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21 January 2013

To: All Members of the Overview & Scrutiny Committee

Dear Member,

Overview and Scrutiny Committee – Tuesday 22 January 2013

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

**11. SCRUTINY PANEL REPORT BACK (PAGES 1 - 30)**

To receive an update on the work of the Scrutiny Panels and to approve any recommendations for referral.

**19. SCRUTINY COMMITTEE ACTIONS REQUESTED (PAGES 31 - 32)**

To note the actions completed since the last meeting.

Yours sincerely

Felicity Parker  
Principal Committee Coordinator

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**Haringey** Council

## **REPORT OF THE ADULTS AND HEALTH SCRUTINY PANEL 10<sup>TH</sup> JANUARY 2013**

The draft minutes of the Adults and Health Scrutiny Panel are herewith attached. The main items discussed were as follows:

### **BEH MHT DRAFT COMMUNICATING CHANGE GUIDANCE**

Maria Kane, Chief Executive of BEH MHT introduced the paper. Key points noted include:

- The proposed closure of Downhills Ward and the handling of the proposal was the impetus for updating the guidance.
- The outcome of the working group, set up following the Special A&HSP in November, is that Downhills Ward and Finsbury Ward will remain open, and Haringey Ward will now close. Downhills and Finsbury Ward will be combined Assessment and Treatment Wards.
- These changes are interim and will be in place until the site is redeveloped.

Comments from the Panel included:

- There is a need for a more robust statement on getting buy-in from the voluntary & community sector, service users, carers groups and staff at the start of the document.
- The expectation should be that there is two way communication between the MHT and service users, voluntary and community groups, carers etc and that this should be both engagement and listening to what each group has to say.
- The Panel noted that they were impressed with the cooperation of the MHT through the working group and that changes were made based on the input of the working group.

### **AGREED:**

- The MHT would include the role of the Board in the Communicating Change Guidance.
- The importance of getting buy in from service users, the voluntary and community sector, carers and staff would be strengthened to emphasise that communication and engagement is a two way process.

### **BEH MHT HOME TREATMENT TEAMS AND RECOVERY HOUSES**

The Panel were taken through a presentation. The following discussion points were noted:

- Strong relationships with carers and their families is an integral part of the services.
- It was noted that the smallest Recovery House is in Haringey, and in the West of the borough away from the area of highest need. The MHT stated that there is not a limit on the number of Recovery Houses an area could have and that if they were offered a house in the area of most need then they would be very keen to take this on.

The Panel asked for an update on the Foundation Trust application status and were informed that the current process and next steps are unclear.

### **AGREED:**

- The Panel would write to the Cabinet Member for Housing about any available property in the East of the Borough which could be used as a Recovery Houses.
- The MHT would involve peer groups in looking at the language on information sheets.
- The MHT and LPC would discuss sharing information on mental health services in the borough to enable pharmacists to signpost.
- The Panel would write to the TDA and the CCG to ask for clarification on the next steps and affirm the CCG's support of the Foundation Trust application.

- The Panel would revisit HTTs and Recovery Houses at a later date for further input.

## **REPORT ON THE POSITION OF HEALTH VISITING AND DELIVERY OF THE NEW BIRTH VISIT IN HARINGEY - WHITTINGTON HEALTH**

The Panel was taken through the report by Sam Page, AD Universal and Safeguarding Children's Services.

The following points were noted:

- Health Visitors are an unusual area of growth.
- Haringey has a high trajectory of growth due to vulnerability in the population and growth.
- Expected growth in Haringey is 50 Health Visitors. This is a welcome but challenging growth target.
- Haringey previously worked to 28 days for New Birth Visits. This was agreed locally with Commissioners. Nationally the target is 14 days, which is now worked to.
- Whittington Health is currently at the baseline amount of Health visitors, but has not started to recruit to expansion figures. This should be an additional 14 Health Visitors by April, but is not achievable at this stage.

Discussion points noted include:

- 20 new students are planned across Haringey and Islington over the next 2 years. This will be alongside the additional Health Visitors.
- It will take a couple of years to build up and embed a service of experienced Health Visitors.
- The performance rates in the report relate to the whole borough. Differences in performance relate to where they are vacancies.
- Agency staff do not always have the local knowledge which is needed; however they do try and work with the same Health Visitors to maintain knowledge gained.
- Islington has about the same numbers of Health Visitors as Haringey but with a smaller population. There are more Health Visitors per baby in Islington.

The Panel congratulated Whittington Health on the significantly improved performance around New Birth Visits.

### **AGREED:**

Whittington Health would come back to the Panel with information on the activities Health Visitors undertake at Children's Centres.

### **CLINICAL COMMISSIONING GROUP UPDATE**

The Panel received an update from Sarah Price, Chief Officer and Dr Pelendrides, Chair.

Points noted include:

- An Authorisation visit took place in November; this was conducted by a group of external peers who had no experience of Haringey.
- There are a few areas left which they need to reassure Commissioners on by the end of January (12 out of 117).
- Final result on authorisation will be available in February and will include any conditions which are attached to the authorisation.
- They need to achieve a balanced budget and currently aim to do this by the end of 2013/14. The deficit has gone from £17million last year to £7 million.
- The Integrated Care Strategy is a current area of focus which is being worked on with the Local Authority.

Discussion points noted include:

- Changes are about transformation rather than stopping services being provided.

- The Integrated Care re-ablement pilot which has been running in the North East of the borough is being extended to the central cluster. This pilot includes a weekly teleconference with all practitioners about a persons care and to plan their next phase of care.
  - The next stage is to find people at risk and intervene before they go to A&E.
- The Primary Care Strategy work includes looking at improving access to GPs more generally. The CCG is working with North Middlesex and Whittington Health on Urgent Care Centres.
- The CCG is working with the MHT to look at improving access for GPs to mental health care services. This is a prioritised piece of work over the next few months.
- GPs do not always feel confident managing low level mental health needs as they are unsure that they will get the support that they need.

### **HEALTH AND WELLBEING BOARD UPDATE**

The Panel received a verbal update on the Haringey Health and Wellbeing Board.

Points noted include:

- The Health and Wellbeing Board takes a strategic approach.
- It has produced the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy along with its delivery plan.
- Regulations are expected to show exemptions to Section 102 (Local Government Act 1972), political proportionality.
- Haringey Shadow Health and Wellbeing Board has been operating on a small membership basis but with discussions still ongoing about the final membership.
- The focus thus far has been on organisational development (alongside the Health and Wellbeing Strategy and Delivery Plan and the Joint Strategic Needs Assessment). A priority area has been consider from each of the Health and Wellbeing Strategy objectives.
- A Haringey Health and Wellbeing Board website will be up and running by April and this will include minutes of the board.

Discussion points noted include:

- The Panel wished to know why the minutes of the shadow Health and Wellbeing Board would not be available any earlier than April. The Panel were informed that the minutes of previous meetings would all be made available when the website goes live.
- The Cabinet Member agreed to get back to the Panel with further information on consultation which is due to take place ahead of the Terms of Reference and arrangements being agreed by Cabinet in March.
- Health and Wellbeing Boards are held to account by Overview and Scrutiny, in Haringey this would be the Adults and Health Scrutiny Panel.
- The Panel raised concerns that they do not know more about what the shadow Health and Wellbeing Board has been doing, or the future arrangements. This was not only relevant to the Panel Members but to Councillors across the Council.
- The Panel commented that overall the work of the shadow Health and Wellbeing Board sounded positive, and it was therefore puzzled as to why it was not able to get more information on it.

### **AGREED:**

- The Cabinet Member would provide the Panel with information on the planned consultation arrangements for the Health and Wellbeing Board arrangements prior to approval at Cabinet in March.
- The Adults and Health Scrutiny Panel would consider holding information sharing meetings with providers and commissioners on a regular basis to ensure they are able to maintain an overview of changes and key issues in the local health environment.

**RECOMMENDATIONS OF BUDGET SCRUTINY  
AGREED**

**PANEL WORK PROGRAMME  
AGREED:**

- The Senior Policy Officer would scope the Integrated Care Pilot project.

**COUNCIL FORWARD PLAN**

The Panel requested to consider the Health and Wellbeing Board paper due at Cabinet in March (Establishment of New Health and Wellbeing Board – Functions/remit and Governance arrangements) as pre-decision scrutiny prior to it being considered by Cabinet.

The Panel discussed their input into the procurement process and felt that in future it would be helpful for them to consider service specifications (where relevant) when a large contract was being tendered.

**AGREED:**

- Senior Policy Officer would speak to relevant Officers to see when this paper would be available and arrange a special Panel meeting should this be necessary (and in line with the Overview and Scrutiny Protocol)

**Cllr Gina Adamou**

**Chair**

**DRAFT MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL  
THURSDAY, 10 JANUARY 2013**

Councillors Adamou (Chair), Mallett, Stennett, Erskine and Winskill

Co-optees Helena Kania (LINK), Claire Andrews (HFOP)

**LC31. APOLOGIES FOR ABSENCE**

None received.

**LC32. URGENT BUSINESS**

None received.

**LC33. DECLARATIONS OF INTEREST**

None received.

**LC34. BEH MHT DRAFT COMMUNICATING CHANGE GUIDANCE**

Maria Kane, Chief Executive of BEH MHT introduced the paper. Key points noted include:

- The proposed closure of Downhills Ward and the handling of the proposal was the impetus for updating the guidance.
- The working group which was set up with the Adults and Health Scrutiny Panel following the Special meeting in November was very constructive and reached a consensus on the way forward.
- The outcome of the working group is that Downhills Ward and Finsbury Ward will remain open, and Haringey Ward will now close. Downhills and Finsbury Ward will be combined Assessment and Treatment Wards.
- These changes are interim and will be in place until the site is redeveloped.
- Maria thanked the working group for their input.

The Communicating Change Guidance needed to be strengthened both in governance arrangements and in the policy.

Changes to services now need to be signed off by an Executive Director. However, this does not negate the need for stakeholder engagement.

The Guidance is due to be signed off next week and will then be circulated to Managers and Clinical Directors.

The Guidance will also be re-launched across the Trust and discussed at Team meetings.

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In response to a question Maria informed the Panel that the paper is Guidance, but that staff are expected to adhere to it and that sanctions would be in place for those who don't adhere to it. The policy/governance aspect of it is that any changes must be signed off at Executive Director level.

Comments from the Panel included:

- There is a need for a more robust statement on getting buy-in from the voluntary & community sector, service users, carers groups and staff at the start of the document.
- The expectation should be that there is two way communication between the MHT and service users, voluntary and community groups, carers etc and that this should be both engagement and listening to what each group has to say.
- The Panel noted that they were impressed with the cooperation of the MHT through the working group and that changes were made based on the input of the working group.
- The Mental Health Support Association raised the role of Non Executive Directors in the process and were informed by the MHT that the role of the Board would be added to the document for clarification.

**Agreed**

- The MHT would include the role of the Board in the Communicating Change Guidance.
- The importance of getting buy in from service users, the voluntary and community sector, carers and staff would be strengthened to emphasise that communication and engagement is a two way process.

**LC35. BEH MHT HOME TREATMENT TEAMS AND RECOVERY HOUSES**

The panel was taken through the presentation by Jackie Liveras, Assistant Director, Crisis and Emergency.

Key points included:

**Home Treatment Teams (HTTs)**

- HTTs have been running for 12 years across the country.
- HTTs are a meaningful alternative to hospitals.
- The National Service Framework some years ago laid out what the role of HTTs is.
- People prefer to be treated in the own homes.
- There is a target of 727 treatment episodes; MHT is currently at 700 and therefore expecting to exceed the target by quite a lot.

Issues include a slight drifting from the National Service Framework and so work is currently being done to re-focus the service.

- HTTs are a vital component of enabling the re-profiling of beds.



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Future plans include:

- Work to improve service users experience and quality of services, for example ensuring that service users do not have to complete multiple assessments, GPs being able to refer to HTTs directly for assessment.
- The intake service was reviewed at the end of 2011; this work is now being re-looked at.

Recovery Houses

- The partnership with Rethink is working very well.

Issues include:

- Services are not always in place to enable people to move on.
- Recovery Houses are usually full, with an expected increased demand this will increase pressure.
- 90 admissions across the Trust.

Comments from Rethink included:

- The success of Recovery Houses is due to the partnership between Rethink and the MHT.
- Recovery Houses are a hub within the community.
- Feedback from service users is positive.
- Peer support groups are being formed and ex service users are being developed in the skills needed to run these groups.

The following discussion points were noted:

- All staff that are displaced from the closure of Haringey Ward will be redeployed, including an increase in staff numbers on HTTs.
- The ability for GPs to refer to HTTs is positive.
- If a person goes into a pharmacy with mental health queries then it would be helpful for the pharmacies to know where to signpost to and which services were open when etc. The MHT agreed to speak to the Local Pharmaceutical Committee to share this information.
- The language used on the information sheets about HTTs and Recovery Houses will be shared with service user peer groups to gain their input on how they can be improved, particularly in relation to the language used.
- Strong relationships with carers and their families is an integral part of the services.
- HTTs are moving towards a position where all assessments are done in the home, apart from in exceptional circumstances. By conducting these at home family members and carers are often automatically involved.
- Social workers are a part of all HTTs and will conduct carer's assessment where the carer says that they wish one to be undertaken.
- The MHT have a target on carer's assessment and report to the Local Authority. They also have their own records.
- It is ensured that carers are spoken to and listened to as part of the pathway.
- Care Coordinators based in HTTs are responsible for the Care Plans for service users in both HTT services and in Recovery Houses. They then liaise with the relevant staff member if the service user moves to acute care.

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- The monitoring of a service user depends upon their risk assessment, when in primary care this is the GP.
- It was noted that the smallest Recovery House is in Haringey, and in the West of the borough away from the area of highest need. The MHT stated that there is not a limit on the number of Recovery Houses an area could have and that if they were offered a house in the area of most need then they would be very keen to take this on.
  - It was noted that larger houses, for example with over 15 rooms is more economically efficient and cost effective.
  - It was noted that a property review is currently taking place which may identify suitable properties which could be used for this.
- Noted that the RIO IT system is being rolled out to the Haringey Recovery House this month, and that this will make it easier for assessments to be done 24hrs a day without disturbing resting staff on night shifts.
- All information leaflets, and service users care pack include information on how to complain. If a person wishing to complain wasn't aware of a direct route they would be able to call the St Ann's helpline and be put through to the relevant department.

The Panel asked for an update on the Foundation Trust application status and were informed that the current process and next steps are unclear. The Foundation Trust application had been through NHS London and was with the Department of Health when the Trust Development Agency (TDA) was formed. The TDA have said they would like to go through some of the stages again and there is therefore a 3 – 4 month delay expected, before it goes to Monitor.

The current process and lines of responsibility are currently unclear.

The forthcoming Francis report on Mid Staffs may have implications on the process.

A recent CQC inspection resulted in some moderate concerns which other Trust intend to put right in the immediate future.

The MHT are doing some Peer Review work with a high performing neighbouring Trust.

The Mental Health Support Association stated that the interest of the Panel in HTTs and Recovery Houses has been positive and useful and requested that Panel revisit the area in future. The Mental Health Trust stated that they would be happy to bring further information to the Panel, particular as input would be useful as the care pathway changes.

It was noted that Nick Bishop, Mental Health Support Association, was stepping down. The Panel wished their thanks to be noted for Nick's valuable support and input over the years.

**Agreed:**

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- The Panel would write to the Cabinet Member for Housing about any available property in the East of the Borough which could be used as a Recovery Houses.
- The MHT and LPC would discuss sharing information on mental health services in the borough to enable pharmacists to signpost.
- The Panel would write to the TDA and the CCG to ask for clarification on the next steps and affirm the CCG's support of the Foundation Trust application.
- The Panel would revisit HTTs and Recovery Houses at a later date for further input.

**LC36. REPORT ON THE POSITION OF HEALTH VISITING AND DELIVERY OF THE NEW BIRTH VISIT IN HARINGEY - WHITTINGTON HEALTH**

The Panel was taken through the report by Sam Page, AD Universal and Safeguarding Children's Services.

The following points were noted:

- Health Visitors are an unusual area of growth.
- There is a commitment to increase the number of health visitors by 2015.
- Haringey has a high trajectory of growth due to vulnerability in the population and growth.
- Expected growth in Haringey is 50 Health Visitors. This is a welcome but challenging growth target.
- There are implications on the Healthy Child Programme and work is being done to consider what this means in terms of shared outcomes with partners.
- A teenage mum's programme running in the borough has been very successful.
- The challenge with increasing the numbers of health visitors is that there are very few available health visitors, particularly in London.
- Whittington Health is working with NHS London, the Deanery and Health Visiting Training services.
- Health Visitors are trained nurses who then undertake a year graduate training to become a Health Visitor.
- Health Visitor students undertake a significant amount of training in practice, for which they need support in place.
- With a depleted workforce and a population with high vulnerability it is challenging to provide the necessary level of support to students.
- The lack of experienced Health Visitors numbers has an impact on newly qualified Health Visitors who need support to make sure they are confident and safe.
- A Health Visitor model needs both new and experienced Health Visitors as part of it.
- Some retired Health Visitors so come back into practice with flexible arrangements.
- Haringey previously worked to 28 days for New Birth Visits. This was agreed locally with Commissioners. Nationally the target is 14 days, which is now worked to.

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- Whittington Health is currently at the baseline amount of Health visitors, but has not started to recruit to expansion figures. This should be an additional 14 Health Visitors by April, but is not achievable at this stage.
- Processes are currently being looked at to make them more efficient and agency staff are being used where they are needed.
- Work has been done on the information flow across the whole pathway between agencies and the format of the information. This has resulted in significant improvements on performance, as reflected in the chart at the end of the submitted report.
- A big piece of work still to be done is considering the communication with midwifery at Whittington Health and North Middlesex Hospital.
- The expansion of Health Visitors links to the work currently being done around the 54,000 project.

Discussion points noted include:

- There are not enough Practice Teachers in Haringey. Therefore Mentors have been put in place that are 'long-armed' by Practice Teachers. This is supported by strong development and training support.
- The shortage of Health Visitors is a national issue.
- There is a national push on a Return to Practice programme to get previous Health Visitors back into jobs.
- 20 new students are planned across Haringey and Islington over the next 2 years. This will be alongside the additional Health Visitors.
- It will take a couple of years to build up and embed a service of experienced Health Visitors.
- Interpreters are used when there are language barriers, this can cause an additional challenge if there are delays stemming from this.
- Whittington Health do work with local communities, however it is not always appropriate to use local community members as translators due to a variety of reasons e.g. the subject matter, cultural sensitivities and appropriateness, governance, confidentiality etc.
- The performance rates in the report relate to the whole borough. Differences in performance relate to where they are vacancies.
- Agency staff do not always have the local knowledge which is needed; however they do try and work with the same Health Visitors to maintain knowledge gained.
- Islington has about the same numbers of Health Visitors as Haringey but with a smaller population. There are more Health Visitors per baby in Islington.

The Panel congratulated Whittington Health on the significantly improved performance around New Birth Visits.

**Agreed:**

Whittington Health would come back to the Panel with information on the activities Health Visitors undertake at Children's Centres.

**LC37. CLINICAL COMMISSIONING GROUP UPDATE**

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL  
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The Panel received an update from Sarah Price, Chief Officer and Dr Pelendrides, Chair.

Points noted include:

- The CCG is currently preparing for authorisation.
- An Authorisation visit took place in November; this was conducted by a group of external peers who had no experience of Haringey.
- There are a few areas left which they need to reassure Commissioners on by the end of January (12 out of 117).
- Final result on authorisation will be available in February and will include any conditions which are attached to the authorisation.
- They need to achieve a balanced budget and currently aim to do this by the end of 2013/14. The deficit has gone from £17million last year to £7 million.
- The Integrated Care Strategy is a current area of focus which is being worked on with the Local Authority.

Discussion points noted include:

- Concerns about whether the savings which have been made are sustainable or whether they will come back in more acute forms.
- The anticipated overspend this year is mainly due to the acute sector.
- There is currently a 'cap and collar' contract in place with the North Middlesex Hospital. This will end at the end of the financial year.
- There is a lot of pressure to change services and bring them closer to people's homes.
- Changes are about transformation rather than stopping services being provided.
- The Integrated Care re-ablement pilot which has been running in the North East of the borough is being extended to the central cluster. This pilot includes a weekly teleconference with all practitioners about a persons care and to plan their next phase of care.
  - The next stage is to find people at risk and intervene before they go to A&E.
- There is a link between long term conditions and mental health.
- Mental health is a priority in the Health and Wellbeing Strategy and work is being done around Long Term conditions.
- NCL are looking into concerns raised about Harmoni.
- NCL are the contract holders and are in the process of procuring a new Out of Hours service to begin in April. This may or may not be Harmoni.
- Noted that Helena Kania, LINK, sits on the Out of Hours monitoring group and that Harmoni are currently performing at 100%.
  - There are concerns that Harmoni is being taken over by Care UK, who do not have as good performance statistics.
- The Primary Care Strategy work includes looking at improving access to GPs more generally. The CCG is working with North Middlesex and Whittington Health on Urgent Care Centres.
- GP appointments are not directly in the control of the CCG.
- The LPC noted that they have experience of people saying that they are unable to get a GP appointment and therefore intend to go directly to A&E.

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- The Panel queried how many GP practices were still operating 0845 phone numbers, they were informed that this is not under the control of the CCG. However, there was anecdotal evidence that the number was decreasing.
- The CCG is working with the MHT to look at improving access for GPs to mental health care services. This is a prioritised piece of work over the next few months.
- GPs do not always feel confident managing low level mental health needs as they are unsure that they will get the support that they need.
- The Health and Wellbeing Board is looking at welfare reform changes and their impact alongside work on health inequalities.

**LC38. HEALTH AND WELLBEING BOARD UPDATE**

The Panel received a verbal update on the Haringey Health and Wellbeing Board.

Points noted include:

- The Health and Wellbeing Board takes a strategic approach.
- It is a forum for discussion and challenge and bringing peers together.
- It has produced the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy along with its delivery plan.
- It is supporting the Clinical Commissioning Group authorisation process.
- In terms of Governance, the Act includes a minimum membership of:
  - Elected member of the local council
  - Director of adult services
  - Director of children's services
  - Director of public health
  - Member of the local Healthwatch
  - Representative of Clinical Commissioning Group
- Regulations are due out this month.
- Regulations are expected to show exemptions to Section 102 (Local Government Act 1972), political proportionality.
- Haringey Shadow Health and Wellbeing Board has been operating on a small membership basis but with discussions still ongoing about the final membership. It currently includes:
  - 3 Elected Members
  - 1 Local Involvement Network representative
  - Director of Adults and Community Housing
  - Director of Public Health
  - Director of Children and Young People
  - 4 Clinical Commissioning Group representatives (Chair, Chief Officer, GP and Lay member).
- The focus thus far has been on organisational development (alongside the Health and Wellbeing Strategy and Delivery Plan and the Joint Strategic Needs Assessment). A priority area has been consider from each of the Health and Wellbeing Strategy objectives for example a session has been held on each of the following:
  - Antenatal care;
  - Alcohol reduction;
  - Severe and enduring mental health; and
  - Teenage pregnancy.

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- A Haringey Health and Wellbeing Board website will be up and running by April and this will include minutes of the board.
- The Health Select Committee has quoted the Haringey Health and Wellbeing Board as an example of best practice.
- There have only been two meetings held of the shadow Health and Wellbeing Board attended by just members of the Board; all other meetings have included various community members and council Officers.

Discussion points noted include:

- The Panel wished to know what information had been presented to the Health Select Committee on the Haringey shadow Health and Being Board.
- The Panel wished to know why the minutes of the shadow Health and Wellbeing Board would not be available any earlier than April.
- The Panel raised concerns that they need to know more about what the shadow Health and Wellbeing Board has been doing, and the future arrangements.
- The Panel were informed that the minutes of previous meetings would all be made available when the website goes live.
- With reference to the involvement of the voluntary and community sector, and their representation on the Health and Wellbeing Board the Panel were informed that this was still under discussion, however they would be involved in task groups which would feed into the Health and Wellbeing Board.
- The Cabinet Member agreed to get back to the Panel with further information on consultation which is due to take place ahead of the Terms of Reference and arrangements being agreed by Cabinet in March.
- There will be an announcement on the Haringey website when the Health and Wellbeing Board website goes live.
- Health and Wellbeing Boards do not need to go through the same kind of authorisation process as Clinical Commissioning Groups.
- Health and Wellbeing Boards are held to account by Overview and Scrutiny, in Haringey this would be the Adults and Health Scrutiny Panel.
- The previous Health and Wellbeing Partnership Board was a unique forum in which both commissioners and providers got together. The Panel raised the query as to where this void could be filled.
  - It was noted that OSC had previously held meetings with commissioner and providers of health to share information and the possibility of the A&HSP doing this was raised.
- The Co-optee member from the Forum for Older People wished it noted that she did not feel satisfied that she had enough information on the Health and Wellbeing Board to adequately inform the HFOP.
- The Panel commented that overall the work of the shadow Health and Wellbeing Board sounded positive, and it was therefore puzzled as to why it was not able to get more information on it.

With reference to Healthwatch, the Cabinet Member informed the Panel that discussions are taking place on all options; including a possible fall back option should there not be a provider in a position to be put in place.

**Agreed**

**MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL  
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- The Cabinet Member would provide the Panel with information on the planned consultation arrangements for the Health and Wellbeing Board arrangements prior to approval at Cabinet in March.
- The Adults and Health Scrutiny Panel would consider holding information sharing meetings with providers and commissioners on a regular basis to ensure they are able to maintain an overview of changes and key issues in the local health environment.

**LC39. RECOMMENDATIONS OF BUDGET SCRUTINY**

The Panel approved the final recommendations of their budget scrutiny work, to be referred to the Overview and Scrutiny Committee on 22<sup>nd</sup> January for approval and referral to Cabinet.

**LC40. MINUTES OF PREVIOUS MEETINGS**

Approved.

**LC41. AREA COMMITTEE CHAIRS FEEDBACK**

None received.

**LC42. PANEL WORK PROGRAMME**

The Panel made the following changes to the proposed agenda for their meeting on 2<sup>nd</sup> April:

- Whittington Health Foundation Application update – the Panel wished for this to be a written update.
- Barnet, Enfield, and Haringey Clinical Strategy – the Panel requested a written briefing in advance to enable them to ask questions at the meeting.
- Cabinet Member questions – The Panel wished to invite Cllr Vanier to the meeting for Cabinet Member Questions as it was agreed that this would take place twice per municipal year.

The Panel agreed to consider the Integrated Care Pilot which has been running in the North East of the borough as one of their projects. The Panel requested that this is scoped with the aim of gaining service user perspectives of what worked well and what areas could work better with a view to making recommendations and lessons learnt which would be valuable to future services based on this model.

**Agreed:**

- The Chair and Senior Policy Officer would discuss the agenda further to ensure it is manageable.
- The Senior Policy Officer would scope the Integrated Care Pilot project.

**LC43. COUNCIL FORWARD PLAN**

The Panel requested to consider the Health and Wellbeing Board paper due at Cabinet in March (Establishment of New Health and Wellbeing Board –



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Functions/remit and Governance arrangements) as pre-decision scrutiny prior to it being considered by Cabinet.

The Panel discussed their input into the procurement process and felt that in future it would be helpful for them to consider service specifications (where relevant) when a large contract was being tendered.

**Agreed**

- Senior Policy Officer would speak to relevant Officers to see when this paper would be available and arrange a special Panel meeting should this be necessary (and in line with the Overview and Scrutiny Protocol)

**LC44. DATES OF FUTURE MEETINGS**

2<sup>nd</sup> April, 2013, 6.30pm

**LC45. NEW ITEMS OF URGENT BUSINESS**

None

**Cllr Gina Adamou**

**Chair**

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**REPORT OF THE COMMUNITIES SCRUTINY PANEL  
8 JANUARY 2013**

The draft minutes of the Communities Scrutiny Panel are herewith attached. The main items discussed were as follows:

**1. CRIME STATISTICS**

We received a presentation from Claire Kowalska, Community Safety Manager and Superintendent Mark Wolski, Police Deputy Borough Commander on the latest crime figures for the borough. We noted the following:

- There was reason to suspect that the latest census figures for London under estimated the actual numbers. This could impact on crime figures by artificially inflating the crime rate.
- The Mayor's office had set a target for reducing crime by 20% by 2020. The target was based on reductions in crime of a level that had not been previously seen.
- The borough's current crime statistics showed very good progress in a number of areas. For the first time, there had been reductions in violent with injury and acquisitive crime in the winter months. This had also been achieved in the midst of a recession. In addition, there had been a large decrease in motor crime. One area of concern was the increase in domestic violence and one theory was that violent crime had been displaced into this.
- Four of the borough's wards accounted for 40% of crime. All of these were to the east of the borough.
- The Police were challenged by confidence levels locally. Although borough residents had high levels of confidence in the Police generally, there were significantly lower levels of confidence in the local Police. How the Police engaged with the community locally was important and this might provide an opportunity for the service to re-invent itself locally. It was acknowledged that they could do better. The Cabinet Member for Communities reported that community safety partners were looking at the issue of engagement generally.

We noted that Haringey had been one of the leading boroughs for gang related violence. However, there had been recent improvements. Some prominent gang members had been imprisoned following the riots in 2012. In addition, interventions appeared to be having an effect.

Mr Wolski was of the view that the reductions in burglary and robbery were no accident. They were the result of knowing who offenders were and targeting them. We noted that some boroughs had used anti social behaviour orders extensively but Haringey had not taken this route and had instead tended to use acceptable behaviour contracts (ABCs) or injunctions. Mr Wolski reported that dispersal orders could be used in exceptional circumstances but this was not taken lightly due to the effect that it had on people's liberties. One had nevertheless been imposed on Ducketts Common but would be reviewed in a month's time.

Concerns were raised at the possible closure and reduction in hours of some police stations within the borough. Mr Wolski stated the Police would prefer to keep two Police

stations that were open for 24 hours a day within the borough but it was necessary for the Police to make large budgetary savings. Discussions were nevertheless at an early stage.

The Chair asked if it was possible to provide figures for the number of people who attended local Police stations. Mr Wolski stated that it was possible to provide figures for the previous month and agreed to provide them. We were of the view that without accurate statistics on demand levels, it would be difficult for informed decisions to be made on possible closures.

The Cabinet Member reported that the political message that Members were receiving was that there would only be one Police station that was open for 24 hours per day for 7 days a week in each borough. The Deputy Mayor had already visited the borough and Haringey's view on this had been clearly communicated to him. He nevertheless felt that it might not be possible to convince him of the borough's case. If there was only one 24/7 Police station in Haringey, the likelihood was that this would be in the centre of the borough which was Wood Green. The best case scenario would probably be for a second 24/7 Police station in Haringey, which would probably be in Tottenham. There was also the possibility of some cross border arrangements with neighbouring boroughs. We agreed that this issue would be put on the agenda for the next meeting of the Panel.

The Chief Executive reported that the budget challenge that the Police faced was considerable and it was best to concentrate attention on the areas where there was scope for success. Regrettably Muswell Hill Police station was not likely to be a high priority. Creative arrangements could be considered to mitigate the loss of facilities such as the use by the Police of churches or tennis clubs. There was also potential for the Police to work out of community hubs in libraries. We noted that the MOPAC reported to the London Assembly and lobbying of the Members for Enfield and Haringey would be undertaken.

We noted the Council's position regarding the potential closures and the budgetary pressures that the Police were under and recognised that it was best to concentrate resources on the areas where there was some prospect of success but also felt important that consideration was also given to the west of the borough.

**We RECOMMEND:**

1. That a report be made to a future meeting of the Panel on clear up rates for crime within the borough.
2. That the Police Service be requested to provide attendance figures for Police stations within the borough for the last three months.

**2. ANTI SOCIAL BEHAVIOUR**

We received a presentation from Mike Bagnall, the Anti Social Behaviour Action Team Manager (ASBAT) on the work of his team. He reported that the team took action through the use of the civil courts and this could be useful in acting against anti social behaviour in situations where action by the Police through the criminal courts was not possible.

When a case was referred to the team, an assessment was undertaken and, if it was of sufficient seriousness, the team would take it on. Cases below this threshold were referred to the Housing Advice Team (Private Sector) or the Tenancy Management Officer (Public Sector). Unlike many other boroughs, Haringey's team dealt with the private sector as well as public sector housing. There were set time scales that applied equally to all cases.

Performance was currently slightly below target. This was due in most part to a large increase in the number of cases.

We noted that, despite the increase in workload, staffing levels had remained the same and were of the view that staffing levels should reflect levels of demand. It was noted that some limited additional resources had been identified. Discussions were also currently being undertaken with Homes for Haringey, who were responsible for 85% of cases referred to the ASBAT. They had agreed to deal with some initial parts of referrals. Although the number of ASB officers had remained the same, the team no longer included Police or voluntary sector members. The Cabinet Member reported that there might be scope for the Police and voluntary sector to be re-introduced as a result of the new MOPAC funding scheme.

We commended the team for their work but felt that consideration may need to be given to amending targets to reflect the fact that the workload had increased whilst resources had remained the same. It was noted that Councillor Bull had submitted some questions in his absence and agreed that there would be circulated directly to him by the ASBAT Team Manager.

We **RECOMMEND** that the ASBAT team be complimented on their work and continuing high level of performance despite the demands on the service and the lack of additional resources.

### 3. MEMBERS ENQUIRES

We received the results of the survey that had recently been undertaken of Members regarding Member enquires and service requests. In addition, they received statistical information regarding the Member enquiries. We noted that the survey showed high a high percentage of Members were unclear about the distinction between Member enquiries and service requests and agreed to recommend that appropriate training should be provided in order to ensure a greater level of awareness.

Panel Members were of the view that progress with service requests should ideally be notified to Members. However, it was noted that the Feedback Team did not have the capacity to deal with this. This was also the case for services, some of which received a very high volume of service requests. This was particularly true of Single Front Line who, along with the Feedback Team, had recently suffered from cuts in staffing resources.

The Cabinet Member reported that an app was being trialled which would allow residents to report issues by mobile phone. This would provide a response. The Feedback team determined whether an issue was either a Member enquiry or a service request. If a Member was not happy with the designation, it could be queried and ultimately could be referred to the Cabinet Member.

We **RECOMMEND**:

That, in order to develop greater clarity and awareness of obligations and expectations, a specific training session for Members on Member enquiries and the distinction between them and service requests be arranged.

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**MINUTES OF THE COMMUNITIES SCRUTINY PANEL  
TUESDAY, 8 JANUARY 2013**

Councillors Adje, Reid and Winskill (Chair)

Apologies Councillor Basu and Bull

**LC19. WELCOME AND APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Basu and Bull.

**LC20. URGENT BUSINESS**

None.

**LC21. DECLARATIONS OF INTEREST**

None.

**LC22. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS**

None.

**LC23. MINUTES**

In respect of Tasers (item LC17; Minutes), the Chair reported that he had not yet been able to speak to the Chair of the Overview and Scrutiny Committee about this as he was currently abroad on holiday. He would be speaking to him on his return.

In reference to decision 2(d). of Item LC18 (Draft Medium Term Financial Plan 2013-16), the Chair stated that he wished to place a greater emphasis on sharing responsibility for the mobile library service with other agencies within the recommendation. In addition the Panel had agreed to add another recommendation in respect of the proposed reduction in support for area forums/committees following its in depth work on this issue. This was as follows:

“That before any decision is made, clarity be provided on how the functions that directly support the work of forums/committees that are undertaken currently by the team to be deleted will continue to provided”

**AGREED:**

1. That, subject to the above mentioned comment in respect of the proposed savings from the deletion of the mobile library service, the minutes of the meeting of 3 December 2012 be approved;
2. That the following additional recommendation be made in respect of the proposed reduction to support for area forums/committees:  
“In view of Haringey’s stated commitment in the last Governance Review to devolving decision making and greater involvement of the communities in the Borough, the Panel is greatly concerned that the possibility has emerged of withdrawing the funding for a significant portion of the support currently available for area forums and committees. It recommends that, before any decision is made, clarity be provided on how the functions that directly support the work of forums/committees that are undertaken currently by the team to be deleted will continue to provided”

**MINUTES OF THE COMMUNITIES SCRUTINY PANEL  
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**LC24. CABINET MEMBERS QUESTIONS - CABINET MEMBER FOR COMMUNITIES**

Councillor Richard Watson, the Cabinet Member for Communities, outlined the main areas of work that were currently taking place within his portfolio.

- The new leisure contract was now operational. After a few initial teething problems, it was proceeding satisfactorily. A meeting had been arranged to receive feedback from users of Tottenham Green leisure centre. Any interested Members were very welcome to attend this. Similar meetings could be held in respect of other centres. The running of Finsbury Park Track and Gym had now also been passed on to an external organisation.
- Plans for the further development of libraries into community hubs were continuing. Consideration was being given to the potential for a range of additional uses. There were no plans to reduce the total number of libraries.
- The final version of the needs assessment for the Gypsy, Roma and Traveller Needs Assessment was almost ready. This would form part of the joint strategic needs assessment for the borough.
- The local policing model was currently being consulted upon by the Mayor's office. As part of this process, the deputy Mayor was due to visit Haringey on 20 February. The public were also welcome to give their views on the issues in question. One particular proposal was that there should only be one Police station that was open 24 hours per day and 7 days per week in each borough. The Police were also looking to reduce back office staff and costs whilst increasing front line resources. The Council had concerns about the proposal for there to only be one Police station that was open 24/7 within the borough.
- A successful exercise had been held in Noel Park ward to reduce crime. As a result of this, anti social behaviour was down by 54% and all notifiable offences by 12%.
- There was still uncertainty concerning funding as the bid for funding from the Mayors Office for Policing and Crime (MOPAC) had yet to be determined. However, more preparatory work had been undertaken by Haringey than any other borough.
- In terms of integration, work was being done to see how partnership working could be further developed to address the issue of gangs.

The Chair reported that the Panel had agreed to look further at issues arising from the leisure procurement exercise and specifically how the community was engaged in procurement exercises. The Cabinet Member felt that the appropriate time to review the engagement that had taken place in order to make recommendations about future exercises would be after the contract had been running for a while. The next meeting of the Panel would probably be too early for this. The Panel agreed to come back to the issue in due course.

In respect of the Community Safety Partnership (CSP), the Cabinet Member stated that work was needed to develop its role. In particular, it needed to be more cohesive.



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He was aware that there had not been a public meeting of the CSP in the last year and it was important that a date for one to be arranged.

The Cabinet Member reported that there was also a potential threat to fire stations. There was a need for pressure to keep facilities within the borough open. At this stage of the meeting, Councillor Adje declared an interest as he was an employee of the London Fire Brigade. The Panel noted any changes to fire services would be subject consultation.

The possibility of applying for European Social Fund money to address crime was raised. The Chief Executive reported that there were often stringent requirements for such funding and the application process could be very labour intensive.

**AGREED:**

That a letter be written on behalf of the Overview and Scrutiny to the London Fire and Emergency Planning Authority expressing concern at possible reductions in fire services covering the borough.

**LC25. CRIME STATISTICS**

Claire Kowalska, Community Safety Manager and Superintendent Mark Wolski, Police Deputy Borough Commander, reported on the latest crime figures for the borough.

It was noted that Haringey that there were a number of factors that could impact on crime figures. These included the comparatively high percentage of young people within Haringey and the high levels of population churn. In addition, the borough had high rates of mental illness, which could present a challenge. There was reason to suspect that the latest census figures for London underestimated the actual numbers. This could impact on crime figures by inflating the crime rate.

The Mayor's office had a target for reducing crime by 20% by 2020. The target was based on reductions in crime of a level that had not been previously seen.

The borough's current crime statistics showed very good progress in a number of areas. For the first time, there had been reductions in violence with injury and acquisitive crime in the winter months. This had also been achieved in the midst of a recession. In addition, there had been a large decrease in motor crime. This was due to a large extent to improved car security. One area of concern was the increase in domestic violence and one theory was that violent crime had been displaced into domestic violence.

It was noted that four of the borough's wards accounted for 40% of crime. All of these were to the east of the borough. The Cabinet Member commented that this showed the error of the proposal to reduce the hours that Tottenham Police station was open.

The Police were challenged by confidence levels locally. Although there were high levels of confidence amongst borough residents in the Police generally, there were significantly lower levels of confidence in the Police locally. How the Police engaged with the community locally was important. This might provide an opportunity to re-invent the service and they was recognised that it could do better.

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In response to a question, Mr Wolski stated that Police resources were deployed according to demand within each ward within the borough on a "pro rata" basis.

The Cabinet Member reported that community safety partners were looking at the issue of engagement generally. There were currently ward panels that focussed on crime. In addition, there were other ward and neighbourhood based bodies that focussed on a range of issues. In addition, population churn needed to be factored in.

It was noted that Haringey had been one of the leading boroughs for gang related violence. However, there had been recent improvements. Some prominent gang members had been imprisoned following the riots in 2012. In addition, interventions appeared to be having an effect. This included a gang exit scheme. There was a multi agency gang action group that co-ordinated action. Partners were looking at early indicators for gang activity. One of these was being a victim of gang crime. This suggested that early intervention was a key issue.

Mr Wolski stated that the reductions in burglary and robbery were no accident. They were the result of knowing who offenders were and targeting them. The figures for violence with injury including domestic violence were not so good. The majority of this figure came from an increase in domestic violence. It was unclear why this had happened. In terms of suspects, many had drug, alcohol and mental health issues. Noel Park ward was the highest contributor to violent crime statistics. It tended to be businesses who were the biggest victims of this.

It was noted that some boroughs had used anti social behaviour orders extensively. However, Haringey had not taken this route and had instead tended to use acceptable behaviour contracts (ABCs) or injunctions. Mr Wolski reported that dispersal orders could be used in exceptional circumstances but this was not taken lightly due to the effect that it had on people's liberties. One had nevertheless been imposed on Ducketts Common but would be reviewed in a months time. In certain circumstances, they could be a useful tool.

Mr Wolski stated that addressing domestic violence was a high priority. In some cases, it could be a murder waiting to happen. It was not just committed by men – two of the top ten offenders in the borough were female.

Concerns were raised at the possible closure and reduction in hours of some police stations within the borough. Mr Wolski stated the Police would prefer to keep two Police stations that were open for 24 hours a day within the borough but it was necessary for the Police to make large budgetary savings. Discussions were nevertheless at an early stage.

The Chair asked if it was possible to provide figures for the number of people who attended local Police stations. Mr Wolski stated that it was possible to provide figures for the last month and agreed to provide them. The Panel were of the view that without accurate statistics on demand, it would be difficult for informed decisions to be made.

The Cabinet Member reported that the political message that Members were receiving was that there would only be one Police station that was open for 24 hours per day for 7 days a week in each borough. The Deputy Mayor had already visited the borough and Haringey's view on this had been clearly communicated to him. He nevertheless

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felt that it might not be possible to convince him of the borough's case. If there was only one 24/7 Police station in Haringey, the likelihood was that this would be in the centre of the borough which was Wood Green. The best case scenario would probably be for a second 24/7 Police station in Haringey, which would probably be in Tottenham. There was also the possibility of some cross border arrangements with neighbouring boroughs. The Panel agreed that this issue would be put on the agenda for the next meeting of the Panel.

The Chief Executive reported that the budget challenge that the Police faced was considerable and it was best to concentrate attention on the areas where there was some scope for success. Regrettably Muswell Hill Police station was not likely to be a high priority. Creative arrangements could be considered to mitigate the loss of facilities such as the use by the Police of churches or tennis clubs. There was a need by the Metropolitan Police to sell buildings. The Cabinet Member reiterated this view. Not all Police stations could be saved and it was therefore best to focus on those which could be. There was also potential for the Police to work out of community hubs in libraries. The issue would be discussed at area forums and he urged all Members to attend these meetings. He agreed to draft a short briefing note to all area committee Chairs about the issues in question.

It was noted that the MOPAC reported to the London Assembly and lobbying of the Members for Enfield and Haringey would be undertaken. In addition, local MPs were also being lobbied.

The Panel noted the Council's position and the budgetary pressures that the Police were under. It was recognised that it was best to concentrate resources on the areas where there was some prospect of success but it was also important that consideration was also given to the west of the borough.

The Chair raised the issue of the recent licensing review of the BG Max night club in Hornsey and requested that the Police provide him with a short briefing note on their position in relation to it and how they intend to enforce the revised licensing conditions.

**AGREED:**

1. That a report be made to a future meeting of the Panel on clear up rates for crime within the borough.
2. That the Police Service be requested to provide attendance figures for Police stations within the borough for the last three months.
3. That, in respect of the proposal to reduce the number of Police stations open for 24 hour per day and 7 days per week within the borough;
  - A letter be sent on behalf of the Overview and Scrutiny Committee to the Mayor's Office for Policing and Crime expressing concern at the proposal; and
  - An update be submitted to the next meeting of the Panel on the issue.

**LC26. COMMUNITY SAFETY PARTNERSHIP - REVIEW**

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Hazel Simmonds, Community Safety Review Manager, reported on the recent review that had been undertaken on the community safety partnership. This had highlighted a number of issues:

- Although community safety was not the top priority for the Council, it was a high priority for the community.
- The partnership did many important and valuable things but was not good at keeping the community informed of them.
- The partnership needed to be better focussed. There were currently too many different and competing plans and too many different meetings.
- A better mutual understanding of the priorities of partners needed to be developed.
- Although the Community Police Consultative Group was to be disbanded, engagement needed to continue and an appropriate mechanism for it needed to be developed.
- Clarity was required on what the core business of the partnership was. Little of what the partnership currently did was funded from core sources and a collective view of what partners felt that the partnership should be doing would help to ensure that resources continued to be available.

A number of actions were planned in response to the review, including an awayday for partners. It was agreed that a timetable for these would be shared with the Panel.

The Panel thanked Ms Simmonds for her presentation. The Panel were of the view that many of the recommendations were timely, particularly the need for greater focus and better mutual appreciation of the specific role of each agency. In addition, it was important that there was clarity on the membership of the partnership and, in particular, the involvement of the voluntary sector. It was noted that HAVCO were now attending meetings.

The Panel requested details on what the partnership was doing to develop greater integrated working amongst partners. The Cabinet Member reported that, although progress had been made, there was still some way to go. There were nevertheless specific areas where it was being developed, such as anti social behaviour. In addition, the MOPAC funding arrangements would encourage greater co-operative working arrangements.

**AGREED:**

That a further report on progress with the review be submitted to the Panel in due course.

**LC27. ANTI SOCIAL BEHAVIOUR**

Mike Bagnall, the Anti Social Behaviour Action Team Manager (ASBAT) reported on the work of the team. He reported that the team took action through the use of the civil courts and this could be useful in acting against anti social behaviour in situations

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where action by the Police through the criminal courts was not possible. The team was now 10 years old. In that time they had trained over 1000 staff on how to take reports on anti social behaviour.

When a case was referred to the team, an assessment was undertaken and, if it was of sufficient seriousness, the team would take it on. Cases below this threshold were referred to the Housing Advice Team (Private Sector) or the Tenancy Management Officer (Public Sector). Unlike many other boroughs, Haringey's team dealt with the private sector as well as public sector housing. There were set time scales that applied equally to all cases. Performance was currently slightly below target. This was due in most part to a large increase in the number of cases. There were a number of remedies that could be used including ASBOs, injunctions and acceptable behaviour contracts (ABCs).

The Panel noted that, despite the increase in workload, staffing levels had remained the same and were of the view that staffing levels should reflect levels of demand. It was noted that some limited additional resources had been identified. Discussions were also currently being undertaken with Homes for Haringey, who were responsible for 85% of cases referred to the ASBAT. They had agreed to deal with some initial parts of referrals. Although the number of ASB officers had remained the same, the team no longer included Police or voluntary sector members. The Cabinet Member reported that there might be scope for the Police and voluntary sector to be re-introduced as a result of the new MOPAC funding scheme.

The Panel commended the team for their work but felt that consideration may need to be given to amending targets to reflect the fact that the workload had increased whilst resources had remained the same. It was noted that Councillor Bull had submitted some questions in his absence and agreed that there would be circulated directly to him by the ASBAT Team Manager.

It was noted that whilst members of the public might not wish to report incidents to the Police, they could be happy to speak to the ASBAT team instead. A judgement was made concerning whether the Police or the ASBAT team were best placed to pursue a particular issue. This depended on the evidence available and how prepared people were to give evidence. Haringey had been measured in its approach to sanctions and had used comparatively few ASBOs. 38 had been issued whilst another 11 were pending. In contrast, Camden had issued over 500.

**AGREED:**

1. That answers to Councillor Bull's questions be circulated; and
2. That the ASBAT team be complimented on their work and continuing high level of performance despite the demands on the service and the lack of additional resources.

**LC28. MEMBERS ENQUIRES**

The Panel received the results of the survey that had recently been undertaken of Members regarding Member enquires and service requests. In addition, they received statistical information regarding the Member enquiries.

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It was noted that the survey showed high a high percentage of Members were unclear about the distinction between Member enquiries and service requests and agreed to recommend that appropriate training should be provided in order to ensure a greater level of awareness.

Panel Members were of the view that progress with service requests should ideally be notified to Members. However, it was noted that the Feedback Team did not have the capacity to deal with this. This was also the case for services, some of which received a very high volume of service requests. This was particularly true of Single Front Line who, along with the Feedback Team, had recently suffered from cuts in staffing resources.

The Cabinet Member reported that an app was being trialled which would allow residents to report issues by mobile phone. This would provide a response. The Feedback team determined whether an issue was either a Member enquiry or a service request. If a Member was not happy with the designation, it could be queried and ultimately could be referred to the Cabinet Member.

The Panel agreed to recommend that a training session be provided for Members on the issue. In addition, Councillor Bull would also be consulted for his views,

**AGREED:**

That, in order to develop greater clarity and awareness of obligations and expectations, a specific training session for Members on Member enquiries and the distinction between them and service requests be arranged.

**LC29. AREA COMMITTEES - IMPLEMENTATION OF GOVERNANCE REVIEW CHANGES**

The Chair reported that two focus groups for Members and, in particular, area committee Chairs, had taken place and a number of useful suggestions for improvement had been made. He proposed that another session be arranged to explore possible ways in which area committees could be developed further.

The Cabinet Member stated that a flexible approach needed to be considered which fitted in with the government's localism agenda. This need not be "one size fits all" model. It was incumbent on all Members to engage with their communities. Engagement was not just about formal meetings. In addition, consideration needed to be given to the reduced resources that the Council had.

**AGREED:**

That a further focus group meeting be arranged to consider possible improvements and developments of area committees.

**LC30. WORK PLAN**

**AGREED:**

That the following issues be added to the work plan:

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- Crime clear up rates;
- The use of teasers:
- Licensing reviews and how communities could challenge applications

**LC31. NEW ITEMS OF URGENT BUSINESS**

None.

**Cllr David Winskill**

**Chair**

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## OVERVIEW AND SCRUTINY COMMITTEE ACTIONS

No.	DATE OF MEETING	ACTION	WHO RESPONSIBLE	RESPONSE
1	17 December 2012	<p><u>Regeneration of Tottenham High Road</u></p> <p>The Committee requested a breakdown of which parts of the High Road were included in the regeneration programme</p>	Councillor Strickland	
2	17 December 2012	<p><u>IT Capital Programme</u></p> <p>Councillor Winskill requested a briefing note outlining projects expected to be funded from the IT Capital pot, with indicative savings that these projects were expected to achieve</p>	Councillor Goldberg	
3	17 December 2012	<p><u>E2 - Communications</u></p> <p>Councillor Winskill requested to know the £30k and £29k savings as a percentage of the overall budget</p>	Assistant Director, Finance	This equates to 4.2% of 13/14 draft budget
4	17 December 2012	<p><u>E3 - Human Resources</u></p> <p>Councillor Winskill requested information on the surveys carried out by LBH HR service for other London Boroughs</p>	Assistant Chief Executive	
5	17 December 2012	<p><u>E7 - Communications</u></p> <p>Councillor Winskill requested to know the savings as a percentage of the overall budget £100k &amp; £100k</p>	Assistant Director, Finance	This equates to 14.1% of 13/14 draft budget
6	17 December 2012	<p><u>E4 - Secretariat</u></p> <p>Councillor Newton asked about the overall manager to staff ratio / span of control data. Stuart Young explained that some benchmarking had been done on this and he</p>	Assistant Chief Executive	

7	17 December 2012	would be happy to provide a short note Councillor Winskill requested details of regional, government and European funds that the authority applied for	Assistant Director, Finance	Officers are working on a response, and this will be provided in writing as soon as possible.
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The Committee requested further information on:

	Update
Line 1 - Growth on the High Road – Tottenham Regeneration	Scheme to improve and regenerate public realm in Tottenham Green, Bruce Grove and local markets
Line 11 - Repair and maintenance of Council buildings	To support planned condition upgrades and health and safety compliance works of property
Line 12 - Accommodation strategy	To support second phase of Accommodation Strategy including further smart working, consolidation of property holdings and release of surplus property.
Line 16 - Bruce Castle	Funding to support a planned bid to Heritage Lottery for a major scheme to renovate and improve this heritage asset.
Line 18 - Hornsey Town Hall	Funding previously agreed by Cabinet to support the renovation of Hornsey Town Hall and allow sustainable use through lease to an anchor tenant.
Line 60 - IT Capital Programme	To invest in specific business IT projects which deliver efficiencies and improved customer service. All projects require a detailed business case to be presented and approved by Corporate IT Board to ensure they meet strategic aims and can deliver demonstrable outcomes.
Line 61 - Alexandra Park & Palace – regeneration	Estimated programme development costs to support a comprehensive regeneration of the whole site during the period 2013-2017 to deliver the stated vision for the Park and Palace and create a viable operating model in the long term.
Line 62 - Alexandra Park & Palace – maintenance	Essential refurbishment of premises and plant to ensure on-going compliance, safety and operability of the site in the short to medium term. This will enable the Palace to continue trading whilst actively pursuing a longer term regeneration solution.