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23 MARCH 2007

To: **The Chair and Members of  
The Overview & Scrutiny Committee**

Dear Member,

**OVERVIEW & SCRUTINY COMMITTEE, 27 MARCH 2007**

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:

**7. EXECUTIVE MEMBER QUESTIONS: EXECUTIVE MEMBER FOR  
CRIME & COMMUNITY SAFETY (PAGES 1 - 6)**

Councillor Nilgun Canver, Executive Member for Crime & Community Safety. Councillor Canver will table a briefing on key issues at the meeting.

**8. EXECUTIVE MEMBER QUESTIONS: EXECUTIVE MEMBER FOR  
ENVIRONMENT & CONSERVATION (PAGES 7 - 16)**

Councillor Brian Haley, Executive Member for Environment & Conservation.

**9. HARINGEY TEACHING PRIMARY CARE TRUST (PAGES 17 - 52)**

Update from the Haringey Teaching Primary Care Trust.

**10. TRANSPORT STRATEGY UPDATE (PAGES 53 - 66)**

(Report of the Assistant Director – Planning & Environmental Control) To update the committee on the progress of implementing the agreed recommendations of the review

**14. MINUTES (PAGES 67 - 72)**

To confirm and sign the minutes of the meeting held on 12 March 2007.

Yours sincerely,

**Jeremy Williams**  
**Principal Committee Co-Ordinator (Non-Executive)**

**Responses to questions for Overview and Scrutiny****Question from Councillor Weber:****QUESTION 1.**

*An "efficiency review" is being conducted into planning enforcement.*

*So that councillors can make an enlightened contribution to this exercise, would she please*

- *set out the circumstances that led to the review being initiated*
- *set out the terms of reference and scope of the review*
- *tell us who has been invited to contribute to the review*
- *confirm whether members of the public and outside bodies will be invited to contribute.*
- *the time frame for the review*
- *how the findings will be reported and to whom*

**Answer**

In response to Councillor Canver's request, an internal performance review of planning enforcement has been agreed. This review fits well with the rolling programme of internal service reviews undertaken by the Policy and Performance Team to ensure that all Councils services are value for money. This is a short review and where possible we will use existing information. We also intend to benchmark with a few other authorities that are like for like and has a reputation of performing well in this area.

The terms of reference and scope of the review have been drafted but are still to be agreed by the Project Board which will meet in April.

Councillor Canver will invite a representative of the Overview and Scrutiny Committee and the Chair of the Planning Applications Sub Committee to sit on this project board and support the process. Several Cllrs. have already been approached to put forward case studies.

It is anticipated that the review will be completed by the end of June 2007.

There will be a final report with recommendations that will be reported to the Executive Advisory Board, Overview and Scrutiny Committee and the Planning Applications Sub Committee, for comments and final contributions.

**QUESTIONS From Councillor Bevan:****QUESTION 2**

*Please can I be advised as to the number of established posts attending to planning enforcement. When did the establishment numbers last change and what was the change implemented. Please may I be advised as to how many*

*of the present established posts are filled with council employees, agency staff or are vacant.*

**ANSWER**

There are currently six posts established for Planning Enforcement. One post is a Team Leader, one is a Monitoring Officer and there are four field Planning Enforcement officers.

The last recorded change on SAP shows that this was changed in April 2005 when two posts were added. One post was to formalise the post for Monitoring Officer and one post was following the release of Planning Delivery Grant (PDG). PDG is currently £70k and has been included in the Enforcement cash limit for 2007/8. The actual cost of a planning enforcement officer with on costs is approximately £40k. Costs arising such as legal support, customer services, training and IT etc are additional to this cost.

There are three posts permanently filled. There are three posts filled by agency staff.

In addition we have recruited an additional 4 supernumerary posts to deliver the final stage in reducing the historic number of planning enforcement cases. One post is filled by secondment, 3 by agency staff. This project is scheduled to complete in June 2007. This project is being funded through projected salary under spend from vacancies.

The agreed future structure of the Enforcement service will provide one Lead Officer for Planning Enforcement, to coordinate planning enforcement activity. We aim to recruit a very senior planner or planning lawyer to this role if possible. The Monitoring officer duties will be merged into the Technical Support function serving the whole business unit. There will be 4 area based Tactical Enforcement Officers (TEOs) primarily delivering planning and public eyesore enforcement, with 4 more specialist TEOs operating within Commercial, Environmental Crime and Housing service groups. These additional TEOs will be working on HMO conversions, empty properties and change of use class issues. TEOs will be experienced enforcement officers but may not be from a planning background.

In addition the new Out of Hours team will be delivering enforcement of planning conditions such as opening hours, and Environmental Crime officers will be enforcing street facing issues such as satellite dishes and advertising hoardings.

**QUESTION 3**

*Please can I be advised if visits to hairdresser's shops are being made by health and safety officers due to the recent concern as to the chemicals being used in this trade, causing the condition DERMATITIS. If visits are being made please advise me as to how many such businesses there are in Haringey and how many have been visited.*

**ANSWER**

Haringey has 77 hairdressing/barbers establishments. We are working to support the HSE Dermatitis campaign and during inspections of hairdressers, methods of preventing dermatitis are discussed and information is provided to businesses. Dermatitis is one of the Health and Safety partnership working areas that we will be focussing on during our 2007/8 workplan.

The Hair and Beauty Industry Authority (HABIA) in partnership with the National Hairdressers' Federation (NHF) are about to launch a guidance document on dermatitis in hairdressing. This booklet has been drawn together by a steering group from the relevant professional and regulating bodies.

**QUESTION 4**

*Please can I be advised as to when SCORES ON THE DOORS will be implemented in Haringey as is done by Hackney. When will the results of the last food hygiene inspection be available on a web site and exhibited on the door or window in each food outlet.*

**ANSWER**

Haringey Council has signed up to the Scores on the Doors pilot scheme for London, which is supported by the Food Standards Agency. The Scores on the Doors scheme is currently supported by 32 of the 33 London Boroughs, with the only exception being Greenwich. Other LA's may choose to opt out of the pilot, if costs increase. Some LA's across the UK and in London already operate similar schemes in-house. These include Hackney, Brent, Southwark and Islington.

The Scores on the Doors Pilot Scheme will operate across the vast majority of London Authorities. It will be in operation from January 2007 until June 2009. The aim is to provide information about the level of compliance with hygiene legislation to consumers in a way that is clear, easy to understand and available at key places of reference points.

The Scheme is planned to go Live on 11<sup>th</sup> June 2007 to coincide with the National Food Safety Week. Food Businesses will be scored following a food hygiene inspection and will receive a star rating for safety. The scores will be hosted on the [www.yourlondon.gov.uk](http://www.yourlondon.gov.uk), in addition the business will receive a certificate which they **may** (not required at present) display at the front of the premises. The website will be fully accessible to the public who may use this information to make informed choices about where to eat/buy food. It is envisaged that the pilot scheme will assist in the improvement of food safety standards in the Borough.

**QUESTIONS From Councillor Newton:**

**QUESTION 5**

*Youth on Youth crime - would she please outline what is being done to tackle the problem, including any measures being taken to help all those involved victim, perpetrator, families, school*

**ANSWER**

Through a partnership arrangement with Victim Support Haringey, we have a worker to provide support to children and young people who are victims of crime. This worker is developing surgeries in secondary schools to provide easier access to this service. The YOS police officers also contact young people who has been a victim of youth crime to provide guidance and support. Plus reparation work and Referral Panels organised by the YOS provide a chance for the victim to let the young offender know what impact the crime has had on them and their lives. Reparation gives the victim a chance to suggest what the young offender could do to 'repair' the harm they have caused.

The Youth Service and YOS both work with young people referred to the ASBAT through a range of programmes – outreach, homework clubs, after school activities being just some examples. And the Children's Fund and On Track programmes also help prevent our children and young people from entering the criminal justice system – one example being the Chess Clubs, where they are taught chess and this is used to see that their behaviour will have an impact on how others behave towards them in response – teaching children that there are consequences to their behaviour is important.

**QUESTION 6**

*Youth re-offending - would she please*

- *tell us what the rates are for youth re-offending in the Borough*
- *provide comparator figures with other boroughs*
- *outline what is being done to tackle youth re-offending rates*

**ANSWER**

The current rate for re-offending in Haringey is 31.9% after one year and 43.4% after two years. We are ranked 24<sup>th</sup> nationally out of 156 Youth Offending Service's, and 11<sup>th</sup> in London out of 32 for this.

The Youth Offending Service is a multi agency service working with children and young people to both prevent them from offending and reduce their ending. The service works to 15 key performance indicators set by the Youth Justice Board and our performance has increased over the past year. Our YOS is 9<sup>th</sup> highest performing YOS in London and second in our family group.

Young people subject to court orders are allocated to an individual worker who assesses the young person to identify the factors which put them at risk

of re-offending. Individual intervention plans are drawn up with them and their parents to prevent them from re-offending. This always includes screening them for substance misuse and may also include referrals to other YOS specialist staff (e.g. Connexions worker, psychologist, teacher etc) or other agencies. These risk factors are the same for offending as for re-offending.

Each young person is expected to complete an element of reparation which often involves working in the local community and generally includes victim awareness work. The YOS runs Weapons Awareness, Anger Management, Driving Awareness, and specific groups according to the needs of the young people currently being referred by the courts.

The YOS also runs an informal fortnightly drop-in for parents and carers, which includes staff from other agencies to attend to give information with regard to drugs, education, health etc. A regular formal 8 week parenting group is also run using the Trust for the Study of Adolescents "Escape" programme.

### **QUESTION 7**

*Youth anti-social behaviour - Given the 1 star unacceptable JAR report on the Youth Service does she not think that the Youth Service should be doing much more to engage with young people and provide activities that they would like throughout the borough, so as to drive down the incidents of anti-social behaviour*

### **ANSWER**

Working closely with the Youth Service, the YOS is able to refer young people to their programmes so that leisure time is more appropriately filled. The Exposure magazine has had some amazing results with some young people who were previously offending and later have gone on to write articles and do presentations at national conferences.

Through the YOS and Police referring young offenders to the Youth Inclusion Project and Positive Futures programme, the Youth Service have been able to get these young people into sporting, music and other activities, and to provide an 'exit' for them after the YOS has completed its work with them.

And of course, the Youth Service has provided school holiday activities, so that these young people with a tendency towards crime and anti-social behaviour are occupied during those holiday periods. The Police are also involved in this work, facilitating workshops on the law, gun/knife crime, stop and search etc. And we have a police officer attached to each of our Secondary Schools to help make the schools and area around them safer for everyone.

The Youth Service work very closely with the Police Safer Neighbourhood Teams and the youth clubs encourage them to visit and play table tennis or pool with the local young people. This helps build better relationships between young people and the Police so that the young people feel more

confident in reporting any crime they have been a victim of/ have witnessed/are aware will be taking place.

There are many other examples where our Youth Service work with young people to prevent their involvement in crime and I will just state a few more examples:

- Football through the Kickz project run with the help of Spurs coaches at both Ferry Lane and White Hart Lane
- Homework clubs at Wood Green library
- The Detached Youth Team is being re-developed and will provide a means of seeking out young people who may be causing concern, to bring them into our youth services.
- Work with Neighbourhood Management on Campsbourne Estate, St Anne's area
- Work with the NDC through the NDC youth mobile bus.
- Targeting those young people not in education, training or employment to provide a Job Club

All the Youth Service programmes are designed to ensure that young people gain some form of recognised accreditation to build self esteem and increase aspirations.

Therefore, as you can see, although we did receive a poor inspection report for our Youth Service, we have already made great strides to improve the facilities that will prevent our children and young people from becoming involved in crime. And you will appreciate just how much of this is done through partnership working!



## **Key Issues Briefing – Executive Member for Environment and Conservation**

### **Streetscene**

#### **Highways**

##### **Key Challenges include:**

- Delivery of demanding work programmes, particularly CPZ
- Recruitment and retention of engineers is proving increasingly difficult as a result many are on an agency basis, a review of the existing structure and recruitment packages is currently underway.
- The Street lighting and Engineering contracts are due for renewal in 2008.
- Improving Resident satisfaction with Roads and Pavements, and Street lighting.
- Maintaining the condition of the network to meet CPA requirements.
- Achievement of road traffic accidents KPI's are challenging.
- Value for money, understanding and demonstrating.
- The finalisation of the Asset Management Plan and addressing key issues as a result.
- Delivery of the Spine Road Project is challenging due to National Grid land and potential contamination issues.
- Delivery of TMA requirements was key requirements finalised, note this is a 'killer' KPI.

#### **Parking**

##### **Key Challenges include:**

- The Parking Review that has been undertaken by the ALG could severely impact on performance by limiting powers particularly with clamping and removal and thus impacting on revenue generation and the ability to invest in services.
- Working closely with Highways and dependency for infrastructure
- Demanding programmes of work, particularly CPZ
- Delivery of Pay and Display programme.
- Complete refurbishment of CCTV control room and extension of network.
- Abandoned Vehicle contract implications if service is terminated.
- Implementation of new parking charges structure, if approved.
- Highly visible service both internally and externally.
- Altering the perception of parking with residents and members.

#### **Waste Management**

##### **Key Challenges include:**

- To improve BV199 score, addressing detritus performance is key issue.
- To reach agreement with Accord that the street cleaning element of the contract is monitored to aligned with BV199
- Development of integrated waste management contract for 2009.
- Delivery of recycling strategy, key initial areas include;
  - Roll out of commingled round 6 goes ahead in April centred mainly in Haringay ward. Further roll-outs to all properties that can receive the service in the next 18 months.

- Introduction of Compostable bags for food waste.
- Integration of external contractor Recycling Team into Waste Management Team
- Homes for Haringey Repair and maintenance contract is currently out for tender, the outcome could affect the provision of fleet to HfH through the integrated Waste Management and Transport Contract.
- Ashley Road : there remains issues with the electrical supply to the main vehicle workshop.
- Further joint working with Enforcement required to address key service areas i.e. dumping.
- Customer Satisfaction to improve scores for Street Cleaning, Recycling and Refuse.
- Value for money, understanding and demonstrating.

**Recreation Services**

**1. Performance**

**1.1** MORI tracked Satisfaction, Use and Improvement showing significant improvement between 2003/4 and 2006/07, for both Sports and Parks Services (See table below).

			<b>London Averages</b>	
	<b>06/07</b>	<b>03/04</b>	<b>Inner</b>	<b>Outer</b>
<b>Sports</b>				
• Satisfaction (very/fairly satisfied)	47%	39%	47%	49%
• Use (at least once a month)	34%	26%	35%	35%
• Improvement (got better)	36%	18%	23%	20%
<b>Parks</b>				
• Satisfaction (very/fairly satisfied)	72%	66%	75%	72%
• Use (at least once a month)	77%	69%	76%	69%
• Improvement (got better)	38%	21%	31%	22%

- Use and Satisfaction on a par with London.
- Rate of improvement has doubled in the last 3 years, and is significantly above the London average.

**1.2** Sports and Leisure user visits are up 6% on target, and 26% up on 2005/6, and meeting the investment borrowing costs.

**1.3** TNS Annual Residents Satisfaction (Good/Excellent) has improved by 5% for Parks (52-57%) and by 9% for sport (34-43%) between 2005/6 and 2006/7

**1.4** Open Space Cleanliness is up 4.5% on target at 84.5, and the service will be switching to the BV199 ENCAMS monitoring of litter and detritus from April 2007.

**1.5** Borough Adult Sports and Physical Activity participation and Volunteering rates are in CPA middle upper quartile at 28.57% and 5.5% respectively.

**1.6** External assessment and recognition is strong, with 7 Green Flags, London in Bloom recognition, maintenance of Quality Assurance accreditation, and Culture Block 3 Star contribution.

## **2. Priorities and Action**

### **2.1 'Making Haringey one of London's Greenest Boroughs' and 'Creating a Better Haringey: cleaner, greener, safer.'**

Our action plan will be drawn together and delivered through the 'Improving the Natural Environment' strand of the 'Greenest Borough Strategy'. Our open space improvement programme will continue to focus on raising standards, renewing infrastructure, and improving access and use. It will be set within a wider public realm and area working focus, and contribute to the Local Area Agreement Implementation. Key projects include:

- Implementing and developing the Groundwork partnership.
- Delivering major open space regeneration projects at Markfield, Chestnuts, Belmont and Lordship Recreation Grounds, with an investment of £4m.
- Developing UDP/PPG Open Space, Play and Sports provision standards.
- Sustaining and improving our renewal and upgrade programme, targeting 8 'Green Flags' with the addition of Finsbury Park in 2007.
- Complete the review of open space staffing and supervision, and establish the 'Parkforce' for Haringey.
- Deliver a £80k Tree Planting programme.

### **2.2 'Encouraging lifetime wellbeing at home, work, play and learning.'**

Developing better facilities, improving access and extending opportunities will drive our improvement programme, with a focus upon increasing sports and physical activity participation, particularly amongst vulnerable communities and young people. Health, volunteering and outcome achievement targets will be closely aligned to both the CPA Cultural Block and Local Area Agreement priorities. Our action plan will be embraced and driven through the wellbeing Strategic Framework, in partnership with Haringey's Teaching Primary Care Trust. Key projects include:

- Maintaining and developing our Youth Sports diversionary/development programme.
- Develop our Healthier Lifestyle programmes in Leisure Centres and Open Spaces.
- Sustain and develop the sports scholarships programme.
- Establish and develop a volunteering programme.
- Contribute to design, access and operation of BSF funded facilities, in developing 6/7 'Active Zones' in the Borough.
- Develop master plan, business plan and funding package (capital and revenue) for White Hart Lane Community Sports Centre.

### **2.3 ‘Delivering excellent, customer focused cost effective services’**

Improving value for money, consultation and customer satisfaction will be our key improvement themes. We will be actively market testing services on both cost and quality, whilst encouraging external assessment of the services that we provide. Projects will include:

- Completing the refurbishment of changing facilities at Park Road Leisure Centre, and plant upgrades at both Tottenham Green and Park Road.
- Complete a detailed review of Recreation Subsidy and Income Policy.
- Implement the preferred leisure Transfer option.
- Prepare to market test our Grounds Maintenance Services.
- Establish an Approved Suppliers list for sports/ development/ coaching.
- Establish a marketing programme, including a specific focus on strengthening our branding.

### **Key Transport Issues**

#### *Rail:*

#### West Anglia Route Development [WARD]

The Council is supporting enhancements to capacity on the West Anglia line from Liverpool Street to Cambridge/Stansted. The TfL document T2025 which sets out the transport projects needed over the next 20 years or so to meet growing employment and housing demands includes the suggested 4-tracking and longer trains. The land has been safeguarded for the 4-tracking. The scheme is supported by North London Strategic Alliance. Enhancements to rail capacity is considered essential for the sustainable development of Stansted Airport particularly as BAA are planning application to expand capacity on the existing single runway and are proposing a second runway [Generation 2] to commence 2013. BAA has completed consultation on the expansion based on the existing runway and are currently consulting on G2.

BAA has indicated that they do not consider WARD to be necessary but that longer trains may be required and offer the possibility of non-stop trains to Stansted from Liverpool Street. However, the impact of the second runway needs to be assessed independently. There is the danger that most of the capacity on the line to Cambridge and Stansted would be taken up by Stansted services rather than local services meeting the needs of local communities especially in regeneration areas such as the Upper Lee Valley and Northumberland Park.

#### *Underground:*

The main issues are the capacity of the Victoria and Piccadilly lines for which during peak periods passengers are standing south of Finsbury Park on the Victoria line and from Wood Green on the Piccadilly line. The PPP would provide some enhancement of capacity but this is unlikely to meet demand in the corridor.

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*Road:*

North Circular Road

TfL Street Management are progressing an environmental and safety scheme for the North Circular Road between Green Lanes and Bounds Green Road, costing about £44m which is due to be completed by 2011. The 4 boroughs in the NLSA have sought much greater investment to reduce congestion and delays on this section as the bottleneck diverts traffic onto inappropriate residential roads off the NCR in Enfield and Haringey. TfL have promised £4m to alleviate the affects of this rat running traffic and we are working with Enfield in developing traffic management/calming proposals. Enfield, Haringey and Barnet supported the Mayor in seeking additional Government funding for a significant enhancement to the NCR.

Although Haringey has supported the Enfield and Barnet in seeking expansion of the capacity of the section of the NCR between Bounds Green and Green Lanes, study work undertaken in 2000 showed that some 30% of the traffic on the NCR has an origin and destination in adjacent boroughs to the NCR with about 30% of trips being less than 10km. There is a risk that enhancing the capacity of the road would encourage orbital and radial car based commuting.

Tottenham Gyratory

TfL are progressing options for the proposed two-way working of the gyratory. No details have been obtained although some property and land take will be necessary. TfL have funding allocated for study work only currently. The overall cost of the scheme is about £51m and design estimated to be complete in 2009.

Related to this is the possible redevelopment of Tottenham Hale for which scheme options are being developed by TfL.

*Growth*

A key challenge is to meet the Borough's regeneration objectives sustainably. This also relates to the Government designated growth areas and the focus on housing growth. Major developments such as at Heartlands and GLS site will place additional pressure on public transport and the road network. Expansion of public transport capacity is likely to be necessary to support such developments without worsening travelling conditions for current users.

## **Better Haringey**

Key priorities / issues 07/08:

### **Greenest Borough Strategy**

In May 2006, following the local election, Members agreed a set of new priorities for the future Better Haringey programme which included the aspiration that Haringey would become the greenest borough in the capital. This overarching, strategic objective will inform and shape the programme of

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work for Better Haringey during the lifetime of this administration. A new programme of separate but related 'green' projects is now being developed and includes:

- Raising resident awareness and involvement
- Improving the Borough's natural environment
- Using our resources more efficiently
- Sustainable construction
- Improving and promoting sustainable transport

The key areas of work, milestones and targets for each of the work-streams are currently being developed and will be agreed by the Better Haringey Members Working Group in April.

### **Green Fair**

A key project for Better Haringey during 2007 will be to produce and stage the first Haringey Green Fair at the end of June. This event will combine the established Better Haringey awards with two days of information, education and entertainment about what the Council is doing to protect and improve the natural environment and how residents can get involved and play their part in reducing the impact of climate change. It is anticipated that around 2,000 residents and school pupils will attend the event at Alexandra Palace.

### **Improving Environmental Services on Homes for Haringey Estates**

A key current priority for Better Haringey is a project aimed at working with Homes for Haringey to improve the quality of cleanliness of housing estates. This piece of work links closely the Better Haringey Estates Improvement Programme ( a £1.4 million investment programme during 2007/8) and includes enhanced grounds maintenance, strengthened enforcement on estates (particularly around tackling dumping and fly-tipping, as well as other anti social behaviour) and improving monitoring and reporting arrangements for the waste management contract.

### **Clean Sweep**

Clean Sweep is a project that brings together a range of front line services across the directorates to tackle cleanliness and grounds maintenance on a rolling programme in each of the neighbourhoods. A key aspect of the project is the involvement of local residents and external partners with the Police, Safer neighbourhood Teams, Community Payback and Registered Social Landlords all playing an active part in the programme of work.

**EXECUTIVE MEMBER QUESTIONS: Councillor Brain Haley**  
**Executive Member for Environment & Conservation**

**From Councillor Newton:**

*1. Stop-and-Shop for Muswell Hill and Crouch End was due to be considered by the Executive on 20 February, would he please*

- set out the reasons for the delay in going to Executive*
- set out the basis for any legal opinions sought in relation to Stop-and-Shop including the reasons why such opinion was necessary*
- provide the Overview and Scrutiny Committee with any legal opinion that was given*

Due to representations that were received, legal advice was sought on the grounds of the objections that were received. This resulted in the delay in completing the report. All objections, with the council's considered response, are contained within the body of the Executive report. As with all statutory processes, any objections received must be duly considered and with this regard our legal department were requested to provide their views on the grounds of the objections. All legal opinion that was given is provided within the body of the report.

*2. Living Streets*

- can he confirm that Haringey is signed up to "Living Streets"*
- in light of this, can he please explain what is being done to promote their aims especially as regards clearing street clutter including the reduction and removal of unnecessary guard railing*

In May 2004 the Audit Commission inspected Streetscene and one of the recommendations of their final report was that the Council develop a design guide to ensure consistency in the appearance of street furniture.

To address this a new Streetscape Manual was adopted to encourage consistency in the appearance of street infrastructure and furniture throughout the borough. Extensive Consultation was carried out on this manual with Members, Council Business Units, Living Streets Haringey, English Heritage, the Metropolitan Police Crime Prevention Design Advisor, Transport for London, London Buses, Haringey London Cycling Campaign, the Mobility Forum, and recognised residents' groups.

One of the responses asked the council to where possible discourage the use of guard rails. The council adopted this, however only in areas where there is no compromise to safety.

Removal of Street Clutter is also supported and adopted. This is evident in the delivery of schemes through many different investment streams

3. Proposed changes to permit charges will produce £575k annually to the Councils budget

- can he provide the basis for how this figure was calculated
- how many vehicles have been estimated within each of the 4 proposed charging bands in each current or proposed CPZ area
- how many second and subsequent permits have been estimated within each current or proposed CPZ area
- how many vehicles will fall within each of the engine size bands for vehicles registered before 23 March 2001

The estimated additional annual income from the review of parking charges, including proposals in relation to permit charging structures is £575,000. This is broken down as follows;

Permit Charges	500
Pay and Display	60
Car Parks	15
<b>Total</b>	<b>575</b>

At present there are approximately 13,500 permits in issue in Haringey, of which an estimated 15% has been attributed to a second or subsequent permit, however the exact composition of those vehicles is unknown. To assist in developing a charging and banding system analysis on the composition of vehicles within Haringey's CPZs was collected by reviewing a sample of the current residential parking permit applications. The information reviewed includes the logbook which contains the date of registration, engine size and emission bands.

The data analysis undertaken suggested more or less a 50 / 50 split between vehicles registered pre March 2001 and those that are banded.

For those that were registered pre March 2001 the breakdown is as follows;

DVLA [pre 2001] Engine size	1549 cc or less	1550 to 3000cc	3001 and above
Haringey %	30.3	66.7	3

Of those where CO<sub>2</sub> banding did apply, the percentage breakdown is as follows;

DVLA bandings	%							Total
	A	B	C	D	E	F	G	
CO <sub>2</sub>	Up to	101-	121-	151-	166-	Over	Over	



emission (g/km)	100	120	150	165	185	185	225	
Haringey analysis	0	7.4	33.3	11.1	11.1	26	11.1	100.0
Haringey banding	1	2		3		4		
% permit holders	0	41%		22%		37%		100%

The proposed change to visitors permits has also been factored into the above estimates.

#### **From Councillor Winskill:**

##### *4. Street banners*

*Following the disclosure in a written Council Question about income from street banners and Haringey's contract with Bay Media, does Cllr Haley feel that a gross income of £17 613 represents good compensation for all the officer time involved in managing the contract, and the negative impact on the borough Streetscene which includes several Conservation Areas?*

Besides the £17,613 income to date (the figure continues to rise) the council has displayed public information messages on 50 sites over the past year at no cost. This is part of the agreement with Bay Media and is designed to help the council to convey information to residents about council services.

The value of these sites, if the council had to pay, is £60,000. Therefore, the council has so far this year benefited from a total of £77,613, made up of cash and value-in-kind of public information media. The officer time involved in contract management is negligible because the system has previously been tried and tested over several years by many other councils.

The banners are considerably more attractive than the scruffy notice boards they replaced.

#### **From Councillor Davies:**

*5. Does the Council currently make any charges for motorcycle parking? What plans does he have to introduce charges for motorcycle parking within the borough, either as part of new or existing CPZs or in any other areas?*

At present the Council does not charge for motorcycle parking. Motorcycles can park in residential and pay & display bays free of charge, but we expect them to park towards the end of the bay leaving sufficient room for a car to also park. The Council has committed to developing a policy on motorcycle

parking, including looking at the environmental impact of larger motorcycles  
parking free of charge.

Haringey 

Teaching Primary Care Trust

Meeting	Date	Agenda Item
PCT Board	28 March 2007	

**Title of paper:** Financial Plan for 2007/08

**Summary:** The attached reports presents a 2007/08 Financial Plan showing the PCT forecasting a surplus of £1,876k at the end of 2007/08, after significant investments in Primary Care, Directly Managed Services and Secondary Care, improvements in efficiency across all services, a 2.5% top-slice by the DoH and the establishment of a substantial risk reserve.

**Fit with:**

Operating Plan Strategic Priorities: Maintaining financial stability

Assurance and governance: Finance Committee

**Implications for:**

Performance and quality: Establishes a financial plan to support the PCT in meeting its statutory financial duties in 2007/08.

Resources/efficiency: Ensures the PCT has a financial plan in place for the appropriate and managed use of financial resources and the achievement of efficiencies through cost savings programmes.

Corporate Risk: Agreeing a financial plan and approval basis for Non-NHS SLAs is required to significantly reduce the risk of failing to meet the PCTs financial duties. Significant risks to the achievement of these duties are also reported.

Legislation: Establishes a financial plan to support the PCT in meeting its statutory financial duties in 2007/08.

**Board action:**

1. Consider the approval of the 2007/08 Financial Plan.
2. Consider the approval of the proposed basis for agreeing Voluntary Sector and Local Authority SLAs for 2007/08.

**Lead Officer information:**

Name: Harry Turner

Position: Director of Finance and Clinical Procurement

Contact details: 020 8442 6794 or Harry.Turner@Haringey.NHS.UK

## Report

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**To:** TPCT Board  
**From:** Director of Finance and Clinical Procurement  
**Date:** 28 March 2007  
**Topic:** Financial Plan for 2007/08

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### 1 Summary

Improved financial management has been a significant achievement of the PCT over the past 2 financial years. At the beginning of 2005/6 we had an underlying deficit of £13.7m. By 2005/06 year-end, through a series of service rationalisation changes and decommissioning, we had reduced the underlying deficit to £4m. After the 2006/07 top slice and other accounting changes we set a financial plan with £1m surplus built in. As the year has progressed this buffer has eroded. Whilst we are still on target to break even at year-end we need to mobilise all of our contingency plans. We plan to commence 2007/08 with a greater financial buffer than 2006/07 to specifically risk manage the volatility of activity cost arrangements under payment by results and the success of our demand management programme under PBC.

The 2007/08 Financial Plan shows the PCT forecasting a surplus of £1,876k at the end of 2007/08, 0.5% of the PCTs recurrent baseline. This is after significant investments in Primary Care, Directly Managed Services and Secondary Care, improvements in efficiency across all services, a 2.5% top-slice by the DoH and the establishment of a 1.0% of recurrent baseline Risk Reserve.

The PCT has been required to make three submissions to NHS London during the 2007/08 planning process, including presentations by PCT Directors to a performance panel. At each stage NHS London has reviewed the plans, requested further supporting information and offered advice. On the basis of this process and the final submission NHS London has given Haringey PCT the lowest level of risk rating for its 2007/08 operating plan, which forms part of the PCTs overall risk assessment. The final Operating Plan submission is attached at Appendix A.

The 2007/08 Financial Plan is presented to the PCT Board for consideration for approval.

## 2 Changes in PCT Income and Expenditure

The table below shows the planned changes in the PCTs Revenue Resource Limit (Income) and Expenditure budgets between 2006/07 and 2007/08:

	<b>£'000s</b>
<b>Income (Revenue Resource Limit) Changes</b>	
Initial Growth Funding	28,866
Reduction in Non-Recurrent Top-Slice	1,450
Return of 2006/07 Non-Recurrent Top-Slice	600
Reduction in Purchaser Parity Adjustment	(720)
Increase in Market Forces Factor Adjustment	(166)
High Cost Area Supplement	(1,355)
Dental Funding Growth	877
National Specialist Commissioning Advisory Group Portfolio Changes	(369)
Removal of 2006/07 Non-Recurrent RRL Adjustments	(1,605)
Other Changes	(21)
<b>Net Increase in RRL from 2006/07 to 2007/08</b>	<b>27,557</b>
<b>Expenditure Budget Changes</b>	
Generic Uplift to Provider and Primary Care Budgets	9,242
Investment in Primary Care (including Dentistry)	3,365
Commissioning Intentions Investments	3,290
FYE of 2006/07 Service Investments plus Other Small Investments	662
2007/08 Service Level Agreements	9,237
18 Week Referral to Treatment Activity from Secondary Care	2,270
Lordship Lane Health Centre	998
Connecting for Health	485
Increase Risk Reserve to 1.0% of Recurrent Baseline	3,596
Primary Care Performance Management	(2,000)
Reduce Growth in Prescribing from DoH Forecast	(1,110)
FYE Demand Management Targets	(1,691)
FYE 2006/07 Cost Savings	(695)
Commissioning a Patient Led NHS Management Cost Savings	(767)
Removal of 2006/07 Non-Recurrent RRL Adjustment Budgets	(1,605)
Other Changes	404
<b>Net Increase in Expenditure Budgets from 2006/07 to 2007/08</b>	<b>25,681</b>
<b>Net Planned 2007/08 Surplus (0.5% of Recurrent Baseline)</b>	<b>1,876</b>

### 3 Efficiency Savings and Demand Management

To allow the PCT to make full use of the growth funding allocated for investment in healthcare services the PCT and the DoH have identified a number of efficiency and Demand Management savings in 2007/08.

The DoH has advised the NHS that it expects provider organisations' costs to increase by 5% in 2007/08 due to generic cost increases, such as pay and non-pay goods and services. The DoH has also advised that PCTs should fund NHS and Non-NHS provider organisations 2.5% for these cost increases, with organisations finding the remaining 2.5% through efficiency savings. This is the equivalent to approximately £5m in efficiency savings for commissioned services.

The PCT's Directly Managed Services will receive the same uplift as other provider organisations, with a similar cost efficiency percentage required. Directly Managed Services will be required to find savings of approximately £1,200k to offset the un-funded cost increases. In addition the PCT is required to make £767k of cost savings in 2007/08 relating to the movement of funding from management functions to front line services in accordance with the DoH paper 'Commissioning a Patient Led NHS'.

The PCT has also set cost savings targets for Primary Care. These are a £1,110k saving on Prescribing Expenditure to offset 4% of the DoH forecast of 8% growth in expenditure for 2007/08, and £2,000k of Primary Care performance management savings.

The PCT has reduced from £5,500k to £4,000k its overall Demand Management target. In 2006/07 the PCT achieved £822k against a planned £2,300k. The target achievement for 2007/08 is £3,178. More information on the Demand Management programme can be found on page 24 of the Operating Plan at Appendix A.

The PCTs Cost Savings Programmes are summarised below:

<b>Cost Saving Scheme</b>	<b>£000s</b>
2.5% Efficiency Savings on Directly Managed Services	1,200
Commissioning a Patient Led NHS Saving	767
4% Reduction in Prescribing Growth	1,110
Primary Care Performance Management	2,000
Demand Management Schemes	3,178
<b>Total Haringey TPCT Cost Savings Programmes</b>	<b>8,255</b>

### 4 NHS and Non-NHS SLAs

For 2007/08, SLA agreements with NHS providers have largely been agreed substantially ahead of the dates experienced in previous years. The PCT now only has one SLA not agreed where the proposal received by the PCT is materially different from that which the PCT would expect to agree, this is with UCLH. The PCT is holding a reserve that covers the risk on this SLA. Most of the other SLAs have either been signed or are very close to being signed and it is expected that all except a very small number will be signed by the start of 2007/08. The SLA agreement process has been resolved more speedily for 2007/08 due to early and consistent national guidance from the DoH and a tightly monitored framework put in place by NHS London.

NHS SLAs have been agreed at levels that the PCT considers sufficient to meet the 18 Week Referral to Treatment target, SLAs also incorporate Demand Management reductions and a generic uplift of 2.5% as advised by the DoH. As detailed above the DoH has advised that provider organisations can expect generic costs to increase by 5%, meaning that providers will need to cover the shortfall in funding of 2.5% by efficiency savings.

In addition to the national framework for agreeing NHS SLAs the DoH has advised PCTs that they should uplift Non-NHS SLAs by 2.5% for generic cost pressures. The PCT proposes to set Non-NHS SLAs (including Local Authority and Voluntary Sector organisations) at 2006/07 outturn levels plus 2.5% for generic cost pressures. The PCT Boards is asked to approve this approach.

## **5 Primary Care Services**

The DoH has advised PCTs that GMS should be uplifted by 1%, Dentistry by 1.5% and Prescribing budgets by 8% for 2007/08. In addition to this the PCT has identified funding of £3,365k to be invested in Primary Care in addition to investment plans outlined in the PCTs Commissioning Intentions. More information on the Primary Care 2007/08 operating plan can be found on pages 17 and 35 of the Operating Plan at Appendix A.

## **6 Directly Managed Services**

In line with other provider organisations the PCT has allocated generic uplift funding to the Directly Managed Services of the PCT of 2.5%. In addition the PCT has set aside £998k for the set-up and running costs of the new Lordship Lane Health Centre and £485k for investment in connecting for health IT systems. Provider services will also be invited to bid for additional funding to provide services outlined in the PCTs Commissioning Intentions. More information on the Provider Services operating plan can be found on page 29 of the Operating Plan at Appendix A.

## **7 Public Consultation**

The PCT held a public consultation meeting on 7<sup>th</sup> March 2007 to present and discuss the draft 2007/08 Operating Framework, which incorporated the draft Financial Plan. The meeting, which was held at the Haringey Civic Centre, was attended by local councillors and members of the public who were particularly interested in the quality and accessibility of Primary Care and the effect on services of Demand Management. The key messages from the consultation were incorporated in the final version of the Operating Framework and Financial Plan.

## **8 Fitness for Purpose Review**

Between July and September of 2006 the PCT undertook a Fitness for Purpose Review with NHS London and McKinseys. The exercise which largely focussed on the PCTs finances reviewed the following areas: Financial Control, Financial Management and the robustness of the PCT underlying financial position. The review was based on an analysis of retrospective and prospective finances and compared the PCTs position with other similar organisations, best practice and benchmarking data.

The main recommendations of the review related to the robustness of Demand Management plans, monitoring the risk around high cost low volume activity and increasing the PCT's risk reserve. These issues have been addressed in the PCTs Financial Plan as follows:

**Demand Management:** For 2007/08 the PCT has developed robust Demand Management finance and activity plans detailed by specialty and organisation and incorporated them into SLA agreements before the start of the financial year, as recommended. The PCT has also identified the Demand Management schemes necessary to achieve the targets and started to implement these.

**High Cost Low Volume Activity (including Special Needs and Continuing Care):** To improve the accuracy of budgeting and reporting of these services the PCT is undertaking a comprehensive review on a patient-by-patient basis of the expected activity for 2007/08. This will be completed shortly and the PCT is holding a significant reserve against this exercise which it expects to more than cover the expected growth in this activity. This will ensure that fully funded and accurate budgets are set for this area of expenditure and that a robust process for monitoring is put in place.

**Risk Reserve:** At the time of the PCT Fitness for Purpose Review the PCT had a risk reserve of £1.1m (0.3% of the 2006/07 Recurrent Revenue Resource Limit). The recommendations of the review were that this should be increase to 1.5% of the PCTs Recurrent Resource Limit. For 2007/08 the PCT has implemented this by planning to make a 0.5% surplus of £1,876k, ie setting expenditure budgets £1,876k less than income budgets, and within the expenditure budgets increasing the risk reserve to £3,752k (1%). This gives the PCT direct flexibility of 1.5% (£5,628k) against variance from plan on income or expenditure in-year without risk to the PCTs ability to meet its statutory break-even financial duty.

## **9 Sensitivity Analysis**

The 2007/08 Financial Plan is based on a number of variables and planning assumptions. The PCT has received confirmation of a number of these assumptions from the DoH including; generic uplifts for provider organisations and primary care, key funding allocations and the 2007/08 funding top slice (2.5%). The following table shows the material risks to the plan and the financial impact they could have, it also shows mitigating reserves and actions that can be taken.



		<b>Range of Uncertainty</b>	<b>Maximum Expected Financial Impact</b>
	<b>Risk</b>	<b>L/M/H</b>	<b>£000s</b>
1.	Additional activity required to meet 18 Week Referral to Treatment Target	Medium	700
2.	1.5% Activity Growth over 2006/07 Outturn	Medium	3,250
3.	50% Slippage on Cost Savings Achievement	Low	2,500
4.	Slippage on Demand Management achievement	Medium	1,800
5.	Final SLA values agreed higher than budgeted	Medium	2,900
6.	Growth in Renal, Critical Care, High Cost Drugs and Devices Expenditure	High	1,930
7.	Move from Residency based charging to GP Registered based charging for Mental Health Services	High	600
	<b>Total Risks</b>		<b>13,680</b>
	<b>Mitigating Actions</b>		
1.	25% Slippage on Investments and Commissioning Intentions	Low	1,400
2.	SLA Reserve to offset higher than planned secondary care activity	Low	3,878
3.	Release of Risk Reserve	Low	3,596
4.	Previous experience of successfully achieving Cost Savings Programmes, 100% achievement attained	Medium	2,500
5.	Achieve break-even duty rather than planned surplus	High	1,876
	<b>Total Mitigating Actions</b>		<b>13,250</b>

## 10 Capital Expenditure

Due to a combination of asset sales and slippage on expenditure the PCT is projected to have surplus Capital Resource Limit in 2006/07. Following a request from NHS London £1.5m has been brokered with them, to be repaid in 2007/08. The PCT expects to carry forward a 2006/07 surplus of £763k, in addition to the brokerage, into 2007/08.

	£'000s
<b>Income</b>	
Carry Forward of Expected 2006/07 Underspend (including Sale of Fortis Green Health Centre)	763
Return of 2006/07 Brokerage	1,500
Operational Capital Allocation	443
'Safeguarding Children and Young People' Funding	150
<b>Total Income</b>	<b>2,856</b>
<b>Expenditure</b>	
Slippage on Minor Capital Expenditure	230
Re-instate LIFT Enabling Fund	1,376
Financial Ledger Upgrade	37
GP IT Investment Balance Outstanding	17
Digital Hearing Aids Balance Outstanding	139
IT Network Infrastructure Improvements at St Ann's	482
'Safeguarding Children and Young People' Expenditure	150
<b>Total Expenditure</b>	<b>2,431</b>
<b>Surplus Capital Funding</b>	<b>425</b>

## 11 Conclusion

This Financial Plan for 2007/08 demonstrates how the PCT is forecasting a surplus of £1,876k at the end of 2007/08, after significant investments in Primary Care, Directly Managed Services and Secondary Care, improvements in efficiency across all services, a 2.5% top-slice by the DoH and the establishing of a substantial risk reserve. The PCT Board is asked to:

1. Consider the approval of the 2007/08 Financial Plan.
2. Approve the setting of Non-NHS SLAs (including Local Authority and Voluntary Sector organisations) at 2006/07 outturn levels plus 2.5% for generic cost pressures.

**Harry Turner**  
**Director of Finance and Clinical Procurement**

# Appendix 1

## PCT Operating Plan 2007/08 Self-Certification

## 1. Declarations and self-certification

<b>The Board is required to confirm that:</b>	
<b>Board processes</b>	<b>Tick</b>
The Board maintains a register of its members' interests, and can specifically confirm that no members of the Board have material conflicts of interest	<input type="checkbox"/>
The Board is satisfied that all Directors are qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability	<input checked="" type="checkbox"/>
A selection process and training programmes are in place to ensure that non-executive directors have appropriate experience and skills	<input checked="" type="checkbox"/>
The decisions taken by the Board comply with its legal duties	<input checked="" type="checkbox"/>
The Board is satisfied that the PCT operates its systems of financial and clinical governance in accordance with recognised good practice for NHS organisations	<input checked="" type="checkbox"/>
<b>Strategy and planning</b>	<b>Tick</b>
The Board is satisfied that the PCT has produced a current strategic plan as required by the PCT Commissioning Regime for London (not applicable in 2007/08)	<input type="checkbox"/>
The strategic plan defines specific strategic goals around the health status of the population, clinical outcomes, and patient experience (including diverse and hard-to-reach groups), which include health improvement and the reduction of health inequalities (not applicable in 2007/08)	<input type="checkbox"/>
Clinicians, patients, the public, and other stakeholders were involved in developing the strategic plan (not applicable in 2007/08)	<input type="checkbox"/>
Appropriately detailed contracts and SLAs have been agreed with providers	<input checked="" type="checkbox"/>
The Board is satisfied that the assumptions used in operational planning are clear, transparent, reasonable, and consistent with the PCT's contracts and SLAs	<input checked="" type="checkbox"/>
<b>Delivery</b>	<b>Tick</b>
The Board is satisfied that the necessary planning, performance management, and risk management processes are in place to deliver the operating plan	<input checked="" type="checkbox"/>
The management team has the capability and experience necessary to deliver the operating plan	<input checked="" type="checkbox"/>
The PCT has processes in place to ensure appropriate management and staff are recruited to discharge the PCT's functions	<input checked="" type="checkbox"/>
The PCT has processes in place to ensure management and staff are adequately trained, developed, held to account, and incentivised to deliver against the PCT's objectives	<input checked="" type="checkbox"/>
The PCT's information systems are suitable for fulfilling its financial and clinical needs and the information is used for performance management	<input checked="" type="checkbox"/>
<b>Financial governance</b>	<b>Tick</b>
The Board is satisfied that the PCT has effective financial accounting and reporting arrangements, providing accurate, timely, 'true and fair' accounts and reports	<input checked="" type="checkbox"/>
The PCT manages its significant financial risks effectively, with a Board-approved risk management strategy (using the format recommended by the Department of Health) and internal audit function	<input checked="" type="checkbox"/>
The PCT has arrangements to ensure probity and propriety in the conduct of its business, including a register of interests, a counter-fraud and corruption policy, and a complaints procedure	<input checked="" type="checkbox"/>
The PCT's information systems are suitable for fulfilling its financial and clinical needs and the information is	<input checked="" type="checkbox"/>

used for performance management	
<b>Clinical governance</b>	<b>Tick</b>
The Board is satisfied that, to the best of its knowledge and using its own processes (supported by Healthcare Commission metrics and including any further metrics it chooses to adopt), the PCT has and will keep in place effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.	<input checked="" type="checkbox"/>
The Board is satisfied that plans are in place to ensure that all relevant national core standards and targets can be met going forwards [see table in Section 2]	<input checked="" type="checkbox"/>
The PCT has effective processes for monitoring (in qualitative and quantitative terms) the experience of the full range of patients and other users of services provided by the PCT	<input checked="" type="checkbox"/>
The PCT has effective processes for monitoring (in qualitative and quantitative terms) the experience of the full spectrum of patients and other users of services commissioned by the PCT (including primary care)	<input type="checkbox"/>
The PCT effectively monitors and manages (a) the clinical and public health outcomes of its own provider arm, with clearly tracked, owned and understood metrics and a system of intervention; and (b) that its provider clinicians are appropriately qualified and trained	<input type="checkbox"/>
A broad cross-section of practices are involved in the work of the PCT, including being represented on PECs, participating in designing care pathways, and reviewing provider data	<input checked="" type="checkbox"/>
The PCT is achieving its targets as set out in the Local Area Agreement	<input checked="" type="checkbox"/>
<b>Relationship management</b>	<b>Tick</b>
The PCT engages effectively with local authorities and a wide range of other partners to provide coordinated health and social care	<input checked="" type="checkbox"/>
The PCT has complied with major NHS London and Department of Health initiatives and requirements in the past year, including Serious Untoward Incident notification	<input checked="" type="checkbox"/>
The PCT has responded appropriately, in a timely manner, to all major regulators and audit reports	<input checked="" type="checkbox"/>
The PCT has robust and constructive relationships with all its providers	<input checked="" type="checkbox"/>
The PCT obtains and understands input from a representative, broad group of patients through a public patient involvement strategy	<input checked="" type="checkbox"/>
<b>Emergency planning</b>	<b>Tick</b>
The Board is satisfied that the emergency preparedness function is appropriately governed and managed in accordance with NHS guidance	<input checked="" type="checkbox"/>
The Board is satisfied that sufficient resources have been identified for the emergency preparedness function planning, and that these are in place	<input checked="" type="checkbox"/>
An up-to-date Major Incident Plan is in place containing all elements required by the NHS Emergency Planning Guidance (e.g., consultation with major partners)	<input checked="" type="checkbox"/>
Emergency preparedness is supported by appropriate exercises, training and testing	<input checked="" type="checkbox"/>
<b>Overall compliance</b>	<b>Tick</b>
The Board will ensure that the PCT remains at all times compliant with its statutory duties and operates within the parameters set by NHS London and the Department of Health	<input checked="" type="checkbox"/>
The Board has considered all likely future risks to the PCT's compliance with its statutory duties and these parameters, their probability of occurring and potential severity, and the plans for mitigating them	<input checked="" type="checkbox"/>
The Board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance	<input checked="" type="checkbox"/>

<b>Signed on behalf of the Board</b>	
<b>Chief Executive and Accountable Officer</b>	<b>Chair</b>
Tracey Baldwin	Richard Sumray
<b>PCT name</b>	
Haringey Teaching Primary Care Trust	

## 2. National core standards and targets

### 2.1. Existing national targets in 2006/07

The Board must confirm that the levels of service set through the 2003-06 planning round are being maintained by the PCT. These are considered the basics of what organisations should be doing.

The table below shows the existing national targets for PCTs.

Target
Access to a primary care professional within 24 hours and to a primary care doctor within 48 hours
Maximum waiting time of one month from diagnosis to treatment for all cancers
Maximum waiting time of two months from urgent referral to treatment for all cancers
Maximum waiting time of two weeks to first outpatient appointment for all urgent suspected cancer referrals
All ambulance trusts to respond to 95% of category A calls within 19 minutes
All ambulance trusts to respond to 75% of category A calls within 8 minutes
All ambulance trusts to respond to 95% of category B calls within 19 minutes
Access to crisis services and comprehensive child and adolescent mental health service for all who need them
All hospital appointments booked for patient convenience, with patients able to choose from at least four different health care providers for planned hospital care paid for by the NHS
Minimal level of delayed transfers of care
Minimum of 80% of people with diabetes offered screening for early detection (and treatment if needed) of diabetic retinopathy (with 100% by 2007)
Maximum wait of 26 weeks for inpatients
Maximum wait of 13 weeks for an outpatient appointment
Maximum wait of three months for revascularisation
Practice-based registers updated so patients with coronary heart disease and diabetes receive appropriate advice and treatment in line with national service frameworks; practice-based registers and systematic treatment regimes – including appropriate advice on diet, physical activity, and smoking – cover the majority of patients at high risk of coronary heart disease, particularly those with hypertension, diabetes, and a BMI greater than 30
Ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help
Maximum four hours wait in A&E from arrival to admission, transfer, or discharge

## 2.2. New national targets in 2006/07

The Board must confirm that the PCT has plans in place to ensure that the new national targets can be met going forwards. These targets cover what PCTs are required to do to demonstrate they are developing and sustaining improvement.

The table below shows the new national targets for PCTs.

Target
Reduce the under-18 conception rate by 50% by 2010, including by guaranteeing access to a genito-urinary medicine (GUM) clinic within 48 hours of referral
Reduce mortality rates from heart disease and stroke by at least 40% in people under 75, with a 40% reduction in inequality between the bottom fifth of areas and the population as a whole, by 2010
Reduce mortality rates from cancer by at least 20% in people under 75 by 2010, and reduce inequalities by 6%
Halt year-on-year rise in obesity among children under 11 by 2010
Reduce mortality rates by 2010 from suicide and undetermined injury by at least 20%
Increase the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care by 2008
Offer a personal care plan for vulnerable people most at risk and reduce emergency bed days by 5% by 2008
Ensure nobody waits more than 18 weeks from GP referral to hospital treatment
Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth
Increase the participation of problem drug users in treatment programmes by 100% by 2008 and increase year-on-year the proportion of users successfully sustaining or completing treatment programmes
Ensure individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys
Reduce adult smoking rates to 21% or less by 2010, with a reduction in prevalence among routine and manual groups to 26% or less
Achieve year-on-year reductions in MRSA levels, expanding to cover other healthcare associated infections



## Appendix 2

# PCT Operating Plan 2007/08 Commentary Template

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*Note: This document lays out all commentary and finance and activity data that should be submitted in the 2007/08 Operating Plan. However, for efficiency, we would recommend that only commentary is included in this document, with additional finance and activity data included as an annex (drawn directly from the Excel templates in Appendix 3).*

PCT details

<b>PCT name</b>
Haringey Teaching PCT
<b>Key contact at PCT (name, contact details)</b>
Harry Turner Director of Finance and Clinical Procurement <a href="mailto:harry.turner@haringey.nhs.uk">harry.turner@haringey.nhs.uk</a> 0208 442 6794
<b>Operating Plan date</b>
March 2007

## 1 Past Year Performance

### 1.1 Chief Executive's summary of the year

#### 2006/7 Key highlights

2006/7 has been a challenging but positive year for Haringey TPCT. Key highlights to note are:

- A significant improvement in the TPCT's underlying financial position. This as a result of a rigorous financial control, a successful cost improvement programme including robust performance management of primary care providers, decommissioning of some services and PBC/demand management beginning to bear fruit.
- Our Fit for purpose review in the summer resulted in the TPCT being rated amber for finance, green on strategy and relationship management and amber on governance and emergency planning. In the diagnostic review the TPCT scored above 'the middle line' on all four areas. The following is a quote from the SHA letter following our B2B meeting,
 

"We were impressed by your strategic view for the PCT for the short to medium term with a clear emphasis on local health needs at the heart of your service planning, at the same time as a firm commitment to deliver financial balance. Your strategy was articulated clearly and coherently."
- Realignment of the TPCT's clinical and management leadership structures to ensure the TPCT is well placed to respond to the challenges of Commissioning a patient led NHS and to implement the lessons from our Fit for Purpose review.
- Practice Based Commissioning bedding in well, although we want to see the pace accelerate during 2007/8.
- Strengthened commissioning of primary care with a much stronger emphasis on performance management.
- Progress on key performance areas including ongoing improvement against the key indicators of health status of the population e.g. improving death rates from Cardiovascular disease and Cancer. We have also seen improvement with declining Gonorrhoea rates for the population. In 2005/6 the TPCT met its three year smoking cessation target for 4 week smoking quitters. This was a substantial achievement given that in both years one and two the TPCT underperformed against this target. The TPCT's 2005/6 rating was FAIR for both quality of service and resource management. Improving this rating for 2006/7 and 2007/8 is a key priority.
- In addition we have taken forward a number of service improvement initiatives in line with TPCT and partnership priorities, as set out below.

### Financial forecast

- We are currently forecasting a breakeven position for 2006/07, including achievement of the (revised) cost improvement programme for the year. We aim to have reduced to zero the underlying deficit by year end, which was £13.7m and rising at the end of 2004/05. This sets up a healthy position for entering 2007/08.
- During 2006/07, a 3% topslice and other deductions from the growth allocation left us with a net addition equivalent to 4.6% of the recurrent baseline. Inflation was set at 4% for NHS services, and with additional secondary care activity equivalent to a further 0.8%, and buyout of a recurrent deficit of 1.3%, we needed a divestment policy to ensure breakeven for the year. This policy was approved by the Board in May, and has been successfully implemented. It involved some internal restructuring, slippage on some proposed investments, tough performance management of primary care and the acceleration of demand management schemes targeted at diverting secondary care activity back to primary and community care. We also planned a £1m contingency reserve over and above our commissioning reserve to protect the overall budget from unexpected costs and invoices.

### Performance

- We intend to achieve the top seven national priorities from the 2006/07 Operating Framework, although the Choose and Book target remains a challenge, in particular booking into IBS providers and sustainability of practice booking.
- As we move into Quarter 4 performance has been on track during the year to achieve the Cancer 31 and 62 day waits, 18 week RTT indicators, smoking cessation, GUM 48 hour access and A&E targets. MRSA performance at our main providers has been reasonable through the year, although NMUH will have to reduce the number of cases in Q4 to achieve the target. The GUM target which we were on line to meet, but now will be more of a challenge in Q4 following changes in booking practices. During this period the service will also be undergoing some building work to support additional clinical capacity. In order to achieve the smoking cessation target we have devised a new scheme whereby providers can bid for blocks of quitters which will guarantee number of quitters in advance.
- We commission a breast screening service from Barnet and Chase Farm Trust (B&CF), together with a number of other PCTs. There is a significant decline in breast screening rates due to continued problems with delivery by the North London Breast Screening Service (NLBSS). This has been experiencing significant difficulties due to quality control, management/ staffing issues and recurrent SUIs. Despite development of action plans to respond to SUIs and the quality assessment visit, sufficient progress has not been made.

A further recent SUI in December 2006 has resulted in the PCT's formally requesting the national breast screening QA team to evaluate the service. Their visit resulted in an immediate cessation of delivery of breast screening from that service. We are currently awaiting the QA teams report. However in the meanwhile alternative providers are currently being urgently sought. As a result of this service suspension, we expect to fail the breast screening targets but moreover remain very concerned about the lack of screening available to our Haringey women.

- There has been difficulty in achieving the target for retinal screening within Haringey due to a slower than expected transition to the new model of provision in line with national standards from the historical mix of screening in the past. In response to this the TPCT is tendering out the service to potential bidders for April 2007, specifying the quality and quantity of service required including managing call and recall systems as well as the provision of screening and reading of images. In the meantime a separate agreement has been reached with NMUHT to tackle the backlog and achieve the target for 2006/7.
- The TPCT is in the top quartile of performance for 3 out of the 4 top key clinical indicators that the NHS institute monitor the 303 PCT's nationally, namely emergency admissions, elective surgery rates and prescribing. By the end of Q4 we expect to out perform all other London PCT's for prescribing rates. We are in the bottom quartile for the 4<sup>th</sup> clinical indicator – out patient referrals - but have improved our position from Q1 to Q2 by 10% and continue to focus on this area through PBC and demand management work streams.

#### **Provider reconfiguration.**

We have been working on 2 major provider reorganisations in 2006/7, namely the Barnet, Enfield and Haringey (BEH) clinical strategy and commissioning our community based children's services from Great Ormond Street (GOS) rather than from our own provider side.

- The BEH strategy is currently in the pre-consultation phase with formal consultation scheduled to begin in May 07. In essence the strategy is about moving health services closer to people's homes and so means more services will be developed locally; as a result the current configuration of acute hospitals in the North of the 3 boroughs will change.
- In relation to children's services GOS already provide community paediatric services to Haringey residents (i.e. those provided by paediatric medical staff) as part of the North London Children's Partnership for Health. We are now exploring the option of transferring all community based child health services to GOS. The Board will make a final decision in the summer. If a move is agreed services would be provided by GOS from April 2008.
- HTPCT and EPCT have been working with the North Middlesex Hospital to improve the effectiveness of the walk in centre, which is both situated on and managed by, the

hospital. As a result we agreed to jointly tender for a new provider in 2006/7. Following a formal tender process a preferred provider has been selected (ChilversMcCrea Healthcare). Handover took place in Feb 2007.

**Service level improvements**

- In 2006 we have developed a local enhanced service for mental health in primary care to promote improved standards in the management of mental health across all primary care providers and support improved interfaces with secondary mental health services. This was a key priority for the PCT and despite pressures to reduce service developments to an absolute minimum for 2006/7, this service development remained firmly in place.
- A range of developments under the PBC / demand management umbrella have been taken forward to improve local access to services and streamline care pathways including: musculo-skeletal clinical assessment and triage, primary care anti-coagulation service and community matrons / case managers for older people and people with sickle cell disease.
- 'Health in Mind' project, developed in partnership with Haringey Council and funded through neighbourhood renewal funding, to increase initiation and maintenance of physical activity for people living in the three most deprived Super Output Areas (SOA) in Haringey. Participants will also receive advice on related health matters through a rolling education programme and have a direct referral pathway to community based healthy eating programmes. The scheme includes specific support for people with mental health needs recognising their increased risk of chronic physical illness.





# Appendix 3

## Financial and Activity Template

## Introduction

This document provides the financial and activity templates which PCTs should complete as part of their Operating Plan for 2007/08.

## Instructions

Further detailed instructions for the completion of these templates will be provided following consultation with a number of PCT Finance Directors. Comments are provided on the various worksheets to aid in

### Sheet descriptions

**Summary financial forecast** - this sheet is used to provide an overview of the current and future financial position of the PCT and is critical to the evaluation of financial risk rating of the PCT.

**Cash position overview** - this sheet is used to provide a brief overview of the cash position of the PCT; this information is not used in the risk rating of the PCT.

**Secondary care** - this sheet is used to provide an overview of the levels of activity that are being commissioned by the PCT from acute care; it also allows evaluation of the impact of demand management

**Commissioning efficiency plans** - this sheet is used to provide details of demand management initiatives (across all settings of care), together with their estimated financial impact.

**CIPs and turnaround** - this sheet is used to provide an overview of the impact of cost improvement programmes and turnaround plans.

**07 08 Operating Plan exhibit** - this sheet is used to provide input to the exhibits within the 2007/08 operating plan and is mostly a direct summary of the blue tabbed sheets, but requires some information to be directly

### Cell colour coding

PCTs **must** complete all pale yellow shaded cells in the template - they are the only unprotected cells.

White cells contain information calculated by the template

Results of check cells are shown in **red** where there is misalignment between inputs and should be corrected prior to submission

### Generic instructions

All financial figures should be entered in £'000

Please ensure all costs are entered as negative numbers to March 2007

## Summary financial forecast

The figures you enter in this sheet will automatically populate the 2007/08 Operating Plan exhibit worksheet  
Please ensure all costs are input as negative numbers

£'000	Plan 2006/07	Forecast* 2006/07	Forecast 2007/08
<b>Income</b>			
Recurrent revenue allocation	363789	362911	390539
Non-recurrent revenue allocation	-25642	-22172	-23091
Other income (excluding income from provider activities)	136988	136988	140413
<b>Total income</b>	<b>475135</b>	<b>477727</b>	<b>507861</b>
<b>Expenses</b>			
<b>Commissioning activities:</b>			
Primary care - GPs, prison healthcare, dentistry, and optometry:			
GP	-37292	-27700	-29312
Prescribing	-27905	-28854	-30029
Other	-14628	-21822	-23424
Community and intermediate services	-27491	-25953	-30292
	-79447	-80383	-88611
Mental health commissioning, pooled arrangements or jointly funded commissioning			
Secondary care			
Provided under PbR			
Inpatient elective	-11117	-11220	-13150
Day care elective	-8584	-9478	-9460
Inpatient non-elective	-30915	-31641	-33906
Outpatient	-9663	-10169	-9935
Provided at local prices	-4749	-5007	-5924
Provided by third sector/not-for-profits		0	0
Provided by independent sector		0	0
A&E	-4411	-4428	-4916
Other	-47005	-48337	-50806
Ambulance services	-5471	-5543	-5772
Tertiary and specialist commissioning	-157107	-158231	-161318
<b>Total cost of commissioned services</b>	<b>-465785</b>	<b>-468766</b>	<b>-496855</b>
<b>Provider Activities:</b>			
Pay expenditure	-27509	-26819	-26897
Non-pay expenditure	-17237	-12981	-13929
Less - provider income	44746	39800	40826
<b>Net provider costs</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other costs</b>			
Other pay expenditure	-6507	-6183	-6201
Other non-pay expenditure	-2241	-2184	-2180
Depreciation and amortisation	-602	-594	-749
Exceptional items	0	0	0
<b>Total cost</b>	<b>-475135</b>	<b>-477727</b>	<b>-505985</b>
<b>PCT surplus/deficit in year</b>	<b>0</b>	<b>0</b>	<b>1876</b>
<b>PCT normalised position (excluding exceptional items)</b>	<b>0</b>	<b>0</b>	<b>1876</b>

## Cash position overview

This worksheet requests a brief overview of the PCT's cash position

£'000

**Forecast cash limit 2007/08**

Return of 2006/07 loan (-ve) / deposit (+ve)

Forecast 2007/08 loan (+ve) / deposit (-ve) requirements

**Total (Forecast cash utilisation)**

366848
0
0
<b>366848</b>

## Secondary care commissioning activity

This worksheet requests the PCT's secondary activity and cost forecasts. Note that this should reflect the PCT's best information about levels of activity. Please ensure all activity reductions are input as negative numbers. Please ensure all costs are input as negative numbers (cost savings will then appear as positive numbers).

£'000

Spells, or attendances as appropriate

These baseline figures represent what would occur should you not have any demand management initiatives from 07/08

This is the 'in-year' reduction in activity due to demand management that needs to be entered by PCT

### Baseline Demand Forecast (excluding all demand management in 06/07, 07/08 and 08/09)

	Forecast			
	2006/07	2007/08	2008/09	2009/10
<b>Total Yearly Activity</b>				
Inpatient elective	5368	5518	6073	
Day case	14449	14899	15378	
Inpatient non-elective	17350	17990	25899	
Outpatient (new and follow-up)	66708	70446	75697	
A&E attendances	61818	63818	57912	
<b>Cost</b>				
Inpatient elective	-11335	-11764	-13170	
Day case	-8740	-9094	-9600	
Inpatient non-elective	-31941	-33520	-49187	
Outpatient (new and follow-up)	-10535	-10933	-11616	
A&E attendances	-4469	-4600	-4276	
Other secondary costs	-53260	-54024	-57775	
<b>Total costs</b>	<b>(120,280)</b>	<b>(123,965)</b>	<b>(145,623)</b>	

Total cost savings (before implementation cost)

### Impact of demand management (savings)

	Forecast			
	2006/07	2007/08	2008/09	2009/10
<b>Total Yearly Activity</b>				
Inpatient elective	-30	-11	-34	
Day case	-37	-13	-42	
Inpatient non-elective	-354	-126	-401	
Outpatient (new and follow-up)	-5448	-1940	-6175	
A&E attendances				
<b>Cost</b>				
Inpatient elective	72	26	-58	
Day case	43	15	92	
Inpatient non-elective	621	221	14814	
Outpatient (new and follow-up)	745	265	1222	
A&E attendances	0	0	-574	
Other secondary costs	828	295	635	
<b>Total cost savings</b>	<b>2,309</b>	<b>822</b>	<b>16,130</b>	

### Net Demand Forecast (including all demand management)

	Forecast			
	2006/07	2007/08	2008/09	2009/10
<b>Total Yearly Activity</b>				
Inpatient elective	5338	5507	6039	
Day case	14412	14886	15336	
Inpatient non-elective	16996	17864	25498	
Outpatient (new and follow-up)	61260	68506	69522	
A&E attendances	61818	63818	57912	
<b>Cost</b>				
Inpatient elective	-11263	-11768	-13228	
Day case	-8697	-9079	-9508	
Inpatient non-elective	-31320	-33299	-49473	
Outpatient (new and follow-up)	-9790	-10668	-10394	
A&E attendances	-4469	-4600	-4850	
Other secondary costs	-52432	-53729	-57140	
<b>Total costs</b>	<b>(117,971)</b>	<b>(123,143)</b>	<b>(129,493)</b>	

Net cost

This is the gross cost impact of demand management (i.e. excluding implementation costs)

## Secondary care commissioning activity

This worksheet requests the PCT's secondary activity and cost forecasts. Note that this should reflect the PCT's best information about levels of activity. Please ensure all activity reductions are input as negative numbers. Please ensure all costs are input as negative numbers (cost savings will then appear as positive numbers).

£'000

Spells, or attendances as appropriate

These baseline figures represent what would occur should you not have any demand management initiatives from 07/08

This is the 'in-year' reduction in activity due to demand management that needs to be entered by PCT

### Baseline Demand Forecast (excluding all demand management in 06/07, 07/08 and 08/09)

	Forecast			
	2006/07	2007/08	2008/09	2009/10
Plan	5368	5518	6073	
Inpatient elective	14449	14899	15378	
Day case	17350	17990	25899	
Inpatient non-elective	66708	70446	75697	
Outpatient (new and follow-up)	61818	63818	57912	
A&E attendances				

### Cost

Inpatient elective	-11335	-11794	-13170	
Day case	-8740	-9094	-9600	
Inpatient non-elective	-31941	-33520	-49187	
Outpatient (new and follow-up)	-10535	-10933	-11616	
A&E attendances	-4469	-4600	-4276	
Other secondary costs	-53260	-54024	-57775	
<b>Total costs</b>	<b>(120,280)</b>	<b>(123,965)</b>	<b>(145,623)</b>	

Total cost savings  
(before implementation cost)

### Impact of demand management (savings)

	Forecast			
	2006/07	2007/08	2008/09	2009/10
Plan	-30	-11	-34	
Inpatient elective	-37	-13	-42	
Day case	-354	-126	-401	
Inpatient non-elective	-5448	-1940	-6175	
Outpatient (new and follow-up)				
A&E attendances				

Inpatient elective	72	26	-58	
Day case	43	15	92	
Inpatient non-elective	621	221	14814	
Outpatient (new and follow-up)	745	265	1222	
A&E attendances	0	0	-574	
Other secondary costs	828	295	635	
<b>Total savings</b>	<b>2,309</b>	<b>822</b>	<b>16,130</b>	

### Net Demand Forecast (including all demand management)

	Plan		Forecast	
	2006/07	2007/08	2008/09	2009/10
Plan	5338	5507	6039	
Inpatient elective	14412	14886	15336	
Day case	16996	17864	25498	
Inpatient non-elective	61260	68506	69522	
Outpatient (new and follow-up)	61818	63818	57912	
A&E attendances				

Inpatient elective	-11263	-11768	-13228	
Day case	-8697	-9079	-9508	
Inpatient non-elective	-31320	-33299	-49373	
Outpatient (new and follow-up)	-9790	-10668	-10394	
A&E attendances	-4469	-4600	-4850	
Other secondary costs	-52432	-53729	-57140	
<b>Net cost</b>	<b>(117,971)</b>	<b>(123,143)</b>	<b>(129,493)</b>	

This is the gross cost impact of demand management (i.e. excluding implementation costs)

## Commissioning efficiency plans

(e.g., demand management and prescribing efficiencies)

The figures you enter in this sheet will automatically populate the 2007/08 Operating Plan exhibit worksheet

Please ensure all costs are input as negative numbers

Please ensure savings are input as positive numbers

£'000

Item	Description of initiative	Gross forecast savings		Implementation Costs		Net forecast savings	
		Plan 2006/07	Forecast 2007/08	Plan 2006/07	Forecast 2007/08	Plan 2006/07	Forecast 2007/08
Initiative 1 [please specify]	Demand Management	2309	822			1936	449
Initiative 2 [please specify]	Mental Health Modernisation	300	300			300	300
Initiative 3 [please specify]	Bowman House dis-investment	631	631			631	631
Initiative 4 [please specify]	Referral Guidelines for Second	500	500			500	500
Initiative 5 [please specify]	Supporting People Reduction	300	300			300	300
Initiative 6 [please specify]	Eligibility threshold for continui	200	200			200	200
Initiative 7 [please specify]						0	0
Initiative 8 [please specify]						0	0
Initiative 9 [please specify]						0	0
Initiative 10 [please specify]						0	0
Other initiatives						0	0
<b>Total</b>		<b>4240</b>	<b>2753</b>	<b>-373</b>	<b>-268</b>	<b>3667</b>	<b>2380</b>
			<b>3178</b>				<b>2910</b>

## CIPs and turnaround plans

The figures you enter in this sheet will automatically populate the 2007/08 Operating Plan exhibit worksheet  
 Please ensure all costs are input as negative numbers  
 Please ensure savings are input as positive numbers  
 £'000

Item	Description of initiative	Gross forecast savings				Implementation Costs				Net forecast savings						
		Plan	Forecast	2007/08	2008/09	2009/10	Plan	Forecast	2007/08	2008/09	2009/10	Plan	Forecast	2007/08	2008/09	2009/10
Initiative 1 [please specify]	Directly Managed Services 2.59	751	751	1212							751	751	1212			
Initiative 2 [please specify]	Commissioning a Patient Led N	224	224	767							224	203	597			
Initiative 3 [please specify]	Reduction in Community Service	1632	1632	0							1632	1552	0			
Initiative 4 [please specify]	Reduction in Corporate Budget	1121	1351	0							1121	1301	0			
Initiative 5 [please specify]	Reduction in Pharmacy Contract	360	360	0							360	360	0			
Initiative 6 [please specify]	Primary Care Performance Mgt	1098	1098	2000							1098	1098	2000			
Initiative 7 [please specify]	Reduction in Enhanced Service	500	500	0							500	500	0			
Initiative 8 [please specify]	Reduce Growth in Prescribing E	0	0	1110							0	0	1110			
Initiative 9 [please specify]	Estates Disposal		2050	0							0	2050	0			
Initiative 10 [please specify]	Slippage on Primary Care Premises into 0		600	0							0	600	0			
Other initiatives		808	1331	0							808	1331	0			
<b>Total</b>		<b>6494</b>	<b>9897</b>	<b>5089</b>	<b>0</b>	<b>-151</b>	<b>-170</b>				<b>6494</b>	<b>9746</b>	<b>4919</b>			



## Financial template exhibits for 2007/08 Operating Plan

Summary of financial performance: comparison between planned and actual performance			
£'000	2006/07 plan	2006/07 forecast*	Variance
<b>Income</b>			
Recurrent revenue allocation	363789	362911	-878
Non-recurrent revenue allocation	-25642	-22172	3470
Other income (excluding income from provider activities)	136988	136988	0
<b>Total income</b>	<b>475135</b>	<b>477727</b>	<b>2592</b>
<b>Expenses</b>			
<b>Commissioning activities:</b>			
Primary care - GPs, prison healthcare, dentistry, and optometry:			
GP	-37292	-27700	9592
Prescribing	-27905	-28854	-949
Other	-14628	-21822	-7194
Community and intermediate services	-27491	-25953	1538
Mental health commissioning, pooled arrangements or jointly funded commissioning	-79447	-80383	-936
Secondary care			
Provided under PBR			
Inpatient elective	-11117	-11220	-103
Day care elective	-8584	-9478	-894
Inpatient non-elective	-30915	-31641	-726
Outpatient	-9663	-10169	-506
Provided at local prices	-4749	-5007	-258
Provided by third sector/not-for profits	0	0	0
Provided by independent sector	0	0	0
A&E	-4411	-4428	-17
Other	-47005	-48337	-1332
Ambulance services	-5471	-5543	-72
Tertiary and specialist commissioning	-157107	-158231	-1124
<b>Total cost of commissioned services</b>	<b>-465785</b>	<b>-468766</b>	<b>-2981</b>
<b>Provider Activities:</b>			
Pay expenditure	-27509	-26819	690
Non-pay expenditure	-17237	-12981	4256
Less - provider income	44746	39800	-4946
<b>Net provider costs</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other costs</b>			
Other pay expenditure	-6507	-6183	324
Other non-pay expenditure	-2241	-2184	57
Depreciation and amortisation	-602	-594	8
Exceptional items	0	0	0
<b>Total cost</b>	<b>-475135</b>	<b>-477727</b>	<b>-2592</b>
<b>PCT surplus/deficit in year</b>	<b>0</b>	<b>0</b>	<b>0</b>

2007/08 in-year breakdown of income and cost														Total	Check to summary financial forecast
£'000	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12			
Income	42322	42322	42322	42321	42322	42322	42322	42321	42322	42322	42322	42321	42321	507861	507861
Total cost of commissioned services	-41404	-41404	-41404	-41404	-41404	-41405	-41405	-41405	-41405	-41405	-41405	-41405	-41405	-496855	-496855
Net provider costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other costs	-761	-761	-761	-760	-761	-761	-761	-760	-761	-761	-761	-761	-761	-9130	-9130
Surplus/deficit	157	157	157	157	157	156	156	156	156	156	156	155	155	1876	1876

Income - comparison between historical achievement and current plan					
£'000	Plan		Forecast	Current plan	
	2006/07	2006/07	2006/07	2007/08	2008/09
Recurrent revenue allocation	363789	362911	362911	390539	
Non-recurrent revenue allocation	-25642	-22172	-22172	-23091	
Other income (excluding income from provider activities)	136988	136988	136988	140413	
Total	475135	477727	477727	507861	

Commissioning expenses - comparison between historical achievement and current plan					
£'000	Plan		Forecast	Current plan	
	2006/07	2006/07	2006/07	2007/08	2008/09
Primary care - GPs, prison healthcare, dentistry, and optometry:					
GP	-37292	-27700	-27700	-29312	
Prescribing	-27905	-28854	-28854	-30029	
Other	-14628	-21822	-21822	-23424	
Community and intermediate services	-27491	-25953	-25953	-30292	
Mental health commissioning, pooled arrangements or jointly funded commissioning	-79447	-80383	-80383	-88611	
Secondary care					
Provided under PbR					
Inpatient elective	-11117	-11220	-11220	-13150	
Day care elective	-8584	-9478	-9478	-9460	
Inpatient non-elective	-30915	-31641	-31641	-33906	
Outpatient	-9663	-10169	-10169	-9935	
Provided at local prices	-4749	-5007	-5007	-5924	
Provided by third sector/not-for profits	0	0	0	0	
Provided by independent sector	0	0	0	0	
A&E	-4411	-4428	-4428	-4916	
Other	-47005	-48337	-48337	-50806	
Ambulance services	-5471	-5543	-5543	-5772	
Tertiary and specialist commissioning	-157107	-158231	-158231	-161318	
Total cost of commissioned services	-465785	-468766	-468766	-496855	

Commissioning activity plan – total					
'000 spells, net of demand forecast					
(attendances – outpatients, A&E)	Plan	Forecast	Current plan		
	2006/07	2006/07	2007/08	2008/09	2009/10
Inpatient elective	5338	5507	6039		
Day case	14412	14886	15336		
Inpatient non-elective	16996	17864	25498		
Outpatient (new and follow up)	61260	68506	69522		
A&E attendances	61818	63818	57912		

Commissioning activity plan 2007/08 – by trust								
'000 spells	Top 4 trusts					Remaining activity		
(attendances – outpatients, A&E)	Trust 1	Trust 2	Trust 3	Trust 4	Other	Total	Check to Secondary care	
Inpatient elective	1796	930	972	867	1474	6039	6039	
Day case	5083	4062	1113	1650	3428	15336	15336	
Inpatient non-elective	12941	7031	1110	1152	3264	25498	25498	
Outpatient (new and follow up)	25441	21252	4036	6630	12163	69522	69522	
A&E attendances	57912					57912	57912	

2007/08 in-year breakdown of activity plan						
'000 spells	Q1	Q2	Q3	Q4	Total	Check to secondary care
(attendances – outpatients, A&E)						
Inpatient elective	1510	1510	1510	1509	6039	6039
Day case	3834	3834	3834	3834	15336	15336
Inpatient non-elective	6375	6374	6375	6374	25498	25498
Outpatient (new and follow up)	17380	17381	17380	17381	69522	69522
A&E attendances	14478	14478	14478	14478	57912	57912

Cost improvement/turnaround plans					
£'000	Net saving				
	Plan	Forecast	Current plan		
	2006/07	2006/07	2007/08	2008/09	2009/10
Initiative 1 [please specify]	751	751	1212		
Initiative 2 [please specify]	224	203	597		
Initiative 3 [please specify]	1632	1552	0		
Initiative 4 [please specify]	1121	1301	0		
Initiative 5 [please specify]	360	360	0		
Initiative 6 [please specify]	1098	1098	2000		
Initiative 7 [please specify]	500	500	0		
Initiative 8 [please specify]	0	0	1110		
Initiative 9 [please specify]	0	2050	0		
Initiative 10 [please specify]	0	600	0		
Other initiatives	808	1331	0		
<b>Total</b>	<b>6494</b>	<b>9746</b>	<b>4919</b>		

Commissioning efficiency plans (e.g., demand management, prescribing efficiencies)					
£'000	Plan		Net saving		
	2006/07	Forecast	Current plan		
	2006/07	2006/07	2007/08	2008/09	2009/10
Initiative 1 [please specify]	1936	449	2910		
Initiative 2 [please specify]	300	300	0		
Initiative 3 [please specify]	631	631	0		
Initiative 4 [please specify]	500	500	0		
Initiative 5 [please specify]	300	300	0		
Initiative 6 [please specify]	200	200	0		
Initiative 7 [please specify]	0	0	0		
Initiative 8 [please specify]	0	0	0		
Initiative 9 [please specify]	0	0	0		
Initiative 10 [please specify]	0	0	0		
Other initiatives	0	0	0		
<b>Total</b>	<b>3867</b>	<b>2380</b>	<b>2910</b>		

Provider income – comparison between historical achievement and current plan					
£'000	Plan		Current plan		
	2006/07	Forecast	Current plan		
	2006/07	2006/07	2007/08	2008/09	2009/10
Provider income	44746	39800	40826		

Provider operating expenses – comparison between historical achievement and current plan					
£'000	Plan		Current plan		
	2006/07	Forecast	Current plan		
	2006/07	2006/07	2007/08	2008/09	2009/10
Pay	-27509	-26819	-26897		
Non-pay	-17237	-12981	-13929		
<b>Total provider operating cost</b>	<b>-44746</b>	<b>-39800</b>	<b>-40826</b>		

Investment and disposal strategy – comparison between historical achievement and current plan					
£'000	Plan		Current plan		
	2006/07	Forecast	Current plan		
	2006/07	2006/07	2007/08	2008/09	2009/10
Investment in fixed assets (non-maintenance)	2230	210	2072		
Investment in fixed assets (maintenance)	250	250	250		
Investment in other assets	109	0	109		
Asset disposals	2500	2102	0		

Risk rating metrics*		
	Weight	Metric value
Projected Outturn	50%	0%
Previous years cost deviations from plan (including CIP)	25%	-1%
Previous years activity level (acute spells**), deviations from plan	25%	-4%

\*to be finalised during consultation

\*\*for this indicative calculation only acute spells (inpatient and daycase) are included

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## REPORT TEMPLATE

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**\* HARINGEY COUNCIL \***


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Agenda item: **[No.]****Overview and Scrutiny Committee****On 27 March 2007**

Report Title: <b>Update on Haringey Local Implementation Plan [Transport Strategy]</b>	
Forward Plan reference number (if applicable):	
Report of: <b>Director of Urban Environment</b>	
Wards(s) affected: <b>All</b>	Report for: <b>Non-key Decision</b>
<b>1. Purpose (That is, the decision required)</b> 1.1 To provide an update on progress on the Local Implementation Plan [Haringey Transport Strategy]	
<b>2. Introduction by Executive Member (if necessary)</b> 2.1 Not required.	
<b>3. Recommendations</b> 3.1 That the Committee notes progress on the Haringey Transport Strategy	
Report Authorised by: Niall Bolger, Director, Urban Environment	
Contact Officer: Malcolm Smith, Team Leader, Transportation Planning 020 8489 5574	
<b>4. Director of Finance Comments</b> 4.1 The LIP provides the context for funding submissions for 2007/8 and 2008/9. Funding of £4,184,000 has been allocated for transport projects on 2007/8.	
<b>5. Head of Legal Services Comments</b> 5.1 The Council is required to prepare the LIP. The Greater London Authority Act 1999 provides, in section 145, that each London authority is required to prepare a Local Implementation Plan “ as soon as reasonably practicable” after the Mayor has published the Transport Strategy.	

<b>6. Local Government (Access to Information) Act 1985</b>
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6.1 Scrutiny Review of Haringey Transport Strategy, Final Report, March 2005
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6.2 Final Local Implementation Plan, July 2006
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**7. Strategic Implications**

7.1 The LIP provides details of the Borough's transport policies and projects which support the implementation of the Mayor's Transport Strategy at the local level. We are required to put forward detailed programmes for 2005/6 to 2008/9 and indicative programmes for 2009/10 and 2010/11.

**8. Financial Implications**

8.1 None

**9. Legal Implications**

9.1 None

**10. Equalities Implications**

10.1 The Haringey Transport Strategy seeks to promote better public transport and support policies and projects which reduce inequalities between east and west of the Borough. The projects and policies focused on the east of the borough would particularly benefit ethnic minorities. Women and people with disabilities would benefit from policies and projects to improve accessibility, security, safety and improved public transport.

**11. Consultation**

11.1 Extensive consultation was undertaken on the draft Local Implementation Plan that includes the Transport Strategy. This included an article and questionnaire in the Haringey People, a dedicated email address and stakeholder forums to discuss issues and policies.

**12. Background**

12.1 The Scrutiny Review of Transport was set up as the Member Steering Group to guide the development of the Local Implementation Plan. The recommendations of the Review have been included within the draft LIP which was submitted to TfL in September 2005. Following the response from TfL and taking into account stakeholder comments, revisions were made to the draft and a Final LIP submitted in July 2006. We are currently responding to further comments from TfL which will be in the form of an Addendum to the Final LIP. It is expected the LIP will be approved by the GLA/Mayor in spring 2007.

**13. Conclusion**

13.1 Progress has been made against the recommendations of the Scrutiny Review of the Haringey Transport Strategy. These are detailed in the appendix.

**14. Use of Appendices / Tables / Photographs**

14.1 Appendix: Scrutiny Update - Review of Haringey's Transport Strategy.



## SCRUTINY UPDATE

Scrutiny Recommendation and Executive Decision	Target Implementation Date	Who Responsible	Implemented?	Service or Performance Improvement Measurable outcomes
		(who and what)	Yes/No*	<i>This must be completed</i>
<p><b>Recommendation One</b> The final draft of the Local Implementation Plan should be entitled “The Haringey Transport Plan” so that it is easily identified by the general public as the plan to guide local transport initiatives.</p> <p><i>Response: The Executive does not fully agree with this recommendation. The Council is required to prepare a Local Implementation Plan by the Mayor. The LIP will be subtitled with Haringey Transport Plan to assist understanding by stakeholders.</i></p> <p><i>Executive Decision: Amended</i></p>	July 2006	Director of Urban Environment	Yes	Final LIP entitled Local Implementation Plan. Stakeholder consultation in the development of the draft LIP emphasised the role of the LIP as a transport strategy document for the Council. The web version of the Final LIP is subtitled “The Haringey Transport Plan”.
<p><b>Recommendation Two</b> The Council should engage on an extensive consultation strategy on the draft transport Local Implementation Plan.</p> <p><i>Executive Decision: Agreed</i></p>	July 2005	Director of Urban Environment	Yes	Consultation undertaken with key stakeholders in two workshop sessions. In addition public consultation was through an article in the Haringey People with a dedicated email address set up. The draft LIP was placed on the Haringey website.

<p><b>Recommendation Three</b> The Local Implementation Plan should link clearly with other Council strategies and initiatives, especially the Unitary Development Plan, Better Haringey and other council services transport initiatives (e.g. the Walking Bus for schools).</p> <p><i>Executive Decision:Agreed</i></p>	July 2006	Director of Urban Environment	Yes	The Final LIP includes a chapter setting out Haringey's Transport Strategy which links into the UDP transport policies. Details of the Council's School Travel Plan initiatives are included in the LIP as well as Road Safety Plan and the Parking and Enforcement Plan. Better Haringey objectives and the aspiration for Haringey to be the greenest borough are supported through the transport strategy.
<p><b>Recommendation Four</b> The department should outline a broad strategic document entitled "The Haringey Transport Strategy" to guide the co-ordination of transport initiatives across council services and with partner agencies. The strategy should clearly link and reference other initiatives related to transport and particularly policies on planning, regeneration, community health and social services and education.</p> <p><i>Executive Decision: Agreed</i></p>	July 2006	Director of Urban Environment	Yes	Chapter 3 Haringey Transport Strategy included in the Final LIP. Linkages to other strategies to be made through revisions to policies in the Haringey Transport Strategy.
<p><b>Recommendation Five</b> Pedestrian crossings should be installed that meet the needs of pedestrians who wish to cross the road with clear criteria on the type and location of crossings.</p>	Ongoing	Director of Urban Environment	Yes	Pedestrian crossings installed in accordance with nationally established design criteria. The focus is on installing adaptive puffin crossings which provide a higher service level than pelican crossings. Pedestrian crossings are provided to meet identified safety issues.

<i>Executive Decision: Agreed</i>				
<p><b>Recommendation Six</b> The Council should undertake an audit of street furniture, linked to a Geographic Information System (GIS) inventory.</p> <p><i>Executive Decision: Agreed but the development of the GIS inventory would be subject to resources.</i></p>	July 2006	Director of Urban Environment	Yes	The Council is currently undertaking an audit of street furniture as part of its Asset Management Strategy. The results will be put on the Council's GIS system.
<p><b>Recommendation Seven</b> The Council should prioritise its street light improvement programme.</p> <p><i>Executive Decision: Agreed</i></p>	Ongoing	Director of Urban Environment	Yes	The Final LIP includes a details of our street lighting programme for 2006/7 in paragraphs 5.9.9 – 5.9.12. The programme will provide benefits for all road users. The focus in recent years has been on the relatively deprived eastern part of the Borough. The annual programme is based on an asset survey carried out in 2004 and on local consultation with the Police to address crime hot spots. This is enabling replacement of aged stock, crime reduction, improved levels of working street lights and higher resident satisfaction with street lighting.
<p><b>Recommendation Eight</b> Future expenditure on cycling facilities should aim to make all the Borough's roads safe for cycling, whilst recognising the need for the appropriate use of dedicated continuous cycle lanes on some major routes.</p>	Ongoing	Director of Urban Environment	Yes	The Final LIP includes a Cycling Action Plan which does not make any distinction between the road network and the cycle route network, acknowledging that cyclists wishes to use all roads. The Council is supporting road danger

<p><i>Executive Decision: Agreed</i></p>				<p>reduction which aims to reduce danger to all road users at source, believing this will encourage more cycling as actual and perceived road danger, a key concern of cyclists, is a significant influence on the amount of cycling in the Borough. The Council is implementing the strategic London Cycle Network Plus routes which is due for completion in 2010, focusing on a number of major routes often using the Boroughs main roads. Cycle lanes are recognised as appropriate for major roads to enhance safety for cyclists. To complement the LCN Plus local cycle routes are being provided where resources allow such as on Beaconsfield Road in West Green.</p>
<p><b>Recommendation Nine</b> The Council should, where possible, support cycle lanes on a dedicated carriageway and provides a demarcated different level platform between the footway and the road.</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>As noted above the Council seeks to provide dedicated cycle lanes on major road where possible. For local roads, dedicated lanes are not generally required as traffic volumes and speed are relatively low. Demarcated cycle lanes and differences in levels have been introduced on Stroud Green Road and will be introduced where appropriate at other locations.</p>
<p><b>Recommendation Ten</b> The Council should seek to increase the number of cycle parking spaces particularly in town centres.</p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The Council has a programme for introducing cycle parking since 2003/4. The number of stands provided is as follows: 2003/4 56; 2004/5 42; 2005/6 80</p>

<p><i>Executive Decision: Agreed</i></p>				<p>and 2006/7 81. Further stands are to be introduced in 2007/8.</p>
<p><b>Recommendation Eleven</b>  Camera enforcement should be considered by the Director of Environmental Services as a possible strategy to improve enforcement on cycleways for cycling space and security against theft.</p> <p><i>Executive Decision: Agreed</i></p>	<p>July 2006</p>	<p>Director of Urban Environment</p>	<p>No</p>	<p>A study to assess the feasibility of camera enforcement of cycle facilities has yet to be undertaken.</p>
<p><b>Recommendation Twelve</b>  The Council should support greater investment in bus services that run East-West across the Borough.</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The Council has regular meetings with TfL on public transport issues. The issue of insufficient orbital services across the Borough has been raised at these meetings and is recognised as an issue in the UDP. The lack of orbital bus services has also been raised by the sub-regional partnership North London Strategic Alliance as part of TfL initiated sub regional transport studies.</p>
<p><b>Recommendation Thirteen</b>  The Council should support the provision of properly enforced bus lanes on major routes and develop a plan for bus priority measures.</p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The Council has been actively supporting bus priority measures on its roads through the London Bus Priority Network. As part of this work we have a Service Level Agreement [SLA] with TfL to provide enforcement for an indefinite period. This covers bus lanes and waiting and loading restrictions on a number of key bus routes using such</p>

<p><i>Executive Decision: Agreed</i></p>			<p>roads as Tottenham High Road, Wood Green High Road, Green Lanes, Lordship Lane, Turnpike Lane and Muswell Hill Road.</p>
<p><b>Recommendation Fourteen</b> The Council should work with Transport for London to maintain high frequency bus services in the Borough and identify those routes where an upgrade to a high frequency service would be beneficial.</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p> <p>As noted above the Council has regular meetings with TfL on public transport issues. The Council's interests in improving bus services are raised at these meetings and in responses to consultation by TfL on bus service changes. Many bus routes have seen frequency increases in response to increasing demand and as a result of Council lobbying for better service provision. Bus service issues including capacity concerns raised Members and stakeholders are discussed with TfL</p>
<p><b>Recommendation Fifteen</b> The Council should work with relevant agencies for improved bus service safety.</p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p> <p>It is recognised that safety on buses and at bus stops is a particular issue for elderly and mobility impaired people. These issues have been raised at the Mobility Forum and discussed with TfL. The Council's programme to improve bus stop accessibility seeks to address access concerns and safety around bus stops. In relation to the new bendy buses the Council has completed works to make access easier and safer by reducing the gap between the kerb and the bus.</p>

<i>Executive Decision: Agreed</i>				
<p><b>Recommendation Sixteen</b> Haringey Council continue to make the case to all appropriate bodies to obtain further investment in the Borough's rail links.</p> <p><i>Executive Decision: Agreed</i></p>	Ongoing	Director of Urban Environment	Yes	<p>The Council is working with its sub-regional partners in the North London Strategic Alliance for improvements to rail services on the Lee Valley between Tottenham and Stansted and from Tottenham to Stratford. A new service commenced in December 2005 between stations north of London via Tottenham Hale to Stratford. The Council is participating in a new grouping, West Anglia Routes Group, to lobby TfL and Network Rail for enhancements to capacity on the London – Cambridge-Stansted corridor. Through the NLSA we are seeking the full implementation of the Thameslink project. We have sought an extension of the Victoria line to Northumberland Park to maximise the regeneration opportunities.</p>
<p><b>Recommendation Seventeen</b> The Council should set a target of zero traffic growth, in line with the target set by Transport for London for limiting traffic growth throughout London.</p>	July 2006	Director of Urban Environment	Yes	<p>The Final LIP includes an aspiration to limit traffic growth to zero between 2001 and 2011. However, because of the growth agenda through the London-Stansted-Cambridge growth corridor and the regeneration focused on Tottenham Hale and Haringey Heartlands and the challenge to provide for this growth, the Council's would be seeking to limit traffic growth to 2.5% over the same period. In line with TfL's target we will be seeking to limit traffic growth in Wood Green town centre to plus 1% between 2001</p>

<p><i>Executive Decision: Agreed</i></p>				<p>and 2011.</p>
<p><b>Recommendation Eighteen</b> The Council should support major road infrastructure schemes for improving the North Circular Road and Tottenham Hale Gyratory and a new spine road within the Haringey Heartlands area.</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The Council is supporting an enhancement to the proposals for the NCR being progressed by TfL. TfL's project would not address the key issues for the section of the NCR between Bounds Green and Green Lanes. We are supporting the conversion of the Tottenham gyratory to two way working and are working with TfL to seek to ensure that this project is implemented and linked to a major improvement to Tottenham Hale station interchange. Full Government funding and planning permission for the Spine Road has been achieved. The road and associated works are expected to complete by March 2008.</p>
<p><b>Recommendation Nineteen</b> The Council should target effective enforcement methods to reduce accidents on the main road network</p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The Council has been introducing road safety measures on Tottenham High Road, Wood Green High Road, Green Lanes and Bounds Green Road in the last two years. Some of the Borough's main roads are under the control of TfL who are responsible for enforcement and road safety. A 20mph zone has been introduced on Wood Green High Road between Wood Green and Turnpike Lane tube stations. Further work is planned for future years to reduce the</p>



<i>Executive Decision: Agreed</i>				still high levels of casualties.
<p><b>Recommendation Twenty</b> The Council should support educational initiatives on road safety</p> <p><i>Executive Decision: Agreed</i></p>	Ongoing	Director of Urban Environment	Yes	<p>The Council has an ongoing programme of road safety education, training and publicity. Recent projects include a Junior Citizenship scheme with over 1000 year 6 students using interactive learning, promotion of walking to school week and provision of roadside skills for all schools in the Borough. Our school travel plan programme will cover all schools of which about one third have an approved plan. The strategy seeks to support sustainable transport by pupils and staff to schools. Complementing this work is a comprehensive programme of on and off-street cycle training for all schools over the last three years which will be continuing into 2007/8 and beyond if funding can be secured.</p>
<p><b>Recommendation Twenty One</b> The Council should support the widespread introduction of 20mph zones and traffic calming in “Residential Areas” with the longer term aim of making all “Residential Areas” and “Mixed Priority Routes” 20mph zones in due course.</p>	Ongoing	Director of Urban Environment	Yes	<p>The Council has a programme for putting in 20mph zones. We have put in a number of 20mph zones in recent years and are currently implementing schemes in Stroud Green, Northumberland Park and West Green areas. Our comprehensive programme, depending on funding from TfL, from 2007/8 would see 20mph zones for St Ann’s Road area, Finsbury Park, Cranley Gardens</p>

<p><i>Executive Decision: The Executive fully supports widespread traffic calming and 20mph zones in all residential areas. The Executive has reservations on the applicability of 20mph zones on "Mixed Priority Routes". The Executive will consider 20mph zones on such routes where there is clear evidence that they will make a contribution to road safety. A proposal on this type of road will be subject to consultation with Transport for London Buses and emergency services.</i></p>				<p>area, Tottenham Hale, Downhills Park area, Noel Park, White Hart Lane area and Crouch End. We have also completed home zones in Tower Gardens estate, Tottenham and in Linden Road, West Green. We have completed a 20mph scheme for Wood Green High Road.</p>
<p><b>Recommendation Twenty Two</b> The Council should develop precise and transparent criteria to use in considering further Controlled Parking Zones [CPZs]</p> <p><i>Executive Decision: Although the Executive has not developed formal criteria, in practice the Council will investigate further CPZs where there are clear demands by residents. In addition, for existing CPZs the Council will review</i></p>	<p>July 2006</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The Council is planning additional CPZs to mitigate the impact of commuter and displaced parking in Fortis Green, Harringay station and Bounds Green/Bowes Park stations. Reviews of existing CPZ schemes in Green Lanes, Seven Sisters, Wood Green and Highgate are being carried out.</p>

<p>schemes where there is clear evidence of parking being displaced into adjoining areas.</p>				
<p><b>Recommendation Twenty Three</b> CPZs should have the minimum hours of operation that are necessary to meet the defined objectives of the zone</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>The hours of operation [as well as the geographic areas] for existing CPZs are being reviewed as detailed above. The operational hours for new or extended CPZs would be limited to support the objectives of the CPZ.</p>
<p><b>Recommendation Twenty Four</b> Revenue raised from the operation of CPZs should be earmarked and be used for enforcement of the scheme and for local transport improvements</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>Surpluses generated from CPZs are used to support transport initiatives in the Borough. Enforcement of the CPZs is funded through the Council's Parking Plan.</p>
<p><b>Recommendation Twenty Five</b> The Council maintain parking for business use in its town centres</p> <p><i>Executive Decision: Agreed</i></p>	<p>Ongoing</p>	<p>Director of Urban Environment</p>	<p>Yes</p>	<p>Parking for business use is provided in line with the needs of the town centres and other commercial areas. The Council seeks to ensure effective usage of its own off-street car parks. Investment has been undertaken in recent years for the Bury Road car park in Wood Green to encourage its use.</p>

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**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE  
MONDAY, 12 MARCH 2007**

Councillors Councillors Bull (Chair), Cooke (Vice-Chair), Bevan, Davies, Jones, Newton and Winskill

Apologies Councillor

Also Present: Indu Shukla  
REJCC Rep

<b>MINUTE NO.</b>	<b>SUBJECT/DECISION</b>
<b>OSCO149.</b>	<b>WEBCASTING</b>  The meeting was webcast on the Council's website.
<b>OSCO150.</b>	<b>APOLOGIES FOR ABSENCE</b>  Apologies for lateness were received from Councillor Cooke.
<b>OSCO151.</b>	<b>URGENT BUSINESS</b>  There was no such business.
<b>OSCO152.</b>	<b>DECLARATIONS OF INTEREST</b>  There were no such declarations.
<b>OSCO153.</b>	<b>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</b>  There were no such items.
<b>OSCO154.</b>	<b>EXECUTIVE MEMBER QUESTIONS: EXECUTIVE MEMBER FOR COMMUNITY INVOLVEMENT</b> The committee received a briefing from the Executive Member, Councillor Lorna Reith, updating them on current key issues in her portfolio area.  Councillor Reith discussed key issues in the libraries and museums service, including the refurbishment of Hornsey Library, as well as projects relating to the Bruce Castle Museum and the St Ann's Library. Members requested information on the possibility of continuing children's services on site at the Hornsey Library during refurbishment, which the Executive Member agreed to provide. Regarding the proposed closure of Muswell Hill Library, proposals were yet to be drawn up, but Officers promised to make it as limited as possible, and to investigate the alternative provision of facilities in the area.  The lead Member discussed Communications, and provided Members

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with some example literature utilising the new Council logo, which was shortly to begin being phased in. Members were informed that the cost would be minimised by replacing items such as headed paper as and when existing stocks ran out.

Members raised concern over a perceived lack of consultation on the usage of the new logo; the Executive Member responded that the Executive had been consulted with informally. In response to concerns over visibility, the Executive Member stated that the proposed new logo followed Royal National Institute for the Blind guidelines.

In terms of Customer Services, Members requested information on the practice of call centre employees asking customers of their opinion of the Council on Thursdays. It was stated by the Executive Member that this process was under review, but that managers found the exercise worthwhile. It was stated that, in general, performance of Customer Services had improved, although Officers admitted that the challenge facing the service was to maintain this improvement.

**RESOLVED:**

1. That Councillors Cooke and Gorrie be provided with a briefing note on Hornsey Town Hall, copied to the committee.
2. That the Executive Member report back to the committee on investigations as to keeping the children's section at Hornsey Library open during the refurbishment programme.
3. That further information be provided to Members on Haringey People distribution options.
4. That Members be provided information regarding the roll-out of parking permits to all Customer Service Centres.
5. That the committee note the update.

**OSCO155. NEIGHBOURHOOD MANAGEMENT**

The committee received this report to provide a brief history and rationale for the Neighbourhood Management Service. The report detailed the resources and staffing costs for the service, as well as setting out its forward strategy.

Current priorities for the service included engaging with hard to reach areas, developing the rôle of the Councillor as a local 'champion' as set out by the Government White Paper, and driving forward work going on with residents and traders on Green Lanes, in Wood Green and in Tottenham.

Members raised the issue of the distribution of funds and Assembly areas, with the Muswell Hill Area Assembly area approximately twice

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	<p>as large as some others, despite receiving the same amount of 'Making the Difference' funding. The Executive Member responded that this issue was regularly raised, but made no apology for much of the focus being on more deprived and poverty-ridden communities.</p> <p>In response to a question from Members of the committee concerning ward councillors, the Executive Member stated that there needed to be clarity over the roles of staff and their relationship to ward Members, particularly when consulting them over setting up meetings to deal with individual issues.</p> <p>Members enquired as to the exclusion of areas which were recipients of deprivation funding from the 'Making the Difference' project. The Executive Member responded that with the expiry of other funding streams, this only applied to areas covered by the New Deal for Communities.</p> <p>In terms of Area Assemblies Chairs being awarded Special Responsibility Allowances (SRA) under the new scheme of Member Allowances, the Executive Member stated that Rôle Profiles were currently being worked on. However, it was acknowledged that the current Assembly Chairs were not aware that they were to qualify for an SRA, so the implementation of these profiles would not commence until after the Annual Council meeting in May.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That Members be provided with an structure chart of the organisation of Neighbourhood Management.</li> <li>2. That Officers circulate a note reminding those arranging meetings of the importance of checking availability with ward Councillors.</li> <li>3. That the committee note the report.</li> </ol>
<p><b>OSCO156.</b></p>	<p><b>MINUTES</b></p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That Councillor Bevan be provided further information on the empty property officer's access to the benefits database.</li> <li>2. That the minutes of the meeting held on 26 February 2007 be confirmed and signed.</li> </ol>
<p><b>OSCO157.</b></p>	<p><b>BERNIE GRANT CENTRE UPDATE</b></p> <p>The committee received a verbal update from Doreen Foster, Chief Executive of the Bernie Grant Centre, on recent progress relating to the project.</p>

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	<p>Members noted that the centre was shortly due to launch its accredited courses in a number of areas, and that strategic focus was now moving towards creative development. It was stated that the centre aimed to reach beyond its immediate catchment area in Tottenham and Haringey. Three consultation meetings were shortly to be held with artists, teachers and community leaders and young people, to seek their input into the future of the centre.</p> <p>Members noted that Performing Arts were the principle driver of the Centre, but the Enterprise Centre, housed in a separate building with out-sourced management, was also an integral part of the project. The Centre Manager confirmed that the emphasis of the original Bernie Grant Centre project had not changed, it had evolved with the passing of time and the gaining of experience.</p> <p>Members were pleased to note that the project was currently on schedule to open in September 2007.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That a tour of the site be organised for Members of the committee.</li> <li>2. That the update be noted.</li> </ol>	
<p><b>OSCO158.</b></p>	<p><b>ADAPTATIONS UPDATE</b></p> <p>The committee received a report and presentation updating them on the progress made in implementing the Scrutiny Review of the Adaptations Service completed in April 2005.</p> <p>Officers stated that work was on-going as part of a project to ensure that all houses with adaptations in the borough were known, to assist with the process of allocating housing upon its vacation.</p> <p>Members and Officers noted that there was a shortage of Occupational Therapists (OTs) at a national level, but praised the work of those working for Haringey. Although the number was low in comparison to other local authorities, Haringey's OTs were delivering a similar level of performance.</p> <p>Officers further informed Members that they hoped to mainstream the Age Concern handyperson scheme, and that the website was being updated to reflect recent changes.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That the committee note the report.</li> </ol>	
<p><b>OSCO159.</b></p>	<p><b>BENEFITS TAKE-UP UPDATE</b></p> <p>The committee received this report to be updated on progress in the</p>	



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	<p>implementation of the agreed recommendations of the Review of Benefit Take-Up from July 2005.</p> <p>Members expressed the need for a balance to be struck between making people aware of the crackdown on benefit fraud, whilst encouraging take-up. There was a concern that the high visibility of anti-fraud campaigns could have a detrimental approach on lifting a perceived stigma that prevented some eligible groups from taking up benefit. Members also expressed concern over other factors preventing benefit take-up, such as the excessive length and complexity of the Housing Benefit forms.</p> <p>Officers were confident that Haringey had a sufficiently joined-up approach to benefit take-up, with Adult Social Services and Benefits Advice working effectively together. Member requested that further work be done, particularly with the voluntary sector, to dispel misinformation and work to lift the stigma preventing vulnerable, eligible groups from taking-up benefit.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That Members be provided more information on working with the voluntary sector to encourage benefit take-up.</li> <li>2. That the committee be provided with examples of documentation provided to residents on this topic.</li> <li>3. That the committee receive a further update in the next municipal year.</li> <li>4. That the update be noted.</li> </ol>
<p><b>OSCO160.</b></p>	<p><b>SUPPORT TO SMALL BUSINESS UPDATE</b></p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That consideration of this item in full be deferred to the meeting of March 27<sup>th</sup> 2007.</li> </ol>
<p><b>OSCO161.</b></p>	<p><b>WORKLESSNESS REPORT</b></p> <p>The committee received this report to note and comment on the work led by the Council in tackling worklessness in Haringey.</p> <p>The Employment &amp; Skills Manager briefed Members on the background to worklessness in the borough, together with detailing the strategic approach to tackling the problem, which he hoped would deliver 450 jobs for Haringey residents from disadvantaged backgrounds, together with a further 400 jobs from LEA Stretch Targets.</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE  
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	<p>It was noted that good progress was being made in increasing the percentage of those in work towards Haringey's target of 75%, with most recent figures showing an increase from approximately 63 to 65%. It was noted that Haringey had a strong track record in supplying labour to decrease worklessness, but that they were now also focussing on working with employers, making connections and ensuring that opportunities were available.</p> <p>It was noted that immigration, particularly from Eastern Europe, was having a effect on the employment market in the borough, and the Employment &amp; Skills Manager promised to return to the committee in the Autumn with a fuller picture of the current and projected changes in the demographics of the employment market, and their implications.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That Councillors be provided at the September meeting of the committee with a briefing on the state of employment in the borough, together with projected changes.</li> <li>2. That the report be noted.</li> </ol>	
<p><b>OSCO162.</b></p>	<p><b>NEW ITEMS OF URGENT BUSINESS</b></p> <p><b>ANY OTHER BUSINESS</b></p> <p>Councillor Cooke proposed that the committee that the proposed scrutiny review into School Exclusions should encompass two separate reviews. Cllr Cooke's panel would look at pre-emptive measures whilst a future, imminent review would discuss permanent exclusions.</p> <p><b>RESOLVED:</b></p> <ol style="list-style-type: none"> <li>1. That the proposed changes to the Scrutiny Review programme as stated above be agreed.</li> </ol>	

COUNCILLOR GIDEON BULL

Chair