Jeremy Williams

020 8489 2919

020 8489 2660

Jeremy.Williams@haringey.gov.uk

29 November 2007

To: All Members of the Overview & Scrutiny Committee

Dear Member,

Overview and Scrutiny Committee - Monday, 3rd December, 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:

3. URGENT BUSINESS (PAGES 1 - 24)

Urgent Actions Taken In Consultation with the Chair of Overview & Scrutiny Committee

To inform the Committee of urgent actions taken by Directors in consultation with the Chair of Overview & Scrutiny Committee.

6. CABINET MEMBER QUESTIONS: LEADER OF THE COUNCIL (PAGES 25 - 32)

Briefing from Councillor George Meehan, Leader of the Council

8. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR HOUSING SERVICES (PAGES 33 - 38)

Briefing from Cllr Isidoros Diakides, Cabinet Member for Housing Services.

12. CUSTOMER SERVICES: UPDATE REPORT (PAGES 39 - 54)

(Report of the Assistant Director – Access & Customer Focus) To update the committee on the recommendations of the Scrutiny Review of Customer Services.

Yours sincerely

Jeremy Williams
Principal Committee Coordinator

Agenda Item 3

Haringey Council

Agenda Item

Overview & Scrutiny *On* 3 December 2007

Report title: URGENT ACTIONS TAKEN IN CONSULTATION WITH CHAIR OF OVERVIEW AND SCRUTINY COMMITTEE

Report of: Chair of Overview & Scrutiny Committee

1. Purpose

To inform the Committee of urgent actions taken by Directors in consultation with the Chair of Overview & Scrutiny Committee.

The report details urgent actions taken by Directors in consultation with the Chair of Overview & Scrutiny Committee since last reported. Items numbers 1 & 2 (2007-8) have not previously been reported.

2. Recommendations

That the report be noted.

Report authorised by: Trevor Cripps, Scrutiny Manager

Contact officer: Jeremy Williams

Telephone: 020 8489 2919

4. Access to information:

Local Government (Access to Information) Act 1985

4.1 Background Papers
The following background papers were used in the preparation of this report;

Executive Member Consultation Forms
Those marked with ♦ contain exempt information and are not available for public inspection.

The background papers are located at River Park House, 225 High Road, Wood Green, London N22 8HQ.

To inspect them or to discuss this report further, please contact Richard Burbidge on 020 8489 2923.

1. ACTION TAKEN UNDER URGENCY PROCEDURES – 2007- 08

Exempt forms are denoted by ♦

No	Directorate	Date received in EMO	Date approved by Director	Date approved by Chair of Overview & Scrutiny	Title	Decision
1.	**Policy, Partnerships, Performance and Communications**	05.11.07	12.11.07 S. Kemp	26.11.07	**Scrutiny Review – Overview & Scrutiny Committee response to Haringey Primary Care Strategy: 'Developing World Class Primary Care'**	Approval to the Overview & Scrutiny Committee's formal response to the consultation on the Haringey Primary Care Strategy: 'Developing World Class Primary Care'.
2.	**Policy, Partnerships, Performance and Communications**	05.11.07	12.11.07 S. Kemp	26.11.07	**Scrutiny Review – Whittington Hospital Application For Foundation Status**	Approval to the Overview & Scrutiny Committee's formal response to the consultation on the Whittington Hospital's Application for Foundation Status.
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Overview and Scrutiny
7th Floor, River Park House, 225 High Road, London. N22 8HQ

Tracey Baldwin
Chief Executive Haringey TPCT
St Ann's Hospital
St Ann's Road
London. N15 3TH

Contact: Martin Bradford
Tel: 020 8489 6950
Email: Martin.bradford@haringey.gov.uk

29/11/07

Dear Tracey,

Haringey Primary Care Strategy – Developing World Class Primary Care

I am writing to you in response to your consultation on the Haringey Primary Care Strategy in order to inform you of the conclusions and recommendations that have been reached by the Overview and Scrutiny Committee.

Given the significance of the proposed changes, they were considered to represent a substantial variation or development to local services. Under statutory regulations, this required that the Committee assess whether the TPCT had properly consulted the Overview and Scrutiny Committee, conducted appropriate consultation and public involvement and presented proposals that were in the interests of local health services. A small panel of Members was appointed by the Committee to undertake this detailed work and report back on its findings.

To help its deliberations, the Panel that was set up received evidence from a very wide range of sources including Haringey Local Medical Committee, Haringey TPCT Patient & Public Involvement Forum, community groups and, of course, officers from the TPCT. Panel Members also attended public consultation events held throughout the Borough and visited other Primary Care Trusts to view facilities similar to those proposed within the Primary Care Strategy. From this evidence, the Panel formed the following conclusions:

- They were satisfied that the TPCT had consulted appropriately with Overview & Scrutiny Committee. Given the range and number of public events held, they were also of the view that the TCPT had provided sufficient opportunities for the public to engage with and participate in the strategy consultation process. The Panel were of the view, however, that the consultation did not provide sufficient detail to allow the public, or indeed the Panel itself, to fully appraise the proposals or assess the likely impact of the planned changes contained within the Primary Care Strategy.
- They concluded that the TPCT had presented convincing evidence of the need to improve and modernise primary care services in Haringey. In

particular, they demonstrated the need to update the model of care through which services are currently provided. In its assessment of the proposed super health centres, the Panel agreed that they potentially offer a number of significant benefits to Haringey residents, such as extended primary care services, improved access to secondary care and new opportunities for health and social care services to work more collaboratively together. However, the Panel had a number of key reservations about the implementation of this model as it currently stands:

1. It was noted that the current distribution of primary care services within the Borough is effectively unplanned. As the strategy contains no details as to how the nature, level and location of primary care services will be directed across the borough, the possibility exists that those areas which are poorly served by primary care services and experience significant health inequalities may continue to be so. The Panel were therefore of the opinion that the TPCT should adopt a planned approach to the future structure and location of primary care services so that general practices are located where the need is greatest and in a manner that addresses health inequalities. Any incentives or encouragement that may be offered to GP practices to relocate to super health centres should therefore be applied selectively so that services are distributed according to these principles.

2. Further information is required on the proposed locations of super health centres and how these 'hubs' will operate and interact with remaining general practice 'spokes'. In addition, more detail needs to be provided on the anticipated number of GP practices that will be within the super health centres, as well as those remaining outside. Without this information, the Panel indicated that it is difficult to assess the full implications of the strategy and therefore provide a meaningful and constructive response.

3. The Panel established from its visits to health centres in other London boroughs that having multiple GP practices in one building does not necessarily lead to either greater collaborative working or longer opening hours for patients. This will be a challenge for the TPCT to address due to the semi independent nature of GPs and further work will have to be undertaken to ensure that it becomes a reality.

4. The Panel had reservations about the financial framework to support the development of the Primary Care Strategy. Whilst it was clear that resources would be released through the centralisation of GPs in super health centres and through commissioning of secondary services through primary care, realistically these would only yield additional revenue in the medium to long term. Given the scale of the proposed developments, the Panel were sceptical that the level of new investment (£3.7 million) would be sufficient for delivering fully on the strategy. The Panel considered that a more detailed financial plan would be needed to be developed to fully appraise its viability.

5. There is a need for there to be a clear monitoring and audit process to make sure that the planned outcomes are achieved, with full community involvement.

Despite these reservations, the Panel indicated their full support for the need to develop and improve primary care services in Haringey, particularly in the need to shape and deliver services to areas of greatest need. However, the Panel could not conclude at this stage that the principles and objectives of the Primary Care Strategy would be fulfilled and delivered through the plans or documentation currently submitted. Until the additional information referred to was received, the Panel were not able to conclude that the proposals were in the interests of local health services.

Overview and Scrutiny Committee has fully endorsed the findings of the Panel. It requests that the TPCT respond to the issues highlighted above and that Overview and Scrutiny Committee are kept informed of future developments with the Primary Care Strategy.

Yours sincerely

Chair – Overview and Scrutiny Committee

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Haringey Council

Scrutiny Review of Whittington Hospital Application for Foundation Trust Status

A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

October 2007

For further information:

Martin Bradford
Research Officer
Overview & Scrutiny
7th Floor River Park House
High Road
Wood Green N22 4HQ
Tel: 020 8489 6950
Email: martin.bradford@haringey.gov.uk

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1. Executive Summary

1. Foundation Hospitals were established under the Health & Social Care Act 2003. Foundation Trusts are a new type of public service, a Public Benefit Organisation, which allows independence of NHS control while requiring them to adhere to core NHS principles and standards of care.

2. NHS Trusts that acquire Foundation Trust status are given greater freedom and flexibility in the way that they plan and provide services. In particular, Foundation Trusts have additional financial flexibility to borrow money from both NHS and private capital sources. These freedoms may allow Foundation Trusts to be more responsive to patient needs, enabling the speedier development of services to suit the needs of the local community.

3. The Whittington NHS Trust is part of the 7th wave of NHS Trusts to apply for Foundation Trust Status. It has undertaken a consultation exercise within the community to help develop its proposals for Foundation Trust status. Overview & Scrutiny Committees at both the London Borough of Haringey and London Borough of Islington have been consulted.

4. The consultation was, in particular, on the plans and priorities for the hospital as a Foundation Trust and its governance. To ensure that potential benefits are realised, that there is accountability to the local community and that the change of status is not detrimental to partners within the local health economy, the Panel feels strongly that the following safeguards need to be put in place:

   - Further developments to ensure the democratic accountability and transparency of the governance structure of the Trust;

   - Reassurance that the Trust is committed to local partnerships and working to locally agreed priorities of delivering health improvement and helping to redress health inequalities;

   - Guarantees that financial freedoms obtained by the Trust would not be used anti-competitively within the local health economy;

   - Assurance that services will continue to be planned around the needs of patients and meet the needs of the wider health economy;

   - Verification that Haringey PCT has the necessary capacity, resources and expertise to manage the new contractual relationship with the Trust.

5. The Whittington Hospital NHS Trust is intending to submit its application for Foundation Trust status on November 1st 2007. It is hoped that the findings and recommendations presented within this Scrutiny Review, can help to guide and inform the further development of the Whittington Hospitals proposals for Foundation Trust Status.

2. Review recommendations

Application Process

1. That the outcomes and issues arising from the Equalities Impact Assessment be addressed in the strategic planning of the Trust.

Accountability and governance

Membership

2. The Trust regularly audits and publishes membership data to ensure that it is fully representative of the community which it serves.
3. That Trust Membership is refreshed and renewed on a periodic basis.
4. That a dedicated and ongoing programme of engagement, awareness raising and member recruitment amongst hard to reach communities is established.
5. That the Trust makes explicit reference to the ongoing costs of recruiting and maintaining the Membership within its annual accounts.
6. That the Trust promotes the active participation of the Membership and develops methods to monitor this.

Members Council
7. That, as a priority, the Members Council should develop the constitution for the Trust in collaboration with the Board of Directors.
8. A full programme of training should be prepared for Governors once they are elected/ appointed to ensure that they have the necessary skills and expertise to undertake their responsibilities.

Relationship between Board of Directors and Members Council
9. The Trust consults with other Foundation Trusts in order to develop a model of governance which is both open and transparent.
10. There should be regular joint meetings of the Members Council and the Board of Directors to ensure that the views and representations of the wider Membership are translated in to executive action.

Local partnerships and the local health economy.

11. That the Trust should continue to ensure that service information (financial, service activity data) essential for effective local commissioning is accessible and provided in a timely fashion to Haringey TPCT.
12. That the Trust should be an active and committed partner within the Local Strategic Partnership (LAA).
13. That the Trust maintains the current level of financial transparency.
14. That disposal of non protected capital assets held by the Trust should only be done so under lease and covenanted for ongoing medical / healthcare usage.

3. Introduction

3.1 NHS Foundation Trusts are free from central Government control, manage their own budgets and are more able to shape the healthcare services they provide to meet the needs of the local community. Thus the establishment of Foundation Trusts represents a substantive change in the way that health services are provided and managed within the NHS.

3.2 To date approximately ¼ of all eligible NHS trusts have successfully obtained Foundation Trust status and it is the stated intention that all NHS Trusts will become Foundation Trusts by the end of 2008. The Whittington Hospital NHS Trust is part of the 7th wave of NHS Trust applicants seeking Foundation Trust status.

3.3 The Whittington Hospital NHS Trust has operated a 12 week consultation to engage and inform local stakeholders about the nature of their proposed developments and to take on board views and responses to these plans. It is intended that that the consultation process will guide and inform their application for Foundation Trust status.

3.4 As part of the consultation process, the Whittington Hospital NHS Trust has consulted with the London Borough of Haringey Overview and Scrutiny Committee (OSC). The following report details the conclusions and recommendations of a Scrutiny Review Panel convened by OSC to examine the Whittington Hospital's application for Foundation Trust status.

4. Background – National Context

4.1 NHS Foundation Trusts were established under provisions within the Health & Social Care (Community Health & Standards) Act 2003. Foundation Trusts are Public Benefit Corporations, which aim to develop stronger connections between hospitals and the communities they serve.

4.2 Acute, mental health and ambulance services may apply for Foundation Trust status. The main incentive to obtain Foundation Trust status is that this will bring new freedoms and flexibilities to health care providers. Foundation Trusts have more freedoms than other NHS Trusts, which include:

- Independent of NHS control and more accountable to local people;
- The ability to decide locally on the nature and level of services provided;
- Greater financial self-determination (to borrow & invest).

4.3 Foundation Trusts are authorised (granted their operating licence) and monitored by an independent regulator (Monitor). Foundation Trusts are regularly audited by Monitor to ensure that they comply with the terms of their authorisation, particularly in relation to governance and finance issues.

4.4 Foundation Trusts are still part of the NHS and continue to conform to key NHS principles:

- Providing free care, based on need and not the ability to pay;

- Adherence to core standards in health care;
- Work in cooperation with health and social care partners.

4.5 Although Foundation Trusts are independent of NHS control, accountability is maintained through the operation of a Membership. Patients, staff and the general public can become part of the Membership of the Foundation Trust. The Membership elects constituency representatives (Governors) to the Members Council, which has powers to appoint and confirm Directors and Non Executive Directors to the Board of Directors. Whilst the Members Council may provide strategic advice, day to day operational management of the Foundation Trust remains with the Board of Directors.

4.6 To date, 78 acute and mental health service trusts have acquired Foundation Trust status. It is the governments stated intention that all acute sectors providers will become Foundation Trusts by the end of 2008.

Background – Local Context

4.7 The Whittington Hospital NHS Trust is a medium sized acute sector Hospital which in 2006/7: treated nearly 85,00 people in it's A & E service, offered approximately 200,000 outpatient appointments and delivered over 3,500 babies (Whittington Hospital, 2007). Although located just outside Haringey, a significant proportion of these services are provided for residents who live in Haringey.

4.8 Reports would suggest that the Whittington is meeting most of the NHS standards for clinical services and financial management, being rated as 'good' for both in the annual health check undertaken by the Healthcare Commission (2007). Annual accounts show the Whittington to be financially stable reporting a turnover of £143 million in 2006/7 from which a £2m operating surplus was derived.

4.9 The Whittington Hospital NHS Trust is currently midway through a major site upgrade. It is intended that the acquisition of Foundation Trust status will provide additional flexibility and freedoms to allow the hospital to progress the redevelopment of the site further and to allow the hospital to develop services that match the needs of the community more quickly in the future.

4.10 The Whittington Hospital intends to recruit to the Membership from all of Haringey and Islington residents and among some postcodes in Barnet, Camden and Hackney. It is intended that Membership will total 4,000 by January 2008. Of the planned 29 Governors, 19 will be elected (5 patients, 10 public and 4 staff) and 10 appointed (from local PCTs, Local Authorities, Universities and other local stakeholders). The Chairman of the Trust will preside over both the Members Council and the Board of Directors.

4.11 NHS Trusts are eligible to apply for Foundation Trust status once it has attained 2 or 3 star rating in the Healthcare Commission performance rating. Having obtained this level of performance the Whittington Hospital is part of a 7th wave of NHS Trusts applying Foundation Trust status. The

consultation period for Foundation Trust status ran from July 9th through to 29th September 2007. The application for Foundation Trust status will first be submitted to the Secretary of State on November 1st 2007. If this is cleared, the application will proceed to the Foundation Trust regulator (Monitor) on January 1st 2008.

5. Review aims, objectives and methods

5.1 The Overview & Scrutiny Committee at the London Borough of Haringey formed a review Panel to consider the Whittington Hospital application for Foundation Trust status. The review Panel consisted of 4 Members and met twice to consider evidence and form recommendations. The terms of reference for the review were agreed as:

> *"…to consider and comment as appropriate on the proposed application for foundation status by the Whittington Hospital NHS Trust and, in particular, its overall strategy and governance arrangements."*

5.2 In its deliberations the Panel indicated that it wished to focus on 4 key objectives:

- The process of Foundation Trust application (consultation)
- Accountability and governance issues raised;
- Equality of access, impact on partnerships and the local health economy;
- Impact on local people.

5.3 To fulfil the review objectives, the Panel obtained evidence from a range of sources. These included:

- Oral and written evidence from the Whittington Hospital NHS Trust;
- Oral evidence from an independent adviser to the Panel;
- Written evidence from Haringey Teaching Primary Care Trust;
- Written evidence from the Patient & Public Involvement Forum at the Whittington Hospital NHS Trust;
- Research and best practice data;
- Panel visit to the Whittington Hospital NHS Trust.

6. Report Findings

6.1 Consultation process for Foundation Trust application

6.1.1 The review Panel concluded that the Whittington Hospital produced a clear consultation strategy which spanned the statutory requirement of 12 weeks. Overview & Scrutiny Committee were consulted as part of this process.

6.1.2 It was noted that the Whittington Hospital produced a consultation document which had detailed ways in which people could fully respond to the planned proposals. The Panel understood that responses to the consultation would be collated, analysed and summarised within the

application process to the Secretary of State and Monitor, the licensing and regulatory authority.

6.1.3 The Panel heard evidence that the Whittington Hospital had undertaken and Equalities Impact Assessment on those people who had already been recruited to the Membership. Analysis of equalities data found that there were no 'material weaknesses'. This process is due to be repeated before the final submission of the application.

Recommendation:
1. That the outcomes and issues arising from the Equalities Impact Assessment be addressed in the strategic planning of the Trust.

6.2. Accountability and governance issues;

Membership

6.2.1 The panel received evidence to indicate that the size of the Membership for Foundation Trusts varied considerably (5,000 to 90,000) and was dependent on a number of factors including the size of the Hospital Trust, the nature of services provided (i.e. specialist or general care) and the model of Membership used (i.e. opt-in or opt-out).

6.2.2 There is evidence to suggest that the Membership can be a significant resource to Foundation Trusts in that it can provide helpful intelligence about the accessibility and quality of services provided (Monitor, 2007). It was also noted that the development of a Membership has also been associated with significant increases in attendance a Foundation Trust public meetings (Healthcare Commission, 2005). The Panel therefore considered it important that the Trust take steps to engage the Membership and to ensure that it plays an active role in the governance of the Trust.

6.2.3 It was felt that the operation of a Foundation Trust Membership does not constitute a public and patient involvement strategy in itself, particularly as there is evidence to suggest that Foundation Trusts have failed to reach traditionally under represented communities through their Membership (Healthcare Commission, 2005). The Panel indicated that the Trust should regularly audit the Membership and adopt pro-active outreach strategies patient (surveys and consultations) with hard to reach communities to ensure that this is representative of the community.

6.2.4 The costs associated with developing and maintaining the Foundation Trust Membership (recruitment, communication and elections) may be considerable. The Panel heard evidence that at one Foundation Trust the cost of maintaining the Membership was £150,000, equating to £30 per Member per annum. The Panel therefore indicated that such costs should be explicit and transparent and should not impact on the provision of services for patients.

Recommendation:
2. The Trust regularly audits and publishes membership data to ensure that it is fully representative of the community which it serves.

3. That Trust Membership is refreshed and renewed on a periodic basis.
4. That a dedicated and ongoing programme of engagement, awareness raising and member recruitment amongst hard to reach communities is established.
5. That the Trust makes explicit reference to the ongoing costs of recruiting and maintaining the Membership within its annual accounts.
6. That the Trust promotes the active participation of the Membership and develops methods to monitor this.

Members Council

6.2.5 Whilst it was noted that within national guidance (DH, 2004) that Governors should adopt one of three roles (advisory, guardianship or strategic), from evidence to the Panel it was noted that there was some confusion as to the exact nature of their role and that broad variations resulted. A number of reports indicated that Governors experience a high degree of uncertainty as to their role and responsibilities, particularly upon their initial election or appointment (Lewis & Hinton, 2005; Chester, 2005).

6.2.6 The Panel noted that Governors provide the critical link between the Membership and the Foundation Trust. This link provides the route through which the community is engaged & involved and establishes a line of accountability between the Foundation Trust and the wider public. The Panel were made aware that interaction with the Governors and the Membership was in some instances poor: survey research highlighted problems with Governors being able to define their constituents, or had received little training in engagement processes or had inadequate resources to deliver communication strategies (Lewis & Hinton, 2005).

6.2.7 The need to provide a systematic and ongoing programme of training for Governors was highlighted to the Panel so as to provide support in developing their role (Healthcare Commission, 2005; Day & Klein, 2005; Chester, 2005). Priority areas in which training was needed included: developing an understanding of the governor role, help in setting work objectives and strategies for engaging and communicating with the public and other constituencies (Chester, 2005).

Recommendation:
7. That, as a priority, the Members Council should develop the constitution for the Trust in collaboration with the Board of Directors.
8. A full programme of training should be prepared for Governors once they are elected/ appointed to ensure that they have the necessary skills and expertise to undertake their responsibilities.

Relationship between Board of Directors and Members Council

6.2.9 Comparative case study data presented to the Panel from the independent adviser suggested that there was a wide variation in nature of interactions between the Members Council and the Board of Directors. In one Foundation Trust, the Council and the Board met regularly and that there were reciprocal arrangements for Governors and Non Executive

Directors to attend respective Board and Council meetings. The Panel felt that such a model was open and transparent and that the Trust should seek to develop a model of governance that embodied these principles.

6.2.10 The Panel noted that there was strong evidence to suggest that the operational role of the Board of Directors is clearly set out and understood by all parties. However, the role of the Members Council in strategic planning was noted to be more contentious and had proved to be a source of tension in the relationship between the Members Council and the Board of Directors (Day & Klein, 2005, Lewis & Hinton, 2005, Chester, 2005).

6.2.11 Analysis of the operation of both Board of Directors and the Board of Governors suggested that the Trust Chairman (who presides over both) and the Chief Executive play a significant role in driving the agenda of the Members Council. The dual role adopted by the Trust Chairman was also noted to lead to tensions in the Members Council, as this meant that it lacked its own Chair and did not have a line of accountability through which to hold the Board to account. The Panel noted that in its audit of Foundation Trusts, the Healthcare Commission (2005) has also questioned the ability of the role of the Members Council to influence the decisions of the Board of Directors.

6.2.12 In light of the evidence presented, the Panel were keen to ensure that the Trust develop clear lines of accountability and representation from the broader Membership through to Governors and ultimately at the Board level. As the Governors represent the link between the Membership and the Trust, it was felt appropriate that Governors be represented at the Board.

Recommendation:

9. The Trust consults with other Foundation Trusts in order to develop a model of governance which is both open and transparent.

10. There should be regular joint meetings of the Members Council and the Board of Directors to ensure that the views and representations of the wider Membership are translated in to executive action.

6.3 Equality of access, impact on partnerships and the local health economy.

6.3.1 The Panel were informed that Foundation Trusts have a 'Duty of Partnership' with other health and social care institutions which is obligatory under the terms of their licence. Whilst there is no mechanism to assess or monitor this, it was noted that in the Trust proposals, all major partners (PCTs and Local Authorities) will be able to nominate a Governor to Members Council.

6.3.2 The Panel were aware that the new financial freedoms available to the Foundation Trust may be likely to place it at a considerable competitive advantage over other NHS trusts in the local health economy. Whilst it was recorded that the North Middlesex Hospital and Barnet, Enfield & Haringey Mental Health Trust are currently preparing applications for Foundation Trust status, the Panel were keen to obtain reassurance from the Trust that

it would not act in a uncompetitive manner and fully participate in local strategic planning and partnership work for the benefit of the local health economy.

6.3.3 Given the new independent status of the Whittington Hospital, Panel members were keen that the Trust continues to commit to local partnerships within the local health economy. As such, members expected that the Whittington to play a role in determining and responding to health priorities established within the local well being agenda.

6.3.4 Haringey TPCT will be required to enter new legally binding contracts with the Foundation Trust. The Panel noted evidence from other Foundation Trust scrutiny reviews (LB Camden, 2003; Birmingham CC, 2003) highlighting the need for careful evaluation of the local PCTs capability and capacity to manage this new contractual relationship with the Foundation Trusts, particularly in relation to commissioning, contract monitoring and performance management.

6.3.5 The Panel noted the long term (3 year) legally binding contracts that Haringey PCT may be required to enter with the Foundation Trust and raised concerns as to flexibility of those contracts to allow Haringey PCT to develop more primary care based models of service provision. The Panel noted that this was particularly important at this juncture as the PCT is developing its Primary Care Strategy (which is in line with the Darzi review of London NHS services).

6.3.6 Written evidence submitted to the Panel from Haringey PCT indicated that there is a good relationship between the PCT and the Whittington NHS Trust. However, in this submission, Haringey PCT noted there had been problems in accessing service information from the Trust which needs to be redressed within the new contractual framework that will exist between them. Haringey PCT also sought explicit reassurance that the Trust would actively collaborate to:

- Engage with health prevention and promotion strategies;
- Develop new modelling plans for Primary Health Care;
- Attain 18 week targets.

11. That the Trust should continue to ensure that service information (financial, service activity data) essential for effective local commissioning is accessible and provided in a timely fashion to Haringey TPCT.
12. That the Trust should be an active and committed partner within the Local Strategic Partnership (LAA).

6.4 Impact on local people.

6.4.1 The Panel noted evidence from the Healthcare Commission (2005) which found that patient access to services and the quality of services available had improved at Foundation Trust hospitals through a number of ways:

- The existence of business strategies that focussed on growth and the development of new services for patients;

- Increased ability of Foundation Trusts to plan and develop services more quickly;
- Improved governance helped focus on patient priorities, particularly access to services and patients hospital environment concerns;
- Improved financial management of services;
- Clinical networks or the pathways of care experienced by patients have remained the same.

6.4.2 Early evaluative evidence would suggest that Foundation Trust status has had little impact on clinical networks and care pathways. It was noted however that ongoing collaboration would be necessary to ensure that Foundation Trust status does not strengthen institutional boundaries in the local health economy as this would make it more difficult for patients to continue to receive an integrated package of care.

6.5 Finance

6.5.1 Data from the Foundation Trust regulator would suggest that the sector is financially stable with a predicted total operating surplus of £198 million predicted for 2007/8. 57 of the 59 current Foundation Trusts are predicting an operating surplus in 2007/8. Projected operating surplus across the sector varies from £10,000 to £14.45 million (median £1.81million). There is evidence that the Foundation Trust sector is reducing operating costs, where £344million (3%) of cost savings were achieved in 2006/7 (Monitor, 2007).

6.5.2 All Foundation Trusts are prescribed a borrowing limit set by the regulator based on an individual assessment of their finances. Increases in capital expenditure (2005/6) would appear to be financed predominantly financed through public sector loans (£137m), though other sources were used such as private sector loans (£74m) and disposal of assets (£63). There is a however a concern that there is an under development of capital in the Foundation Trust sector at present given the uncertainty around PCT commissioning plans (Monitor, 2007b).

6.5.3 There is evidence to suggest that there is a strong financial monitoring system in place to support Foundation Trusts. Those Foundation Trusts that fail to meet standards set by the regulatory authority are required to submit monthly recovery plans.

6.5.4 The Panel noted that the Whittington Hospital will be able to dispose of capital assets (not deemed necessary for the core business) once Foundation Trust status has been obtained. Whilst recognising that the disposal of such assets may be necessary to raise sufficient revenue for the medium term development of the site, Panel members strongly believed that such assets should be retained for health services for local people in the longer term.

6.5.5 The Panel noted that the Trust had not provided any plans as to how they would use new financial freedoms or what the business plan priorities were once Foundation Trust status was attained.

Recommendation:

13. That the Trust maintains the current level of financial transparency.
14. That disposal of non protected capital assets held by the Trust should only be done so under lease and covenanted for ongoing medical / healthcare usage.

6.6 Relationship with Overview & Scrutiny

6.6.1 The Panel heard that the relationship of the Foundation Trust with Overview & Scrutiny Committee should on the whole continue as before. There was however one exception in this process, in that appeals would now be directed to Monitor (the Foundation Trust regulator) instead of the Secretary of State. There is no public evidence of any appeals being lodged to date with Monitor.

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Monitor, 2007b — Monitor (http://www.monitor-nhsft.gov.uk)

Unison, 2003 — Seven reasons why UNISON is opposed to Foundation Trusts.

Whittington Hospital NHS Trust 2007 — Whittington Hospital NHS Trust: 2007 Annual Report

Update for Overview and Scrutiny Committee – December 3 2007

Cllr George Meehan, Leader of the Council

Portfolio areas covered:

- **Communications: Media and Public Relations**
- **Partnerships (HSP)**
- **Performance**
- **Policy Team**
- **Legal Services**

Communications and Consultation Unit (CCU): Media and Public Relations

CCU's primary function is to inform residents and stakeholder groups about the policies and work of the council. It does so through the full range of media channels in support of every council service area.

The Media & PR Team provides information equally to all local media, both in terms of pro-active output and answering enquiries as quickly as possible. We continue to achieve a very high news release take-up rate (86% in the period January to May 2007), which reflects our focus on providing newsworthy stories.

The consultations service is going from strength to strength following the move to CCU. There are now some 127 consultations in the consultation management system and latest developments include the launch of online consultation. CCU is continuing to work closely with all business units to drive consultations to consistent best practice.

Following extensive consultation with residents we continue to improve the website. This has resulted in page impressions increasing by 18% compared to the same time last year.

CCU's marketing team continues to score very highly in customer satisfaction feedback (currently at 96%) by providing a wide range of useful and professional publications and other marketing materials. The recent short listing of the council A-Z for a prize in the Chartered Institute of Public Relations Excellence Awards is evidence of the quality of work in this area.

Partnerships : The Council working with Partners through the Haringey Strategic Partnership

The HSP

This year has been busy and demanding for the HSP. Following a detailed review, new structures have been put in place. There is now a small Performance Management Group to steer the work, and to ensure performance continues to improve so we deliver on our agreed targets in the current LAA. I have also pressed for more clarity in roles and responsibilities with the thematic boards and accountability by the Chairs.

Planning for the new LAA (2008/9 and beyond)

The Council and the HSP approved our new Sustainable Community Strategy (SCS), covering the period from 2007 to 2016. This is built firmly on what residents and businesses told us in an extensive consultation across the borough. This new strategy sets out the 10 year vision for Haringey, and is the overarching plan driving the Local Area Agreement (LAA) and all other strategies.

Following the HSP approval of the strategy, the HSP awayday was held on June 29 at the Cypriot Centre. The main purpose of the event was to bring partners together to begin setting the key priorities which the Partnership would agree so as to meet the outcomes in the Community Strategy. This was a first and important step in planning for the new-style Local Area Agreement. (LAA) where the HSP will be working from 2008/9 to deliver outcomes against 35 key indicators which it can choose from a new national set.

The seminar was extremely well-attended and cross-agency and partner groups collectively identified the key priorities.

In September we held our opening negotiation with Government Office for London to begin discussing Haringey's new LAA which takes effect in 2008/9. The seminar and subsequent internal discussions meant that we were able to produce a first list for that meeting and maintain momentum on partnership working. GOL were very positive and since then we have begun the detailed work required for the new agreement.

In October the Government published the Comprehensive Spending Review and announced that there would be a new fund called Area-Based Grant. This draws together 39 disparate funding streams and removes the ringfences on funding. Linked to this shift is the publication of the new National Indicator Set – 198 indicators from a previous list of hundreds. We will be selecting our final 35 indicators from this list and they will be vital in shaping our new Haringey LAA and our key outcomes, projects and activities.

Because of our early start in June we are on-course in doing preparatory work for the new LAA which involves developing the 'story of place' setting out our key priorities and linking the indicators to these.

The LAA process is a real challenge for partnership working and is essentially a test of how agencies can pool their ideas and commitment to achieve the best outcomes for their communities. As both Accountable Body and 'first amongst equals' the Council's role and influence is critical in shaping joint priorities and outcomes.

The Local Government and Public Health Involvement Act reinforces this as it places a duty to work in partnership but is clear that the Council is the Lead Partner in this process, strengthening the Council in its partnership role..

We expect to hear the allocation of Area-Based Grant in early December. Meanwhile work is underway to begin shaping the new LAA.

The current LAA – 2007/8

In November 2007 we submitted our mid-year review and statement of grant usage (i.e spend) for the current LAA (2007/8). I am pleased to report that spend is on course and GOL has indicated they are pleased with our progress. To incentivise

joined up working, the current LAA includes both pump-priming grant and reward grants. The pump-priming funding of almost £1m has been received and it can be allocated over three years to support the work to deliver on our currently agreed stretch targets.

Corporate Performance Team

Mid Year Update 2007- Overview and Scrutiny 3rd December

Overall there has been significant improvement over the last three years in the majority of service areas. Haringey's performance information profile from the Audit Commission which measures progress against shared priorities, states that 81% of our performance indicators have improved in the last three years above the average for all single tier authorities.

A review of performance against the commitments made in our council plan showed good progress made against all priorities in the first 6 months of 2007/08. We are making very good progress on :

- **promoting independence** (all 15 indicators green or amber)
- **encouraging life-time well being** (93% or 13 indicators green or amber) and
- **delivering excellent services** (93% or 50 indicators green or amber).

Our latest performance report (September) shows that overall 90% of indicators in the basket are achieving or close to target and 83% have shown improvement on 2006/07.

There are a number of areas where performance has improved significantly in the first 6 months. Some examples include:

Cleanliness of our streets (as measured by BV199)
As at September 20% of our streets had unacceptable levels of litter bettering the 29% target and a 20 percentage point improvement from our position at the end of 2006/07.

Waste minimisation
Top quartile performance on kg of waste collected per head and improved recycling and composting at 24.3% on track to hit our 25% target for 2007/08

Street Lighting
Top quartile performance with an average 2 days to repair street light faults

Encouraging lifetime well-being

2007 results show :
- 57% of students gained 5 GCSE's at grades A*-C (6% improvement on 2006)
- including English and Maths figures has risen from 34% to 38%
- results for BME pupils are also improving with 54% achieving GCSE A*-C (up from 48% in 2006)
- Good progress on recorded and accredited outcomes for young people with 429 young people out of 649 achieving a recorded outcome and 393 achieving an accreditation.

Our combined results in English and Mathematics are amongst the most improved over the period 2004-2007 and we have continued to see a reduction in the number of schools with results below national floor targets.

Promoting independent living

Sustained good and improved performance in Adult and Community Services including waiting times for assessment, services for carers, items of equipment delivered in 7 days and older people helped to live at home.

Areas For Focus

Clearly there remain some areas of concern where further work is required. Some of these are as follows:

- **Graffiti**– challenging targets were set here but our 2006/07 outturn at 5% was close to top quartile performance for London. The service is working with the graffiti contractor who is carrying out pro-active graffiti removal in locations suffering the most from the problem.

- **Young people not in education, employment or training (NEETs)**- a review of this area is being undertaken and initial meetings with the relevant leads from each of the agencies involved have been set up as well as discussion with Lead Member for this Cllr Santry.

- **Number of residents on incapacity benefit helped into work** (LAA stretch target)- worklessness will be a key focus of our new Local Area Agreement and there is much work going on with Job Centre Plus to address this e.g. Northumberland Park project.

- **Average time for processing benefit claims**- dip in performance over the last 3 months, common following implementation of a major new IT System (Comino W2). Areas of delay have been identified and strategies are in place to address the dip in performance. Performance is expected to be back on track by December once the build up of claims has been cleared.
- **Call centre performance** – performance review carried out and service trialling new ways of working looking at how calls are processed
- **Sickness absence-** performance is above our 8.8 day target. This is being addressed particularly in the areas with the highest absence and levels are reducing. Performance remains in the second best quartile nationally.
- **7 week rent arrears-** . rent exercises are anticipated to have a positive affect on both the rent collection and arrears indicators by targeting resources on particular cases e.g. taking appropriate action on all cases owing between £200 and £500 and all cases with a possession order.

<u>Corporate Policy Team</u>

The Policy Team are:

- Continuing to arrange “Policy Conversation” events. Three events are now arranged between November and February.
- Preparing briefings such as the CSR briefing
- Setting up a cross council policy network

- Leading on the following projects and contributing to the following strategies:

Projects	Strategies
Strategic Audit	Greenest Borough Strategy
Borough Profile	Worklessness in Social Housing Review
Community Cohesion Review	Families at Risk review
User engagement and empowerment project	Community Safety Strategy
Innovation project (with OD)	Child poverty strategy
Behaviour change project	Housing Strategy

Legal Services

Introduction

This note is designed to summarise some achievements and issues in the financial year to date within Legal Services.

Achievements

Civil Litigation team - since April 2007 - have recovered £188,582.75 in commercial rent arrears, and £243,000 in residential / community care fees (as at 16th October 2007); assisted Homes for Haringey to achieve 2 star status by successfully obtaining unconditional dispensation from compliance with the consultation procedures in service charge cases in respect of approximately £200,000,000 of proposed works planned under the Decent Homes Standard.

Criminal Litigation team successfully resisted a challenge to enforcement action taken by Urban Environment in the 'Litvenyenko case'; rolled out training for 80 Urban Environment enforcement officers on basic criminal procedure with a view to reducing Directorate spend on Legal Services.

Housing team produced a range of unit costs for routine work carried out for Homes for Haringey, to be implemented in the next financial year. The idea was hailed by Homes for Haringey as being "ahead of its time" in terms of practice elsewhere, and revealed "significantly cheaper" rates than other ALMOs / private solicitors approached to provide costings.

Anti-social Behaviour team successfully obtained injunctions to stop ASB by youths in and around the Selby Centre; obtained praise from a county court judge for important work the council was doing in tackling ASB.

Social Care team have in place a rolling programme of training for children & families social workers, planned and delivered by in-house lawyers, on the legal framework for care proceedings, planning and preventing delay, and preparation for court. Client feedback has been excellent. In addition one-off training for relevant social workers on other legal topics, as needed e.g. local authority services for people from abroad, general children law update, etc.

Employment Education and Corporate team produce a bi-monthly bulletin which is supported by a briefing session for clients. The numbers of personnel officers attending are uniformly high. The team have also expanded and developed a

training programme for personnel clients, including one session solely dealing with maternity rights.

Employment Education and Corporate team have boosted the engagement with schools by a successful seminar held for all secondary schools on pupil exclusions. This was well received and good feedback was obtained.

Employment Education and Corporate team recent casework includes a successful education judicial review case in the Court of Appeal undertaken for Park View Academy, which was widely reported. An employment case in the Employment Appeal Tribunal on the status of agency workers was also reported in employment law publications.

Contracts team have been advising on all aspects of the council's BSF programme including the Construction and ICT Procurement projects; negotiated, drafted and completed the contracts on the Heartlands Spine Road construction; involved in the negotiations and completion of the Decent Homes Strategic Alliancing Agreement between the council, Homes for Haringey and the four preferred constructor partners; and completed the contract for the Oliver Tambo Memorial.

Private Sector Leasing team, this work was transferred to Legal Services in June 2007 with a backlog of more than 200 leases. By October the backlog has been reduced to less than 100 and the team hopes to conclude all the leases by the end of this year.

Right to Buy team have collected more than £45,000 in suspended rents which were required to be cleared before completion of the RTB sale providing unexpected receipts to the client. The sale of a commercial property, 9 Cavendish Road N4, was a particularly difficult freehold reversion sale which involved a claim from the buyer for adverse possession which had considerable financial implications for the council. The council originally acquired the property by way of compulsory purchase and the original owner had right of first refusal which they decided not to take up.

Projects lawyer has been involved in the Growth Area Funds Projects Board and
the acquisition of land for the new Heartland School project;
the Heartland Spine Road and the GLS site in Tottenham;
the Funding Agreements for the refurbishment of Windsor Parade in Tottenham as part of the Bruce Grove Regeneration project funded by ERDF and Heritage Lottery Fund;
the Development Agreement for the re-development of Tottenham Town Hall site;
the negotiations with Sainsburys and Inner Circle on the re-development of Hornsey Depot; the empty properties initiative;
the proposed Compulsory purchase of 115 Tower Gardens which has recently been the subject of press releases by the council and 80 Beaconsfield Road.

Planning team

Has a 100% success rate for completing major application section 106 Agreements within the statutory 13 week of receipt of planning application period. This contributes to the council successfully securing the Planning Administration Grant. Over the last year, the team has also had a 100% success rate for the dismissal of Planning and Enforcement appeals heard by way of Public Inquiry, the national average is 58%.

Planning team were closely involved in the negotiation and completion of the Hale Village (GLS site) section 106 Agreement. This entailed negotiations with the Lea Valley Estates, the developer and TfL.

Planning team ensured the smooth running and successful implementation of the Gambling Act 2005 by providing general advice on gambling and advising on the council's Statement of Gambling Policy.

Planning team have been assisting Urban Environment in the preparation of the Definitive Map and Statement which records all the public footpaths in the Borough following an extensive public consultation process.

Registrars
510 marriages ceremonies conducted from April to 31 October 2007
14 Civil Partnerships from April to 31 October 2007
1556 people attended Citizenship Ceremonies from April to 22 November 2007 which earned £68,128 income (payments received up to September 2007)
630 Nationality Checking Service checks from April to 22 November 2007 which earned £ 22,520 income
Two new services, Renewal of Vows and Baby Naming Ceremonies, were introduced in April 07.

Business Unit
Continuing to support the service with the new case management system, Visualfiles.
Features of the system include
Officers can access colleagues' cases and answer queries from clients without having to retrieve a physical file.
Real time recording
Additional notes against each time-recording enable admin to respond to more clients requests about charges without having to disturb the case officer.
Clients can receive more information regarding the work done on individual cases.

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KEY ISSUES HOUSING SERVICE:

Key elements of the Service:

The service covers the council's housing functions, across all sectors (c100,000 private and public sector units), the main ones being:

- ☐ The Housing Strategy and associated functions, integrating policies and programmes related to the council's private and public sector related powers and duties.

- ☐ The landlord functions associated with the council's own housing stock.
- *Currently c16,500 rented accommodation units, including c1,400 Sheltered and Good Neighbour schemes for the elderly, and a further c4,500 leasehold properties within its housing estates.*

- ☐ Technical Construction and Repairs Services related to the council stock, and, to some limited extend, certain other aspects of the council's corporate buildings.

- ☐ The Housing Needs related statutory functions of the council, including the use of Temporary Accommodation and housing allocations procedures across tenures and sectors.
- *Currently there are c14,500 households in the council's housing register and c5,500 in various forms of Temporary Accommodation (one of the highest in London).*

- ☐ The council's functions related to the private sector housing conditions and provision, including support and regulation measures in relation to the private rented sector, housing standards in older private sector housing and regeneration of older residential areas.
- *Currently an estimated 12-13,000 small private landlords operating in the borough, providing housing for c20% of the borough's population (substantially higher than the London average)*

- ☐ Liaison with the local Housing Associations sector, through an Enabling specialist Team.
- *Currently c50 RSLs active in the borough, managing c12,500 units of social housing and a number of leased private properties, and involved in the development of new housing units (a target of c1,000 new units of social and affordable housing over the next two year period, involving c£85m of Housing Corporation grants over a two year period, one of the highest in London).*

Recent Key events:

- ☐ The Service has gone through a massive transformation over the last 3 years, including a series of fundamental reorganisations of the human resources devoted to it.
- *Most of these re-organisations have now been completed and consolidated, with a few still at their final stages.*

- ☐ A strategic decision was taken by the council some 3 years ago to separate the day-to-day management of the council's housing stock and condition from the other aspects of the service and, after securing the users backing, to set up an Arms Length Organisation to run on behalf of the council the key landlord, technical and associated functions.

  The approach was deemed necessary in order to enable the council to access additional government funds towards bringing all its stock up to a high standard.
- ☐ *It is estimated that in order to achieve full Decent Homes Standard across the whole stock and other essential communal improvements in the council's estates, the council needed to find c£300m of Capital resources in the next 5 years. The estimates indicated that the council would need an extra c£160-220m over the period (in addition to the "standard" resources that it would otherwise be able to access) in order to achieve the DHS target.*

- ☐ The ALMO was formally launched in 2006 and has now been well established, as a fully owned subsidiary of the authority, with its own independent board (comprising Tenants and Leaseholders representatives, independent experts and council nominees) and has met until now its key targets and milestones.
- *Key examples are improvements to the quality of the service to the point of achieving for the first time a 2 stars rating from the Audit Commission and carrying out a range of VFM reviews and market testing of key aspects of its operations and contracts with 3rd parties.*

- ☐ All the other housing services were grouped together in a new Strategy & Needs division, which was initially placed on an interim basis within the then Social Services Directorate, pending a corporate re-organisation of the council's structures.
- *Following the appointment of the previous Director of Housing to the new post of Chief Executive of the ALMO (in mid 2006) and the departure of the previous Assistant Director (late 2006) and pending the corporate restructuring, the service has been managed through temporary external appointments on an interim basis, driving through some of the necessary reorganisations.*

- ☐ More recently the council established a new Urban Environment Directorate with a new Director (early 2007) and the Housing Service, was transferred into the new directorate, under a new post of Asst Director (Strategic & Community Housing Services) established and recruited to (with a starting date this October).
  A further recent development is the establishment of an integrated Private Sector Housing section within the new housing division, bringing together for the first time the various related functions previously divided between the Housing and the Enforcement divisions, with a new Head (starting this month).

KEY ISSUES & CHALLENGES FOR NEXT YEAR:

(A) STRATEGIC & COMMUNITY HOUSING:

1) Consolidation of new structures and initiatives:

- The service has inevitably suffered from the disruptions and uncertainties of c. two years of fundamental reorganisations and more than a year of interim management arrangements, (this is the first time during this period that it has a clear structure and a full management team in place).
- However, despite these factors the service has during this challenging period delivered a range of fundamental changes and new initiatives that were necessary, including a complete review and recasting of the Housing Register, the establishment of the Prevention & Options Service, a revised Allocations Policy and procedures, joining and consolidating locally the Homes Connections Choice Based Lettings service, the establishment of a Partnering arrangement with 6 key RSLs and a new Integrated Housing Board (under the HSP), the establishment of a new "client" function for the ALMO, a review of Temporary Accommodation provision, an expansion of the Domestic Violence service and the Vulnerable Adults partnership, and jointly with Adults Services recasting the previously struggling Aids & Adaptation Service and reviewing the Supporting people programme, amongst other things (eg establishing A fuel Poverty post and achieving some notable results in terms of Thermal Efficiency, introducing a new CPO policy towards prominent empty private houses and so on).
- *Consolidating all these changes, embedding the new structures, completing ongoing reviews and generally ironing out remaining details is a key challenge for this service over the next year. All the changes have been based on sound analyses of good practice, creating for the first time a service structure and approach that is designed to meet the future challenges, but the service is still in a transitionary state, requiring continuing effort to ensure that they are completed, embedded and perfected.*

2) Re-innvigorating certain areas that had fallen behind:

- Inevitably, during this period a number of areas (some of which were comparatively well developed in the past) have fallen behind and required re-invigoration. The main examples are around the private sector improvement grants, regeneration/group repairs schemes and landlords forum/accreditation initiatives (which had slowed down and are now being recast), some personnel related issues (eg an increase of temporary staff during the restructuring periods, the need to systematise staff development and training programmes following the new arrangements and so on).
- The work on all these areas has already started (eg Landlords Forum successfully re-launched, bids for the necessary capital resources prepared, a determined programme of replacing temporary with permanent staff well on its way and so on) and the establishment of the new integrated Private Sector Housing Unit will further facilitate this process.
- *Bringing both personnel and private sector housing related initiatives back into cutting edge standards is a key challenge for the service over the next year.*

3) Temporary Accommodation Targets:

- The government has set a target for Local Authorities to reduce their TA numbers by 50% by 2010, (in our case c2,700, from a high last year of c5,900).

- This is an extremely challenging target for us (we've got one of the two highest levels in London).
- Work has already progressed on this in line with a determined TA reduction strategy (which is currently being reviewed and further strengthened by the new Asst Director) and there has been a modest but consistent drop in overall numbers in recent months (our latest figures indicate c5,400, projecting a further drop of c200 before the end of the year, indicating a reduction by c10% already from the historically high levels last years).
- However the target will become increasingly challenging as the time progresses and there are associated budget implications for the corporate council due to a combination of factors.
- The council has already made adequate budgetary provisions in the current year's budget (and also in the draft estimates for the next round) to absorb these financial implications (mainly a loss of subsidy as the numbers are reducing and also progressive reductions in the maximum levels of Housing Benefit that the government is allowing).
- *The achievement of the Temporary Accommodation reduction target is one of the major challenges for the next 3 years.*

4) New Housing Developments:

- We have a target for new housebuilding in the borough (average 680 new homes per annum), under the London Housing plan, consolidated within our UDP.
- This is a challenging, but achievable target, but it is also the source of potential public concerns (about overdevelopment, quality, impact on facilities etc).
- Within that there are a number of other targets for social rented and affordable units (to contribute to our TA reduction) and for family sized accommodation (to assist with overcrowding), which are currently being reviewed by a special group of councillors preparing a Supplementary Planning Guidance.
- The service has established and expanded an "Enabling Unit" working with developers and RSL partners and it has established a liaison mechanism with RSLs (including a new Partnering Arrangement with the major ones in the area). It has also worked with RSL partners in preparing bids to the Housing Corporation for the necessary grants (enabling RSLs to provide the Social Housing elements), securing in the last round the second highest allocation in London. (The bids for the next 3-year round have just been completed and there is an expectation that there will be an even higher allocation to the borough in the future).
- *Delivering the annual targets and also ensuring higher standards and a closer link with the borough's social housing needs is the next major challenge for the next 3 years.*

5. Integrated Housing Strategy:

- Local Authorities have to produce regular Housing Strategies for submission and approval by the government. The council's housing strategy 3 years ago was awarded "Fit for Purpose" status by the government, which removed the requirement for annual submissions (which is the case for the authorities which do not achieve this status).
- That strategy expires this year and the council is preparing its next 3 year strategy for submission next year.

- The service has been working on the preparation of this next strategy, which is intended to be an “Integrated” one, widely consulted by a range of stakeholders, jointly owned by the key ones and adopted by the HSP, through the new Integrated Housing Board.
- A series of research and issues papers have been commissioned and work is proceeding on a number of sub-strategies, many through special inter-agency working groups.
- *The production of the Integrated Housing Strategy for the next 3 years, its adoption by our key stakeholders and the securing of Fit-for-Purpose status is a key challenge for the service over the next few months.*

(B) HOUSING MANAGEMENT/HOMES FOR HARINGEY:

1) Delivering the Decent Homes Standard programme:

- The government has set a target to housing authorities of bringing all their housing stock up to its DHS (initially by 2010/11, though more recently there is an uncertainty on whether they will extend this by one of two years).

- The council has been eating away on this target the last 3 years within its existing resources and it has taken the necessary steps to secure the necessary resources for meeting the full target. This involved establishing an ALMO, achieving the necessary threshold of two stars and making the necessary bids to the government.
- The service has until now met all of its milestones in this area, including having put into place the necessary infrastructure for delivering this, by all accounts massive, programme.
- Negotiations with civil servants are now at an advanced level to ascertain the amounts that the government is making available to the borough (anything between £150m and £220m extra, over the next 3-5 years) and we should know at least our initial allocation by Christmas.
- Although the service has prepared itself as well as possible (including surveys, draft alternative programmes for the early years, partnership arrangements with good contractors and so on), this would be the largest capital programme the service has handled.

- *Implementing the programme according to plan is major challenge for H4H and the corporate council over the next 3-5 years.*

2) Achieving 3 star performance:

- The recent achievement of the two star rating was always intended as a step towards achieving full excellence status. Although two stars is sufficient for accessing the DHS resources, the service still has shortcomings and is working on plans to achieve the next stage within the next two years.

- *Achieving 3 stars rating within two years is the next major challenge.*

3) Balancing the HRA:

- Detailed projections 3 years ago (annually reviewed and updated) indicated a projected deficit in future years and advance plans have been put into place to gradually close the projected gap.
- The service has been consistently managing to balance the HRA and a range of further efficiency savings have been identified (most already agreed by the H4H board) and are being implemented.

- *Ensuring that the HRA is balanced with a prudent level of balances over the next 5 years is the other major challenge of the service.*

Agenda Item 12

Haringey Council

Overview & Scrutiny Committee On 6th December 2007

Report Title: **Response to the Scrutiny Review of Customer Services - 2007 Update**	
Report of: **Director of Corporate Resources**	
Wards(s) affected: **All**	Report for: **Non-Key Decision**

1. Purpose

To agree the report outlining the conclusions and recommendations of the Review.

2. Recommendations

That Members review and agree the progress made by Customer Services in relation to the recommendations of the Customer Service Scrutiny Review report.

Report Authorised by: **Julie Parker** J. Parker
Director of Corporate Resources

Contact Officer: **Kevin M Gibbs, Assistant Director of Access and Customer Focus**

Tele: **020 8489 2023** E-Mail: **kevin.gibbs@haringey.gov.uk**

3. Executive Summary

This report is to provide an update for the Overview and Scrutiny Committee, of actions taken to date resulting from the Scrutiny Review of Customer Services 2006.

4. Reasons for any change in policy or for new policy development (if applicable)
N/A

5. Local Government (Access to Information) Act 1985

4. Strategic Implications

4.1 None

5. Chief Financial Officer Comments

5.1 The Chief Financial Officer has been consulted on the contents of this report. There are no direct financial implications as all the recommendations have been undertaken within existing cash limited resources however, a number of the recommendations have led to improved value for money and improved efficiency.

6. Legal Implications

6.1 The Head of Legal Services has been consulted on the content of this progress report and has no specific comment to make.

7. Equalities Implications

7.1 None

8. Consultation

8.1 The Review report has been submitted to the relevant departments for consideration of technical accuracy and feasibility of the recommendations.

9. Feedback Report

9.1 Background

The Overview & Scrutiny Committee commissioned a Scrutiny Review into Customer Services as part of its work programme for 2005/06. The review topic was chosen because of concerns previously raised about the performance of Customer Services (CS). The Scrutiny Review Panel's aim was to look at the performance of the Council's four Customer Service Centres (CSCs) and the Contact Centre and make recommendations on ways they could be further improved.

Of the 25 recommendations made in the Scrutiny Review report, CS accepted 19. A tabular tracking report has been attached as appendix 1 which describes achievements and charts progress made to date.

9.2 Highlights

Of the 19 accepted recommendations some of the most significant successes have been highlighted in the points below.

- Recommendation 6 related to the enhancement of staff feedback, particularly with regards to a staff suggestion scheme. This process is now working well in the CSCs, and additional work is currently being done to improve feedback in the Contact Centre.

- Recommendation 15 was that parking permits be rolled out to all centres. This was implemented immediately after the report was released.

- Recommendation 17 was that CS provides a 'Sign Video' system for deaf service users at the CSCs and a 'Type Talk' system at the Contact Centre, to replace the existing Minicom facility and deaf sign language interpreters. The Sign Video service is now operation in Wood Green CSC, with roll out to the Apex House CSC planned for the coming year. The Type Talk service replaced the Minicom service in the Contact Centre in August 2007.

- Recommendation 19 asked that the single queue at Apex House CSC be reconfigured as a matter of urgency. This issue was addressed immediately after the report was released.

- Recommendation 22 asked that regular service liaison meetings between management and staff from CS and Client Services be held as required, with at least one member of staff from CS participating. A recommended agenda was also provided. The agenda is now being used at all service liaison meetings, which are held monthly with operational staff in attendance, and quarterly with senior management representation.

- Recommendation 23 was to ensure that all new employees visit the Contact Centre and a CSC, as part of the Corporate Induction. Organisational Development and Learning have included a visit to the Contact Centre, and the CSC locations into the Corporate Induction tour of the Borough.

9.3 Next Phase Activities

With ongoing reference to the Scrutiny Review report, future activities have been planned to take forward CS to improve performance and service delivery.

Recommendation 1 of the report was not initially accepted as it was found that the management costs of monitoring and tracking the reduced survey, outweighed the benefits of the reduction. However, the service has reconsidered it position and is looking to implement the recommendation as part of the development of a new SAP CRM system, to be introduced in May 2008.

Recommendation 7 was also not accepted. It asked that a review be undertaken of all aspects of Information Technology and Communications (ICT) support to CS. As a result of the Council re-shaping exercise in 2006, a new leadership structure has been put in place which now links ICT with CS. The new Assistant Director of Access and Customer Focus will ensure that the customer experience is improved using technology, via joint working solutions.

Recommendation 25 referred to the recharging arrangements to Client Services, and asked that these be clarified. The intention was to provide information to the Client

Services that would encourage a reduction in repeat visits / calls and to streamline processes to reduce transaction times. Analysis has been provided to the Client Services that has been used to explore the reasons for increased contacts, the next steps being to develop strategies to reduce the need for customer contacts, by improving processes and the customer experience.

Service performance has increased since the implementation of the scrutiny review recommendations. That said, the service has continued to struggle with performance both in the Service Centres and in the Contact Centre. In 2006, Customer Services merged a local improvement plan with the recommendations from the scrutiny action plan to form a merged improvement plan. This plan has achieved an improvement in performance and has recently been supplemented by a plan to accelerate performance to the required standard.

9.4 Conclusions

Customer Services has continued to develop since the scrutiny report was issued. A number of new services have been moved into the Contact Centre and Service Centres. This has increased the range and depth of services available to residents and has made the experience that the service delivers more complete through the resident's eyes.

Since the review, performance in Customer Services has improved. The average cost per call has also reduced over this period with the service now representing much better value for money. However, a new challenge for the service will be in managing the transition of the Homes for Haringey repair calls and resulting reduction in workload.

Appendix 1

Table of responses, Scrutiny Review of Customer Services

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
CUSTOMER SERVICES PERFORMANCE				
Recommendation 1 That Customer Services Department considers the value of the user satisfaction survey undertaken by Customer Services Officers after each interaction. The Panel believes this practise should be ceased to improve service time.	Not accepted The service has considered the recommendation and is proposing to continue with the user satisfaction survey at the end of each service request. A great deal of useful data is derived from the survey and an enhancement (shortly to be introduced) will add more value by allowing staff to include details of the reason for dissatisfaction against the service request	**2006 update:** Data is now being analysed each month and arrangements are being developed to provide a suite of information to service managers and to client services.	**2007 update:** A number of pilot initiatives were undertaken to address this recommendation. A review of these pilots concluded that the recommendation should not be implemented, as measure wasn't value for money. However we are reviewing this position in light of an update to the Customer Relationship Management (CRM) system. This will allow fewer surveys to be completed with better quality and richer information.	Assistant Director, Access and Customer Focus
Recommendation 2 That Customer Services develop a mystery shopping exercise as part of their performance assessment process. The mystery shoppers to include local residents, disabled people, businesses and council officers. The mystery shopping should include testing access for disabled users including parking facilities.	Accepted The service is working towards undertaking a mystery shopping exercise by September 2006		**2007 update:** The Customer services for London group (CSLG) have been working to deploy a low cost mystery-shopping model based on mutual aid from other London Borough. This project has been delayed. We are therefore looking at short-terms solutions while the pan London initiative completes its pilot stage.	Service Development Manager

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
Recommendation 3 That the monthly award scheme for staff in Customer Services be re-introduced to recognise and reward excellent customer service.	Accepted The scheme has now been re-activated. Awards for the past year are about to be made.	**2006 update:** As a one-off, and to reward staff at a particularly busy period of the year the award fro April is to be 2 x £100 (1 each for a member of staff in the Contact Centre and the Customer Services Centres).	**2007 update:** The WOW awards have added to the reward and recognition work that the service has undertaken. A new scheme is currently being piloted at the North Tottenham CSC. Once evaluated the scheme will be rolled out across the service.	Finance & Performance Manager
Recommendation 4 That training for Customer Services and Client Services staff be co-ordinated and where possible shared.	Partially accepted It is accepted that we should co-ordinate training and action is in hand to make this happen, where it is possible. However the very different nature of the training required by Customer Services and client services staff means that shared training is not always feasible		**2007 update:** A number of joint training programmes have been completed to cover legislative issues which are joined by client services. Benefits and Local Taxation has been a key partner in sharing training resources and programmes.	Service Development Manager
Recommendation 5 That Team Managers keep log of reasons for calls to Client Services and that this be reported to liaison meetings. All calls to Client Services by Customer Services staff must be authorised by Team Managers.	Partially accepted Calls to client services are, in many cases, part of the standard procedure agreed with the client service. It is agreed that all calls outside the processes should first be authorised by managers before being made.	**2006 update:** log in place	**2007 update:** This process has proved to be impractical due to the volume of contacts. New Customer Service Officers (CSO) targets are currently being piloted that focus on keeping contact with client departments down to 20% or less.	Assistant Contact Centre Managers
Recommendation 6 Staff feedback needs to be enhanced, bottom up. In addition the staff suggestion scheme should be reintroduced.	Accepted		**2007 update:** Process working well in CSCs. Additional work has been put into the Contact Centre as part of an improvement plan. Groups representing CSO, Team Manager, Trade Unions and senior managers meet with AD Access	Assistant Director, Access and Customer Focus

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
			and Customer Focus to share in the development of the service and highlight bottom up issues.	
Recommendation 7 That a review be undertaken of all aspects of Information Technology and Communications support to Customer Services. Led by independent experts and supported by Council's IT Services.	Not accepted It is accepted that the Customer services operation is wholly dependent on the availability of effective IT systems in both Customer Services and client services. In the last year or so, there have been interruptions in service due to failures in our IT managed service and as a result of the Hemel Hempstead depot fire. These have been dealt with appropriately and have resulted in changed contractual arrangements, and the in-sourcing of ICT management. Support to Customer services will continue to be a priority.		**2007 update:** A new leadership structure has been put in place linking IT services with CS. Joint ad-hoc "SWAT" teams are being formed around key technology challenges impacting on customer service. This year a major project to upgrade the Customer Relationship Management (CRM) system is underway. The new Assistant Director of Access and Customer Focus is sponsoring this work to ensure that this system further improves the customer experience and reduces the cost per transaction to the authority.	Head of IT
Recommendation 8 That logs of system down-time be reported to each Customer Services Member Working Group meeting.	Accepted		**2007 update:** Improvements in the IT helpdesk has reduced the number of issues. Further improvements are expected as part of the new joint management structure.	Assistant Director, Access and Customer Focus
Recommendation 9 That the planned saving targets for the next three years are considered to be achievable whilst	Accepted		**2007 update:** The saving target for Customer service is being address via the budget setting process. Key in achieving the saving is delivery of the service target.	Assistant Director, Access and Customer Focus

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
maintaining existing targets.			Two streams of work are underway ensure that the budget target does not impact on performance. 1. Value for money review of the service in relation to nearest neighbours. This to enable best practice to be applied to CS and efficiencies others have been able to demonstrated to be built into CS. 2. Channel shift, to move those customer who are able to cheaper ways of doing business with the Council.	
CUSTOMER CARE				
Recommendation 10 The Review Panel endorsed the projects being developed by the Corporate Customer Focus Manager. This includes the following: • Further developing Customer Focus throughout the Council through a Customer Focus Strategy; • Membership of the Institute of Customer Services, including opportunities for staff development/qualifications in the field;	Accepted		**Update 2007:** The Council won the National Customer Service Award for its successful implementation of the WOW awards. Over a thousand nominations have been received from customers.	Customer Focus Manager

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
• That the Communication Unit manages and controls the printing and distribution of posters and leaflets. All leaflets and posters should include versions/ date of issue indicators, to assist in removal of obsolete items. In addition, electronic copies of posters and leaflets be made available on the Council Website.				
Recommendation 11 That in line with the findings of Reception Project report, it is recommended that firstly the need for security staff at all Customer Service Centres be investigated. Secondly if there is a need, that they be employed permanently by the Council with a varied role to include some of the following: • Welcoming customers; • Direct customers to appropriate officers; • Provide answers to basic queries; • Be responsible for the	Partially accepted The main recommendation to review the use of security staff is accepted. It is appropriate that their role should include meeting and greeting customers, directing them to reception and staff within the centre and assisting with maintenance and updating of leaflets. However, it is not considered appropriate for them to provide answers to basic queries, other than hours of opening, how the centre's queuing is arranged, where other offices are. Definition of what is acceptable will be required and clear guidance given.	Further investigations are to be undertaken.	**Update 2007:** The service mix within the CSC has changed. With the addition of Housing Preventions and Options case handling (Homeless management), the focus on the security staff has been on providing a safe environment for all service users and staff. A review of the security at CSCs was presented to the Council and Employee Joint Consultative Committee (CEJCC) on 12th November 2007. The report: "Review of security and safety in Customer Care Centres" by Head of Housing Needs and Strategy, updated the panel and drew attention to the safe and secure environment needed to provide this service.	Customer Service Managers

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
maintenance and updating of displays containing application forms, posters and leaflets etc.				
Recommendation 12 That the Call Centre be renamed 'Contact Centre' as it now deals with e-mails.	Accepted This name more closely reflects the changing nature of the centre	**Update 2006:** Plan to formalise name change to be brought forward.	**Update 2007:** Informally referred to as the Contact Centre, however still inconsistent as no formal action has taken place. As part of the next phase of development the Call / Contact Centre needs to establish an internal identity that conveys to internal and customers the brand values that the organisation wishes to project around customer service over the phone.	Assistant Director, Access and Customer Focus
Recommendation 13 It is the opinion of the Scrutiny Panel that the ability is there to 'win' a national award for the excellent service provided by the department. The Panel encourages Customer Services to apply for a Charter Mark award or other national awards for Customer Services.	Accepted The Charter Mark is currently being revised and the resource requirement to achieve it is not yet known. There is a balance to be struck between the benefit of the recognition and the cost of resourcing the preparation of a submission. There may be opportunities for other forms of recognition which can be pursued more cost effectively.		**Update 2007:** The service has not been successful in any applications. A key problem holding the service back has been its performance. Once this is corrected, the service will again look for recognition.	Assistant Director, Access and Customer Focus
Recommendation 14 That all Customer Service Centres introduce the facility to take credit/debit card payments immediately.	Accepted The timescale for implementation is dependent on IT investment and implementation programmes.		**Update 2007:** Facility now available at all CSCs.	Service Development Manager

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
Recommendation 15 That the roll out of parking permits to all centres be completed immediately.	Accepted The timescale for implementation is dependent on IT investment and implementation programmes.	**Update 2006:** Hornsey CSC parking permit issue has gone live, the remaining CSCs will go live over the next two months	**Update 2007:** Process completed. New "Match Day" scheme has also gone live in North Tottenham CSC.	Service Development Manager
Recommendation 16 That it be investigated whether the demand and usage of the Customer Service Centre in Hornsey justifies the need for a centre in the area. In addition that in future the Accommodation Strategy considers, there is a need to move the Hornsey Customer Service Centre, that it be relocated to Hornsey Library.	Partially accepted At the time of the Scrutiny Review Hornsey was underutilised. However, initiatives have been implemented which are increasing its use.	**Update 2006:** The co-location, in the Customer Service Centre of Homes for Haringey is introducing new client groups to the centre.	**Update 2007:** Work underway to evaluate options for Hornsey CSC as part of the wider Hornsey Town Hall Redevelopment plan. Corporate Property services are working on a plan with options for consideration.	Head of Property Services
Recommendation 17 That Customer Services provide a 'Sign Video' system for deaf service users at the Customer Service Centres and a 'Type Talk' system at the Contact Centre. These should replace the Minicom facility and deaf sign language interpreters.	Accepted	**Update 2006:** The **Sign Video** service is now operation in both centres. Promotion of the service will be taking place in July. The **Type Talk** service is scheduled to be introduced to replace the existing Minicom service in late summer, subject to resolution of residual telephony issues.	**Update 2007:** SignVideo rolled out Wood Green CSC. Type Talk has also been successfully introduced.	Lead Customer Service Centre Manager Contact Centre Manager
Recommendation 18 That Customer Services in consultation with Property	Accepted	**Update 2006:** A review of disabled bay positioning and enforcement is being undertaken	**Update 2007:** Bays in place. Requirement now built into the specification of CSCs.	Head of Property Services

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
Services/ Highways Department provide parking facilities for customers with disability as near as possible to the Customer Service Centres, which should be clearly marked for the use of disabled customers only and clamping be enforced for unauthorised parking.		with Facilities Management.		
Recommendation 19 That the single queue at Apex House Customer Service Centre be reconfigured as a matter of urgency.	Accepted	**Update 2006:** This has been addressed by improvements to the Customer Relationship Management System which has reduced the interaction and time spent at reception and eliminated the bottlenecks.	**Update 2007:** With the redevelopment of Apex House, CS is looking at how to improve the flow of customers in site and how to have the lessons learnt taken forward to the new site. Opportunities to co-locate with Health and other providers are also being explored.	Lead Customer Services Manager
CLIENT SERVICES				
Recommendation 20 That Team Managers and staff members be trained as service champions in particular service areas to reduce calling Client Services and improve service time.	Accepted	**Update 2006:**Complete		Service Development Manager
Recommendation 21 That Customer Services be responsible for the development and update of	Accepted		**Update 2007:** Forward plan in place around Benefits and Local Taxation and Parking events.	Service Development Manager

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
a forward plan in conjunction with Client Services which has details of all major letters, information, bills, reminders etc being sent to residents throughout the year to enable Customer Services to prepare resources adequately.				
Recommendation 22 That regular service liaison meetings between management and staff from Customer Services and Client Services be held as required. At each meeting at least one member of staff from Customer Services should participate. The meetings should cover some of the following issues: 1. Forward plan requirements; 2. To check/monitor how service level agreements are being applied; 3. Consider reports from Team Managers from Customer Services for reasons for calls to Client Services; 4. To confirm that cut of	Accepted	**Update 2006:**Complete	**Update 2007:** Process working well with improved communication and joint working.	Service Development Manager

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
points are still correct; 5. To compare data on number of issues which require Client Service actions and what proportion of those have been completed; 6. Repeat calls statistics to be discussed including reasons; 7. Information on key issues affecting the borough to be better communicated to Customer Services Officers. i.e. Parking enforcement during Christmas period; 8. Customer Services and Client Services performance targets; In addition, all staff and Team Managers in Customer Services and Client Services should be advised of key outcomes arising out of service liaison meetings.				
Recommendation 23 That as part of the Corporate Induction, organised by Organisational Development & Learning, all new employees visit the Contact	Accepted		**Update 2007:** Corporate Induction now includes Customer Services and a visit to Contact Centre.	Head of OD & L

Recommendation	Response	Progress 2006	Update Nov 2007	Ownership
Centre and a Customer Service Centre.				
Recommendation 24 That Customer Services investigate additional funding streams to further assist in the recruitment and training of new recruits.	Accepted		**Update 2007:** permanent recruitment is currently on hold. Once the current budget round has been completed this recommendation will be reviewed as part of our people strategy.	Assistant Director, Access and Customer Focus
Recommendation 25 That the recharging arrangements to all client services be clarified. Client services need to be made aware of the number of calls / visits handled on their behalf along with the average time of their transaction, repeat visit / calls information to be included. Provision of this information will encourage client services to ensure a reduction in repeat visits / calls and to streamline their transactions to achieve reduced transaction times.	Accepted	**Update 2006:** The analysis has been provided to the Client Services and has been used to explore the reasons for the increase in contacts. The next steps are to develop strategies to reduce the need for customers to contact the Council, by improving the end-to-end process and the customer experience of it	**Update 2007:** Funding strategy of CS to be review in light of transfer of HFH Repairs call handling.	Assistant Director, Access and Customer Focus

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