone Survey - part of Childcare Sufficiency Assessment.		Establishing current demand, fee levels, specific issues (including location and cultural and religious issues) and working relationships with other associated children and families sector professionals.	July – August 2013
Early years providers	Focus Group- part of Childcare Sufficiency Assessment.	4 focus groups	Establishing current demand, fee levels, specific issues (including location and cultural and religious issues) and working relationships with other associated children and families sector professionals.	August – September 2013
Range of internal and external stakeholders	Project Review board	12	To give oversight and feedback from a range of professions on the development of the early years review.	On-going

11.4 Summary of findings from preliminary consultation

The following section outlines the common findings from the engagement with staff and the public through the consultation exercises listed in 11.3.

Satisfaction with children's centres

- Activities and services offered at children's centres can be regarded as 'gateway' services; they may (and frequently do) lead to participation in other activities and services – 56% of those surveyed first accessed the stay and play service.
- 82 per cent of respondents said they had experienced positive outcomes from using children's centres.
- 49 per cent thought that parenting advice and support had a positive impact at children's centres.
- Three quarters of parents did know the name of their nearest children's centre and a quarter of parents stated they did not know.

Satisfaction with Childcare

- 42% of parents stated that they were only accessing formal (registered with Ofsted) childcare, whilst 23% of parents stated that they were not accessing any formal childcare or informal childcare
- Parents stated that the main reason why they needed to use childcare was to enable them to go to work. This was followed by the second most frequent reason being that they used it for social and/or learning benefits for their child / children.
- Parents stated the type of formal childcare that they would be most likely to recommend would be a day nursery and least likely to recommend would be a registered childminder.

A more joined up approach

- It was felt that children's centres could be improved by a more joined up approach, especially overcoming the issues of reach areas and sharing expertise and skills.
- There is a need for improved information sharing, especially with health. Improved data means it is easier to engage with the most vulnerable or those who do not access to services.
- Biggest improvement in relationships required are with mental health and housing – need improved mechanism for referrals and support
- Children's centre managers were keen on further integration with health as they believed it would improve outcomes for families in Barnet.

- Changes could include a more effective and co-ordinated approach to working with GP's and improved relationships with private nurseries.
- When asked where parents would most like to visit health visitors, 14 out of 16 parents interviewed thought that a children's centre was the best place, whilst 7 out of 16 first came to a children's centre for their baby weigh in.

How services are delivered

- Outreach work was seen as very important for engaging with the most vulnerable. There are opportunities to focus more on the 120 toddler groups run by volunteers across Barnet and improved interaction between pre-schools / nurseries and children's centres.
- It is very importance to promote the Common Assessment Framework – this is very important to identify needs early and support vulnerable families.
- Need to make sure that staffing structures are really well throughout out and meet the needs of families
- Staff and managers want more autonomy and flexibility around staff and resources.
- Good data is really important to the service, so staff can understand the needs of people in their area.
- Staff and the parents are keen for parenting programmes – they address so many important, vital and basic issues such as sleep routines, bed wetting etc.
- Adult learning is important, helping people get back to work. It would be really good to have access to more vocational training.

11.5 Formal consultation – informing the full business case

Objectives

The objective of consultation as part of the development of the full business case is to;

- To communicate the need to change early years services to improve support for the most vulnerable families.
- To test ideas and models at an early stage to ensure they meet the needs of families in Barnet.
- So residents, staff and external stakeholders have a chance to shape the new commission for early years
- To ensure the new early years commission meets the needs of Barnet families.

Consultation Plan

As part of the development of the full business case there will be a ten week formal public consultation and engagement period. This engagement will use a range of methods, targeting the key stakeholder groups outlined in section 1. Methods will include;

- Interviews
- Workshops / Focus groups
- Online/paper questionnaires
- Existing forums (e.g. staff meetings)
- Citizen's Panel

The ten week formal public consultation and engagement period will be from **June – August 2014**.

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Equality Analysis (EqA) Questionnaire

Please refer to the guidance before completing this form.

1. Details of function, policy, procedure or service:	
Title of what is being assessed: Early Years Review Outline Business Case	
Is it a new or revised function, policy, procedure or service? Service	
Department and Section: Family Services	
Date assessment completed: February 2014	
2. Names and roles of officers completing this assessment:	
Lead officer	James Mass, Lead Commissioner Family and Community Well-being
Stakeholder groups	Internal Family Services staff, service users and residents, schools, health visitors, community midwives, job centre plus, Barnet and Southgate College and a range of voluntary and community organisations have key relationships with children's centres across Barnet
Representative from internal stakeholders	James Mass – Lead Commissioner Family and Community Well-being
Representative from external stakeholders	
Delivery Unit Equalities Network rep	Elaine Tuck
Performance Management rep	
HR rep (for employment related issues)	
3. Full description of function, policy, procedure or service:	

Please describe the aims and objectives of the function, policy, procedure or service
Please include - why is it needed, what are the outcomes to be achieved, who is it aimed at? Who is likely to benefit? How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of? Identify the ways people can find out about and benefit from the proposals. Consider any processes they need to go through or criteria that we apply to determine eligibility.

Context

The Government's spending review has reduced the amount of money available for the council to spend over the coming years. Over the past three years the Children's Service has reduced budgets by over £12m (around 20% of the budget) across a range of areas. Alongside the budget reductions, Barnet has also seen an increase in the population which has put pressure on services. Since 2003, there has been a 28% increase in births. This has increased demand for service and continues to increase the cost of high level services

Why is it needed?

The current early year's system in Barnet is the complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths – including a dedicated and passionate work force – that success is often despite rather than because of the system.

In order to improve early year services and ensure they are cost effective a new model of early years services needs to be developed. The key focus of the review is to improve early intervention and support for the most vulnerable families.

As part of the OBC a clear rationale for change has been outlined. For children's centres and family support this includes;

- Barnet's children's centres are not performing well against the new Ofsted inspection framework.
- Reach areas do not match the children's centres that families often use.
- There is the potential for a more collaborative approach.
- Improving front-line relationships with health would significantly improve the whole system's ability to identify vulnerable families early and effectively support them.
- The current delivery system does very little to develop effective front-line relationships between practitioners.
- The balance between targeted and universal services is not sufficiently planned.
- Improving outreach and proactive work would enhance early intervention.

For childcare, and the support the council offers to childcare this includes;

- The quality of provision is weaker for the most deprived.
- Barnet performs worse than the majority of its statistical neighbours
- Changes are required to reflect changes in national policy
- The current approach is fragmented and confusing so a more consistent approach to supporting childcare settings is required.
- The relationships between the local authority and local providers must improve.

What are the outcomes to be achieved? What are the aims and objectives?

Overall the new service will provide a more coherent and strategically managed offer where resources can be flexibly moved to the areas of greatest need. Evidence has shown that

development in the first few years of life has a huge impact on a whole range of whole-life outcomes. The reconfigured model will take cost out of the system but still allow Barnet to better focus on increasing early year's standards for all and better identify and support the most vulnerable families in the borough. This will not be a quick return but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.

The priority outcomes we want to improve through the early years review are:

- Improved school readiness for all children in Barnet.
- Improved health outcomes for all children in Barnet.
- Improved identification and support for the most vulnerable.
- Sufficiency of high quality childcare places for children in Barnet.
- Reduction in the number of adults held back from returning to work because of childcare constraints.

To achieve these outcomes the OBC makes the following key recommendations for the new early years commission include:

- Bringing Barnet's children centres together into a centrally managed locality structure to make more efficient and effective use of our resources.
- Integrating health visiting to make better use of the service's universal reach and ability to identify the most vulnerable families.
- Bring together the teams that support childcare settings to reduce duplication and maximise our impact on the quality of childcare in the Borough.
- Focus initially on consolidating the model within Family Services whilst preparing to create a mutual delivery model to increase staff accountability for early years outcomes and encourage innovation in their achievement.
- Retain the childcare offer in children's centres as an important tool to support the most vulnerable families.

Who is it aimed at? Who is likely to benefit?

The new commission resulting from the Early Years Review is aimed at the children, parents and families of Barnet, including those who currently use the 13 children's centres and those who don't. Early years services are focused on children under five of which there are an estimated 26,074 (based on Greater London Assembly statistics) in Barnet. Projections developed by the Greater London Assembly (GLA) are based on the 2011 census have projected an increase in this number of children to 27,637 in 2018.

A key strategic aim of the new commission for early years is to improve the targeting of the most vulnerable families in the borough. Ensuring we focus resources on those who most require support will mean these groups of people are most likely to benefit from the new commission.

How have needs based on age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, marriage and civil partnership and carers been taken account of?

The overall focus of the early years' service will continue to focus on need. The objective of the new early year's commission is to improve identification and support of vulnerable families with more resource targeted on those who really need support. Having a targeted approach based on need rather than specific groups of people should therefore not discriminate against who is

deemed to require extra support through early year's services.

To understand the above needs of children, parents and families in Barnet, detailed data has been collected and analysed. This task has been undertaken to ensure the council fully understands the users of children's centres across the borough.

A range of data sources has been used, including

- GLA population projections
- 2011 Census – this data has been used for the purposes of this EIA
- 2013 Barnet Childcare Sufficiency Assessment (CSA)
- 2012 Hemsalls report - LBB commissioned Hemsall's research organisation to undertake an evaluation of children's centres
- A range of data sets from children's centres

Combined, this data has helped identify if particular groups are not engaging with or accessing services and need targeting – feeding into business as usual work in family services. Section 4 below will discuss how each of the equality strands is likely affected by the new commission.

Identify the ways people can find out about and benefit from the proposals.

Public engagement and consultation will continue throughout the development of the full business case, allowing residents who use early year's services to find out more about the changes, as well as having the opportunity to feedback and help shape the new early year's commission.

Throughout the development of the proposal people will be able to continue to benefit from the early years services offered in Barnet through the usual routes.

Consider any processes they need to go through or criteria that we apply to determine eligibility.

Whilst there is a recommendation to focus on targeted work, universal access will continue for some sessions as they are important to help identify potentially vulnerable families.

Eligibility for targeted services is determined through a range of means; including self-referral, referral from health (including GP's, Health Visitor's, CM's) or referrals from local authority services such as through the Common Assessment Framework process or Intense Family Focus team.

4. How are the equality strands affected? Please detail the effects on each equality strand, and any mitigating action you have taken so far. Please include any relevant data. If you do not have relevant data please explain why.

Equality Strand	Affected?	Explain how affected	What action has been taken already to mitigate this? What action do you plan to take to mitigate this?
1. Age	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	In 2013 there is an estimated 26,074 children under the age of	The new commission will ensure there is

		<p>five in Barnet.</p> <p>The new early year's commission will not change the scope of the early year's services from children between 0-5 and their families. Therefore there will be no impact in regard to age.</p>	<p>flexibility in the service to meet changing demand.</p>
<p>2. Disability</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>From the CSA 4.5% of the total children being raised by respondents had some form of additional needs and/or disability.</p> <p>There is a recommendation to amalgamate the role of the Early Years Standards Advisory Teacher and some elements of the Pre-School Inclusion Team (area SENCOs) to ensure that the focus is on meeting the needs of children through high quality teaching; the use of universal and/or targeted support from the children's centres and that additional SEN services are seen as a last resort.</p>	<p>Ensure that within the new early year's commission there are key links to the Inclusion and Skills and that the support to childcare settings from area SENCOs continues to be of high quality.</p>
<p>3. Gender reassignment</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>No identified differential impacts based on gender reassignment.</p>	<p>N/A</p>
<p>4. Pregnancy and maternity</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>In the 2013 CSA 7% of the respondents – across Barnet – stated that they were, or had a partner who was, currently expecting a baby.</p> <p>As with age, the scope of early year's services will not change as part of the new commission. A key objective of the early years review is to improve identification of risk factors through maternity.</p>	<p>Ensure integration benefits both ante-natal and post natal care through improved links between professionals and ensuring clear clinical support and management.</p>
<p>5. Race / Ethnicity</p>	<p>Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/></p>	<p>In 2011 out of the 26,264 children in Barnet, there were;</p> <ul style="list-style-type: none"> • White – 11,972 • BAME – 14, 292 <p>There is no identified differential impact based on race/ethnicity as services will continue to</p>	<p>The detail of the new early year's commission will be informed by local data and knowledge to ensure support those with needs from any racial / ethnic</p>

		<p>deliver to all ethnicities and support will targeted to those are in most need of support.</p> <p>As part of the new commission, monitoring of race/ethnicity will continue and if any groups are identified as under accessing support will targeted as necessary.</p>	<p>background.</p> <p>Improved recording of data on families will help inform service development.</p> <p>Improved recording of data on families will help inform service development and targeting of groups who are not accessing services.</p>
6. Religion or belief	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>According to the 2013 CSA the most frequent religion of respondents to the survey across Barnet was Christian (39%) followed in frequency by Jewish (18%) and Muslim (13%).</p> <p>There is no identified differential impact based on religion or belief as services will continue to deliver to all religion and beliefs and support will targeted to those are in most need of support.</p>	<p>The detail of the new early year's commission will be informed by local data and knowledge to ensure support those with needs regardless of religious beliefs.</p> <p>Improved recording of data on families will help inform service development and targeting of groups who are not accessing services.</p>
7. Gender / sex	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>In 2011 out of the 26,264 under-fives, there were;</p> <ul style="list-style-type: none"> • Males – 13,423 • Females – 12,841 <p>However, in terms of the gender/sex of parents accessing services fathers have been identified as group of people who are under accessing and not represented.</p>	<p>Service delivery will continue to target fathers who are less likely to attend services.</p>
8. Sexual orientation	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>No identified differential impacts based on sexual orientation.</p>	<p>N/A</p>
9. Marital Status	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	<p>The incidence of lone parent households with dependent children in 2011 in Barnet was 11,763.</p> <p>There is no identified differential impact based on marital status as services will continue to</p>	<p>N/A</p>

		deliver to all and support will targeted to those who are in most need of support.	
10. Other key groups?	Yes <input type="checkbox"/> / No <input checked="" type="checkbox"/>	No identified differential impacts based on other key groups.	N/A

5. What will be the impact of delivery of any proposals on satisfaction ratings amongst different groups of residents?

Overall, the recommendations from the Outline Business Case are expected to have a positive impact on satisfaction rates among residents through improved early intervention and improved service delivery and efficiency.

In terms of current satisfaction ratings;

- Only one in ten parents surveyed through the recent childcare market research were unsatisfied with childcare provision in Barnet.

The Hemsalls report which surveyed 367 past and present service users found;

- 82 per cent of respondents said they had experienced positive outcomes from using Children’s Centre’s
- 49 per cent thought that parenting advice and support had a positive impact at children’s centres

There is a potential that a continued increase in targeted support, with a focus on those with the most need, may reduce the amount of universal services which have been on offer at Children’s Centres. This may have a small impact on satisfaction levels for those who access universal services but do not qualify for targeted support. This is a result of financial pressures which means limited resources need to be targeted at those who are in most need of support.

Overall the new commission should increase satisfaction ratings by delivering a more joined up service with improved early intervention and service delivery and efficiency.

6. How does the proposal enhance Barnet’s reputation as a good place to work and live?

Due to reductions in the budget, the council is faced with making difficult decisions in terms of making savings and how to target resources efficiently to best meet the needs of Barnet residents.

The proposals will enhance Barnet’s reputation as a good place to work by creating an improved early year’s model in which staff will have a clearer direction and more flexibility in their work with the ability to focus on supporting those with the most need. Workforce analysis as part of the health visitor and school nurses review and on-going staff engagement will help ensure that staff concerns are taken into account.

A priority outcome for the early years review as a whole is a reduction in the number of adults held back from returning to work because of childcare constraints. This should improve the borough as a good place to work and live by removing barriers to employment for families.

The proposals will enhance Barnet’s reputation as a good place to live by continuing to support young children and families to improve life chances for children in Barnet. This will be achieved through improved family support and ensuring underachieving childcare settings get the support they need, meaning all children receive a high quality early education.

7. How will members of Barnet’s diverse communities feel more confident about the council and the manner in which it conducts its business?

Clear communication, consultation and engagement is taking place and will continue to take place throughout the early years review to help ensure the views of Barnet's diverse communities are taken into account.

As part of the decision making process councillors will fully consider and give due regard to responses to consultation, and to this Equalities Impact Assessment, as part of a clear and transparent decision-making process to try and ensure that all citizens feel confident about the manner in which the council is conducting its business.

Barnet's diverse communities have been a focus throughout the early years review. As detailed in section 4 above data regarding Barnet's diverse communities has been collected and will be analysed, for example which diverse groups access or do not access services, as part of the full business case

A key strategic aim of the new commission for early years is to improve the targeting of the most vulnerable families in the borough and several of the recommendations detailed above in section 6 will increase support and the flexibility of this support provided to the most vulnerable families in the borough. This will include considering Barnet's diverse community's needs, ensuring early years services support people who need the support most across a range of communities.

8. What measures and methods have been designed to monitor the application of the policy or service, the achievement of intended outcomes and the identification of any unintended or adverse impact? *Include information about the groups of people affected by this proposal. Include how frequently will the monitoring be conducted and who will be made aware of the analysis and outcomes? Include these measures in the Equality Improvement Plan (section 15)*

As part of the full business case as clear set of outcomes and measurements will be outlined to ensure that the success of the new early years commission can be measured effectively.

This will mean that in the new early years commission a clear set of measurable outcomes and key performance indicators will be developed to ensure outcomes are achieved. This is most likely to be achieved through the use of current indicators.

Also, as part of the outline business case the top risks to effective implementation have been identified as well as actions to mitigate these risks. These will be re-evaluated on a regular basis.

Throughout the early years review there will be continued engagement with staff and stakeholders to ensure any issues can be articulated and clearly understood.

9. How will the new proposals enable the council to promote good relations between different communities? *Include whether proposals bring different groups of people together, does the proposal have the potential to lead to resentment between different groups of people and how might you be able to compensate for perceptions of differential treatment or whether implications are explained.*

There will be continued engagement to understand relationships between different communities and ensure through the service offered they are supported effectively.

A wide range of people attend Children's Centres and the new early years commission will not change the diversity of communities accessing early years services.

A key strategic aim of the new commission for early years is to improve the targeting of the most vulnerable families in the borough. This approach is to ensure we focus resources on those who most require support. Focusing on resources on those who most require support may lead to resentment from groups of people who do not qualify for such support. However, this differential treatment is an attempt to reduce inequality in educational attainment and health and wellbeing

by targeting the most vulnerable at an early age, with a key objective to reduce inequality.

10. How have residents with different needs been consulted on the anticipated impact of this proposal? How have any comments influenced the final proposal? Please include information about any prior consultation on the proposal been undertaken, and any dissatisfaction with it from a particular section of the community.

As part of the CSA and Hemsalls report a variety of telephone and online surveys, interviews and focus groups were conducted with a wide range of parents and children with different needs as well as children's centres and child-minders. Their feedback and the findings from both of these pieces of research have influenced and formed a crucial and central part of the early years review outline business case and accompanying recommendations.

A public consultation will take place prior to full implementation in which residents with different needs will be consulted on anticipated impacts and their feedback will influence and inform the full business case and implantation plans.

Overall Assessment

11. Overall impact		
Positive Impact <input type="checkbox"/>	Negative Impact or Impact Not Known ¹ <input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>

12. Scale of Impact		
Positive impact: Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	Negative Impact or Impact Not Known Minimal <input type="checkbox"/> Significant <input type="checkbox"/>	

13. Outcome			
No change to decision <input checked="" type="checkbox"/>	Adjustment needed to decision <input type="checkbox"/>	Continue with decision <i>(despite adverse impact / missed opportunity)</i> <input type="checkbox"/>	If significant negative impact - Stop / rethink <input type="checkbox"/>

14. Please give full explanation for how the overall assessment and outcome was decided
<p>There will be no impact on equalities resulting from the Early Years Review. The review proposes a new commission providing a more coherent and strategically managed offer where resources can be more flexibly moved to the areas of greatest need.</p> <p>The review focuses resources on those who are in need of most support from early year's services regardless of disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership.</p> <p>On this basis it is proposed that there should be no change to the decision.</p>

¹ 'Impact Not Known' – tick this box if there is no up-to-date data or information to show the effects or outcomes of the function, policy, procedure or service on all of the equality strands.

15. Equality Improvement Plan

Please list all the equality objectives, actions and targets that result from the Equality Analysis (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer responsible	By when
To ensure that equalities impacts are considered with regard to the new commission.	The EIA should be updated at Full Business Case stage.	Full Business Case supported by completed EIA.	James Mass Sam Raffell	Completion of Full Business Case

1st Authorised signature (Lead Officer)	2nd Authorised Signature (Delivery Unit management team member)
Date:	Date: