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To: All Members of the Overview & Scrutiny Committee

Dear Member,

Overview & Scrutiny Committee, April 7th 2008, 7pm, Civic Centre

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:

6. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ADULT SOCIAL CARE AND WELLBEING (PAGES 1 - 2)

Answers to questions from Councillor Bob Harris, Cabinet Member for Adult Social Care and Wellbeing. **BRIEFING TO BE TABLED.**

7. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ENFORCEMENT AND SAFER COMMUNITIES (PAGES 3 - 34)

Briefing and answers to questions from Councillor Nilgun Canver, Cabinet Member for Enforcement and Safer Communities

8. PRIMARY CARE TRUST - INVESTMENT PROPOSALS (PAGES 35 - 64)

Update from the PCT

9. PRIMARY CARE STRATEGY (PAGES 65 - 66)

Update from the PCT

10. TITLE: ANNUAL HEALTH CHECKS - OVERVIEW AND SCRUTINY COMMITTEE COMMENTS ON CORE STANDARDS SELF-

DECLARATIONS BY LOCAL NHS TRUSTS (PAGES 67 - 82)

(Report of the Chair of Overview & Scrutiny) To approve draft comments by the Committee on the Core Standards self- declarations by local NHS Trusts

16. UPDATE ON THE RECOMMENDATIONS OF THE OVERVIEW & SCRUTINY COMMITTEE'S REVIEW OF NEIGHBOURHOOD WARDENS SERVICE (PAGES 83 - 88)

(Report of the Assistant Director of Street Scene) To provide a progress update to the Committee.

17. UPDATE REPORT ON THE REPLACEMENT OF PATIENT PUBLIC INVOLVEMENT FORUMS WITH LOCAL INVOLVEMENT NETWORKS (PAGES 89 - 92)

(Report of the Chair of Overview & Scrutiny) To update the committee on the replacement of Patient Public Involvement Forums with Local Involvement Networks

18. MINUTES (PAGES 93 - 100)

To confirm and sign the minutes of the meetings of the Overview & Scrutiny Committee held on:

- 25 February 2008

19. NEW ITEMS OF URGENT BUSINESS (PAGES 101 - 130)

The Chair has agreed to take the following report as Urgent Business:

Scrutiny Review of Post Office Closures in Haringey (the national Network Change Programme) (Report of the Chair of Overview & Scrutiny)

Please note, items 13 (Stroke Services Feasibility Report), 14 (Access to Services for Older People) and 15 (Waste Collection and Recycling) have been deferred.

Yours sincerely

Jeremy Williams
Principal Committee Coordinator

OVERVIEW & SCRUTINY COMMITTEE

Monday April 7th 2008

**CABINET MEMBER QUESTIONS: Cllr Bob Harris
Cabinet Member for Adult Social Care & Wellbeing**

Question from Councillor Bevan:

Is Councillor Harris aware of the concerns regarding The Laurels Health Centre, can Councillor Harris assist in any way in ensuring these issues are quickly resolved?

Yes, I am aware of the issues and have urged the PCT to provide a response to Councillor Bevan, which I understand he has now received. I am happy to provide an update at the meeting.

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Briefing for Overview & Scrutiny- 7 April 2008**Councillor NILGUN CANVER**

Cabinet Member- Enforcement and Safer Communities

COMMUNITY SAFETY**CRIME FIGURES**

In the performance year to date (April 2007 – February 2008), there has been a small increase in the number of British Crime Survey (BCS) comparator crimes; 0.2% since the same period a year earlier. There were significant falls in personal robbery (23.5%), theft of motor vehicle (7.5%), wounding (6.8%) and theft from the person offences (3.5%). Increases of note were in criminal damage (13.2%), theft from a motor vehicle (9.3%) and burglary (5.1%).

If current performance continues, robbery, theft of motor vehicle, wounding and theft of pedal cycle will exceed their target reductions: wounding and theft of pedal cycle will exceed by around 1%; theft of motor vehicle by 6% and personal robbery by 21%.

ANTI-BURGLARY AND CAR CRIME PUBLICITY CAMPAIGNS

All Safer Neighbourhood Teams have been provided with portable correx posters with an anti-burglary and motor vehicle crime message for use in hotspots. For a three week period in December and January, a 'posters on wheels' van drove around burglary hotspots in the borough. This campaign may have impacted on the number of burglaries, with February having the lowest monthly figure since September 2007. Stickers reminding vehicle owners to take all of their belongings with them were posted on every pay and display machine in the borough.

TACKLING VIOLENCE ACTION PLAN

The Home Office published '*Saving Lives. Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence 2008-11*' on 18th February 2008. This is the first national plan focusing specifically on serious violent crime. It sets out what the government, in partnership with police and local agencies, will do over the next three years to reduce homicide, knife crime, gun and gang related crime and sexual and domestic violence.

The implications identified from the action plan have been considered as part of the forthcoming Haringey Safer Communities Partnership Plan: *Safer for All*. Serious violence will remain a priority in Haringey with particular emphasis on the following: a coordinated approach to youth violence, research and relevant action about alcohol-related violence, early intervention projects regarding weapons, improving support and co-ordination of services for those who experience domestic violence, reducing the tolerance of domestic violence and constructive work with perpetrators.

COURTS

Community Justice Courts are being piloted at Tottenham Court and cover crimes committed on four wards -Northumberland Park, Seven Sisters, Tottenham Green and Tottenham Hale, by both young people and adults. The CJC has been launched on 11 March. The idea of these courts is to ensure the sentences given reflect concerns of the local community. They will also immediately address the risk factors that have led to the offending and provide reparation opportunities suggested by members of the community. Local agencies will be present in the court house to provide immediate engagement for the offenders to address their substance misuse, and to give advice on financial problems, health issues and other matters. The aim is to make the court system more relevant to the community and reduce re-offending.

YOUTH SUMMIT

Cllr. Santry (Cabinet Member for Children and Young People), the Leader and myself have been meeting with the schools and other key stakeholders in order to enable schools to do more to prevent youth violence and create better opportunities for young people who may be at risk of offending. The Youth Summit met three times so far and received presentations from the third sector that aim to deter and prevent youth crime and anti social behaviour.

SAY YES CHALLENGE FINALS

The 'Say Yes Challenge' was a tremendous success. All of the young people who took part were a credit to their school and demonstrated the positive impact that they can have on their community. Their ideas were both innovative and practical; the feasibility of implementing their ideas is being examined by the Community Safety Team. Young people from one of the winning teams have been invited to present their idea to senior directors at Transport for London.

The Challenge provided the young people involved with the opportunity to contribute to the safety of their community at the same time as teaching them the basics of running a business. The project will be repeated in the borough. The challenge was funded by the Safer Haringey Partnership and was co-ordinated by Prudential 4 Youth (a partnership between Crime Concern and Prudential).

PRIVATE SPACE MARKINGS

Privacy spaces have been marked around cash machines in Muswell Hill Broadway and Fortis Green Road, N10. This aims to give the user a 'personal defensible space' and make them aware of other people nearby and to help reduce theft of card details. The privacy space consists of a yellow box marked out on the pavement.

LOCAL INTERVENTION FIRE EDUCATION

The Fire Service launched the new Local Intervention Fire Education (LIFE) programme for young people. The LIFE project prevents young people from becoming persistent offenders by providing an intensive 5-day work experience programme, helping them to understand the role of the fire fighter and the consequences of vandalism and setting fires. They have been working on a pilot scheme of the Project for Haringey Youths where participants have been undertaking a number of training exercises, including the use of breathing apparatus, casualty rescue, hose line practice and problem solving tasks. The Fire Service has also worked with Safer Schools on the consequences of false alarms. The Fire Service gets its referrals from the Youth Offending Service and I was at the awards ceremony for the last round of young graduates.

SCHOOLS AGAINST WEAPONS AND TERRITORIALISM

All secondary schools have been given the opportunity to apply for funding to develop projects about weapons and territorialism. Seven schools and the Sixth Form Centre submitted successful applications for projects that aim to:

- engage secondary school students in debates about weapons and territorialism
- engage young people to be 'message givers' around weapons and territorialism
- introduce the concept of Crimestoppers to secondary schools in Haringey

Each school will have the opportunity to showcase their work as part of the Gladesmore School Value Life Campaign in July.

WORKSHOPS

Victim Support has carried out six workshops in schools around being a victim of crime, with two more schools interested. They also held a successful Crime and Safety Awards Day. Victim Support has also been involved in an anti-bullying campaign in Campsbourne Primary School, around school discipline and training for teachers to improve working practices.

CRIME OPPORTUNITY PROFILING OF STREETS (COPS)

COPS are environmental audits designed to identify crime generators and features of the built environment that contribute to crime. The following work

was completed in response to the Crime Prevention Design Advisors' COPS recommendations:

- Installation of new fencing on the Milton Road Estate
- Crime prevention patrols by Volunteer Police Cadets
- Improvement of lighting on Brook Street
- Improvement of lighting in Tower Gardens Park

HARINGEY BOROUGH ASSOCIATION OF NEIGHBOURHOOD WATCHES AGM-8TH MARCH 2008

80 people from across the Borough attended this event. A number of speakers were present, including Richard Wood the acting Borough Commander and myself. The day celebrated the successes of current schemes and renewed the commitment to the invaluable work that is currently taking place in the Borough. Neighbourhood Watches have been endorsed nationally in the recent Home Office Cutting Crime Strategy 2008/11.

BURGLARY Q-CARS

The Q-Car model that has been successful in dealing with robbery has been applied to burglary. This has enabled proactive stop and searches on the street leading to quick identification and arrests of known and suspected burglars.

SAFER NEIGHBOURHOODS

INSPECTION

The Safer Neighbourhood Teams were inspected by the Borough Operational Command Unit in December 2007. Feedback was very positive in all areas except problem solving. This aspect is currently being developed within the partnership and is covered in the Community Safety Strategy 2008-11.

ARMY CADET FORCE

Safer Neighbourhood Teams have been working on the Army Cadet Force Outreach programme, aiming to help disengaged young people, vulnerable to becoming involved in crime, using challenging activities to raise self-esteem and build confidence. This is a London-wide project, with the police playing a big part in the selection of candidates: the Safer Neighbourhood Teams have been working together to identify young people in the borough to benefit from the programme.

ROUTE 29 BUS OPERATION

Officers from two Safer Neighbourhood Teams assisted in an operation targeting fare evaders on the 29 bus. The operation was successful with more than 1,300 fares checked and penalty fines being issued to fare evaders.

COMMUNITY PAYBACK

This is a joint scheme between the Metropolitan Police Service, London Probation and local authorities. On the scheme, convicted offenders serving community orders do unpaid work to bring derelict areas and buildings back into public use. This work is in reparation to their local communities as part of the offenders' sentence.

In January, environmental improvements were made around a primary school in West Green as part of Community Payback, involving cutting back overgrown shrubbery and clearing leaves.

RESTRUCTURE OF SUPERVISION SAFER NEIGHBOURHOOD TEAM

At the end of March, Inspector Barry O'Callaghan will be joining the Operations Team and leaving the SNT. His replacement will be Inspector Pam Morgan.

Pam Morgan will take a lead on strategic problem solving. This will include issues such as the bus stop outside the YOS in Tottenham High Road (which is the site of recent youth conflict between Tottenham and Wood Green gangs) and alcohol-related disorder in Muswell Hill.

Inspector Craig Middleton remains the ASBAT liaison, building on existing relationships. He will become the New Deal for Communities link and will review the dispersal zones and our processes underpinning them

Inspector Mark Hembury will be responsible for area based working in West Green and Wood Green. This is a new piece of work looking at setting joint performance frameworks around partnership priorities.

The communication processes in Haringey are being reviewed, in conjunction with the Professional Standards Unit that oversees the Borough's press liaison. This will ensure a more corporate approach providing greater reassurance and partner inclusion.

The result of these changes should be delivery of greater partner working with long term results through a problem solving approach.

EMERGENCY PLANNING AND BUSINESS CONTINUITY

The Emergency Planning and Business Continuity Team responded to a large fire at Grand Parade, Green Lanes. The team coordinated the response of the Council, providing support for the emergency services and help and support to residents who were evacuated from their homes at 5am on a Saturday morning. The team has also dealt with a number of other incidents including a tower block fire, and a major power cut.

The team has organised a number of training events for partners and Council staff, to practice for a serious emergency affecting the borough including:

- Training staff to help evacuated people in rest centres
- A major emergency exercise to practice dealing with a large fire at St Ann's Hospital
- A London-wide exercise involving all 33 London boroughs coordinating the response to an extreme storm event, like the 1987 'hurricane'

The Council and partners from the Emergency Services have been working to implement the lessons from the Summer 2007 floods. A partnership meeting, involving the Environment Agency and the Met Office was held in October 2007, and partners are now working together to develop a flood plan for the borough.

The Council is also testing sending text messages to key officers and Members, as a way of alerting people about emergencies.

YOUTH OFFENDING SERVICE

PERFORMANCE

The Youth Offending Service is measured against a set of 15 key performance indicators set each year by the Youth Justice Board. Quality assurance performance and compliance with National Standards are also monitored. Several of the indicators were altered in April 2007 and figures for the first 3 quarters of 2007/2008 indicate that the YOS is currently operating at level 3 (level 5 being the highest). We are 93rd nationally out of 156 YOTs, 14th in London and 4th in our "family" which is made up of demographically similar YOTs.

The Key Performance Indicator priority identified by the Management Board for 2008 has been on education, training and employment (ETE) with a Haringey target set to ensure that 70% of young people are in suitable full time ETE provision. A small, dedicated ETE team has been formed, consisting of the Education Officer, three Connexions workers, a secondary learning mentor and Keeping Young People Engaged (KYPE) worker. This has resulted in an increase from 69.1% last year to 73.6% so far this year.

PARENTING

The YOS and ASBAT parenting workers are running the "Strengthening Families, Strengthening Communities" parenting programme. There are 14 participants on this 13 week programme which seems to be progressing really well with high levels of attendance. The awards ceremony will be at the end of April.

DEVELOPMENTS

Six young people took part in the Local Intervention Fire Education programme and received positive feedback from the organisers. We are

hoping to commission two more programmes in Haringey and are looking at follow-up support for those attending.

A two-session **alcohol awareness** group will be starting in March and additional work on alcohol will be offered to specific young people, in particular young girls, due to information from assessments of young people coming to the attention of the YOS.

Two YOS staff members attended the Somali Forum at Gladesmore School in February and were able to give participants information about the YOS and the youth justice system. Time was limited at the event and it is hoped we will be able to follow this up in future.

Two six-day workshops are being run to train participants in the use of Restorative Approaches, particularly in Primary schools. Representatives from Campsbourne, Risley Avenue and Bruce Grove Schools, and members of the Education Welfare Service have been trained already. The YOS Prevention Operational Manager will be running a support group to monitor the use and dissemination of these approaches within these schools.

TRAIL BLAZE

The cannabis board game which was developed by YOS drugs workers, won the national "Communicating Youth Justice award 2007" for the best promotional work. This was presented at the National Youth Justice Board conference in October last year.

DRUG AND ALCOHOL ACTION TEAM

NUMBERS ENTERING DRUG TREATMENT

Over this quarter the borough has 1236 entering drug treatment. The borough is pushing ahead towards its NTA stretched target of 1475 with the YOS reporting for the first time, EBAN, the stimulant service, beginning to make an impact.

BUBIC PUTS HARINGEY AT THE FOREFRONT OF INNOVATION

Building Unity Back in the Community (BUBIC) a pioneering peer led support group commissioned by the DAAT were once again centre stage as the regional winners of the Home Office sponsored 'Tackling Drugs Changing Lives Awards'. Their work was once again recognised for its commitment, passion and drive and contribution they make to tackling substance misuse problems in BME communities.

HARINGEY REACHES OUT

A late funding opportunity from the PCT has allowed the DAAT to put together a short term outreach project - Haringey Reachout. This is part of the DAAT's drive to increase the numbers of drug users and in particular hard to reach drug users into drug treatment. Workers from across the drug and alcohol agencies in the borough are providing an outreach service four weekday

evenings. The longer term intention is to develop a much needed outreach strategy, which will provide harm minimisation advice, support, and access to treatment. Well over 50 people have engaged with outreach workers so far. It is hoped that this will soon translate into new numbers in treatment.

NEW STIMULANT SERVICE MOVES TO PERMANENT PREMISES

Eban, the newly commissioned stimulant/poly drug service in the borough, moved into permanent premises in February 08. The service 'vision' is informed by the DAAT annual comprehensive needs assessment, which identified the need to have a specific service more tailored to the needs of stimulant/poly drug users. The service will provide hard to reach users with low level engagement services - space to shower, eat, laundry as well as providing evidence based treatment interventions.

ALL PLANS DONE

Both the Adult and the Young Persons' Treatment Plans have now been submitted to the National Treatment Agency/GoL for approval. The plans outline commissioning intentions for adult and young people with substance misuse problems in 2008/09.

SERVICE USERS DOING IT FOR THEMSELVES

The Alliance (formerly The Methadone Alliance) has been commissioned by the DAAT to develop two new initiatives, as part of our ongoing drive to improve user involvement, consultation and advocacy. The Mentoring Service will train up existing service users to provide on going support to service users new to drug treatment. For the first time service users will be assisted through the treatment process by a fellow user. This will make the whole process of treatment easier to understand, by someone who has been through the 'system'. The Advocacy Service will work with service users in treatment to successfully resolve issues around treatment they are receiving. Alongside this the Alliance will be training up existing service users to run this service from 2010.

CARERS GET A LOOK IN

The family, carers, friends and significant others who support drug and alcohol users have historically had little support, or say into the planning and commissioning of substance misuse services. This is however slowly changing. Since January 2008 two carers are on the DAAT board and Treatment Task Group – ensuring that their views are taken into account both in the development of services for themselves and for the people they are caring for. In addition the DAAT have commissioned EBAN to provide a new counselling for carers of people with substance misuse problems from April 08.

KHAT ON THE NATIONAL DRUGS AGENDA AGAIN

The DAAT commissioned Somali Khat project worker who was named as employee of the year by the BEH Mental Health Trust in December 07. More recently Aboker Ajab facilitated a khat workshop at the first national conference on Race and Drugs held at the prestigious Emirates Stadium. Well over a hundred people attended the conference where Vernon Coaker

MP, Under secretary of State for Crime Reduction, again raised this issue of khat, the Home Office concerns and its effects on the Somali community.

MOVING THE ALCOHOL AGNEDA FORWARD

Following the recent publication of the new national Alcohol strategy, "Safe. Sensible. Social – The next steps in the National Alcohol Strategy" Haringey DAAT will be working with partners to update the boroughs existing Alcohol Strategy, ensuring it is more in line with the sentiments of the national strategy and emerging local priorities. It is now a statutory requirement on Crime and Disorder Reduction Partnerships to have a local Alcohol Strategy. A stakeholder event is planned for the summer – with eventual publication of the strategy in 2009.

DRUGS INTERVENTION PROGRAMME (DIP)

28th March sees the second Haringey Aftercare Service Recognition ceremony at which clients are discharged and commended for their progress in the journey to remain drug free. The DIP contract was extended for a further 12 months to 31st March 2009, subject to procurement procedure. The DAAT rent deposit scheme extended for a further 12 months to accommodate individuals who have successfully completed a period of drug treatment and are ready for independent living.

DOMESTIC VIOLENCE

DOMESTIC VIOLENCE AWARD

In November on White Ribbon Day the London Borough of Haringey won an award of distinction from the Mayor of London in recognition of our outstanding and innovative work to combat Domestic Violence.

ADDITIONAL COUNSELLING SERVICES

We have used funding from the LAA stretch targets to fund additional counselling services for DV survivors.

ATHENA DAYS AND ADDITIONAL HELP TO TAKE DV WITNESS STATEMENTS

We are also using LAA stretch target funding to put on Athena Days when the police use extra resources to arrest a large number of DV and Hate Crime perpetrators, we are also funding additional people to take statements about DV cases. The police have recently carried out six days of Operation Athena around hate crime and domestic violence. There were 18 arrests made and 12 sanction detections.

HEARTHSTONE DOMESTIC VIOLENCE ADVICE SUPPORT CENTRE

Hearthstone will expand its physical capacity from the current shop front location into the floors above in 2008. This will provide additional interview and group work rooms. This will not only enable a more appropriate space for survivors and improved office space but will allow partners who have been unable to work with us thus far to join us in creating a more holistic service as well as providing group work and therapeutic solutions on site. One example

is that IMECE will provide a Turkish-speaking Advice and Support service and Haringey Young People's Counselling Service and the NIA Project will provide group work sessions for young survivors. An increase in staffing, including a Senior Practitioner post, has been agreed to support the physical expansion. Increased staffing, including a Senior Practitioner post, has been achieved during 2007.

UPDATING OUR DOMESTIC VIOLENCE STRATEGY

We have had a DV strategy and action plan in place since 2004 and have started writing the second strategy ready for 2008 -2012. We held a stakeholder event in June attended by 80 people using drama to help people focus on developing the new strategy and we have consulted widely on the priorities identified including consulting our Expert DV Service User group. The new DV Strategy will be a Domestic Violence and Gender Violence strategy and will include actions to combat Trafficking, Rape, Forced Marriage and Female Genital Mutilation.

I SHALL SURVIVE 7TH EDITION

The 7th edition of "I Shall Survive" Haringey's guide to DV services has been translated and the translations put on Haringey's website.

STATISTICS FROM HARINGEYS DOMESTIC VIOLENCE WEBSITE PAGES

- Since going live on 3rd May 2006, our DVD '*What's Love Got To Do With It?*' has had 1687 people log on to it – which makes it the most popular video that the council has webcast.
- 2,390 people logged on to the domestic violence handbook, *I Shall Survive* in 3 months, from July – September 2007.
- Other domestic violence pages have received 1,084 in 3 months

WHITE RIBBON DAY 2007

We held our annual White Ribbon Day DV Stakeholders Conference 26th November 2007; the theme was "Holding Perpetrators accountable". Key speakers included: Neil Blacklock Acting Director, Respect; Ben Jamal CEO, Domestic Violence Intervention Project DVIP; Dr. Emma Williamson, Centre for Family Policy and Child Welfare, Bristol University.

PILOT PERPETRATOR PROGRAMME

We have launched with Domestic Violence Intervention Project to provide a perpetrator programme in Haringey using funding for stretch targets. The third sector organisation RESPECT has begun work in Haringey.

DV AND YOUNG PEOPLE

- A successful joint bid enabled us to set up a pilot counselling project for children and their mothers who are DV survivors
- "Ready to Explode": DV information designed by young people for young people, 12000 leaflets and posters in community languages raising awareness of DV among young people distributed to secondary schools

- EU funded, "Waiting in the Silence" project led by Police Safer Schools, supported by Haringey DV and Young People's Group ongoing in 5 secondary schools;
- Pupil Support are giving out DV information to young people
- 'What About Me' Project update:

The 12 week programme is now complete, and we have had great initial feedback from children, mums and other professionals working with the families. An external evaluation is now underway, led by Dr Ravi Thiara, Senior Researcher at the University of Warwick. Dr Thiara will be talking to the children and mums involved in the project, as well as looking at session plans, resources and children's artwork.

An event was held on Thursday 7th June 1-3.30pm, at the Cypriot Centre, to share Dr Thiara's report findings. Other speakers were Councillor Canver and Linda Finn. Linda co-ordinates this project in LB Sutton and will be able to share her longer experience of WAM and its impact on the lives of children and mothers affected by domestic violence.

We are now starting to think about future funding options for the WAM project. We had originally hoped to pursue London Councils funding for this project.

HEALTH SYMPOSIUM ON CHILDREN AND DOMESTIC VIOLENCE

Members of the DV Young People's Group led a symposium on domestic violence and its impact on children at the Whittington Hospital on 30th May 2007. We provided information on the harm caused to children who witness domestic violence, good practice on working with children living with DV and the benefits of screening for domestic violence in health settings.

Two groups of Community Paediatric Nurses and Student Health Visitors have attended Hearthstone for Domestic Violence awareness briefing and a presentation has been arranged for the Health Visitor Forum in the autumn.

LONDON RESETTLEMENT GROUP

Prisoners returning to live in Haringey from Holloway Prison will receive a pack containing information on domestic violence and women's services in Haringey. The Hearthstone Support Worker, the prison DV worker and the NIA project will be working in partnership on the delivery of gender violence workshops in the prison. This Support Worker is currently training at the London Metropolitan University, completing a module Sexual Violence.

DRIVE OUT DOMESTIC VIOLENCE BUS

A "Drive Out Domestic Violence Bus" toured Haringey giving advice and information during Peace Week it was a huge success with over 13 partner organisations taking part and we received widespread publicity in local papers (2 reported the Drive Out DV bus on the front page).

CHALLENGES FOR 2008/2009

The challenges for DV in the coming year are to continue to bid for funding to expand services and to achieve the stretch targets we have put in the LAA. We have taken strides to reach hard to reach groups this year by arranging or participating major outreach events such as events for the Polish, Somali,

Kurdish, Greek Cypriot, and Turkish Communities t. The newer communities in Haringey are making more frequent approaches to Heathstone and other partnerships have increased substantially. There is more community development work to do in the coming year, including that related to Honour-Based Violence.

ANTI SOCIAL BEHAVIOUR ACTION TEAM (ASBAT)

ASBAT PARENTING PROGRAMME

Following funding received by the Department of Children School's and Families for the next 3 years, the ASBAT now have their Family Support Service up and running.

The service is made up of the Senior Parenting Practitioner and two seconded support workers from Floating Support (HARTS).

The ASBAT Family Support service offers one to one sessions with parents and carers as well as parenting classes over a 13 week period, to equip those responsible for their children's behaviour with improved parenting skills and techniques. Research has shown that investing in parents in this manner does achieve positive results and behaviour inside and outside of the home improves dramatically. By engaging in the programme may prevent the ASBAT having to take further enforcement action against parents and their children and maintain tenancies.

The parenting classes are held at the West Green Resource Centre every Tuesday and attendance has been running at around 90% each week. Already the Senior Parenting Practitioner has been able to see the difference the support offered has made to the parents on the programme.

GOOD NEIGHBOUR AGREEMENTS- MOUNTVIEW ESTATE

The ASBAT has been leading on and assisting HfH to introduce a Good Neighbour Agreement (GNA) on the Mountview Estate. GNA's are one of the objectives within the Government's RESPECT action plan and Mountview was chosen as a pilot.

The GNA facilitates residents being able to put forward their own ideas to improve behaviour on a particular estate and an agreement is drawn up which all residents sign.

So far, all of the consultation with residents has now been completed and their ideas have been collated. The ASBAT has passed this on to HFH for them to produce the final printed agreement and hold a launch event on the estate. The launch and details of the agreement will be publicised within Home Zone and Haringey People.

CAMPSBOURNE ESTATE

The ASBAT has been working on this estate for around two years but there have been problems in getting residents to make reports to the team of ASB incidents they are aware of.

In an attempt to increase resident confidence in making ASB reports, the ASBAT carried out a door knocking exercise to all 534 properties on the estate. Officers spoke to residents and explained how to make reports to the team as well as leaving them with a reporting form to send directly to the office.

In addition, two more initiatives have been put in place, predominately targeted at young people.

- ❖ MSN messaging service –this allows young people in ‘real time’ to chat in private with an ASB officer should they be concerned about any ASB issues on the estate
- ❖ Text Messaging –the ASBAT can receive texts about any issues residents and young people on the estate are concerned of.

Details of this initiative were picked up by the national press and an article appeared in the February edition of Children and Young People Now.

PARKVIEW ACADEMY- CRIME AWARENESS DAY

For the second year in succession, the ASBAT were invited to hold ASB workshops with year 9 pupils as part of their crime awareness day.

Officers from the team held sessions throughout the day with pupils and explained about ASB, the impact it has on the community and the repercussions. The session then allowed the pupils to come up with their own design for a community vision poster and identified areas young people were concerned about. There was a clear message from the pupils that Drugs, Gun and Knife crime were a real cause of concern. The ASBAT look forward to future events at Park View and other schools that are programmed throughout the year.

COMMENDATIONS

5 commendations have been received for ASBAT officers relating to their work to combat ASB in the Borough. 3 of these were WOW awards, received directly by residents and the other two are commendations received by the Acting Chief Superintendent, Haringey Police Service. It is highly unusual for Council officers to receive commendations from the police in relation to tackling crime and it is understood these commendations are the first of its kind for Haringey Council employees.

ASB ENFORCEMENT

Further action has been taken to protect staff from violent incidents perpetrated by members of the public. The latest incident related to officers working for floating support, which were threatened and intimidated by a

member of the public. Within 3 days that ASBAT had secured an injunction protecting officers via the courts.

3 Dispersal Orders are still operating in the borough

- ❖ Milton Road/Willow Walk (West Green Ward)
- ❖ Wickes (Seven Sister's ward)
- ❖ Clyde Road/Lawrence Road (Tottenham Green Ward)

Other enforcement details

139 Closure Orders
128 Acceptable Behaviour Contracts
120 Injunctions
31 Possession Orders
19 Anti-Social Behaviour Orders

HOUSING STRATEGY

HEALTH AND PRIVATE SECTOR HOUSING

Vacant Property

A vacant property direction is now established and an officer working group of all relevant services is fully functional and meets every six weeks. This group works in partnership with the North London Sub Region and benefits from both staff resources and grant funding to achieve the overall objectives. The following work is in progress:

- A street survey has been undertaken to identify vacant properties, which was funded through North London. A data base of vacant properties is now available and the most appropriate system for storing this information is now being researched.
- All properties identified as eyesores will now be visited and any action required to secure, clear or remove any nuisance situation will be undertaken. All work in default will be placed as a charge against the property and recovery proceedings will follow. The properties will be placed in a priority order for Compulsory Purchase proceedings.
- All properties will be checked for non payment of council tax. Where it is identified that there is an outstanding debt, either council tax, work in default or both, an Enforced Sale procedure is followed.
- The Housing Act 2004 introduced Empty Property Management Orders. This gives the authority the power to take possession of vacant properties, and assume the responsibility of the owner. In this respect, the authority can undertake repairs, re-occupy the unit and manage the tenants as well collect the rent. The North London Partnership has appointed a Management Company to undertake this task and Haringey can enter this contract. Authorisation to enter in to contract is now being sought and we will soon be in a position to take this course of action.

- All owners of vacant properties are offered advice and various options of bringing properties back in to use and potential tenancies. Grants can be offered up to £17,000 for each unit created. This area is fully explored before enforcement action is started.

The present position is as follows:

1. There are 5 properties which have been agreed at Cabinet to progress for CPO. These cases will be prepared for submission to the Secretary of State. There are 2 further properties which will follow shortly.
2. There are 19 cases with Council/Tax and Legal to progress for Enforced Sale.
3. There are 6 properties which are being processed through the grant route, 2 are complete and occupied, the others are progressing. These will provide 7 new units of accommodation.
4. Suitable properties are being considered for Empty Property Management Orders.

HMO LICENSING

The Housing Act 2004 introduced mandatory licensing for all 3 or more storey HMO's of the shared type, with 5 or more persons in 2 or more households. It was considered that this type of HMO posed the highest risk and therefore placed an obligation on authorities to licence. The authority has undertaken a great deal of publicity in various formats to inform landlords of their obligations. These properties require a full inspection to establish the condition and existing management standards. Consultation also takes place with the fire authority to agree adequate means of escape in case of fire. A licence is approved, in most cases, with conditions attached which will allow the property to attain the suitable standards. All conditions associated with the licence are enforced. The current position is as follow:

- 299 Licence applications have been received. These are mostly voluntary through advertising but some are through tenants complaints regarding housing conditions
- 208 applications have been fully processed.
- 167 licences have been issued with conditions attached.
- 26 did not require a licence
- 91 applications are at various stages of processing.
- 6 cases have been refused, as landlords not considered as "fit and proper person". Process underway to agree a suitable licence holder. Failure to agree this will leave the authority no option to take possession of the property through the interim management order procedure.

FRONT LINE SERVICES

The service receives between 10-15 daily referrals from customer services from clients who have reported housing issues within the private sector. These relate to blocked/overflowing drains, leaking roofs, disconnected gas

/electrical supplies, lack of heating/hot water, disrepair and other forms of nuisance including pest control problems. These issues are resolved through advice/informal action, service of statutory notices and work in default of landlords who do not comply. All debt is placed as a charge against the property. There are 14 cases of work in default since January 2008 of which 7 have been completed and the remaining are in the process of tender or on site.

NEIGHBOURHOODS

FILM PROJECT ON CAMPSBOURNE ESTATE

Treasure Films, a social enterprise set up to help disenfranchised young people feel empowered and included through filmmaking, has been awarded £9,997 by Awards For All. This money will fund a project by this group in Kensington and Chelsea to produce two documentary films, made by children from Middle Row School and Campsbourne Primary School about the local Afro-Caribbean community's experience of moving to and shaping their local community.

The intergenerational project called *Treasure Your History*, which will bring together a group of 10 and 11 year-old pupils and elderly people from London Pepper Pot, Bedale House and Stokley Court. The children will be taught skills in documentary film making over eight weeks, while at the same time an intergeneration artist will run sessions with the elderly participants so that they are familiar with film production and comfortable around film equipment.

The participants will also play an active role in designing invitations and be involved in organising a venue to screen their film to their local community. Before the screening we will encourage participants to speak to the audience about their experiences on the project. What makes this project stand out is that we plan to run a 1 to 2 week exhibition afterwards to show stills taken by participants and stills taken from film and work in progress.

DOMESTIC VIOLENCE AWARENESS EVENT FOR AFRICAN WOMEN

Neighbourhood Management in partnership with the White Hart Lane Safer Neighbourhoods Team, the Council's Equalities Team, the Hearthstone Project and the voluntary sector organised the above event.

This took place at the Selby Centre on Thursday 6 March 2008, and focused on how domestic violence affects women and children in these communities, and what help, support and advice is available to them from different agencies.

The day has been organised in response to requests from local womens' groups. Chief Inspector D'Souza Brady and I opened the event.

PARENTS WORKING TO SILENCE THE VIOLENCE 2

A second "Parents Working to Silence the Violence" event took place on the evening of 6 March 2008 at Northumberland Park Community School, following the success of the first event in Autumn 2007 at the Neighbourhood Resource Centre in Northumberland Park.

Neighbourhood Management is worked with the Northumberland Park Safer Neighbourhoods Police Team, Northumberland Park Community School, a local performing arts group and the Police Drugs Focus Desk on this event. The target audience was parents and young people aged 11 to 13 who attend the school.

The evening was a mixture of performance, information and advice and will focus on increasing parental awareness of issues their sons and daughters may face on the street. The event was opened by the Head Teacher, Andy Kilpatrick, and the Borough Commander, Simon O'Brien.

POLICE COMMENDATIONS FOR COUNCIL STAFF

Congratulations to Sue Grant, Neighbourhood Manager and Elaine Cunnea, Community Development Officer, who have been put forward for a prestigious Police Commendation, (not usually given to 'civilians') for their liaison work with the local communities.

They will both receive their awards at a ceremony in Chigwell from the Borough Commander on the 15 May 2008.

OFF THE STREET, LESS HEAT- HIGHLY COMMENDED

Off the Street, Less Heat project was Highly Commended in the National Neighbourhood Management Network Awards on the 14 November. The project had been entered in the category of 'Community-led Crime and Safety Initiative'.

PRISON ME NO WAY EVENT

Prison Me No Way, a crime awareness event was held at Alexandra Park School in Bidwell gardens on Tuesday 13 November 2007.

The programme was organised by a charity and in association with Neighbourhood Management and Neighbourhood wardens - act out prison conditions with the aim of deterring schoolchildren away from a life of crime.

The event was one initiative to address the issue of Anti Social Behaviour and crime on Albert Road Recreation Ground and the nearby neighbourhood. The issue of Anti Social Behaviour at Albert Road Recreation Ground and around the library has been identified by the local community and Alexandra Safer Neighbourhood Panel as a priority.

SOMALI COMMUNITY SAFETY DAY

On Saturday 16 February, over 100 residents attended the Somali Community Safety Day held at The Triangle.

Residents were able to find out more information from the Police and Fire Service at the event regarding home and personal safety. Cllr. Reith and I were amongst the speakers. A well know Somali musician named Hudayda provided the entertainment and hot Somali food was provided.

ENFORCEMENT SERVICE

COMMERCIAL ENVIRONMENTAL HEALTH

Licensing - Gambling

The service has had a lot of activity in responding to applications for Gambling Premises licenses. The Licensing Committee refused three applications for the Harringay Green Lanes area including an adult gaming centre on 48 Grand Parade N8, Better and Metrobet applications for betting shops under the Gambling Act 2005.

The Metrobet appeal case is part heard at the Magistrates Courts with residents and Officers as well as the Police and Health care professional all providing evidence. The matter was adjourned and re-convened on 1st April. Unfortunately, the appeal of Metrobet was upheld. The council will be asked to pay the costs for Metrobet.

Alexander PH Appeal backs Council refusal

A recent licensing appeal case involving The Alexandra Public House at 98 Fortis Green N2 agreed the Council's decision to refuse a significant licence variation. The pub which is owned by Punch Taverns applied in April 2007 to remove a condition on their premises licence which stopped them from using the rear garden at the premises after 11pm. Under the provisions of Licensing Act 2003, many pubs have extended their trading hours. However, all pubs transferring into local authority control under the Act did have the hours on any external or garden areas restricted to 11pm. Clearly, any variation to this could have significant potential to cause noise nuisance to local residents.

The application to remove this restriction was opposed by a number of local residents as part of the consultation process. At the Licensing sub-committee hearing in June Members decided to refuse the application on the grounds that to allow the use of the rear garden would give rise to noise nuisance which would affect the nearby residents and was not in line with upholding the licensing objective of the prevention of public nuisance.

The Magistrates in reaching their decision to dismiss the appeal were swayed by the resident's submissions and the Council officer's evidence. In summing up the Chair of the bench said "we cannot see how any measures could be effective in avoiding nuisance caused by the noise resulting from the use of the garden area".

The court ordered Punch Taverns to pay £4,410.00 costs to the Council.

Swan Public House - License revoked

The Swan Public House in Tottenham High Road has undergone a licensing review brought about by the Police. The Police put forward evidence to support the fact that the premises was not being managed adequately by the licensees and that this mismanagement contributed to the failure to uphold the four licensing objectives , principally the prevention of crime & disorder.

The Police were supported in the review by Punch Taverns, the freeholders of the property. The hearing lasted a full day and Members took the statutory full time of five days to give their decision which was to revoke the license. The licensees have until 31 January 08 to lodge an appeal to the Magistrates and in the meantime the law allows them to continue trading until any such appeal is decided . If no appeal is lodged then the pub will have to close. If the freeholders wish to continue the premises as a public house they would need to apply for a new licence.

The Licensee has lodged an appeal and the matter will be heard in April

"Shout" Hollywood Green – Wood Green – Review of Licence

An application was made by the Police to Haringey Licensing Authority to review the licence for Shout at Hollywood Green in Wood Green High Road. This comes after a Closure Order was issued by the police on 1st January 08 at 4 am in the morning. The order was issued under the Licensing Act 2003 due to public disorder breaking out at the premises which then spilled out onto the concourse. The Police must then apply immediately to the Magistrate Court to have the order extended or lifted. Such a Closure Order gives rise to the need for an automatic review of that licence. There is a 7 day period in which publicising of the intended review must be carried out and the matter has to be heard by the Licensing sub committee within 10 days of the receipt of the application.

At a review on 31st January the Licensing Sub Committee heard the evidence and decided to not alter the times of the existing license, they have imposed further 20 conditions including increasing the number of door staff on a Friday and Saturday night.

Food Safety - Scores on the Doors

Haringey Council along with the majority of London Boroughs are participating on of many The London Scores on the doors scheme. This will see restaurant and food outlets in the participating boroughs rated according to their latest food hygiene inspection reports, enabling consumers to make informed choices about where to eat.

The Food Standards Agency (FSA) supported pilot will unite a number of existing schemes in London into one consistent, consumer friendly, easy to access website: www.yourlondon.gov.uk/foodscores.

Food outlets will be rated between zero and five stars. A two star rating is defined as largely compliant with national requirements. Restaurants which fail to meet this standard are advised on how to improve and, where necessary, could be subject to enforcement action.

In addition to the website, businesses are being issued with a certificate and window sticker with their star rating on. Currently display is voluntary, but discussions are taking place to make it a legal requirement in London for a business to display its star rating.

Health and Safety investigation

The swimming pool at LA Fitness, Muswell Hill, N10 was closed to the private members after an accident and formal notification to Haringey under Health and Safety legislation. A swimmer who was fortunately the only person in the pool at the time, inhaled 'acid gases' and subsequently required hospital treatment. Details of the incident were faxed to the Department by the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) Incident Contact Centre allowing prompt action by the Enforcement Service. There has been full co-operation provided by the business.

Site inspection revealed a fault with the 'float' mechanism on the pumping system which permitted an area of the swimming to receive a concentrated dose of chemicals without the forced mixing usually achieved by the water-pump; the injured person was swimming in that particular area of the pool.

Engineers attended to these issues and the swimming pool was re-opened after monitoring checks and an assessment of operating procedures.

Local Authority Pollution Prevention and Control

Controls to limit the potential pollution of the atmosphere from Dry Cleaners have been introduced by the Government over the past couple of years. The solvents used to clean our clothes are recycled in the machines but certain amounts do escape to atmosphere. The new controls are based on the amount of solvent that can be used in a business for every kilogram of clothes washed. The standard to be reached is at least 80 kg of clothes cleaned for every litre of solvent used.

The Enforcement Service in the shape of our Scientific Enforcement Officer, Fred Robotham, has been working with the Dry Cleaning industry locally for the last 18 months to ensure a smooth application process for their permits and compliance with the above legislation. Some 50 businesses borough-wide had to confirm compliance by 31st October 2007. Operators will need to detail the weight of all garments handled and work their machines efficiently (at full capacity) to achieve this. For the customer in the street, this is likely to see the disappearance of those premises offering such things as a 'two hour' service.

Better Regulations Commission comes to Haringey

The Better Regulation Commission recently visited Haringey to look at how the Hampton Report is being implemented in the working of the Food

Standards Team and how the 'Hampton Principles' are being disseminated within the daily workload. Their review was of the FSA, not of Haringey.

In summary, the Hampton principles are:

- All regulations should be written so that they are easily understood, easily implemented, and easily enforced, and all interested parties should be consulted when they are being drafted.
- When new policies are being developed, explicit consideration should be given to how they can be enforced using existing systems and data to minimise the administration burden imposed.
- Regulators should provide authoritative, accessible advice easily and cheaply
- Businesses should not have to give unnecessary information, nor given the same piece of information twice.
- No inspection should take place without a reason.
- The few businesses that persistently break regulations should be identified quickly and face proportionate and meaningful sanctions.
- Regulators should be transparent in the way in which they apply and determine administrative penalties.
- Regulators should avoid perverse incentives that might influence the choice of sanctioning response
- Regulators should follow up enforcement actions where appropriate.
- Regulators should measure outcomes not just outputs
- Regulators should be accountable for the efficiency and effectiveness of their activities, while remaining independent in the decision they take.

Although the visit happened at short notice, all the necessary preparations were made, with the general feedback being very complimentary of Haringey and its officers.

Food Safety Training - Food Hygiene Training

Following the Chartered Institute of Environmental Health (CIEH) course in Food Hygiene, taught by officers from Commercial Enforcement, thirteen candidates successfully completed the training and presented for the exam for Food Safety in Catering, held at the Civic Centre on the 13 November 2007. The results received on the 18 December 2007 confirmed that ten candidates were successful (77%) and awarded with the Level 2 Award for Food Safety in Catering.

Successful Quality Assurance audit on Trading Standards

Trading Standards have passed their annual Quality Assurance audit, which was carried out by an independent firm on November 8th. This annual audit is a key feature of their registration as an organisation which complies with the principles laid down in BS EN 9001:2000.

Under age sales: increased vigilance by traders

Trading Standards recently carried out two test purchase operations to check if traders were willing to sell age-restricted goods to under age volunteers. On

the first day the volunteers asked for knives and were all refused. It seems traders had taken note of the letters sent out by Trading Standards a few weeks previously, explaining that the age limit had gone up from 16 to 18. The second operation was to check on firework retailers, who had all received advice packs from Trading Standards, as well as being reminded in person by officers who visited to check that fireworks were being stored safely and complied with the British Standard. These traders too all refused to sell. This improved compliance with the law is good news.

Alert over counterfeit condoms

A complaint was received by Haringey Trading Standards from a resident in Oct 07. The complainant stated that he had recently purchased a condom from a trader in Haringey which he believed to be counterfeit due to the quality not being the same as what he had been accustomed to. The Trade Marks Act 1994 creates a criminal offence relating to unauthorised use of Trade Marks. The Trade description Act 1968 also makes it an offence to apply a false or misleading description to goods.

Trading Standards immediately commenced an investigation. A test purchase was conducted and the condoms from this purchase along with the suspect condoms were sent for analysis. Murex confirmed that these condoms were counterfeit and that there were other identified suspect condoms that had been placed on the UK market and had been found in neighbouring boroughs.

This Trading Standards investigation is on-going with a view to identifying the source (supply / distribution networks) of these condoms. All businesses where condoms were seized will be interviewed for intelligence purposes.

This problem does not only affect the London borough of Haringey, it is a nationwide problem. The BBC has reported that thousands of counterfeit condoms may have made their way on to the UK market. Press releases have also been issued in Haringey.

Successful conviction in Trading Standards under-age sales case

On the owner of a Tottenham shop pleaded guilty at Tottenham Magistrates Court of selling alcohol to two under age test purchasers. This was part of an exercise carried out by Haringey Trading Standards in conjunction with the Police to ensure that shops were complying with the law. The owner of Seven Sisters Supermarket at 145 High Road N15 was fined £250 with £388 costs. The person who served the children failed to make proper enquiries about their ages, which was the most obvious precaution which could have been taken. The owner stated that he was very sorry that this had happened and said he would put measures in place to ensure there is no re-occurrence.

Trading Standards have regularly been giving advice to traders about the importance of not selling alcohol and other age restricted goods to children.

Successful conviction in Trading Standards under-age sales case

On 30 January the owner of a Tottenham shop was found guilty at Tottenham Magistrates Court of selling alcohol to two under age test purchasers. This was part of an exercise carried out by Haringey Trading Standards in conjunction with the Police to ensure that shops were complying with the law. The owner, who trades as Canon News on West Green Road N15, was fined £200 with £200 costs. The owner had served the children himself, but had failed to make proper enquiries about their ages, which was the most obvious precaution which could have been taken.

This was not a good week for the owner, as after another trial 2 days before he had been found guilty of offences relating to depositing waste on the highway and been fined over £1000. The court took note of this in setting the fine in this case.

Trading Standards have regularly been giving advice to traders about the importance of not selling alcohol and other age restricted goods to children.

ENFORCEMENT RESPONSE

Out of hours enforcement response joins forces with Metropolitan Police service (MPS)

Commencing the weekend of the 2nd and 3rd November. The out of hours Enforcement Response service has been accompanied by police officers. The service has recently been restructured to include not only investigations of noise nuisance but also licensing and planning enforcement.

As from January the overall out of hours service has moved to full 24/7 availability.

PLANNING ENFORCEMENT

The service has been working with corporate performance service to complete a review of service and agree an action plan. The review findings and action will be published in the coming weeks but officers are already progressing actions to manage caseload levels and recruit to vacant posts.

ENVIRONMENTAL CRIME- STREET WARDENS

Street Trader jailed

The Street Enforcement Wardens were on duty with the Noel Park Safer Neighbourhood Team on Wood Green High Road observed two males

outside Boots offering DVD's for sale. The males did not have a street trading licence. Once the officers witnessed a customer take a DVD and hand a £5 note over to the trader the officers approached the males.

The man appeared in Court on 19 December 2007 where officers attended to give evidence. The male first pleaded not guilty but after his lawyer looked at the DVD evidence that was exhibited, he then decided to change his plea to guilty.

The man was sentenced to 2 months and 5 days for the previous suspended sentence, with a view to serving as least half this time. He was then sentenced to 63 days for the offences on the 27 October. As he has already served 51 days he will be in prison until 12 February.

Blocking the Footway

After an investigation with the police to positively identify the person he attended court and entered a plea of guilty to the charges of committing the offence of littering contrary to section 87 of the Environmental Protection Act 1990.

The person apologised for the fact the items had been left on the footway and was fined £500 and ordered to pay costs of £850 with a victim surcharge of £15 altogether a total of £1365.00.

Smoke free prosecution

On 4 December 2007, as part of operation Tailgate, a joint operation involving Council Officers, Police, Immigration and other agencies. We visited a Social Club, in West Green Road, N15 .

As Officers entered the building several males were sitting inside smoking. As from the 1st July 2007 it is an offence contrary to section 8 of the Health Act 2006, to smoke in a commercial premise (Smoke Free Premises). As officers entered the building the room was filled with smoke, several males put out cigarettes and ash trays were found all over the premises. The proprietor was sitting at one of the tables where people were smoking.

After interviewing the proprietor it was decided that a Simple Caution would be offered to him for this offence. He was offered the simple caution by post however he failed to respond to the offer.

On 14 January 2008 officers attended the Social Club to hand deliver a letter to the proprietor. When officers entered the building the room was filled with smoke and several males were smoking. The proprietor was again seated in the room. He was interviewed and it was decided that on this occasion he would be prosecuted for both Offences.

The Case has been listed for 1st hearing on the 25th February 2008. The Defendant was charged with two offences of failing in his duty to prevent persons smoking in his premises. The Defendant failed to attend and an application was made to prove the offences in his absence. This application

was granted and the offences were found proved. The Magistrates fined the Defendant £50 for each offence and ordered him to pay the Council's full costs £452.55. A £15 surcharge was also applied. A Collection Order was made.

Illegal sales of counterfeit DVD/CD's

Operation: Illegal sales of counterfeit DVD/CD's

Offences: Copyright/Trade Mark offences

Date: Saturday 12th January 2008

Location: Earlsmead School Car Boot Sale Broad Lane N15

Working in partnership were:

Tactical Enforcement Officers, Tottenham Green SNT and Officers from FACT (Federation Against Copyright Theft)

This was a joint operation to follow up received complaints regarding the sale of counterfeit DVD's and CD's at Car Boot Sale in Broad Lane N15.

Officers found three stalls inside the market offering for sale a mixture of DVD films and music CD's. One stall was found to be selling Pornographic Adult only DVD films which is an additional offence under copy right / trade marks as this type of material should only be sold from licensed sex shops. Officers from FACT were able to identify copyright/pirate DVD/CD's and then these were seized under Trade Mark, Copyright and Video recording offences.

Police officers were able to verify the details given by the stall holders which will greatly assisted Haringey Council Tactical Enforcement Officers in bringing sanctions against the alleged offenders.

The total seizure is estimated in the region of 3,000 DVD and CD's which has an estimated street value of £15,000.

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From Councillor Bevan:

At the last planning committee meeting it was reported that the project to deal with the backlog of planning enforcement cases had reduced the number of open cases to just over 1000. As this project and its funding is due to end soon can the Cabinet member confirm that funding to extend the project has been identified to enable the number of open cases to be reduced to a normal / acceptable working level total of approximately 300 / 400 open cases. This will ensure that when the normal arrangements are eventually resumed the normal day to day cases that arise will be able to be dealt with and no further backlog will arise.

Response

As of the end of February 2008 the number of open planning enforcement cases was under 950. The Enforcement service intends to review the progress of the project in June 2008 and will continue to fund the current temporary resource until that time from projected salary under spend.

Based upon benchmarking within the Planning Enforcement Performance Review the service will look to reduce the open caseload to approximately 480 cases, representing a caseload of 120 for each of the 4 established case officer posts.

Questions from Councillor Mughal:

Question 1: Why when knife crime is a real problem in areas like Noel Park, no public information campaigns on local authority public boards against knife crime are evident on the High Road. Why has the local authority not taken a pro-active and consistent approach?

Response:

Between October 2007 and January 2008, there were 80 serious knife violence offences in Haringey. Of these, six occurred on the High Road, N22 and a total of 14 offences occurred in the whole N22 postcode. The N15 and N17 postcodes had a greater number of offences than N22 with 18 and 28 respectively. There were nine serious knife violence offences in the N8 postcode.

In the past there have been a number of prominent knife awareness campaigns along Wood Green High Road (for example, Operation Blunt and Whats da Point). The partnership has also made a concerted effort to balance its proactive work with its concern about fear of crime. For the first time in several years, the recent Residents' Survey registered a decrease in concern about crime from 54% to 46%.

The Safer Haringey Partnership continues to take a consistent and proactive approach to knife crime in the borough and has a full-time, permanent Policy Co-ordinator for this work. The Partnership will also be using good practice from the Home Office Tackling Violence Action Plan at a local level where appropriate.

Question 2: Why are police resources being taken up outside and within the explosion of gaming and betting venues in Wood Green and no public statements around these have been forthcoming from the portfolio holder?

Please refer to the response to question 3 above for a picture of the actual change in betting and gaming venues, which has been minimal over the past few years.

In relation to the first part of this question, the issue with gaming venues in the Wood Green area has been predominantly around the increase in criminal damage to the machines they have on site.

Haringey Police has objected to a couple of individual applications for licences but this does not signify an underlying issue that causes them concern or requires an injection of resources. As stated, the issue with these venues is and has been the increase in criminal damage. This has predominantly been damage to the machines they have on site.

However, the only associated police resources have been two strategic partnership meetings with Area Managers from the betting offices. These meetings have resulted in specific actions to combat the problem (which revolves around a combination of design issues and customer management within the premises themselves).

There has been a small increase in police demand around the reporting of these offences. However, this is on a borough-wide scale and not specifically linked to Wood Green.

Public statements have, therefore, been unnecessary.

Question 3: Does the portfolio holder agree that there has been an explosion of gaming and betting venues in Wood Green and can she state whether there is link to anti-social activity around and within these venues?

Response:

In 2005, the Gambling Act transferred power to Local Authorities to issue permits. At that time, there were 12 existing premises on Wood Green High Road and there have been only a few applications for the Wood Green area since then - as below:

- 1 new Adult Gaming Centre (AGC)
- 1 existing AGC that applied to divide into 2 sections
- 1 new betting shop premises – currently under consultation

The Safer Neighbourhood Team and Street Enforcement Wardens have reported a few incidents with groups of young people congregating in the area causing harassment both inside and outside of gaming venues but this has not resulted in any serious disorder.

It should be noted that these betting and gaming establishments are situated in the middle of the busiest shopping precinct in the borough. The High Road also sits on the main thoroughfare between two major transport hubs, which have been long-standing crime hotspots in Haringey.

We recognise, therefore, that crime does occur in this area but correlation does not mean causation in all causes and the link with betting and gambling establishments is not a given. The peak period for offending is a seven hour interval between 2pm – 9pm, making up 70% of offences. Over 45% of offences recorded for the area between April 2007 and January 2008 were for theft and handling. The main issue, linked with gambling venues, is with criminal damage.

More than two thirds of the criminal damage incidents recorded in the High Road hotspot between Wood Green and Turnpike Lane in the above time period (81 in total) were attributed to gambling venues i.e. William Hill (29), Paddy Power (15), Ladbrokes (5) and Shoppers Pride Amusements (2). The majority of these involved customers damaging gaming machines whilst inside these venues.

Joint working on this issue has been going on for some time now between enforcement officers and the police, as outlined below.

Appendix 1

Examples of activity to address knife crime (see Q1)

Tackling Violence Action Plan

In February 2008, the Home Office published 'Saving Lives. Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence 2008-11'. This is the first national plan focusing specifically on serious violent crime. It sets out what the government, in partnership with police and local agencies, will do over the next three years to reduce homicide, knife crime, gun and gang related crime and sexual and domestic violence.

The implications identified from the action plan have been considered as part of the forthcoming Haringey Safer Communities Partnership Plan: Safer for All. Serious violence will remain a priority in Haringey and there will be particular emphasis on a coordinated approach to youth violence, early intervention projects regarding weapons and constructive work with perpetrators.

Trading Standards

The Council's Trading Standards Service has been proactive in communicating with traders in the borough known to supply knives. In September 2007 we wrote to approximately 100 traders across the borough advising them of changes to The Criminal Justice Act 1988, which from 1 October 2007 requires a retailer to ensure a person is 18 before selling them a knife.

'Knife' here includes -

- knives, knife blades or razor blades
- axes
- any other article which has a blade or which is sharply pointed, and which is made or adapted for the use of causing injury to the person

In October 2007, a number of premises were visited, by Volunteer Police Cadets, to conduct under cover test purchase operations. This included locations in Wood Green. We are pleased to confirm that no sales took place.

Operation Blunt

Led by the Metropolitan Police, the Safer Haringey Partnership has carried out targeted anti-knife operations using hand-held metal detectors and portable knife arches. These have been used at licensed premises, with cooperation from the licensees, as condition of entry. This has taken place particularly on Friday and Saturday nights in areas where bars and clubs open late.

Operation Curb

This was launched in June 2007 across the Metropolitan Police Service focussing on violence among young people. Operation Curb offences are murder, attempted murder, GBH or gun and knife-enabled crimes, where the offender and victim are both aged under 20. An action plan, detailing a range of prevention and enforcement activities, was written for Haringey and the Operation has been running on borough since July. It is recognised that the Police cannot produce the required outcome alone, and this is very much a partnership operation. A range of

local organisations and services are involved, such as the Youth Offending Service, Youth Service, Safer Schools Project and Partnership, local schools, Neighbourhood Management and the Street Pastors. Operation Curb provides an opportunity for the coordination of local activities that already take place around reducing youth violence.

Operation Kartel

The aims of this operation, which ran during February, were to reduce the risk and incidence of serious youth violence and to safeguard young people at risk of, or in fear of, serious violence. Operation Kartel was targeted at those boroughs with a problem with Operation Curb offences, with particular emphasis on preventing youth homicide, reducing the number Curb offences and reducing the number of knife-enabled crimes in public places when compared to the same period in 2007. The strategy used was to identify, investigate and communicate with those involved in street-level violence; offering support to those at risk and to focus tactics in those areas which are known to suffer significant levels of violence.

Say Yes Challenge

Between September 2007 and January 2008, young people from the Leaders in Training Group at St Thomas More School participated in the Say Yes Challenge. This involved young people, working as mini companies each with their own business mentor, devising practical solutions to local crime, including knife crime, and anti-social behaviour issues. The programme gave the participants the opportunity to contribute to the safety of their community at the same time as teaching them the basics of running a business.

The challenge was funded by the Safer Haringey Partnership and was co-ordinated by Prudential 4 Youth (a partnership between Crime Concern and Prudential).

All of the young people who took part were a credit to their school and demonstrated the positive impact that they can have on their community. The feasibility of implementing their ideas is being examined by the Community Safety Team.

Schools against Weapons and Territorialism

All secondary schools have been given the opportunity to apply for funding to develop projects about weapons and territorialism. Seven schools and the Sixth Form Centre submitted successful applications for projects that aim to:

- engage secondary school students in debates about weapons and territorialism; engage young people to be 'message givers' around weapons and territorialism; introduce the concept of Crimestoppers to secondary schools in Haringey

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Haringey Teaching Primary Care Trust

Commissioning for a Healthier Haringey

Investment Strategy 2008-2011

March 2008

Foreword

This document sets out Haringey TPCT's 3-year commissioning investment strategy and gives details of how and what services will be commissioned in 2008/09. Over the next 3 years we will ensure that we commission the best possible services to meet the needs of the people of Haringey and that these services and the TPCT itself contribute fully to improving the health of our population including reducing inequalities and maximising independence.

Overall our focus for the future is on primary and community services, with a growing emphasis on early detection and prevention of ill health. We have identified four strategic priorities: areas that we need to focus on and which will guide our planning. These are:

- **Improving quality and access to services**
- **Promoting a healthier Haringey**
- **Improving mental health and well being**
- **Improving our commissioning and financial performance.**

We recognise that this is not something that we can do alone. In order to help prevent ill health and promote good health we are committed to working in partnership with other organisations, particularly Haringey Council and with the residents of Haringey.

Our aim is that you will see a difference in health and health services in Haringey, not just in the long term and in ways that matter to you on an everyday basis.

Read on for more information on how we plan to achieve our aims and how you can let us know what you think of our work.

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1. Introduction

This document sets out Haringey Teaching Primary Care Trust's (TPCT) Commissioning Investment Strategy for the next 3 years, 2008/09 – 2010/11. Commissioning is the process of making informed choices about the type, quality and amount of services we purchase for local people which best meets their needs. Our Commissioning Investment Strategy includes details of our plans for 2008/09 including what new and additional services will be commissioned (our Commissioning Intentions for 2008/09). This document is in line with our main planning documents such as our Commissioning Strategy Plan and our Operating Plan and has been written to give our stakeholders a more accessible overview of our plans.

Our vision is to commission world class, high quality, responsive health services for all Haringey residents – services that contribute fully to improving the health of the people of Haringey including reducing health inequalities and maximising independence. Haringey has one of the most ethnically diverse populations in the country. We will ensure that quality and equalities issues such as non-discrimination and support for people to access services are fully integrated into our work. **Overall our focus for development for the coming years is on primary and community services and on early detection and prevention and ill health.** In the long term this will lead to a reduced need for acute or hospital based care either due to less need for such care because of the early detection and prevention of ill health or through more appropriately located and provided care, for example at home and in local health centres.

1.1 About Haringey TPCT

Haringey TPCT has an overall responsibility for improving the health and well-being of everyone living in Haringey. Everyone in Haringey deserves the best possible chance of a long and healthy life. Haringey TPCT works in partnership with Haringey Council, local organisations and local people to:

- Provide the highest quality health services that can be easily accessed by everyone living in Haringey
- Tackle the underlying causes of ill-health
- Focus on debilitating chronic diseases and mental health to improve the quality of care for those who suffer from persistent ill-health
- Manage and combat problems which are symptomatic of health inequality, such as teenage pregnancy and substance misuse.

Our mission is to improve the health and well being of everyone living in Haringey by commissioning and delivering the highest quality care that is centred around the needs of the individual and the diverse communities we serve.

Haringey PCT was awarded teaching status in 2002. Teaching PCTs were established to help tackle issues such as low income, unemployment and poor

housing which all have an impact on health. The teaching programme aims to improve employment opportunities locally and to help recruit and retain high quality staff to the PCT.

More information about the TPCT and the teaching programme is available on our website: www.haringey.nhs.uk

1.2 Purpose of this document

This document provides an overview of how and why the TPCT intends to invest in its commissioned services in the next 3 years. It draws on the main planning documents produced by the TPCT, which are described below.

Each London PCT was required by the Strategic Health Authority, NHS London, to produce a Commissioning Strategy Plan (CSP) by 1 October 2007 to cover the 5 years from 2007/08 to 2011/12. The CSP informs the other planning documents that PCTs need to produce including its annual Operating Plan.

In addition to the CSP that each PCT has produced, a Collaborative Commissioning Initiatives (CCI) document is also available which sets out strategic plans for the key services across the 5 PCTs of North Central London (Barnet, Enfield, Haringey, Camden and Islington). Both the full CSP and CCI documents can be downloaded from http://www.haringey.nhs.uk/home/commissioning_strategy.shtm. Our Operating Plan, once finalised, will also be available on our website.

2. Working with Haringey

Haringey TPCT is responsible for the commissioning and provision of health services in Haringey. We also have a responsibility to improve the health of people in Haringey, however this is not something that we can do alone. In order to help prevent ill health and promote good health we need to work in partnership with other organisations and with the residents of Haringey, especially when addressing health inequalities and attempting to influence the wider determinants of health.

2.1 Haringey Council

Haringey TPCT works in partnership with the Haringey Council on a range of issues. Joint commissioning arrangements are in place for mental health, substance misuse, children and young people and learning disabilities services. The TPCT is also a key member of the Haringey Strategic Partnership – this body oversees the delivery of the Local Area Agreement. Local structures are in place to tackle jointly health inequalities through, for example, the joint life expectancy action plan, obesity strategy and infant mortality action plan. The range of programmes taking place in Haringey to

promote well-being are brought together in the Well-being Strategic Framework. Find out more about this at

http://www.haringey.gov.uk/index/social_care_and_health/health/well-being_framework.htm

The recent appointment of a Joint Director of Public Health between the Council and the TPCT will further support partnership working, as will the completion of a Joint Strategic Needs Assessment which will inform how services are planned.

2.2 Public and patients

Finding out what local people, organisations and patients think about health and health services is important to us in shaping our work. To date we have involved people in our work through our Public and Patient Involvement Forum and recently through specific public consultations on *Healthcare for London* and on our Primary Care Strategy for Haringey. We participate, with the support of local councillors, in local area assemblies and engage fully with Haringey Overview and Scrutiny Committee. We are currently, with Haringey Council, developing new ways of involving people and organisations in developing local health and care services through Health and Care LINK for Haringey which is being set up from April 2008. Find out more about this at www.haringey.gov.uk/haringeylink. Drawing on feedback from our primary care strategy consultation we are planning to "go local" in 2008/09, strengthening engagement with people locally through our practice based commissioning collaboratives and in the ongoing implementation of our primary care strategy.

2.3 Voluntary and Community Sector

Voluntary and Community Sector (VSC) organisations play an important role in Haringey, both in providing services, and in accessing the views and experience of local communities. Haringey TPCT works with Haringey Association of Voluntary and Community Organisations (HAVCO), the umbrella group for the VSC in Haringey and through the Haringey Compact to work in partnership to improve the health and wellbeing of Haringey's residents.

2.4 Keeping informed and getting involved

We produce *Haringey Health News* to keep people informed about what's happening in health locally, this is available from our website <http://www.haringey.nhs.uk/>. If you are interested in being more involved in our work please contact Farah Butt, Communications Manager farah.butt@haringey.nhs.uk or 020 8442 6322.

3. Haringey current context – Where we are now

In developing our investment strategy we first reviewed the current context, taking into account the following areas: what we know about our current population and how we think that population will change in future; the services we currently commission, our financial position and our capability as an organisation. This section sets out the main features of our current position.

3.1 Haringey's population and health needs

Our annual public health report provides detailed information about Haringey's population and health needs, it can be downloaded on our website:

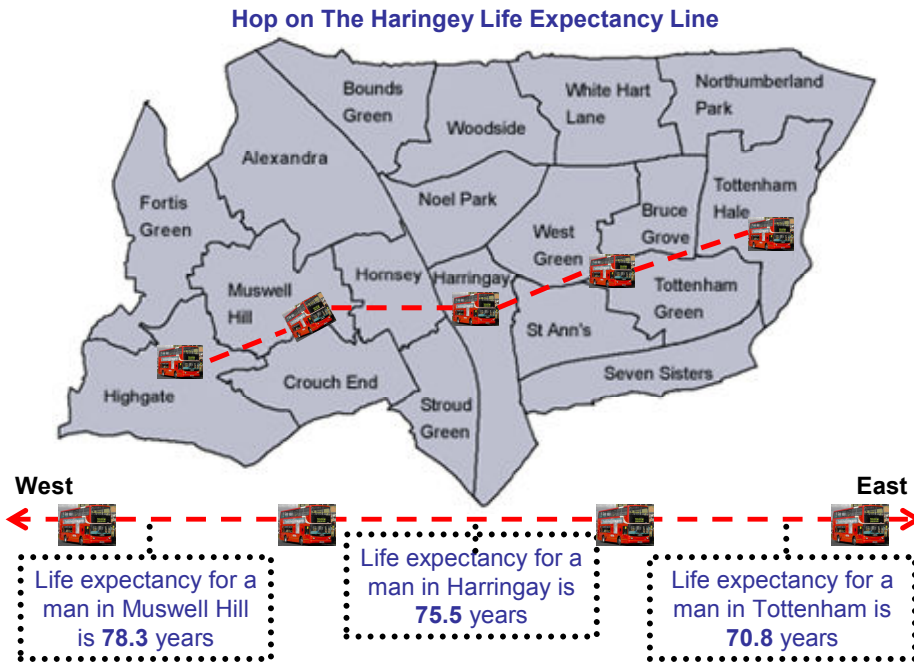
http://www.haringey.nhs.uk/publications/public_health/chapters.shtm

Some of the main characteristics of our population are:

- Relatively young and mobile
- Extremely diverse in terms of socio-economic status and ethnicity
- Increasing in all age ranges except for those aged 65-74 years.
- We are expecting to see increasing proportions overall of people from Black and Minority Ethnic Communities and more older people from minority ethnic communities.

In terms of health needs, we experience high levels of health need in Haringey, including mental health, with high admission rates and inequalities. Within the borough there are variations that account for up to 8 years difference in life expectancy for men between the wards with highest levels of deprivation in the East and those with relative affluence in the west. This is illustrated in the following picture.

Fig 1. The number 41 bus route illustrates the contrast in life expectancy across the borough. At the two extremes, male life expectancy 2004-2004 in Bruce Grove (70.5 years) is nearly 8 years lower than male life expectancy in Muswell Hill (78.2 years). The relationship between male life expectancy and ward level deprivation is strong and statistically significant.

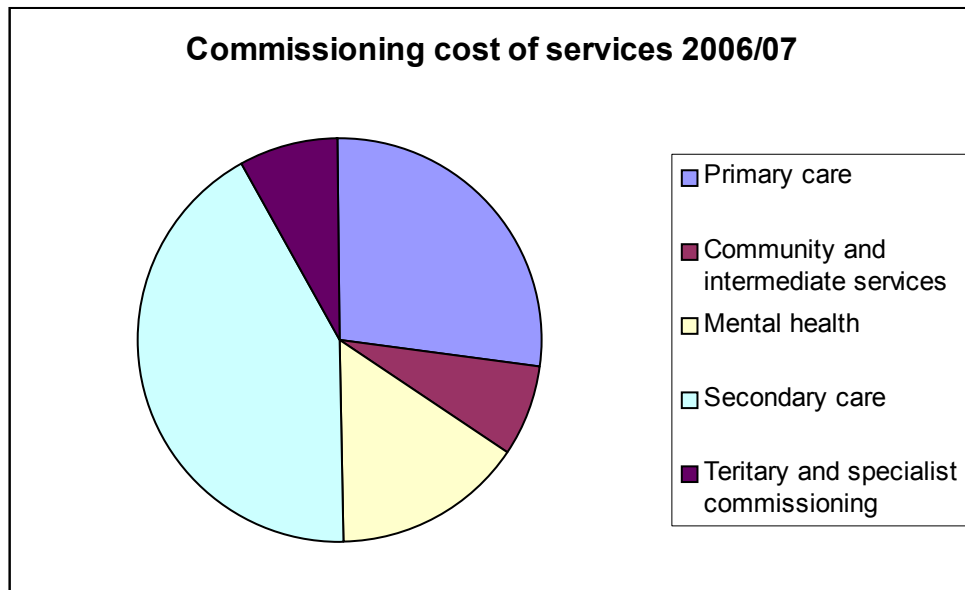


3.2 Services we currently commission

Haringey TPCT commissions the following types of services: primary care (including GPs, urgent care, pharmacy, optometry and dental services, community and intermediate services (including audiology, children’s services, community nursing, sexual health, speech and language therapy), mental health, secondary care (from acute hospitals, mainly North Middlesex University Hospital Trust and the Whittington) and tertiary care.

3.2.1 Commissioning cost

The following pie chart shows the cost of these different services in 2006/07.



**Commissioned cost in
2006/07 £m**

Service area

Primary care	103.5
Community and intermediate services	27
Mental health	57
Secondary care	161
Tertiary and specialist commissioning	31
Total	379.5

Further details of the breakdown of these costs and the activity provided can be found in the full CSP (sections 3.7 and 3.8).

3.2.2 Models of care

There are different ways in which the health and care services we commission are organised and delivered. As services develop and improve over time, and as people's needs change, new models of care need to be developed. We have identified the following areas as needing new models of care.

- **Primary care**

We are currently working with an outdated model of primary care based in a large number of stand-alone general practices, many of which are housed in substandard premises. Although there are examples of good practice in the borough we generally experience poor integration of services and unplanned variation in quality, range, availability and funding of services all of which exacerbate health inequalities. We continue to see inappropriate use of A&E and a focus of resources on hospital-based care rather than on well-being and health improvement. Our Primary Care Strategy sets out how we want to move to a new model of primary care that will refocus services and resources in the community rather than in hospitals, ensure better

integration across health and social care, improve access to more consistently high quality primary care services and work more effectively to promote healthy lifestyles. This involves developing a network of super health centres for the borough, supported by a smaller number of primary care practices.
www.haringey.nhs.uk/about_us/consultations/index.shtm

- **Long Term Conditions**

Long term conditions (LTCs) like diabetes, heart failure and mental health play a significant part in the ongoing health of people in Haringey. This burden is felt more acutely by people from BME communities and by deprived communities. We need to transform the way we work with people with long term conditions to focus much more on prevention, and early and accessible community-based care that enables people to manage their conditions better and with fewer complications in the long term. This will be a key component of the new primary care model.

- **Children and Young People**

We have made much progress in working together with Haringey Council to improve how we meet the needs of children, young people and their families in Haringey. This work is ongoing and will focus on developing an integrated model of service for health and social care as set out in the Children and Young People's Commissioning Framework. The focus is on health promotion and early identification of problems to give children the best possible start in life with care being providing at home or as close to home as possible. The strategy also identifies the need to review and redesign pathways for urgent care and the development of multi-agency integrated provision for children with additional needs.

- **Rehabilitation and Integrated care**

Current community-based rehabilitation and intermediate care services are unable to adequately meet the needs of all adults and older people in Haringey who require them. Planning and commissioning of these services has not always been undertaken jointly across health and social care. This has led to the development of services that do not provide integrated care pathways that are able to meet the range of identified needs. There are also a number of inconsistencies in terms of eligibility for the services that exist. We are developing a rehabilitation and intermediate care strategy that sets out an approach to developing an integrated service model with a focus on health promotion and early intervention to keep people well and caring for people at home or in community settings wherever possible.

- **Mental health**

The focus of mental health services in the borough has been largely on crisis management and hospital-based care. We want to further the shift towards a model based on health promotion and early intervention. We also need to ensure that where problems arise there is a single point of access to services and a single assessment process which leads to evidence based treatment.

3.2.3 Performance of services

PCTs are assessed on the performance of the services they provide and commission. In 2006/07 Haringey TPCT achieved "good" in the Healthcare Commission's annual health check, an improvement on the previous year (see [www. http://www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk) for more information on the annual health check). Our focus for 2007/08 has been on sustaining these improvements and on improving those areas where we know we need to do better, namely:

- Life expectancy
- Infant mortality
- Sexual health
- Teenage pregnancy
- Cancer
- Diabetes
- Mental health and drug services.

3.3 Financial position

Our current financial position is good, as a result of sustainable financial planning and management over the last three years. This means that we are able to continue with a programme of new investment, in particular in developing primary care.

4. A Healthier Haringey – where we want to be in the future

We have drawn up four strategic goals, based on the analysis of our current context and with an understanding of the current health policy direction.

4.1 Strategic goals

Goal 1: To improve quality and access to services; ensuring better access to the right care in the right place, at the right time; providing more integrated care in the local community. This goal is about how we can best organise services so that people in Haringey can easily access services of high quality wherever they live in the borough. It is also about making sure that we make best use of services and that services work better together.

Goal 2: To promote a healthier Haringey by improving health and well-being and tackling health inequalities. This goal is about ensuring that the PCT acts to prevent ill-health by participating fully in local partnerships that look at the wider determinants of health

Goal 3: Improve mental health and well-being. This goal highlights mental health and well-being as being of particular importance to Haringey due to our population's needs, and includes actions to both promote mental health and improve mental health services across all age ranges.

Goal 4: To improve our performance and the way in which we commission services to enable us to commission world-class care, whilst ensuring that we maintain long-term financial stability. This goal relates to our ability as an organisation to work effectively so that we are able to meet our other strategic goals, we need to improve our commissioning skills and we need to maintain the good financial position we are currently in.

4.2 Initiatives

We have identified the key initiatives that we will undertake to help achieve these goals. These are listed below, under the main goals that they will help with, however there some initiatives will have an impact on more than one goal, for example the primary care strategy will improve quality and access to services; ensuring better access to the right care at the right time; providing more integrated care in the local community (goal 1) and will help promote a healthier Haringey by improving health and well-being and tackling health inequalities (goal 2).

Goal	Initiative
1. To improve quality and access to services; ensuring better access to the right care in the right place, at the right time; providing more integrated care in the local community.	1.1 Implement our Primary Care Strategy including new models of service provision
	1.2 Develop Long Term Conditions management schemes starting with diabetes and heart failure
	1.3 Improve patient flows through services – by meeting 18 week referral to treatment target and through Practice-Based Commissioning led management of referrals
	1.4 Commission the service model in the Children and Young People's Commissioning Framework – with a focus on better management of long term conditions and reducing acute admissions
	1.5 Develop the Rehabilitation and Intermediate Care Strategy
	1.6 Contribute to sector wide work on improving cancer services (CCI)
	1.7 Contribute to sector wide work on urgent care pathways for stroke (CCI)
	1.8 Improve End of Life Care (CCI)
	1.9 Contribute to improving renal services in the sector (CCI)
2. To promote a healthier Haringey by improving health and well-being and tackling health	2.1 Contribute fully to Haringey's Community Strategy and Local Area Agreement especially through: primary care preventative treatment for patients at risk of cardiovascular disease; investment in smoking cessation ("Stop before the Op"), improving screening for bowel, breast and cervical cancer, increased investment in physical activity and nutrition programmes.

inequalities	2.2	Reduce infant mortality through early access to maternity services, breastfeeding and stopping smoking initiatives
	2.3	Improve sexual health including increased investment in Chlamydia screening and mainstreaming young people's services and preventing teenage pregnancy
3. Improve mental health and wellbeing	3.1	Improve primary and community mental health services for all age ranges– in particular ongoing implementation of the primary care local enhanced service
	3.2	Improve mental health services and mental health prevention for children and young people
	3.3	Review commissioning arrangements for the provision of inpatient and community mental health services by our local mental health provider trust (Barnet, Enfield and Haringey Mental Health Trust) including developing an adult rehabilitation strategy, developing low secure provision, and early intervention services.
	3.4	Develop Older People's Mental Health Strategy
4. Improve commissioning and ensure financial stability	4.1	Continue programme of commissioning development to strengthen the capacity and capability of the commissioning function within Haringey TPCT to support delivery of goals 1-3.

4.3 Impact of initiatives

The full CSP gives more details of these initiatives including what we expect the impact of the initiatives to be in terms of quality, health outcomes and inequalities, impact on providers and on commissioning cost and capital cost. Our intention is that the combined effect of the initiatives outlined above with the ongoing work of the PCT, and the actions agreed in the Local Area Agreement, will culminate in a long-term positive impact on the health of the population of Haringey

These initiatives will all start, or have started, in 2008/09. The impacts of these will be seen during the 5 years of the CSP, and beyond.

We will see less care taking place in acute or hospital settings and more care being provided in primary care and community settings, with an increasing amount of preventative and health promotion work taking place in order to reduce the need in the longer term for higher level interventions. In real terms this is likely on current estimates to mean

- A reduction by 1% each year in emergency admissions for long-term condition management and a further 1% for care of the elderly as the work we are doing in the community supporting people to manage their long term conditions more effectively and through our schemes such as our community matron scheme helps to keep older people

- A reduction by 3% in each year in A&E attendances due to the setting up of urgent care centres and a further reduction of 3% due to improved long-term condition management.
- A reduction by 4.5% over 5 years in elective inpatients due to extended minor surgery in super health centres.

Additionally we would expect to see a reduction in hospital based care over the next 5 years in diabetes, dermatology, gynaecology and rheumatology as a wider range of services become available in primary care.

The CSP contains a more detailed breakdown of the impact of these changes.

5. Commissioning for a Healthier Haringey – Investment Strategy April 2008 to March 2011

This section sets out the TPCT's proposed approach to investment planning over the next 3 years, based on the work outlined above to assess our current situation and drawing our key planning documents.

5.1 Commissioning Priorities

As we go into 2008/09, as a result of sustainable financial planning and management over the past three years, we are able to continue with our programme of new investment, in particular in developing primary care in the context of our primary care strategy and which underpins the strategic goals set out in the CSP.

As set out above the priorities set out in the TPCT's Commissioning Strategy Plan are:

- Improving access and quality of services
- Promoting a healthier Haringey
- Improving the mental health and wellbeing of Haringey residents.

Underpinning this is a requirement for the TPCT to continuously improve our commissioning skills to ensure best possible value for money from commissioning resources and a continued focus on strong financial performance.

In addition to these strategic priorities the TPCT needs to demonstrate improvements in services through a range of important targets. Each London PCT has produced an Operating Plan setting out the PCT's commissioning and financial plans. As part of this plan PCTs set out how their plans to meet the targets, known as "Vital Signs". See the Department of Health Operating

Framework for more information¹. The Vital Signs are divided into 3 areas: national requirements, national priorities for local delivery and local action. PCT plans for national requirements and national priorities have to be agreed by the SHA to ensure that national targets are met. PCTs also need to agree targets with other key partners, including targets that relate to Local Area Agreements that are set with local strategic partnerships and are signed off by the Government Offices. The table at Appendix A provides a summary of all of these commitments.

5.2 Overview of available resources and proposed phasing of investments

Table One, below, summarises the financial assumptions underpinning this investment strategy.

5.2.1 Available resource

Available resource for 2008/09 is £9m, rising to £15m in 2009/10 and £23m in 2010/11.

These figures are derived from the five year financial plan and represents the level of resource expected to be available for investment after expected growth in acute / secondary care and continuing care budgets has been allowed for.

5.2.2 Contingency

It is prudent at this stage to retain a commissioning contingency to ensure that the TPCT is in a position to resource unexpected pressures and new priorities as they emerge.

No further contingency is required for 2008/09, £2m has been set aside for 2009/10, rising to £4.5m by 2012/13.

5.2.3 Primary Care Strategy Infrastructure

This represents a total recurrent revenue investment over the 5 year period of £4.5m including the costs of Hornsey Central that come on stream in 09/10 and a further £1.5m investment per year in 2011/12 and 2012/13. This is a working assumption and will be further reviewed as local plans are developed.

¹ Department of Health, The NHS in England: The Operating Framework for 2008/09, 13 December 2007

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081094

5.2.4 Phasing of new investments

It is proposed to work up our investment plans in two tranches:

Tranche one: 2008/09 and 2009/10– total proposed investment programme of **£14m**. This represents **£8m** new investment in 08/09 (£4.25m part year effect) and **£6m** in 09/10 (£4m part year effect).

2009/10 includes full year investment of £2m in Department of Health procured independent sector treatment capacity which is due to come on stream in April 2009. Details of clinical services that will be commissioned through this provider are being worked through but is likely to include additional renal dialysis capacity, home based chemotherapy and a range of other potential services.

A detailed phasing plan will be developed and presented to the Board as part of the final investment plan in May.

Tranche two: 2011/12 – total proposed new investment of a further £3.5m (full year effect). The longer lead in time available for planning makes it possible to plan for full year impact in 2011/12 at this stage.

5.2.5 Non recurrent investment

Table one summarises proposed non recurrent investment over the 4 year period to 2011/12. This is higher in 2008/09 than in subsequent years due to planned phasing of tranche one investments as outlined above.

The first call on non recurrent resources will be to support implementation of the Barnet Enfield and Haringey Clinical Strategy where it is expected that some non recurrent costs will arise due to the need for double running / pump priming and project support costs.

Implementation of RIO (patient information system for community services) in HTPCT provider services will also be a call on this resource in 2008/09 and 2010/11.

A process for agreeing short term investments and priorities will be put in place.

Table One:

	2008/ 2009	2009/ 2010	2010/ 2011	2011/ 2012	2012/ 2013
available resource	9	15	23	24	25
contingency	0	-2	-3	-4	-4.5
PC strategy infrastructure	0	-1.5	-1.5	-3	-4.5

	9	11.5	18.5	17	16
08/09 sub total	-4.25	-8	-8	-8	-8
09/10 sub total	0	-4	-6	-6	-6
10/11 sub total	0	0	-3.5	-3.5	-3.5
non recurrent expenditure	-2	-1	-1	-0.5	0
non recurrent benefit of surplus	1	3.75	3.25	4.25	3.25
surplus	3.75	3.25	4.25	3.25	1.75

5.3 Investment priorities

Within the overall strategic framework provided by the CSP, investments will be made according to the following priorities:

- Consolidation: in recognition that many non Payment By Results (PBR) services have seen little or no growth over recent years a significant investment will need to be made in core services to reflect ,for example, population growth, increased prevalence and to address clinical risk and quality issues.
- National priorities and performance: to ensure that the TPCT fully delivers on commitments in line with national priorities including access, convenience and choice.
- Local priorities and reducing health inequalities: aligning additional investment to support delivery of local priorities (including local area agreement priorities and London NHS priorities) including health promotion and prevention with screening, infectious diseases and immunisation a particular priority in year one. Implementation of the TPCT's primary care strategy to achieve a step change in the level and quality of 'out of hospital care' is a key local priority in the period covered by this investment framework.
- Investments that support continued reduction in reliance on hospital based care and ensure that the TPCT manages acute services appropriately (ie is in the top quartile performers for all acute sector productivity metrics).
- Investments to support the TPCT to develop its commissioning skills and capacity, ensuring that the best possible health outcomes for local residents are secured from the significant health resources that the TPCT is responsible for.

5.4 Prioritisation process

The TPCT is currently working up a 'long list' of potential investment priorities based on our knowledge and understanding of population needs, current service gaps and national and local policy. Work to develop business cases and specifications for new investment has started but significant further work will be required in some areas to ensure that new investment aligns effectively with existing investment. This will be reflected in the proposed phasing of new investments. The TPCT intends to commission new services as much as possible based on outputs and the outcomes required to be delivered from the investment.

The prioritisation process for new investments will also need to consider where commissioning skills and capacity needs to be focused to ensure that benefits from new investment are maximised.

Clear performance management arrangements to ensure new services deliver anticipated benefits will be put in place building on existing arrangements. Evaluation of the impact of new investments will be built into specifications and may be commissioned externally in some cases.

Investment proposals and business cases will be reviewed against a set of agreed prioritisation criteria as outlined below:

Clinical effectiveness

What evidence is there that the intervention is clinically effective?

Cost effectiveness

How many people will benefit from the proposed investment? How much do they benefit? (relative to the proposed level of investment).

And / or

Will the proposed investment deliver a significant improvement in quality or safety of clinical service to existing patients?

Equity

Is the investment proportionate – i.e. meeting an equivalent level of need and potential to benefit as against other proposed investments and existing service provision. (So - don't fund a 'Rolls Royce' service for one condition or client group but only a 'Ford Escort' service for another).

National Priority

Including: Statutory duty, Existing requirement not currently met, national requirement, national priority for local action, vital sign other, national policy other e.g NSF.

Local Priority

Extent to which addresses inequalities in health, fit with LAA strategic priorities and targets, local stakeholder concern.

5.5 Stakeholder engagement

The TPCT is committed to an open and transparent decision making process in relation to its future investment strategy and believes that giving stakeholders the opportunity to feed their views into the process will support improved decision making and ensure that the benefits of proposed investments are maximised.

This will need to be an ongoing process to enable stakeholders to influence not only decisions about what investments should be prioritised but also to influence how services are developed and ensure that they are delivered in a way that is as responsive as possible to local residents needs.

A stakeholder workshop is planned for the afternoon of the 14th May with an evening public meeting to be held on the same day.

The TPCT is currently working through its approach to ongoing stakeholder engagement linked to the further development and implementation of the primary care strategy and further development of our approach to practice based commissioning.

5.6 Commissioning approach

The TPCTs CSP and Commissioning Investment Strategy focuses on **what** the TPCT wishes to commission to support the delivery of the TPCT's core strategic objectives. The TPCT also needs to give consideration to **how** we wish to commission services as well as to **who** we wish to commission services from.

Commissioning frameworks, to support decision-making around the "how" and "who", have been developing rapidly in the NHS over the recent past. In 2008 the TPCT will develop a Strategic Commissioning Framework that will provide a clear local statement as to how the TPCT will discharge its commissioning responsibilities.

We will also be developing a Commissioning Development Plan that will assess our current strengths and areas for development as a commissioning organisation and set out a development programme to ensure that we continually improve our commissioning skills.

The TPCT believes that to secure the best possible services for patients from available resources we need to support the development of a good range of strong, effective and responsive health provider organisations locally. In addition to working with existing providers to ensure that they are able to deliver demonstrably clinically effective, high quality, value for money services the TPCT is also keen to support a range of new service providers, particularly in areas where it is assessed that current providers do not have a particular interest or expertise or where current service provision is assessed as poor quality or value for money.

Practice Based Commissioning Collaboratives are currently having active discussions, for example, about developing new forms of GP practice led provider organisations based around consortiums of local practices / clinicians. GPs will increasingly expect to be given the opportunity to provide a wider range of services than are currently included within the core GP contract framework. This would build on existing 'local enhanced services' models and would need to be carefully managed but is an approach that the TPCT welcomes in principle.

Additionally there is much greater potential for the TPCT to work with community and voluntary organisations to support delivery of improved health for local residents and our Strategic Commissioning Framework will actively consider how we can build stronger relationships and a stronger 'third sector' in partnership with the local authority and building on existing commitments made in the Haringey Compact.

The TPCT believes that 'contestability' (ie. competitive tendering of services against an agreed specification) is an important vehicle for securing best value and expect it to play an increasing part in how we seek to maximise health benefits from our commissioning spending future. We do recognise that there are potential pitfalls in this approach and we will seek to develop mechanisms to ensure that local providers are not disadvantaged in any competitive tendering processes.

These issues will be explored more fully in the Strategic Commissioning Framework described above. It is important to include a brief outline of these issues in the investment strategy at this stage as we will need to consider all these issues in more detail as we implement the strategy.

5.7 Commissioning Intentions 08/09

Following the prioritisation processes and stakeholder engagement set out above, we will produce our detailed commissioning intentions for 08/09 which will show investment against each of the service areas and targets described in Appendix A.

5.8 Cost improvements in 2008/09

The following areas are where the TPCT expects to make cost improvements, generally through increased efficiency – making better use of services and resources.

- **Corporate budgets**
- **Primary care budgets** by ensuring practice lists are regularly validated.
- **Efficiency in primary care prescribing**
- **Demand management** is about ensuring that the right treatment is made available in the right setting at the right time – that the appropriate care pathway is followed. This can lead to a reduction in

unnecessary activity. This fits with our plans to move provision from secondary care to prevention and provision in the community, and to do so to develop and improve primary care.

- **Service Level Agreements commissioning efficiencies** – ie paying for what we need and want from service providers rather than on historically what has gone before.
- **Low priority procedures** – we will reduce the number of procedures of limited clinical value in line with relevant NICE guidance. Access criteria for the following have been agreed by the Board in March 07, with service delivery outside of the access criteria not being funded:
 - Grommet insertion
 - Tonsillectomy
 - Varicose vein surgery
 - Cochlear implants
 - Implantable cardiac defibrillators
 - Carpal tunnel surgery
 - Hysterectomy for menorrhagia
 - Cosmetic surgery

In addition bariatric surgery will not be commissioned outside of the Obesity Care Pathway.

- **Homeopathy services** - Haringey TPCT has recently considered evidence for effectiveness of homeopathy, enzyme-potentiated desensitisation (EPD) and treatment of cancer with Iscador. There is some evidence to suggest that there may be health benefits, beyond the placebo effect, from some treatments in specific situations although in general there is insufficient evidence to support homeopathic treatments. The commissioning of these services will be on an individual basis where it can be demonstrated that a particular patient will experience significant health gain from the proposed intervention

5.6 Impact in 2008/09 - providers

The overall impact we expect to see on our providers includes the following key points:

- A shift in activity from secondary/acute care to primary/community care across all services
- Fewer primary care points of delivery (no reduction in the number of GPs but fewer premises expected) but with an increased range of services available in primary care including the development of urgent care
- An increase in activity at the North Middlesex due to proposed changes across Barnet, Enfield and Haringey
- Management of children's services by Great Ormond Street Hospital
- We would also hope to see a wider range of providers available including those from the voluntary and community sector, and for

specific services such as mental health, retinal screening and breast screening.

- Changes across the sector as a result of the CCI plans around renal, cancer, stroke and end of life care services.

See CSP section 6.2 for a more detailed modelling of the impact on the acute sector.

6. Implementation and monitoring

Our Commissioning Investment Strategy will be monitored regularly, as well the planning documents on which it is based. The CSP will be reviewed and updated on an annual basis. The CSP includes a range of measures to assist us in monitoring progress on the initiatives. The Operating Plan will be monitoring regularly, internally and by NHS London.

7. Conclusion and comments

We are keen to get feedback from stakeholders about our Commissioning Investment Strategy and welcome any comments on this document.

Please address your comments to:

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Appendix A: Summary of Strategic Goals, Initiatives and Operating Plan and LAA commitments.

Operating Framework areas	Area of care	Outcomes	Initiatives	Operating Plan indicator	LAA
CSP Goal 1: Improving quality and access to services					
Cleanliness and healthcare associated infections (HCAI)	Planned care	Reduced no of HCAI	Investment in rapid testing equipment	VSA01 Incidence of MRSA VSA02 MRSA supporting lines VSA03 Incidence of c. difficile	
Access to personalised and effective care	Planned care	Reduce waiting times	Commissioning additional activity and maximising efficiencies including IVF (210) Dental (50) Audiology (45)	VSA04 NHS reported waits for elective care VSA05 Supporting activity lines	
	Planned care	Improve patient choice		VSC 16 (local priority)	
	Primary care Urgent care	Improved access to and quality	Implementation of primary care strategy including developing polyclinic/super health centre model	VSA06 Patient reported measure of GP access	

		of primary care and urgent care services	at Lordship Lane, the Laurels, extended opening hours and progressing work on urgent care	VSA07 GP opening hours	
	Long term conditions	Improve service quality and health outcomes for people with long term conditions	Prioritising diabetes and heart failure, developing a generic model of self-care to apply to other LTCs including respiratory disease and hypertension. Also developing foot care, investing in enteral feeds and audiology.	VSC (local priority) vascular risk score VSC (local priority) Diabetes	
	Dentistry		Dental commissioning strategy to be developed	VSA18 Dental services	
	Children & young people	Improve health of children & young people and reduce need for acute admissions	Increased investment in CYP services to meet increases in population and develop model for children's services in Children & Young People Commissioning Framework		
	Cancer	Improve quality of care	Investment in CCI (sector-wide initiatives). Bowel cancer screening programme underway	VSA08 Breast symptom two week wait VSA09 Age extension of breast	

				screening programme VSA10 Extension of bowel cancer screening VSA11 31 day standard for subsequent cancer treatments (chemotherapy and surgery) VSA12 31 day standard for subsequent cancer treatments (radiotherapy) VSA13 Extended 62-day cancer treatment targets	
	Stroke services	Improve quality of care	Investment in CCI including developing care pathway and sector-wide capacity	VSA14 Quality stroke care	
	Renal services	Improve quality of care	Investment in CCI		
	End of life care		CCI – completion of baseline review and development of stroke strategy	VSC15 (Local priority) proportion of all deaths at	

				home	
	Adults & Older people	Ensure appropriate care and response to specific needs for adults and older people	Rehab & Intermediate care strategy. Begin investing in new models of care. Further investment will be required in 09/10. Specialist team complex rehab Continuing care – support to community matrons ICT assessments/capacity		
CSP Goal 2: Promoting a healthier Haringey					
Improving health and health inequalities	Health inequalities and obesity		Life Expectancy Action Plan Wellbeing Strategic Framework Physical activity and nutrition programme (500) Investment in heart failure and diabetes Development of LES to identify and manage patients with high risk of CVD Stop before Op, targeting hard to reach smokers Catch up programme for imms and data collection Improvements to TB completion rate	VSB01 AAACM rate VSB02 CVD mortality rate VSB03 Cancer mortality rate VSB05 smoking prevalence VSB09 Childhood obesity	56: Obesity in primary school age children year 6 Local - Increase % of children immunised by 2 nd birthday 123: smoking rate prevalence Stretch – smoking quitters in N17 121: mortality

				<p>VS B10 Individuals completing immunisation</p> <p>London priority re TB</p>	<p>rate from all circulatory diseases at ages under 75</p> <p>119: self-reported measure of people's overall health and well-being</p>
	Infant mortality		<p>Infant mortality action plan</p> <p>Early antenatal booking pilot</p> <p>Smoking in pregnancy adviser</p> <p>Infant feeding co-ordinator</p>	<p>VS B06 early access to maternity services</p> <p>VS B11 Prevalence of breastfeeding at 6-8 weeks</p>	<p>126 early access for women to maternity services</p> <p>53: Prevalence of breastfeeding at 6-8 weeks</p>
	Sexual health		<p>Mainstreaming 4YP services</p> <p>Investment in working with schools</p> <p>HIV testing programmes</p> <p>Investing in family planning and GUM</p>	<p>VS B08 teenage pregnancy</p> <p>VS B13 Chlamydia prevalence (screening)</p> <p>London priority: HIV prevention indicator</p>	<p>112: Under 18 conception rate</p> <p>113: prevalence of Chlamydia in under 20 year olds</p>

			Chlamydia screening		
	Substance misuse		Investment in alcohol and drug inpatient detox	VSB14 Number of drug users being recorded as in effective treatment	40: Drug users in effective treatment 39: Alcohol-harm related hospital admission rates
	Primary care mental health		Investment in graduate mental health workers and computerised CBT, developing psychological therapies consortium, redesigning day opportunities and increasing access to psychological therapies	VSC02 Proportion of people with depression and/or anxiety disorders who are offered psychological therapies	
	Child & adolescent mental health services		Investment preventative and earlier interventions CAMHS in 0708 and 0809	VSB12 Evaluating the impact of CAMHS	51: Effectiveness of CAMHS services
	Inpatient and community mental health		Joint action plan with mental health trust Developing local low secure provision and ensuring EIP services available BCU funding – police diversion	VSB04 suicide and injury of undetermined intent	

	Older people's mental health		Strengthen community based mental health services for older people – older people's dementia care		
	Learning disabilities		Develop model for assessment and treatment services for people with learning disabilities and mental health problems (300 – contingency)		
Enablers					
CSP Goal 4: Improving our commissioning and financial performance					
Reputation, satisfaction and confidence in the NHS	Improve how we commission to improve health and deliver our ambitions		Continue to develop commissioning capacity and capability	VSB15 self-reported experience of patients/users VSB17 NHS staff survey based measures of job satisfaction	
Finance					

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Primary Care Strategy – update for OSC 7 April 2008

The final version of the primary care strategy will be presented to the TPCT Board in May, and work continues to develop the strategy along the lines agreed at previous meetings. Notable progress since the last Board meeting in January includes:

- Hornsey Central event – public meeting held on 12 March giving update on plans for Hornsey Central, including presentation about the Bromley-by-Bow centre as an example of an effective primary care and integrated community resource
- Developing internal arrangements and starting to establish the Programme Board to oversee primary care strategy development and implementation
- Application to join NHS London polyclinic pilot scheme with Enfield PCT to access support from the Strategic Health Authority around developing Lordship Lane centre as part of improved service provision to the most deprived areas of Haringey and Enfield.

In order to complete the strategy a particular focus will be made over the next month on workforce, transport and methods for local engagement of stakeholders.

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Agenda item:

Overview & Scrutiny Committee
On 7 April 2008

Report Title: **Annual Health Checks – Overview and Scrutiny Committee Comments on Core Standards Self- Declarations by Local NHS Trusts**

Report of: **Chair of Overview and Scrutiny Committee**

Wards(s) affected: **All**

Report for: **Non-Key Decision**

1. Purpose

To approve draft comments by the Committee on the Core Standards self- declarations by local NHS Trusts

2. Recommendations

- 2.1 That the attached comments in relation to Haringey TPCT, the Whittington Hospital and the North Middlesex University Hospital be approved.
- 2.2 That final comments made in respect of Barnet, Enfield and Haringey Mental Health Trust be agreed by the Chair, in consultation with the Opposition Spokesperson.

Contact Officer: **Rob Mack, Principal Scrutiny Support Officer**

Tele: **020 8489 2921**

E-Mail: **rob.mack@haringey.gov.uk**

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

Not applicable

5. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Assessment for Improvement – The Annual Health Check; Criteria for Assessing Core Standards (Healthcare Commission)

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921,
7th. Floor, River Park House

e-mail: rob.mack@haringey.gov.uk

6. Report

- 6.1 The Annual Health Check is the way that all NHS trusts are now assessed on their performance. It replaced the previous “star rating” system and is undertaken by the Healthcare Commission, who are the body charged with ensuring that healthcare services are meeting standards. It aims to determine whether NHS trusts are getting the basics right and making and sustaining progress. Final results are announced each autumn.
- 6.2 A key part of the assessing whether trusts are getting the basics right is looking at their performance in meeting 24 “core standards”. These are responsibilities that the government believes that all NHS trusts should meet. All trusts undertake a self assessment and comments on how well they are doing against these are requested from Patient and Public Involvement (PPI) Forums and Overview and Scrutiny Committees. The comments are supposed to act as a “reality check” so that the self declarations reflect how local communities view their local NHS trusts.
- 6.3 The Committee has previously decided to focus its attention on the four NHS trusts that are of most relevance to Haringey. These are:
 - Haringey Teaching Primary Care Trust (TPCT)
 - Barnet, Enfield and Haringey Mental Health Trust
 - The North Middlesex University Hospital (NMUH)
 - The Whittington Hospital
- 6.4 Rather than attempt to cover all 24 standards in comments, the Committee has also previously decided to focus on a small number of standards which, it has determined that it is best placed to comment on.
- 6.5 Members of the Committee have attended meetings of the Patient and Public Involvement (PPI) Forums of the TPCT, NMUH and the Whittington Hospital in order to participate in discussions with them on their performance against core standards.
- 6.6 Comments are attached to the report. They have been drafted in the light of the discussions at PPI Forum meetings attended by the Panel and following a trawl of all health scrutiny work that the Overview and Scrutiny Committee has undertaken during the last Municipal Year. The Healthcare Commission has stated that comments should be backed up by evidence and this has been taken into account in selecting the particular issues to focus on.

- 6.7 In respect of Barnet, Enfield and Haringey Mental Health Trust, a trust workshop has been arranged to take place on 14 April, to which a number of stakeholders have been invited, including Members of the Committee and Members for Overview and Scrutiny in Barnet and Enfield. In order to meet the deadlines of the trusts, comments on the Mental Health Trust will need to be submitted before the next meeting of the Committee. It is therefore proposed that these be agreed by the Chair, in consultation with the Opposition Spokesperson.

7. Legal and Financial Implications

- 7.1 There are no direct financial or legal implications for the Council as the contents relate to NHS bodies.

8. Chief Financial Officer Comments

- 8.1 The Chief Financial Officer has been consulted on the contents of this report and has no specific comment to make.

9. Head of Legal Services Comments

- 9.1 The Head of Legal Services has been consulted on the contents of this report and has no specific comment to make

10. Equalities Implications

- 10.1 One of the core standards (C18) concerns equal access to NHS services and comments for each NHS trust have been drafted accordingly, based on the evidence that the Committee has received.

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HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE – COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION BY HARINGEY TEACING PRIMARY CARE TRUST

Core Standard	Comment
<p>C6: “Healthcare organisations cooperate with each other and social care organisations to ensure that patient’s individual needs are properly managed and met.”</p>	<p>The Committee is of the view that there are several areas where the TPCT works well with health and social care partners work, such as the Integrated Care Team (ICT). The Rehabilitation and Intermediate Care Strategy is currently being jointly drafted, this will include plans for fully integrated teams. In addition, the Committee’s Review on High Intensity Users noted and endorsed the views of a range of stakeholders that Community Matrons are working well with the TPCT’s partners. However, the review was of the view that there was scope for better joint working with out-of-hours services, such as Camidoc, and that there needed to be more support for patient self-help groups. In addition, there needed to be more flexibility in the resourcing of elements of social care that have the potential to support the making of long term savings by the NHS so that the Council’s Adult Services are given an incentive to invest in such services.</p> <p>The Committee is of the view that there is scope for improvement in joint working on mental health issues, in which the TPCT plays a key strategic commissioning role. It notes the concerns that were raised by commissioning bodies in response to the Mental Health Trust’s application for foundation status and welcomes the moves that are being taken to resolve these issues. It also noted that health partners have still not implemented fully the recommendation from the Scrutiny Review on Mental Health of 2006 to improve liaison between mental health services and the North Middlesex Hospital (NMUH) in order to provide for the earlier detection of mental health needs. Mental health issues are a significant factor in the attendance of a comparatively high number of patients attending NMUH but there is only limited psychiatric consultant cover for A&E. NMUH has some liaison psychiatric cover for adults but there is currently no specialist service for older people. Some additional liaison cover was provided by the MHT as part of an informal arrangement but this stopped on 1st October 2007. There is agreement amongst all partners that current provision is inadequate and that there is a need for additional cover, particularly for older people. There is, as yet, no agreement on</p>

Core Standard	Comment
<p>C16: “Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care”</p>	<p>how to resolve the issue, although it is noted that the TPCT is currently addressing this in consultation with the MHT and NMUH.</p> <p>The Committee’s review on Access to Services for Older People review heard evidence from local stakeholders that information levels in relation to foot health and dentistry were in need of improvement. This included information in relevant community languages. The Committee has noted that foot health is a current commissioning priority for the TPCT and they are currently researching the area, including consulting with the voluntary and community sector.</p>
<p>C17; “The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services”</p>	<p>The Committee feels that the TPCT has shown a willingness to engage with a range of organisations in order to obtain the views of users and their representatives. In particular, there continues to be good links with the Overview and Scrutiny Committee. The TPCT also has good links with Haringey Association of Community and Voluntary Organisations and, through this, consults widely with voluntary sector organisations.</p> <p>The Committee is of the view that consultations that have been undertaken by the TPCT in the past year have demonstrated a genuine desire to obtain the views of residents and stakeholders. In addition, the TPCT has responded appropriately to feedback by adapting its approach and making amendments where necessary. An example of this was provided by consultation on the Primary Care Strategy. However, improvements could be made by:</p> <ul style="list-style-type: none"> • Consultation being more timely • Exercises adopting a more open approach rather than being geared to convincing residents of the benefits of adopting specific proposals. • Offering residents and stakeholders a genuine choice of options • Providing a greater level of clarity on the potential implications of strategies.
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer</p>	<p>The Committee welcomes the strategic work that TPCT has undertaken to ensure that services will be equally accessible to all of the community. Example of this are</p>

Core Standard	Comment
<p>choice in access to services and treatment equitably”</p>	<p>the Equalities Impact Assessment that was undertaken on the Haringey primary care strategy and the Health Equity Audit.</p> <p>The Committee is mindful of the need to improve primary care services within the Borough and believes that the setting up of Super Health Centres, as proposed by the Primary Care Strategy for the Borough, has the potential to 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, it is concerned to ensure that provision is accessible in those areas of the Borough where the need is greatest. It therefore welcomes the fact that the TPCT has responded positively to its comments on the strategy and is looking to ensure that its proposals do not impact negatively on residents in the most deprived areas of the Borough.</p> <p>The Committee notes with concern that some primary care practices are still using 0845 telephone numbers which are very expensive for people with no access to land telephone lines to use. This can impact particularly on people in temporary accommodation. It is noted that the TPCT is discouraging this practice and feels that it should continue to work with primary care practitioners to ensure that this ends as soon as possible.</p>
<p>C22; “Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <ul style="list-style-type: none"> a) cooperating with each other and with local authorities and other organisations b) ensuring that the local Director of Public Health’s annual report informs their policies and practices c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships” 	<p>The Committee feels that the TPCT plays an active and positive role in supporting local partnerships, particularly the Haringey Strategic Partnership and its Well Being Partnership Board.</p>

Core Standard	Comment
<p>C23; “Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections”</p>	<p>The Committee welcomes current initiatives by the TPCT to promote exercise such as:</p> <ul style="list-style-type: none"> • The GP referral scheme that is run between the TPCT and Leisure Services and which is a 12 week cardiac programme with incentives included to encourage the person to continue using the gym afterwards. • ‘Health for Haringey’ which develops 30 projects a year around healthy living activities for vulnerable and excluded groups, in partnership with Age Concern. <p>The Committee is however mindful that health promotion activities are generally funded by time limited external grants. Examples of this are the use of NRF money to fund Health in Mind and Communities for Health money for other projects. It would welcome the use of core funding for health promotion activities to ensure sustainability and in recognition that they are an integral part of the strategic role of the TPCT.</p>

HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE – COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION BY THE NORTH MIDDLESEX UNIVERSITY HOSPITAL TRUST

The comments made by the Overview and Scrutiny Committee in relation to core standards have come from all health scrutiny work that has been undertaken during the year. This submission includes specific feedback from a visit to the Trust on the 6th March 2008 by Members of Overview & Scrutiny and the Patient & Public Involvement Forum. The Committee welcomed the positive and pro-active approach taken by Trust and the level of information provided and recognises the need and importance of working together to improve the health and well being of residents.

Core Standard	Comment
<p>C13a; “Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.”</p>	<p>The Committee noted the significant improvement in the proportion of hospital staff that have received awareness training in respect of the care and treatment of vulnerable adults.</p>
<p>C15a; “Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.”</p>	<p>The Committee noted that a number of improvements had been made to ensuring that patients receive appropriate nutrition whilst in hospital. The Committee noted the new contracting arrangements (with Steamship) which was noted to have brought general improvement to food provision at the hospital. The Committee noted that there also new procedures to ensure that meals were available to those patients who had missed them (i.e. when receiving care or treatment)</p> <p>Whilst the Committee noted the development of protected meal times throughout the hospital and the introduction of the Red Tray system (which aims to ensure that those patients who require assistance with their food are supported at meal times), concerns were raised through the PPI forum as to whether new regimens were consistently being adhered to.</p>
<p>C16; “Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to</p>	<p>The Committee indicated that it would be helpful to receive a report from the NMUH Patient Advice and Liaison Service, which detailed the volume and nature of patient enquiries received by this service. This would help to provide a strategic overview of patient issues raised within the NMUH and identify what remedies the hospital has developed in response to identified trends and patterns in patient enquiries.</p>

<p>expect during treatment, care and after care.”</p>	
<p>C17: “The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.”</p>	
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.”</p>	<p>The Committee were concerned at the development of new eligibility criteria for patient transport in 2007/8. Whilst noting the year on year budget increase for this service, the Committee felt that the new points based system was excessively restrictive would severely limit the uptake of this service by patients and restrict patient access to services provided at the NMUH.</p>
<p>C21: “Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non clinical areas that meet the national specification for clean NHS premises.”</p>	
<p>C22: “Healthcare organisations promote, protect and demonstrably improve the health of the community served by</p> <ul style="list-style-type: none"> a) Cooperating with each other and with local authorities and other organisations; b) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships; <p>Ensuring that the local Director of Public Health’s annual report informs their policies and practice.”</p>	<p>The NMUH has a seat on the strategic Health & Well Being Partnership Board. The Committee was therefore disappointed to note that the NMUH had rarely taken the opportunity to contribute to the work of the Board which is seen as an important vehicle for partnership working to improve the health outcomes for the residents of Haringey.</p>

HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE
COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION
BY THE WHITTINGTON HOSPITAL NHS TRUST

March 2008

The comments made by the Overview and Scrutiny Committee in relation to core standards derive from all health scrutiny work that has been undertaken during the year. This submission includes specific feedback from a visit to the Trust on the 17th March 2008 by Members of Overview & Scrutiny, the Patient & Public Involvement Forum and community representatives from Haringey Association of Voluntary & Community Organisations.

The Committee welcomed the positive and pro-active approach taken by Trust and the level of information provided and recognises the need and importance of working together to improve the health and well being of residents.

Core Standard	Comment
<p>C13a; "Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect."</p> <p>C15a; "Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet."</p>	<p>During a site visit in March 2008, a food tasting session was held for Members of the Committee and the PPIF. There was also an opportunity to talk to and question key catering staff from the hospital.</p> <p>The Committee concurred with the views of the PPIF, by noting that there has been progress in the quality of food provided to patients of the Whittington hospital. The Committee noted a number of recent developments that have improved the quality of food available for patients:</p> <ul style="list-style-type: none"> ▪ Ongoing satisfaction audits undertaken with patients regarding the provision of food at the Whittington Hospital. ▪ Work with dieticians in preparing menus for patients that are nutritionally balanced and appetising. ▪ New investment in food preparation and distribution equipment which aims to ensure that food arrives with the patient better prepared.

	<p>The Committee also noted the ongoing use of the Red Tray system at the hospital which aims to ensure that those patients who require assistance with their food are supported at meal times. The Committee indicated that it would like to see an appraisal of the system to show what impact this is having in ensuring elderly and vulnerable patients are receiving sufficient and appropriate nutrition whilst staying at the hospital. The Committee was also impressed at the lengths staff were prepared to go to meet individual patient's requirements.</p>
<p>C16; "Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care."</p>	<p>The Committee noted a number of concerns around the administration of patient communications at the hospital. The Committee noted that letters sent to patients for appointments at the hospital too frequently contained inaccurate or too vague information to consistently allow patients to attend appointments correctly. For example, directions given in letters sometimes are difficult to follow as on site signage differs to how buildings are referred to. Many letters sent to patients seem to have been generated by computer and are hard to understand. There is also evidence that carers of older and vulnerable patients are not systematically copied in to correspondence – this is a source of concern for clinical staff and can lead to patients missing appointments.</p> <p>The Committee indicated that it would like to see a systematic review and overhaul of the administration system within the Whittington hospital to ensure that all patient communication is delivered appropriately and in a timely manner. The current system seems to be an amalgam of many piecemeal developments over years and almost seems to be on the verge of collapse.</p> <p>During a tour of facilities in March 2008, Members of the Committee noted that there were ongoing problems with sign posting at the hospital site. The Committee acknowledged that the site redevelopment had precipitated problems for signposting though this underlined the need to ensure that there were ongoing assessments of signage so that patients can navigate the hospital efficiently.</p>
<p>C17; "The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services."</p>	<p>The Committee noted the successful recruitment of patients and the public to the foundation trust Membership and the publication of the membership involvement strategy. Whilst recognising that these may prove useful tools in consulting certain sections of the local populations, the Committee were concerned that future service consultations would focus on</p>

	<p>Membership of the foundation at the expense of other public and community organisations. The Committee therefore sought reassurance that future consultations for service development and service appraisal would encompass the broader makeup of hospital service users and local residents.</p>
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.”</p>	
<p>C21: “Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non clinical areas that meet the national specification for clean NHS premises.”</p>	<p>Members of the Committee have undertaken two guided visits to the Whittington Hospital during 2007/8. On the latter visit (March 2008), Members were able to contrast the level of apparent cleanliness within the hospital those seen during September 2007. These can be summarized thus:</p> <ul style="list-style-type: none"> ▪ In September 2007, Members noted that there was a marked contrast between the cleanliness of the old and new buildings within the hospital. Whilst the new building appeared to be clean and well maintained, Members indicated that there should be substantive improvements in the cleanliness and maintenance of the old building, both internal and external. In March 2008, Members noted that there was a marked improvement in the cleanliness of the corridors and indoor areas within the old building. The cleanliness of the exterior building was also noted to have improved, such as the cleanliness of outside windows, but noted that there was still a great deal to be done. Members felt strongly that a rolling programme of cleaning should be developed. ▪ In September 2007, Members had particular concerns with the Accident & Emergency Department. Whilst it was acknowledged that this is a busy service, poor levels of cleanliness and general disrepair were noted (i.e. broken chairs in the waiting area). In March 2008, Members noted that improvements that have been made within the A & E Service, where a full refurbishment was in progress. ▪ Members acknowledged that some areas within the hospital are difficult to keep clean and maintain during the continuing building works on site. Members however felt that this underlined the need to have systematic rolling programme of maintenance and cleaning throughout the hospital. <p>In March 2008, Members were also able to question the Whittington Hospital Members</p>

regarding the cleaning processes employed within the hospital as regard to infection control for MRSA and C Difficile. Members noted measures taken by the hospital to improve infection control and the reduction in the MRSA rate this has facilitated. Analysis of cleaning audits undertaken by the hospital and presented to Members raised a number of concerns:

- There appears to be no consistent direction of travel for wards where improvement cleanliness scores are not maintained.
- There is a wide divergence in the cleanliness scores between the best and worst performing wards.
- There are gaps on the inspection cycle, where it would appear that not all wards are routinely inspected.

Members had strong concerns about the methodology used to inspect the cleanliness of wards, in particular the process of peer assessment. Whilst the use of Matrons to inspect their peers' wards has advantages in that this engenders the sharing of good practice, there are inherent risks in this method. Firstly, peer assessment does not ensure consistency in assessment standards as "allowances" may be made or the "benefit of the doubt given" to underperforming peers. Secondly, given the wide variance in cleanliness scores and inconsistent results for each ward, critically this would imply that the same standard of the level of cleanliness is not being applied among peers.

In developing a more consistent and reliable system to audit ward cleanliness, Members urge consideration of the following:

- Clearer guidelines on the standards of cleanliness being assessed
- The use of appropriate non-nursing staff to undertake or accompany nursing staff on cleanliness audits
- Consultation with appropriate professional body as to a more appropriate methodology that could be deployed for the cleaning audit.

C22: "Healthcare organisations promote, protect and demonstrably improve the health of the community served by

- a) Cooperating with each other and with local authorities and other organisations;
- b) Making an appropriate and effective

The Whittington has a seat on the strategic Health & Well Being Partnership Board. The Committee was therefore disappointed to note that the Whittington had rarely taken the opportunity to contribute to the work of the Board which is seen as an important vehicle for partnership working to improve the health outcomes for the residents of Haringey.

contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships;
Ensuring that the local Director of Public Health's annual report informs their policies and practice."


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Haringey Council

Agenda item:

Overview and Scrutiny Committee	7 April 2008
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Report Title: Update on recommendations of the Overview and Scrutiny review of Neighbourhood Wardens Service.		
Report of: Robin Payne		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Wards(s) affected: All</td> <td style="width: 50%; padding: 5px;">Report for: Non Key Decision</td> </tr> </table>	Wards(s) affected: All	Report for: Non Key Decision
Wards(s) affected: All	Report for: Non Key Decision	
1. Purpose (That is, the decision required) 1.1 To provide progress update to Scrutiny Review Panel		
2. Introduction by Cabinet Member for Enforcement and Community Safety		
3. Recommendations That Overview and Scrutiny notes developments within the Street Warden service.		
Report Authorised by: Niall Bolger, Director of Urban Environment <div style="float: right; text-align: right;">  </div>		
Contact Officer: Ian Blake, Team Leader for Neighbourhood Warden Service ext 6080		
4. Chief Financial Officer Comments 4.1 Development of the Wardens Service and any implications arising from changes to grant funding support as part of the Council's resource allocation process will need to be managed within the approved budgets for the service.		
5. Head of Legal Services Comments 5.1 The Head of Legal Services has been consulted in the preparation of this report, and advises that there are no legal implications arising out of the contents.		

6. Local Government (Access to Information) Act 1985

6.1 Scrutiny Review of Neighbourhood Wardens December 2005

7. Strategic Implications

7.1 This report provides an update on service developments within the Warden Service.

8. Equalities Implications

8.1 The Street Warden service has been configured to support vulnerable people in the most deprived areas of the borough.

9. Consultation

9.1 There has been standard consultation with Head of Legal Services and Chief Financial Officer Comments on this report.

10. Background and Report

10.1 In December 2005 the Overview and Scrutiny Committee Review Panel carried out a review of the Neighbourhood Wardens Service. From the review eight recommendations were proposed to improve the service.

10.2 Attached as an Appendix to this report is an update table showing progress against the recommendation made and approved by Executive. In all but 1 of these recommendations the service has either fully or partially met the recommendation made. The only recommendation not to have been met is for an extension of the service to the whole borough.

11. Conclusion

11.1 All but one of the recommendations made in the original report have been acted upon with positive outcomes. The service has implemented actions to increase its ability to operate as an enforcement team and has taken steps to increase its profile and area of operation

12. Use of Appendices / Tables / Photographs

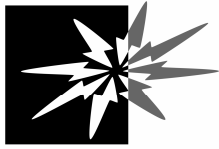
12.1 .Appendix A – Table of Recommendations and Outcomes

Scrutiny Recommendation and Executive Decision	Target Implementation Date	Who Responsible (who and what)	Implemented? Yes/No*	Service or Performance Improvement Measurable outcomes
<p>Recommendation Two</p> <p>Measures to be taken to publicise the role and responsibilities in order to raise public awareness of service.</p> <p><i>Agreed</i></p>	<p>May 2006</p>	<p>Environmental Crime Manager</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. There was a formal launch of the Warden's Service carried out with over 100 partners including service users, resident representatives and Councillors. 2. During the launch a DVD was featured showing the work that Wardens do. This event was evaluated and showed that there was a strong understanding of the roles and responsibilities of Wardens. This DVD together with a leaflet pack was widely distributed and available on Haringey's website. 3. Wardens continue to attend resident meetings and Safer Neighbourhood Police team panels to report and update on work they have undertaken 4. Wardens written into the Urban Environment communications plan. 5. The Wardens service is written into the work plan of the Anti social Behaviour Partnership Board(ASBPB)and into the Safer Communities strategy and delivery plan

Scrutiny Recommendation and Executive Decision	Target Implementation Date	Who Responsible (who and what)	Implemented? Yes/No*	Service or Performance Improvement Measurable outcomes
<p>Recommendation Three Wardens supplied with appropriate high visibility clothing to ensure they are visible to residents.</p> <p>Agreed</p>	June 2006	Environmental Crime Manager,	Partly	<p>1- All teams have high visibility clothing for specific operations.</p> <p>2- Warden uniforms are now consistent with Street Enforcement.</p>
<p>Recommendation Four Positive lessons learnt from the experience of the Warden Service be incorporated into staff development and training for all front line staff and in particular the development of a holistic approach to service provision and effective liaison with other services.</p> <p>Agreed</p>	June 2006	Environmental Crime Manager	Partly	<p>1- Continual and ongoing joint operations with partner agencies. Delivering projects in partnership with other frontline staff.</p> <p>2- Wardens are on the Area Based Working Panels. Relaying information, intelligence and community liaison to other frontline staff attending from other agencies and organisations.</p> <p>3- We will be looking at opportunities under new Frontline Services Business Unit.</p>
<p>Recommendation Five Looking forward the strategic priorities of the Warden Service should be promoting community safety, enforcement and community engagement.</p> <p>Agreed</p>	March 2006	Environmental Crime Manager	Yes	<p>1- Street Wardens are contributing to action plans of Anti Social Behaviour Action Team (ASBAT), ASBPB, SNPT Panels, Urban Environment, Safer Communities Strategic Partnership Boards and Area Based Working groups.</p>

Scrutiny Recommendation and Executive Decision	Target Implementation Date	Who Responsible (who and what)	Implemented? Yes/No*	Service or Performance Improvement Measurable outcomes
				<p>2- On going and continual work with schools through Junior Wardens Programme and Prison Me ? No Way ! organisation. This is a key element in citizenship studies and education.</p> <p>3- Intelligence and joint working with the Police and other agencies is now a performance indicator for the service.</p> <p>4- Joint operations with police and partners is a regular and on going occurrence.</p> <p>5- An Enforcement strategy has been agreed by Cabinet and includes the strategic priorities listed here for the entire Enforcement Service</p>
<p>Recommendation Six</p> <p>All Wardens be provided with suitable training and development opportunities to enable them to be delegated appropriate enforcement powers subject to the identification of appropriate funding and demonstration of competence.</p> <p>Agreed</p>	<p>March 2006</p>	<p>Environmental Crime Manager</p>	<p>Yes</p>	<p>1- All wardens have received external training re – Environmental enforcement law, conflict management, health and safety etc.</p> <p>2- In accordance with available funding opportunities 7 officers were trained and authorised to become enforcement officers carrying out a range of duties to tackle environmental crime and to expand the role of the service to become more responsive and effective</p>

Scrutiny Recommendation and Executive Decision	Target Implementation Date	Who Responsible (who and what)	Implemented? Yes/No*	Service or Performance Improvement Measurable outcomes
<p>Recommendation Seven Council considers extension of the Wardens Service to cover all areas of the borough as a long-term objective. <i>Agreed</i></p>	September 2006	Assistant Director for Enforcement	No	1- Due to budgetary pressures it has not been possible to propose an extension of the warden service
<p>Recommendation Eight In the absence of sufficient additional resources to provide a service for all areas of the borough, the mainstreamed service should continue to concentrate their work where currently based. However the service should be flexible to allow for deployment in other parts of the borough in accordance with strategic priorities. Decisions on the areas where wardens are deployed must be based on specific and transparent criteria including – indices of social deprivation, specific environmental and cleanliness concerns and priorities within the safer communities strategy.</p>	June 2006	Assistant Director for Environmental Crime Manager	Yes	<p>1- Short term deployments according to evidence based need. For example indices of social deprivation, specific environmental and cleanliness concerns and priorities within the safer communities strategy. These deployments are continually used to monitor areas and deal with short and long term issues within the resources currently available.</p> <p>2- The mainstreamed service continues to focus upon the areas of current deployment. Those being, Noel Park, Seven Sisters and Northumberland Park.</p> <p>3- Frontline services will be reviewing structure for 2008/9</p>



Haringey Council

Agenda item:

Overview and Scrutiny Committee

Report Title: **Update report on the replacement of Patient Public Involvement Forums with Local Involvement Networks**

Forward Plan reference number (if applicable): **[add reference]**

Report of: **Cllr Gideon Bull**

Chair of the Overview and Scrutiny Committee

Wards(s) affected: **All**

Report for: **[Key / Non-Key Decision]**

1. Purpose (That is, the decision required)

1.1 That the Overview and Scrutiny Committee note the report.

2. Recommendations

2.1 That the Overview and Scrutiny Committee note the report.

Report Authorised by: **Chair of the Overview and Scrutiny Committee**

Contact Officer: **Melanie Ponomarenko, Research Officer, Overview and Scrutiny**
Melanie.Ponomarenko@haringey.gov.uk Tel: 0208 489 2933

3. Chief Financial Officer Comments

3.1 The resources identified to fund Haringey's contract with the host organisation in 2008/09 are set out in paragraph 12. Funding for the LINK has been provided as part of the area based grant and currently Haringey has only committed funding for 2008/09 hence the initial contract will only run until the end of March 2009.

3.2 It is clearly important that decisions on level of funding available beyond that date are made as soon as possible to ensure the new structure can be properly embedded particularly as it is expected that the LINK will have an important input into the

commissioning of health and social care services and to audit and comment on the success of services currently in place which should positively contribute to our LAA outcomes.

4. Head of Legal Services Comments

4.1 The legal implications, including the effect of the Local Government and Public Involvement in Health Act 2007, are set out in the body of the report.

5. Local Government (Access to Information) Act 1985

5.1 Local Government and Public Involvement in Health Act 2007

6. Financial Implications

6.1 There are no specific financial implications for the Council; however it should be noted that the funding for Local Involvement Networks is not ring-fenced but within the Local Area Agreements funding pool and therefore potentially competing with other Council priorities.

6.2 Also, the contract for the host organisation is being tendered for three years plus one and due to the budgetary process only year one funding is able to be confirmed.

7. Legal Implications

7.1 Any legal implications are laid out in the report.

8. Background

8.1 Under the Local Government and Public Involvement in Health Bill Patient Public Involvement Forums (PPIs) are to be abolished as of 1st April 2008 and replaced with Local Involvement Networks (LINKs). However, in the Local Government and Public Involvement in Health Act, provisions were made for an interim arrangement.

8.2 The role of LINKs differs to that of PPIs in that they represent both Health and Social Care rather than just Health and are attached to an area rather than an individual Trust.

9. The LINK

9.1 The role of the LINK is to:

- Promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services
- Obtain the views of people about their need for, and experiences of, local health and social care services
- Enabling people to monitor and review the commissioning and provision of care services
- Raising the concerns of local people with those responsible for commissioning, providing, managing and scrutinising services.

9.2 The powers of the LINK include:

- To enter specified types of premises and view the services provided.
- To request information, make reports and recommendations and receive a response within a specified timescale.

- To refer matters to an Overview and Scrutiny Committee and receive a response.
- The LINK will operate independently of the local authority, within its own governance structure and decision-making processes.

9.3 The Membership of a LINK will include a wide variety of groups and networks, for example, service user support groups, tenant groups, older people's forum, minority ethnic groups, faith groups etc.

10. The Host

10.1 Local Authorities have responsibility for procuring a host organisation whose role will be to support the function of the LINK. This includes, in the initial stages, engaging with existing voluntary and community groups and encouraging involvement of harder to reach groups, developing how the LINK should be structured and setting up governance arrangements.

10.2 Once the LINK is operational the Host will support its ongoing work. This will include activities such as providing training for members, providing the Department of Health with an Annual Report and ensuring the effective governance of the whole structure.

11. LINKs Project Board

11.1 A multi-agency project board was set up in August 2007 in order to procure a host organisation for Haringey. This is being led by the Head of Procurement and the project board consists of officers from across Haringey Council, members of current PPI forums, the voluntary sector and the TPCT.

11.2 Consultation

11.2.1 An initial consultation event took place in November 2007. This was facilitated by the Centre for Public Scrutiny and was attended by a range of community sectors.

11.2.2 A 'Meet the Buyers' day for prospective bidders took place in December 2007. This enabled prospective bidders to gain an understanding of the procurement process and of LINKs themselves.

11.2.3 A further consultation event is scheduled for April 2008. The aim of this event will be to gain views on the governance arrangements for the LINKs.

11.2.4 An explanatory leaflet containing a short questionnaire inviting feedback has been widely distributed via post to 950 Community and Voluntary Organisations and also to the Mental Health Trust and the TPCT.

11.2.5 A web page has been set up on the Haringey Web site, to inform members of the public and ask for any views on the set up and running of the LINK.

11.3 The Procurement Process

11.3.1 Haringey has joined with Enfield, Islington and Waltham Forest for the procuring of a Host organisation. However, each Local Authority will have an individual contract with their chosen Host organisation.

11.3.2 After expressions of interest were received for the tendering of the contract a number of Pre Qualification Questionnaires were received.

11.3.3 From the Pre Qualification Questionnaires, seven bidders were short listed and invited to tender for the contract. The deadline for this is 7th April 2008.

11.3.4 Once the tenders have been received they will be evaluated by a Panel made up of Voluntary and Community Sector representatives. These include MIND in

Haringey, Black and Minority Ethnic Carers Support Service the Ethiopian Community Centre and current PPI members. This panel will evaluate the tenders based on a pre-agreed Evaluation Criteria.

11.4 Interim arrangements

11.4.1 Due to the challenging timescales given by the Department of Health and the legally binding procurement process the LINK in Haringey will not be operational by the 1st April 2008. Haringey, along with the partner boroughs, aims to put short term contracts in place with the organisations currently supporting PPI forums. The Contract for the Host organisation will be in place from July 1st 2008.

12. Funding

12.1 The Department of Health has allocated Haringey a set amount of funding for the next three years for LINKs:

2008/09	2009/10	2010/11
£172000	£171000	£171000

12.2 It is important to note that this funding is *not* ring fenced but part of the Local Area Agreements funding pool and has therefore to compete with a number of council priorities.

12.3 The Performance Management Group has approved the funding of £170,000 to be allocated for year one of LINKs. This is due to be ratified at the next Haringey Strategic Partnership Board. However, the funding is subject to a review at 6 months to assess the impact the funding is having on the agreed priorities. Funding has not been agreed for year two and three at this stage and currently there is no agreement as to how future year's budgets will be allocated .

12.4 Haringey council has advertised the first nine months of the contract for a maximum value of £113k, with additional £33k to fund the interim arrangements and a further £20k to fund any additional requirements identified during the ongoing consultation process.

12.5 Our partner boroughs have advertised for the first 9 months at the amounts as shown below

Islington Council	£137k
Waltham Forest	£133k
Enfield	£130k

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 25 FEBRUARY 2008**

Councillors Councillors Bull (Chair), Egan (Vice-Chair), Davies, Jones, Mallett, Newton and Winskill

Also Present: Ms F. Kally, Ms I. Shukla

MINUTE NO.	SUBJECT/DECISION
OSCO107.	WEBCASTING The meeting was recorded for later webcast on the Council's website.
OSCO108.	APOLOGIES FOR ABSENCE There were no apologies for absence.
OSCO109.	URGENT BUSINESS There was no such business.
OSCO110.	DECLARATIONS OF INTEREST Councillors Bull, Winskill, Egan and Adje declared personal interests in item 6 by nature of being leaseholders. Councillor Davies declared a personal interest in items 7 and 8 by nature of being an employee of the Healthcare Commission. Councillor Mallett declared a personal interest in item 13 by nature of a family Member employing a carer.
OSCO111.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO112.	CABINET MEMBER QUESTIONS: CABINET MEMBER FOR RESOURCES The committee received a briefing and answers to questions submitted from Councillor Charles Adje, Cabinet Member for Resources. The Cabinet Member set out key achievements and priorities, including the Council's forthcoming joining of the London-wide Local Authority Mutual Company in April, and progressing work on the Council's Risk Management Strategy. Members were informed of progress on the Council's single status pay negotiations. A deal had been agreed which was currently before the national unions for comment, with hopes that this would be signed off

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 25 FEBRUARY 2008**

	<p>in due course. Staff attending Council-organised events on this topic had been responsive and understanding. Officers assured Members that the proposed deal was a favourable one for Haringey, with the borough's local context taken into account.</p> <p>On the subject of Council Records and data security, the Cabinet Member reiterated the points that the Leader had made in a statement at Full Council. The Council continued to be in contact with the Information Commissioner.</p> <p>The committee was informed that consultation had taken place regarding moves to increase benefits take-up in light of the recent changes to Housing Rents.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the Chair receive a briefing note on ongoing activity relating to ensuring data security in light of Council building moves. 2. That the Committee receive a briefing note on actions taken to reduce the use of consultants. 3. That the Committee receive a briefing note on Officer leave to carry out Union responsibilities 4. That the briefing and answers to questions be noted.
<p>OSCO113.</p>	<p>PRESENTATION ON FEEDBACK ON CONSULTATION FOR FOUNDATION STATUS</p> <p>The committee received a report from the Barnet, Enfield & Haringey Mental Health Trust regarding the consultation for its application for foundation status.</p> <p>It was noted that there had been a reasonable response rate for the consultation, with a significant majority of respondents in favour of the Trust's bid. It was further noted that the application was expected to be submitted in September 2008, with authorisation anticipated in April 2010. Despite Member concerns over the time between the consultation and the submission of the application, the Mental Health Trust stated that they were not intending to 'rerun' the consultation, although they were happy to continue to engage and communicate with Members and service users.</p> <p>A representative from the Public & Patient Involvement Forum agreed that there would be no benefit in additional consultation. It was stated that although Service User Groupings were in favour of the application for Foundation Trust status, views were more disparate in terms of individuals.</p> <p>Concerns were raised regarding the role of Small Stakeholders. The</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 25 FEBRUARY 2008**

	<p>Trust assured the Committee that one of the benefits of Foundation Status would be that it would allow for working with a broader range of partners. It was noted that the Trust believed that small stakeholders were key to the successful provision of Mental Health services.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the committee receive an update in the new municipal year on performance, including concerns raised over small stakeholders. 2. That the committee approve the conclusions and recommendations of the Scrutiny Review, as outlined in the Scrutiny Review report.
<p>OSCO114.</p>	<p>ANNUAL HEALTH CHECK</p> <p>The committee received this report to give approval to the proposed method to feed back comments on the Annual Health Check 2008.</p> <p>It was noted that this year would see Scrutiny changing its approach to the Annual Health Check, with Members going out and visiting each of the relevant Health Trusts. The committee was also planning to involve input from the voluntary sector through HAVCO.</p> <p>RESOLVED:</p> <p>That the recommendations of the report setting out the Annual Health Check process be agreed.</p>
<p>OSCO115.</p>	<p>CABINET MEMBER QUESTIONS: CABINET MEMBER FOR CHILDREN & YOUNG PEOPLE</p> <p>The committee received a briefing and answers to questions from Councillor Liz Santry, Cabinet Member for Children & Young People.</p> <p>The Cabinet Member highlighted to the committee key areas she was working on in her portfolio. She indicated to the committee that School standards in Haringey were improving at twice the national rate, with added focus being added to raising standards through Joint Area Agreements. She stated that a realistic target for the Council was to hit the national average by 2010. She also informed the committee of her focus on safety whilst travelling, with use being made of Youth Offending funding in pursuit of this aim.</p> <p>In response to Member queries over the use of sprinklers in Schools, the Cabinet Member confirmed that all refurbishments and new builds had a risk analysis carried out prior to any decision being taken.</p> <p>In response to concerns over the level of attainment at John Loughborough School, the Cabinet Member assured the committee that she shared their frustrations concerning the speed of progress in</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 25 FEBRUARY 2008**

	<p>a complex situation, and stated the Council's determination to provide a good education to all children.</p> <p>On the subject of school tests, Officers assured the committee that all results in schools were monitored, including the use of spotchecks. The ongoing investigation into tests at St Francis de Sales School was a result of the operation of the monitoring process this year.</p> <p>The Cabinet Member answered further questions on the BSF programme, being pleased to announce that the programme was being moving forward swiftly, with a monthly bulletin to be produced to inform Members of key developments. Construction work for the first two schools was due to commence in September 2008.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That Cllr Santry report back to Cllr Bull on investigations into a direct bus route to Woodside High School 2. That Cllr Newton and the committee be supplied with a copy of the letter written to schools with regards to Wi-Fi. 3. That Members of the committee be supplied with a briefing note on the St Francis de Sales tests issue. 4. That Councillor Engert be provided with information as to whether the PSOs on the buses at school time were in dialogue with the young people using the buses to ensure that emerging safety concerns were being addressed, and whether they were being monitored. 5. That the briefing and answers to questions be noted.
<p>OSCO116.</p>	<p>ANALYSES OF RESULTS AT THE END OF THE FOUNDATION STAGE, KEY STAGES 1, 2, 3, 4 AND POST 16 FOR 2007</p> <p>The committee received a report informing members of the results at Foundation Stage, Key Stages 1, 2, 3, 4 and Post-16 for 2007. Officers stated they were pleased with the overall results for 2007, but were not complacent in their desire to continue driving up improvement to close the gap with the national average. Officers were particularly pleased with increased levels of Looked After Children attainment, attributed to the application of a coherent and consistent strategy across the Children & Young People's Service.</p> <p>RESOLVED:</p> <p>That the report be noted.</p>
<p>OSCO117.</p>	<p>TEENAGE PREGNANCY UPDATE</p>

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 25 FEBRUARY 2008**

	<p>The committee received a second progress report on the recommendations arising from the scrutiny review of teenage pregnancy.</p> <p>Members were informed that the rates of teenage pregnancy in the borough continued to fall, but the rate was still above the baseline target. The committee was informed that it was currently too early to draw any conclusions as to whether the recent contraction of family planning services had had an effect on the teenage pregnancy rate, but would be provided with data as and when it was available.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the committee receive updated information from the PCT and other interested parties on the impact that recent reductions in the opening hours of family planning clinics might have had on teenage pregnancy rates. 2. That the committee receive information on the London Borough of Enfield's desire to withdraw from the 4YP project. 3. That the report be noted. 	
<p>OSCO118.</p>	<p>CHILD PROTECTION FEASIBILITY REPORT</p> <p>The committee received this report to determine whether a full scrutiny review on this topic could be beneficial, and to add value to the services provided by the Children and Young People's Service.</p> <p>Members were informed that Child Protection and Looked After Children were the area within the Children and Young People's Service which were scrutinised the most, with regular meetings as part of the Council's corporate parenting role. Councillors were encouraged to attend future Corporate Parenting sessions organised by the service.</p> <p>Members agreed that a review would be useful to take place in the new municipal year.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the Children & Young People's Service be commended for improving performance in this area. 2. That the work of the Local Safeguarding Children Board in monitoring and coordinating the work of all agencies in safeguarding children be noted. 3. That recommendation 2.3 be deleted and replaced with: <p><i>Despite the good performance in this area as recognised by the</i></p>	

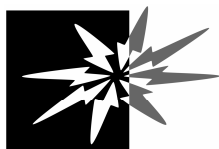
**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
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	<p><i>recent Annual Performance Assessment, and the existing reporting and monitoring arrangements both locally and nationally, the Committee feel that a full Scrutiny review would be beneficial and add value to the service. The timing of the review should be relevant to the passing of the Children & Young People's Bill in parliament.</i></p>
<p>OSCO119.</p>	<p>RESPONSE TO THE SCRUTINY COMMITTEE'S REVIEW - REDUCING RE-OFFENDING BY YOUNG PEOPLE</p> <p>The committee received a report outlining the work carried out with regard to the conclusions and recommendations of the Scrutiny review into reducing re-offending by young people.</p> <p>The committee was informed that nine of the actions outlined in the review had been completed, with others ongoing in accordance with Youth Offending Service priorities. Officers were informed of the complexities of the funding streams for Youth Offending, but were informed that money currently provided by the Neighbourhood Renewal Fund would continue in future in a different form.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That Members receive information on the School which did not participate in the recent anti-bullying march. 2. That Members receive information on the implications of changes to funding arrangements for the Youth Offending Service.
<p>OSCO120.</p>	<p>MINUTES</p> <p>Members requested that the timetable for the budget process be set out further in advance in coming years.</p> <p>RESOLVED:</p> <ol style="list-style-type: none"> 1. That the minutes of the budget scrutiny meetings held on December 10 & 13th 2007 and January 7th 2008 be confirmed and signed. 2. That the minutes of the meeting held on January 10th 2008 be confirmed and signed.
<p>OSCO121.</p>	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>There were no such items.</p>

COUNCILLOR GIDEON BULL

Chair

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Haringey Council
Agenda item:

[No.]

Overview & Scrutiny Committee

On 7th April 2008

Report Title: Scrutiny Review of Post Office Closures in Haringey (the national Network Change Programme)

Report of: Cllr Gideon Bull, Chair of Overview & Scrutiny Committee

Wards(s) affected: Noel Park,
 Tottenham Green, Stroud Green &
 Alexandra / ALL

Report for: Non Key

1. Purpose (That is, the decision required)

1.1 To note the final report of the review.

2. Recommendations

2.1 That the final report of the review be noted.

Report Authorised by: Cllr Gideon Bull, Chair of Overview & Scrutiny Committee

Contact Officer: Rob Mack, Principal Officer, Overview & Scrutiny 0208 489 2921
rob.mack@haringey.gov.uk

3. Chief Financial Officer Comments

3.1 The Chief Financial Officer has been consulted on the contents of this report and has no specific comment to make.

4. Head of Legal Services Comments

This Scrutiny review will take place within GLA pre- election period. Enhanced restrictions on local authority publicity during an election period are imposed by the Code of Practice on Local Authority Publicity published under the Local Government Act 1986. During this period the Council should not engage in publicity surrounding controversial issues that may feature in the election nor must they give a platform for party political views that may have a bearing on election issues. The issue of post office closures is a potential issue in the forthcoming GLA elections. Members should recognise this and pay close attention to their terms of reference, being careful not to engage in any debate concerning the need for change or the principle of closures, concentrating instead on consideration of the local impact of the London Local Area Plan

5. Local Government (Access to Information) Act 1985

Network Change Programme: London Area Proposal Plan (Post Office Ltd, 2008)

Post Offices in London: future directions (London Assembly, July 2007)

The Post Office Network: Government response to the public consultation (DTI, 2007).

The Post Office Network: A consultation document (DTI, 2006)

All reports can be obtained by contacting Rob Mack, Overview & Scrutiny: 0208 489 2921 rob.mack@haringey.gov.uk

Introduction

6. At its meeting on 17 March, the Overview and Scrutiny Committee commissioned a review of proposed post office closures in Haringey. A Panel of 8 Members was appointed to undertake the review. An event took place on 26 March to hear evidence from a wide range of stakeholders. Following the event, the Panel made a number of recommendations. Evidence from the event as well as the findings of the review have been incorporated into a review report.
7. The deadline for responses to the consultation on the closures was 2 April and the report is intended to be included as a key part of the Council's response. As the Committee was not scheduled to meet until 7 April, the meeting of 17 March delegated approval of the final report of the review to the Assistant Chief Executive (Policy, Performance, Partnerships and Communication Service), in consultation with the Chair and the Opposition Spokesperson.
8. The review report is attached for information.

Legal and Finance Implications

9. Included within the attached report.

Equalities Implications

10. Included within the report.

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Scrutiny Review of Post Office Closures in Haringey



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

April 2008

For further information:

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1. Executive Summary

- 1.1 Post Office Ltd has been mandated by the Government to implement a programme of 2,500 post office closures across the UK. In London, the closure programme may result in the loss of 169 post offices. Six of these post offices are directly located in Haringey and one is on the Borough boundary and serves many Haringey residents.
- 1.2 Post Office Ltd has been required to conduct a 6 week public consultation on the London area plan for post office closures which ends on April 2nd 2008. Post Office Ltd will consider responses to the consultation and announce their final decisions on the planned closures in early May 2008.
- 1.3 A Review Panel from the Overview & Scrutiny Committee have conducted a review of the post office closures that are likely to impact on Haringey residents. The review has involved a wide range of stakeholders as well as Post Office Ltd, Postwatch and the National Federation of Sub Postmasters. More importantly, the scrutiny review process has provided a platform through which local residents, community groups and other local representatives have been able to articulate their views about the closures and the impact that these will have on communities in Haringey.
- 1.4 After considering evidence from a wide range of contributors, the Review Panel have formed a number of conclusions and recommendations, which will be submitted as part of Haringey Council's response to the London area consultation.

Key findings

- 1.5 The Panel was deeply concerned at the quality of the national and local consultation processes that have been employed to consider post office closures:
 - There was inadequate publicity or public awareness of the national Government consultation that was undertaken in December 2006
 - The Panel found that there was little evidence of consensus for the proposed closures to proceed from the initial Government consultation
 - The Government policy drivers for the post office closure plan were unclear and arbitrary
 - The consultation presented inadequate financial information with assertions rather than clear reasons why specifically 2,500 post offices should close
 - The Panel is of the view that the local consultation period of 6 weeks is too short to allow residents, businesses, communities and other

interested parties to develop well reasoned, appropriate and meaningful responses to the post office closure programme

- Haringey residents will be disproportionately affected by the post office closure plan; if all 7 post offices were to close this will precipitate the loss of 25-30% of Haringey's post office network, where the rates of closure nationally (18%) and in London (20%) are much lower
- The Panel found that no impact studies had been undertaken to assess the social effects of the proposed post office closures, nor any detailed study of how the proposals would affect potentially disadvantaged groups (this could have been undertaken in the form of an Equalities Impact Assessment)
- No rigorous assessment has been undertaken of the capacity of alternative post offices to absorb overspill business that will result through the closure programme. There is, however, a great deal of evidence of Crown post offices continuing to overtrade
- Branch Access Reports were used to determine the relative accessibility of alternative post offices to those closed. The Panel closely examined these reports and were surprised at the number of inaccuracies in the data presented. Given the level of inaccuracies contained in these reports, the Panel questioned the overall reliability of these reports as a measure of the accessibility of alternative post offices
- The Panel received a great deal of evidence that parents with children, older people, disabled people and their carers and home workers located in the areas affected will be severely disadvantaged by post office closures
- The Panel notes that work has not been done on the economic impact of the post office closures on small businesses, sole traders and home workers
- The proposed closures clearly breach many national policy aspirations; specifically those on community cohesion, the importance of retaining and developing local shopping centres as well as sustainable transport policies.

2. Review recommendations

The Panel can find no benefits in the post office closure programme at all for individuals, residents in the borough or the community as a whole.

- 2.1** The current programme of post office closures should be suspended to allow a properly informed debate on the issue. This will allow Post Office Ltd time to evaluate the full economic and social impact of any closures and examine proposals for new business streams.

- 2.2 Based on the evidence that it received, the Panel was unable to condone the loss of services resulting from any of the planned closures of sub post offices in Haringey.
- 2.3 The Panel cannot accept that the closure programme would support the key aspirations of Haringey for socially and environmentally sustainable communities and healthy and safe communities.
- 2.4 On the limited evidence available, the Panel could not support proposals for the franchise of Tottenham Crown post office. The Panel will seek further clarification around the proposals for the Crown post office at 824 High Road and make a submission to this separate consultation.

3. Introduction

- 3.1 Initial proposals for the modernisation and restructuring of the national post office network were published by the Government in December 2006. Subsequent to public consultation on these proposals, Post Office Ltd was required to implement a programme of 2,500 compensated closures across the national post office network. Approximately 50 Local Area Plans have been drawn up by Post Office Ltd detailing which post offices are to close and which are to be retained.
- 3.2 Proposals for the London Area Plan were published in February 2008. This plan proposed to close 169 post offices and retain 681 post offices in the London post office network. Seven of the proposed closures are located in Haringey or utilised mainly by Haringey residents. A six week public consultation on the proposed closures in London is being undertaken by Post Office Ltd. The consultation period ends on April 2nd 2008.
- 3.3 Haringey Overview & Scrutiny Committee commissioned a review of the planned post office closures in Haringey. A Review Panel was convened to examine the post office closure plan and to gather evidence on individual post office closures. The following report provides a summary of the Panel's main findings and recommendations which will be submitted as part of Haringey Councils response to Post Office Ltd consultation on the London post office closure plan.

4. Background

National Background

- 4.1 The Post Office network currently consists of approximately 14,300 post offices. 97% of these are franchised and are run as private businesses; the remainder (approximately 465 offices) are directly managed by Post Office Ltd and are known as Crown Post Offices. Aside from postal services, post offices provide a number of key services including access to pensions and welfare benefits, access to other government agencies (i.e. passport services), banking facilities and bill payment services. It is estimated that there are 24 million visits to the Post Office network each week (Postwatch, 2008)

- 4.2** Technological advancements, social and cultural changes as well as economic constraints continue to shape the size of the post office network and the nature of the services it provides. More people now use e-mail instead of letters, bills are more commonly paid by direct debit or internet banking than through over the counter services and 75% of all welfare benefits are now paid directly in to people's bank accounts instead of cashed through benefit books at the post office (DTI, 2006). As a result of these and other changes, there were 4 million fewer visits to post offices in 2006 than in 2004 (DTI, 2006).
- 4.3** These and other developments have impacted on the financial viability of individual post offices and on the profitability of the post office network as a whole. In 2005, 1,600 branches served fewer than 20 customers per day, losing £8 for every transaction made (DTI, 2006). Post Office Ltd averaged a £100million operating loss each year from 2003-2007 and is currently operating a £4million loss each week (DTI, 2006). This has proved a key driver for change within the post office network.

National Consultation

- 4.4** In December 2006, the government presented proposals to restructure and modernise the post office network to ensure the future sustainability of a national network of post offices (DTI, 2006). These proposals highlighted the key challenges faced by the post office network, emphasised the important role that post offices provide within the community and reaffirmed a commitment to retaining a national post office network. The overarching aim of the proposals was to present a planned approach in developing a sustainable national network of post offices.
- 4.5** Within these proposals, it was recommended that up to 2,500 compensated closures should take place across the national network of post offices. Additionally, to help stem financial losses, proposals were also put forward to franchise a limited number of offices within Crown Post Office network. Other elements within the government proposals were:
- 500 outreach services in rural areas affected by closures
 - Allow the Post Office to expand business opportunities
 - £1.7 billion funding to 2011 (for compensation of sub post masters, maintenance of social network subsidy, development of outreach services and to cover forecast Post Office Ltd losses to 2011)
 - An intention to devolve greater responsibility and flexibility for funding of post office services to the local level.
- 4.6** The consultation also established minimum access criteria that would be used by Post Office Ltd to determine those post offices that should be closed and to shape the future national network of Post Offices. These were specified as thus:
- Nationally, 95% of the population to be within 3 miles and 90% of the population to be within 1 mile of a post office
 - 99% of the population in urban deprived areas¹ to be within 1 mile of a post office

¹ Urban deprived defined as '15% most deprived areas in the UK'.

- 95% of total urban population to be within 1 mile of their nearest post office
- 95% of rural population to be within 3 miles of their nearest post office.

4.7 The national public consultation closed in March 2007. No significant changes were made by the Government to those original proposals set out above (DTI, 2007) in response to the consultation. Post Office Ltd was instructed to implement the programme of post offices closures and franchising (called the Network Change Programme). Within this programme, Post Office Ltd was required to develop Local Area Plans which detailed those post offices identified for closure based on applying the minimum access criteria. In addition, to inform decisions around post offices closures, Post Office Ltd was required to consult with Postwatch, Sub Postmasters, Local Authorities and Regional Development Agencies.

4.8 Individual Local Area Plans were then to be published in a rolling programme of consultations within the Network Change Programme (commenced in October 2007). Post Office Ltd was required to conduct 6 week public consultations for each Local Area Plan.

Local Context - London Area Plan

4.9 The London Area Plan was 19th consultation to be undertaken in the national Network Change Programme. The Plan proposed to maintain a network of 681 post offices within the London region and to close 169 post offices across the 33 London Boroughs. This equated to 5.1 post office closures per Borough (4.6 Inner London, 5.5 outer London). Plans were also put forward to franchise 4 post offices within the Crown Post Office network. There were no proposals for replacement outreach services in the London Area Plan.

4.10 The Plan indicated that minimum access criteria were used to develop proposals for the identified post office closures in London (as set out in 13). In addition, the consultation documentation indicated that other criteria have been taken into account in developing proposals for individual post office closures:

- Proximity of post office branches proposed for closure to alternative branches
- Physical obstacles which may affect access to alternative branches
- Availability of public transport to alternative branches
- Alternative access to key post office services
- Local demographics
- Impact on local economies.
- The number of customers using branches proposed for closure
- The size and ability of nearby branches to absorb extra customers
- Commercial implications of any decision for Post Office Ltd

4.11 Using the above criteria, the London Area Plan proposed the closure of 6 post offices which were directly located in Haringey and one, although located in Camden, that served a significant number of Haringey residents. A proposal was also put forward to franchise one Crown post office in Haringey. Full details of the closures and franchise are listed below:

Proposed Closures

Franchise

100, Alexandra Park Road, N10
 Page Green, 100 Broad Lane, N15
 434, West Green Road, N15
 Salisbury Road, N22
 69, Weston Park, N8
 Ferme Park Road, N4
 Highgate High Street, N6

Tottenham, 825 High Road

- 4.12** Individual branch access reports were produced for each of the planned closures (Post Office Ltd, 2008a). These reports provided detailed information on the services provided at each of the planned closures and the relative accessibility of the nearest two alternative post office sites. A map showing the geographical location of the proposed post office closures in Haringey and the remaining post office network (against socio-economic deprivation) is contained in Appendix A.

Consultation on the London Area Plan

- 4.13** A memorandum of understanding between Post Office Ltd and Postwatch was drawn up to guide and inform the consultation process (Postwatch, 2008a). This memorandum stipulated that there will be three phases within the local consultation:

Phase	Consultation activity
Pre Public Consultation (complete)	<ul style="list-style-type: none"> ▪ Post Office Ltd to provide Postwatch with first draft proposals ▪ Post Office apply issues and information from pre consultation ▪ Postwatch advise on proposals and assist in developing Local Area Plan
Public Consultation (19th February – 2nd April)	<ul style="list-style-type: none"> ▪ Post Office Ltd ensure appropriate distribution of proposals ▪ Postwatch ensure that appropriate bodies and individuals are consulted ▪ Consultation responses shared with Postwatch
Post Public Consultation	<ul style="list-style-type: none"> ▪ Post Office Ltd produce a final Area Plan based on consultation response ▪ Postwatch may instigate a review process for specific closures where it feels full consideration has not been given to evidence within the consultation ▪ Postwatch does not have the power of veto over any closures

- 4.14** The memorandum of understanding between Post Office Ltd and Postwatch contained important guidance for the consultation process which aimed to guide and inform responses and submissions:
- Post Office Ltd is not consulting on the need to change as this has been undertaken within the national consultation
 - Post Office Ltd is consulting on the most effective way that Government policy can be implemented in a particular area
 - Consultation should encourage responses on the accessibility of nearest available services given the proposed changes.

- 4.15** As Post Office Ltd has been asked by the Government to close up to 2,500 branches, where a proposed closure is withdrawn as a result of the public

consultation, the area plan will remain live until Post Office Ltd has reassessed the options available. Post Office Ltd may therefore:

- Replace the withdrawn closure with another proposed for closure within the area;
- Replace the withdrawn closure with a proposed outreach service;
- Continue with the area plan less one closure (Postwatch 2008b)

5. Review aims, objectives and methods

Terms of reference

- 5.1** Overview & Scrutiny Committee agreed the terms of reference for the review of post office closures in Haringey as thus:

'To gather evidence on the social and economic impact of the proposed post office closures in Haringey and the impact that this will have on customers, residents and businesses in those areas affected and to present this as part of Haringey's submission to the consultation for the London Area Plan.'

- 5.2** Within the terms of reference, it was agreed that the scrutiny review should focus on the following objectives:

- To obtain information and comment on the criteria used to identify post offices intended for closure and its application within Haringey.
- To obtain evidence from interested parties of the impact that the planned post office closures will have on Haringey residents, businesses and in the wider community and how they will affect future access to post office services in Haringey

Methods

- 5.3** A panel of 8 Members was convened for the review. Given the duration of the consultation period for the post office closures it was impracticable to hold a series of evidence sessions for this scrutiny review. It was therefore agreed to hold an extended scrutiny review event to allow the necessary evidence to be obtained to complete the review.
- 5.4** the scrutiny event to inform the review took place on March 26th 2008 (3pm-8pm) and heard evidence from Post Office Ltd, Postwatch & the National Federation of Sub Postmasters as well as Haringey residents, local community groups and other interested parties affected by the closures. The event was divided in to two sessions. Session one allowed the Panel to question key stakeholders about the planned post office closures in Haringey. Session two was run in a workshop format, which allowed evidence to be collected from those residents, businesses and communities affected by the post office closures in Haringey. A full programme of the scrutiny event is contained within Appendix B.
- 5.5** The scrutiny event attracted a wide range of stakeholders, local interest groups, community and business representatives and a significant number of individual Haringey residents. The scrutiny event was well attended where approximately 40 people were in attendance at both the sessions.

- 5.6 In addition to oral evidence the Panel considered other sources of evidence including:
- National guidance and targets (Department of Business, Enterprise & Regulatory Reform)
 - Reports and documentation from other representative bodies (Local Government Association, London Councils, Greater London Assembly, London Mayors Office)
 - Research documentation (Postwatch, Postcomm)
 - Local demographic profiles and statistics

6. Report Findings - evidence from scrutiny review

- 6.1 The first session provided an opportunity for local MPs, local councillors and nominated representatives from tenant and resident groups and local voluntary organisations, to question Post Office Ltd, both to test the rationale behind the decisions on post office closures and to seek clarity on the information on which the decisions were based. A summary of the key findings to arise from this questioning is given below.

Consultation Process

- 6.2 The Panel raised a number of concerns about the consultation carried out by Post Office Ltd, particularly the length of time allowed for public consultation. The Panel considered the 6 week consultation to be totally inadequate to allow individuals, businesses and communities to construct meaningful responses and requested it be extended to at least 12 weeks.
- 6.3 The Panel was of the opinion that not enough had been done to ensure that the elderly, disabled, disadvantaged, vulnerable and hard to reach, had been made aware of proposed closures. Nor had enough been done at the local level to measure the impact closures would have on these people's lives. It could be argued that the consultation favoured those more able to articulate their views or who were better able to communicate their objections to the proposals.
- 6.4 The Panel was sceptical that, given nationally there are 2,500 proposed post office closures, if the volume of comment Haringey is receiving is representative and the timescale involved, whether there was the capacity at Post Office Ltd to adequately consider everything presented to them during the consultation.
- 6.5 The issue of what evidence would be considered to make a difference to the proposed closures was raised. Post Office Ltd stated that all petitions, letters, individual comment through whatever media and comment from representatives would be looked at. However Post Office Ltd indicated that it was seeking reasons why specific proposals were not correct. If good reasons were presented the proposals would be reconsidered.
- 6.6 The Panel was unanimous in its condemnation of the approach of the local consultation which is divisive and encourages communities to fight against each other to save their respective local post offices. The Panel viewed all of

the post offices within the Haringey network as equally important to their local communities. It would not prioritise one closure over another and therefore condemns all of the proposed closures on behalf of all communities in Haringey.

Role of Postwatch

- 6.7** Postwatch is a statutory body, independent from Post Office Ltd and was set up by the Government as a watchdog organisation in relation to post offices. In respect of these proposals its role has been limited, although it has a role at each of the three stages of the consultation process i.e. pre, during and post public consultation (see 4.13).
- 6.8** Postwatch was of the opinion that, as Post Office Ltd was mandated by Government to achieve financial savings and a specified number of closures, the impact of the consultation on the closure plan would be minimal. Previous experience had shown that it might be possible to retain up to 12 planned closures in the London Plan, though from the experience of previous consultations, these are then likely to be substituted by a further set of proposed closures. Therefore the Panel should prioritise those post offices which have a strong case for remaining open.
- 6.9** Postwatch recognised that its stance would be unpopular, but indicated that previous attempts to rationalise the post office network were ad hoc and that the current programme of closures should be recognised as the first attempt in *planning* for a national network of post offices. Postwatch indicated that opposing the planned closures would not be in the longer term interest of the post office network.
- 6.10** The Panel was taken aback at the level of acquiescence to the proposals from Postwatch. The Panel was of the opinion that Postwatch should be doing much more to challenge the strategy of the closure plan and to champion the cause of local people, particularly the elderly, disabled, disadvantaged, vulnerable and hard to reach.
- ### **National Federation of Sub Postmasters**
- 6.11** The Panel heard from a representative of the National Federation of Sub Postmasters (Executive Officer, London Division). The Panel was informed that the sub-post office was a declining industry with too many sub-post offices chasing an ever decreasing number of customers. A significant part of sub post masters income is based on the transactions that they undertake, and quite simply the rates for this did not generate sufficient income: for every £100 of pension benefits paid out, post masters receive 14p.
- 6.12** Overall, the sub post masters considered the proposed changes to be fair, particularly given the terms of the Government requirements of Post Office Ltd. The representative expressed the opinion that if savings from the current closure programme were not achieved now, it was possible that an even greater number of sub post offices would be forced into closure in the future and in an unplanned manner.

- 6.13** The sub post masters representative stated that development of new work streams for sub post masters should be the main way forward in developing a sustainable national network of post offices and that sub post masters would welcome any new opportunities presented to them.
- 6.14** The Panel were surprised at the level of acceptance of the proposals by this representative body.

Identifying those post offices for closure

- 6.15** It was noted that Haringey residents faced greater disadvantage from the proposed post office closure plan than those living in other areas. Nationally the level of post office closures was 18%, whilst in London the average was 20%, however in Haringey the 6 proposed closures equate to some 25% of the local network. If the proposed closure at Highgate Hill, which is just 12 meters beyond the Borough boundary but whose customer base is predominantly Haringey residents, is taken into account, the average for Haringey rises to 30%. The panel was of the opinion this was too high, unfair and would affect Haringey residents disproportionately.
- 6.16** The Panel learned further about the total number of closures necessary to achieve the required level of saving. Post Office Ltd indicated that it had information on how much each post office received as a fixed payment and how much post offices earned through the volume of business transacted. It also had information on the savings that might be accrued from running costs such as purchase and maintenance of hardware and software, cash delivery and security costs.
- 6.17** The Panel were keen to understand if any of those post offices earmarked for closure were profitable. Post Office Ltd indicated that this may indeed be the case, though they could not give any detail on the profitability on individual post offices on the grounds post offices are private enterprises and was the right of the business holder that this should be kept private.
- 6.18** The Panel was of the opinion that cost had been a major factor in determining the level of closures necessary; therefore a major piece of evidence was being denied to the Panel. The Panel was of the opinion that it was illogical to close profit making offices in order to achieve a saving. It was also implied that if a closure was saved in Haringey another from the London area would have to be made to achieve the saving required. The panel were of the opinion that this made the other criteria used irrelevant.

Social Impact of Closures

- 6.19** The Panel sought to clarify what modelling Post Office Ltd had undertaken to calculate the additional social cost to individuals in terms of time and expense to travel to alternative post offices. It was apparent that Post Office Ltd had detailed the travelling time to alternative post offices but had not attempted to cost this in any way. While admitting customers would be inconvenienced they had no detail on how the closures would impact on individuals.

- 6.20** The panel understood that residents group (Highgate Society) had done such an exercise and had calculated the cost that was expected to be absorbed by individuals; this was conservatively estimated to be excess of £100k. As the customer base of the post offices contains a high proportion of people on low income, this cost burden was a greater disadvantage to them, yet this had not been taken into consideration. If the figures quoted are correct, each closure saves approximately £20,000. By any standard this cannot be considered to be a good socio economic return to the locality.
- 6.21** Post Office Ltd acknowledged that post offices do have some social role within the communities in which they are located, but this needed to be balanced with economic considerations for the network as a whole. The closure figure total reflected a network of branches that meet the minimum access criteria and achieve the savings required. Most closures do not achieve a profit for Post Office Ltd. In a social sense the post office did bring people to an area and there was an element of it being a focal point for the local community. However, Post Office Ltd operates in a competitive market and must act as any other business. Post Office Ltd did acknowledge that if the Government's access criteria to an alternative post office could not be achieved, consideration was given to maintaining an unprofitable post office in that area.
- 6.22** The Panel could not reconcile how planned post office closures could be supported given the Councils policy stated policy objectives. The closure of post offices was likely to drain support from other local community shopping outlets potentially making them insolvent which may necessitate customers to travel further to other shopping centres. The additional car journeys that this would generate would run counter to the greenest borough strategy and would lessen local community cohesion in those areas where shops decline as a result of post office closures.
- 6.23** In this context, the Panel noted that planned post office closures breached the aspirations of Haringey Council in relation to community cohesion, supporting local business, sustainable transport and the greenest borough strategy and therefore could not be supported by the Panel. The Panel also noted that there was no information as to whether a systematic Equalities Impact Assessment had been undertaken for the principle of post office closures or in respect of the planned individual post office closures. Without this information, the Panel could not support any closures given that this may disproportionately affect equalities groups.

Economic Impact of Closures

- 6.24** In respect of the expansion of smart working, working from home and small enterprises using their place of residence as business premises and the additional business this may bring to local post offices, Post Office Ltd had no figures for any potential increase in volume of transactions in relation to individual closure proposals. However on a national basis they did have evidence to suggest that 80% of the business of a closing branch would be maintained within the local post office network. The Panel was disappointed that this potential increase in business volume had not been measured or taken into account in respect of proposed closures.

6.25 The Panel questioned whether redevelopments in Tottenham Hale and the Haringey Heartlands, both of which were in Haringey's Urban Development Plan and the Mayor's Plans for London, had been considered. Post Office Ltd indicated that they could not confirm whether this evidence had been received but would welcome any evidence in relation to economic redevelopment, new housing and social care facilities in those areas where closures are planned. The Panel also noted that the Post Office indicated that it was predominantly interested in short to medium term developments (18 months); the Panel felt that this flawed the consultation as it limited its consideration of longer term trends (i.e. home working) and future usage of planned post offices earmarked for closure.

Capacity of Alternative Services

6.26 The Panel drew attention to the duplication of alternative post offices suggested in the Brach Access Reports; the Crown post office in Wood Green is cited as an alternative for two planned closures in Haringey. Panel members know Wood Green Post Office well and have witnessed many occasions where long queues have developed, even when all counter positions are open. The capacity of other cited alternatives to deal with the additional demand from closures was also questioned: Archway and Hornsey have two counters which are running at capacity yet there is no room for additional physical expansion. The capacity of this and other alternative offices to absorb further business from two closures nearby was therefore challenged by the Panel.

6.27 Post office Ltd indicated that computer modelling had been carried out on transactions and the capacity of alternatives had been considered. Employing additional staff was an option being considered by Crown Post Offices and some post offices suggested as alternatives had scope for future expansion. In this way the local network would absorb displaced customers.

6.28 The Panel expressed their concern over the additional length and the time likely to be spent queuing as a result of the planned closures. The Panel were keen to understand whether there were any performance standards in relation to queuing or what was considered an acceptable queuing time and whether any consideration had been given to extending post offices opening hours beyond 9:00 – 5:30pm? The Panel were concerned that failure to address queues would drive people to use alternative services other than post offices, compounding closure plans.

6.29 Post Office Ltd indicated that peaks and troughs in the volume of people using the post office on particular days or at particular times are inevitable. Sub Postmasters endeavoured to keep queues down to 5/10 minutes at peak times as do crown Post Offices. It was acknowledged that there was the potential for expansion and employing additional staff to cover peak times. The relationship between Crown post offices and sub post offices is being examined in terms of the services offered and from which locations. Post Office Ltd indicated that franchising of Crown post offices may facilitate the extension of services in

those branches such as improved access, improved accommodation and extended hours.

- 6.30** In respect of the information provided on post offices earmarked for closure and alternatives suggested, the Panel was surprised that there was no information on usage and patterns of usage in the information provided. The Panel concluded that a time analysis on the volume of transactions at each post office proposed for closure would have helped to establish a user pattern. This could then have been overlaid with the suggested alternatives to indicate their ability to absorb the displacement. The only detail given is on the number of customer sessions per week.
- 6.31** The Panel raised the issue of past closures in 2004 and gave detail of a closure in Westbury Avenue, where Salisbury Road post office, now earmarked for closure, was cited as an alternative. Therefore customer access to postal services in this area is doubly restricted.

7. Report Findings - Evidence for individual post offices

- 7.1** The Panel received a number of written responses which have been referred to the following evidence submission. Where appropriate these have also been forwarded on directly to the Network Change Programme for consideration within the consultation.

7.2 Evidence for 100, Alexandra Park Road. N10

- As the Branch Access Report acknowledges, both alternative offices are located at the top of steep hills which would limit their accessibility, particularly to disabled people or the frail elderly who may not be able or not confident enough to use public transport. Even for those people who may have their own transport, it was noted that the parking facilities at alternative offices were very restrictive. In this context, the Panel noted that some residents may be excluded from post office services.
- A number of major inaccuracies were noted in the Branch Access Report for this post office. The nearest bus stop is not 300yds away as stated, but almost directly outside the post office (approximately 10yds); this makes this post office relatively more accessible than suggested alternatives. Other inaccuracies in the Branch Access Report concern the suggested use of public transport to alternative post offices. Here it was noted that the 299 bus does not go to Colney Hatch Lane and a second bus would have to be taken. It was also noted that buses are not every 6-8 minutes. On the evidence submitted from residents, the combined journey time was 83 minutes and queuing time at Muswell Hill was 34 minutes, which both far exceeded the estimates given within the report.
- The capacity of alternative services suggested for this office was raised as a concern by many of those in attendance. The post office at Muswell Hill was noted to be particularly busy as it was where people frequently had to queue for long period of time before being seen by a cashier. The prospect

of extended travel time and a long period of waiting in a queue on arrival was seen as a significant deterrent to usage by elderly people

- The Panel heard evidence from the post master to the effect that the branch was profitable and extremely busy. Indeed, it was noted that there are 4 parcel collections each day at which 10 -15 bags were collected each day. This made it one of the busiest postal collection points in the district. This Post Office served a large minority ethnic community, who frequently sent abroad large parcels and packages.
- The Panel heard evidence from a number of elderly residents that they had particular security concerns about using suggested alternative branches which were larger than this post office. These elderly residents also indicated that the post master of this office, paid special attention to their security which was particularly reassuring.
- The Panel heard that there was a parade of approximately 20 retail outlets on adjacent to this post office. If the post office was to close this would have a negative effect the footfall and subsequent viability of some of these outlets. Indeed, written evidence was supplied to the Panel indicating that a local veterinary surgeon would have to relocate if this post office was to close as it was reliant on this service to post its laboratory samples.
- The Panel received written and oral evidence which suggested that economic impact of this post office closure on home-workers had not been fully assessed. One particular resident had provided written evidence to the Panel which indicated that they were reliant on this post office for their homework which required frequent visits to the post office where up to 90 items were posted at any one time.
- The Panel heard evidence that, when the Crescent Road Post Office closed two years ago, Post Office Ltd had given written assurance that Alexandra Park Road post office would be safe from future closure
- It was noted that there was 1 sheltered housing unit in close proximity to the proposed post office closure which total 36 residents:

Hilldene Court	36 Residents (Haringey)
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- Although it was noted that there were no major new developments planned within the vicinity of this post office, it was noted that significant expansions were imminent for 2 nearby schools (one secondary one primary). The schools concerned were requested to submit their plans to the consultation.
- This Post Office provided a personal touch to residents and in particular assisted customers with any special needs. Closure would be detrimental to local residents and against spirit of social inclusion.

7.3 Evidence for Page Green, 100 Broad Lane, N15

- It was noted that there are 6 sheltered housing units in close proximity to the proposed post office closure which total 182 residents:

Ashmount & Earlsmead	17 Residents (LB Haringey)
Roseland	20 Residents (LB Haringey)
Sophia House	33 Residents (LB Haringey)
Stonebridge	26 Residents (LB Haringey)
Portland	54 residents (Stadium housing)
Holly Ct	32 Residents (Anchor Housing)
- Representations were made to the Panel about the relative inaccessibility of alternative post offices suggested within the Brach Access Report. It was noted that there was heavy traffic on the routes to alternative offices which presented acute problems for older people, disabled and those people with mobility problems who may not be able to use public transport.
- There are already long queues at Page Green post office, which currently caters for up to 2000 customers a week. 108, West Green Road, which is one of the alternative offices identified, already suffers from long queues so it is not clear how it will be able to cater for the additional demand.
- The locality includes the Ferry Lane Estate, which is home to a large number of elderly and unemployed people. In addition, it is close to a major regeneration area with another 5-6,000 housing units are due to be built in the near future. A large private residential unit for elderly people has also opened nearby on Harold Road and the nearby retail park is also expanding.
- It is the main office for the collection of parcels and undelivered mail. People can currently collect mail during normal opening hours. The alternative that will be provided should Page Green close is in the N4 area and will only allow collections until midday.
- A lot of nearby shops are at the margins of viability and may be forced out of business should the post office shut.
- It is a high crime area and the need for pensioners and people collecting benefits to travel further carrying cash will put them at greater risk of becoming victims of crime.
- A lot of local people have no access to a computer so will be unable to obtain services via the net. They will therefore have no alternative but to use other post offices.

7.4 Evidence for 434, West Green Road, N15

- It was noted that there was 1 sheltered housing unit in close proximity to the proposed post office closure which total 28 residents:

Spanswick	28 Residents (LB Haringey)
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- The alternative post office on Green Lanes, despite having 7 serving positions, is very small in terms of its floor. Customers already frequently spill out of the door onto the street when queuing and additional demand will make this situation even worse.
- There is a lack of banking facilities in the area and ATMs so people have no choice but to use post offices.

7.5 Evidence for Salisbury Road, N22

- There are a high percentage of pensioners in the local area. There is a lack of bus services serving the Noel Park Estate which will make it difficult for them to access alternative post offices, particularly if they have mobility problems. The roads surrounding Noel Park were also very busy and difficult to cross.
- Salisbury Road post office has two counters which are busy for every day with the exception of Friday. However, service is normally quick. It has recently been refurbished to cater for disabled access. Wood Green Post Office is characterised by long queues. All its available customer serving positions are normally open so there is very little scope for it to accommodate additional customers.
- It was noted that there was 2 sheltered housing units in close proximity to the proposed post office closure which total 33 residents:

Cozen Ct	17 Residents (London & Quadrant)
The Olive Tree House	16 Residents (Hornsey Housing Trust)
- A lot of people who live in Noel Park do not use banks so are not easily able to access alternative sources of obtaining cash. It is a high crime area and therefore the need to travel further whilst carrying significant amounts of cash is likely to increase the risk of residents becoming victims of crime.
- The Panel received evidence from the previous closure programme in 2004, where Salisbury Road post office, now earmarked for closure, was cited as an alternative to the Westbury Avenue office. The Panel noted that access to postal services is even further restricted.
- Local shops are generally small family businesses. They are made more sustainable by the presence of the post office, which encourages people to spend money locally. Closure is likely to have a serious affect on them.
- Personal service will be lost as the alternative post offices will not be able to have the same close relationship with customers due to their size.

7.6 Evidence for 89, Weston Park, N8

- The Panel heard from elderly residents living in the area who were regular users of this post office. The Panel noted their concerns that they would

find the use of alternative services problematic, particularly as they were frail and could not walk without assistance.

- The Panel heard that alternative post office's were already very busy with long queues. The panel doubted that in particular the Crouch End office had the capacity to absorb additional customers without additional queuing time and considerable inconvenience to customers. Elderly residents expressed particular concerns about the longer queues and waiting times that they may experience at this alternative office, particularly in winter time and where it was known that queues often extended outside the post office. Additionally there was no seating provided for residents queuing.
- The alternative post offices were some distance away, and the area was hilly. To reach Crouch End would take residents at least half an hour by bus.
- The Panel heard that there was a parade of approximately 12 retail outlets adjacent to this post office. If this post office was to close this would have a detrimental impact on the footfall and subsequent viability of some of these outlets.
- A number of inaccuracies were noted in the Branch Access Report for this post office. Residents indicated that it would be misleading to indicate that there was parking in the vicinity of the 1st alternative (Crouch End) as this was a very busy retail area for which there is limited parking.
- As there is no other ATM in this area, the withdrawal of this post office and the cash services that it provides may limit people access to cash, particularly the elderly, disabled or those reliant on benefits.
- It was noted that there was 4 sheltered housing units in close proximity to the proposed post office closure which totalled 89 residents, many of whom had helpers who would not have enough time to go to an alternative Post Office:

Abyssinia Ct	46 Residents (Hornsey Housing Trust)
1-15 Ravendale Mansions	15 Residents (London & Quadrant)
Amelia House	15 Residents (London & Quadrant)
The Avenue	12 Residents (Haringey)
- The Panel heard that this Post Office provided a personal touch and that customers, especially the disabled and elderly were helped with their particular needs
- The Panel noted the Council's aspiration to support local businesses and the proposed closure of this Post Office was not in the spirit of this intention.

7.7 Evidence for Ferme Park Road, N4

- The panel heard evidence from Stroud Green Residents Association which had collated evidence from residents living in the vicinity of this post office. A number of concerns were raised with SGRA which were presented to the Panel.
- SGRA felt strongly that local residents were disproportionately affected by the current post office closure plan as two post offices have been proposed for closure in the same Local Authority Ward (Stroud Green). If the closures of both post offices were to proceed, this would leave no post offices remaining in the Ward.
- There was strong local concerns among residents about the future of other local businesses in the area should this post office close. There was a small number of retail shops which are interdependent on each other in maintaining a viable level of trade in the area. The post office is a key service in the local economy and should this close, other shops may close too.
- The existence of a discrete local economy for particular communities was underlined by residents in this area. SGRA noted that residents had little recognition or awareness of second alternative service suggested within the Branch Access Report (Hornsey Road).
- SGRA noted that there was no alternative cash withdrawal service in this area. Thus the withdrawal of the ATM which would accompany the closure of this post office would deprive local people of access to cash services, particularly the elderly, disabled or those reliant on benefits through the post office.
- The closure of this post office would mean that local residents would lose access to a postal pick up point for large or bulky items which could not be delivered at peoples home address.
- It was noted that the first alternative service in the Branch Access report (Stroud Green Road) was a very busy sub post office at which customers already experienced long queues and waiting times. There were strong concerns that this alternative service would have the capacity to cope with additional workload generated by the closure of this post office.
- Proportionally fewer people have access to their own private transport which limits then accessibility of other more distant alternative services.
- Around 65% of business at this Post Office was from pensioners who accessed their pensions from the Post office. For them using this Post Office was a regular part of their social life and to travel to alternatives would be problematic.

7.8 Evidence for Highgate High Street, N6

- The Panel heard evidence from the Highgate Society regarding the possible closure of this Post office.
- Although this post office is not physically located in Haringey (less than 12m from Borough boundary) a significant proportion of its customers are resident in Haringey.
- This post office is at the heart of the community of Highgate and many other small businesses are dependent on it for additional footfall for the economic viability of their business.
- Many of the local shops were one person businesses that close for 5 -10 minutes when conducting necessary Post Office transactions. If they had to go to another Post Office they would have to shut for 45-60 minutes.
- Calculations had been carried out which showed that the cost savings would be around £40,000 which would be far outweighed by the social cost imposed on the local community and businesses as a result of closure, which had been estimated at around £150,000 a year
- As Highgate Post Office is situated at the top of steep hills, access to alternative post offices would cause serious difficulties to the elderly, disabled and people with young children.
- The alternative Post Offices were already very busy and therefore it was questionable if they would be able to cope with additional customers.
- The Highgate area has already lost three post offices in the last decade or so – in Aylmer Parade, lower down the Archway Road and at the bottom of Highgate West Hill.

8. Legal Implications

- 8.1 There are no legal implications for the Council as a result of this report.

9. Financial Implications

- 9.1 There are no direct financial implications for the Council arising from the recommendations in this report.

10. References

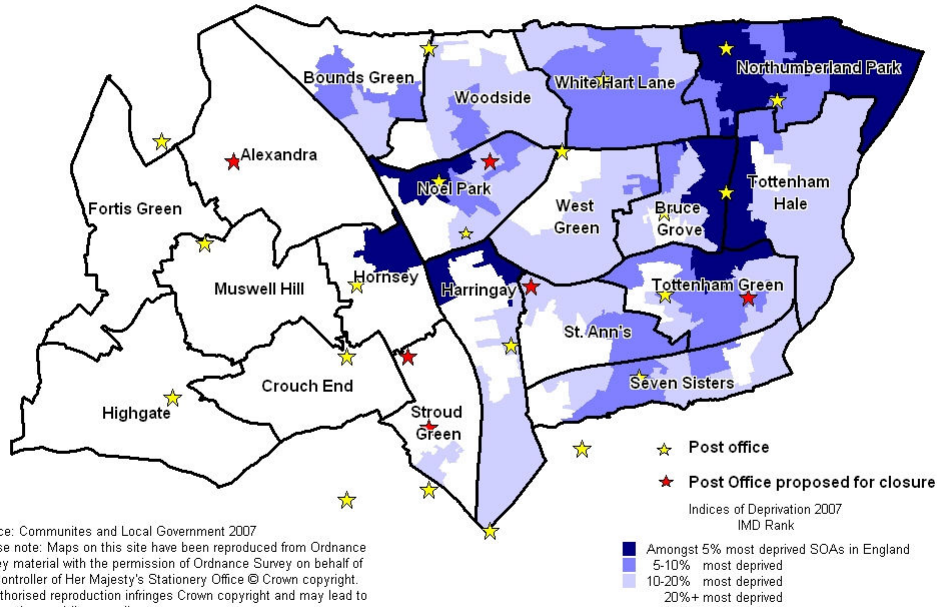
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DTI, 2007	The Post Office Network: Government response to the public consultation Department of Trade & Industry

Post Office Ltd 2008	Network Change Programme: London Area Proposal Plan
Post Office Ltd 2008a	Branch Access Report ftp://ftp.royalmail.com/Downloads/public/ctf/po/London_area_A3_Branch_Access_Reports_3.pdf
Postwatch 2008	http://www.postwatch.co.uk/
Postwatch 2008a	Memorandum of Understanding between Post Office Ltd and Postwatch in respect of the consultation process that will apply to the Network Change Programme.

11. Appendices

Appendix A – Map of Post Office Closure in Haringey

Indices of Deprivation 2007 and Haringey Post Offices
Rank of IMD
Haringey SOAs



Source: Communities and Local Government 2007
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Appendix B – Scrutiny Event Plan

Haringey Council

Overview & Scrutiny Committee**Panel Review of Post Office Closure Proposals****Meeting to be held in public****Wednesday 26 March 2008 – Civic Centre,
Council Chamber**

The purpose of the meeting is to gather evidence on the impact that the closures will have on local people and to recommend that Post Office Ltd take them into account before reaching a final decision on proposed closures in Haringey.

The meeting will consist of two sessions. The first session will look at the rationale behind the proposals. Individuals may submit questions that they wish to ask the Post Office or Postwatch in writing to the Chair either in advance or on the day. The second session will examine the likely impact of each of the closure proposals and will provide the opportunity for local residents and organisations to put their views forward.

Agenda - Afternoon Session

The afternoon session will look at the general issues concerned with the proposed post office closures and the consultation process. Approximate timings will be as follows:

3:00 p.m.	Chair's welcome, opening remarks and explanation of process
3:05 p.m.	Presentation by Post Office Ltd on: <ul style="list-style-type: none"> • The criteria and selection process for the 6 sub post offices in Haringey planned for closure • How conclusions were reached • What modelling was undertaken to assess the impact of the proposed closures • What the consequences will be of not undertaking some or all of the proposed closures • What the consultation programme with local people is.
3:15 p.m.	Presentation by Post Watch on their role and input into the proposals and how local residents can influence them.
3:25 p.m.	<ul style="list-style-type: none"> • Evidence from the National Federation of Sub Postmasters

3:35 p.m.	Questions to Post Office Ltd and Postwatch by following (in order): <ul style="list-style-type: none"> • Scrutiny Panel • Local MPs • Leader and Cabinet Members • Ward and other Councillors Other interested organisations
5:00 p.m.	Session ends

Agenda - Evening Session

The evening session will focus on the individual closures and how they affect localities. The meeting will split into two separate groups, each chaired by a Member of the Panel of Councillors looking at the issue. Each group will look at 3 particular closures and include local stakeholders relevant to them. They will, in particular, look at the following:

- How easy will it be to get to alternative post offices
- Possible other ways of obtaining services currently provided
- How the closures will affect local businesses, particularly shops
- The impact on vulnerable groups

The groups will be split as follows:

Group 1:

100, Alexandra Park Road, N10
69, Weston Park, N8
Ferme Park Road, N4

Group 2:

Salisbury Road, N22
Page Green, 100 Broad Lane, N15
434, West Green Road, N15

Approximate timings will be as follows:

5:30 p.m.	Introduction by Chair of each Group	
	<i>Group 1:</i>	<i>Group 2:</i>
5:40 p.m.	100, Alexandra Park Road N10	Salisbury Road N22
6:10 p.m.	69, Weston Park, N8 and Ferme Park Road, N4	Page Green, 100 Broad Lane, N15 and 434, West Green Road, N15
7:10 p.m.	Break	
7:20 p.m.	Plenary session. The Scrutiny Panel will reconvene to consider; <ul style="list-style-type: none"> • General evidence from the afternoon session • Feedback from each of the two groups on specific closures • Appropriate conclusions and recommendations to Post Office Ltd 	
8:00 p.m.	Close	



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