

Overview and Scrutiny Committee

MONDAY, 20TH APRIL, 2009 at 19:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou (Vice-Chair), Aitken, Alexander, Dodds, Winskill and Jones

Co-Optees: Ms. F. Kally plus 2 Vacancies (parent governors), L. Haward plus 1 Vacancy (church representatives)

AGENDA

1. WEBCASTING

Please note: This meeting may be filmed for live or subsequent broadcast via the Council's internet site - at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. The images and sound recording may be used for training purposes within the Council.

Generally the public seating areas are not filmed. However, by entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

If you have any queries regarding this, please contact the Committee Clerk at the meeting.

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at item below. New items of exempt business will be dealt with at item 15 below).

4. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR HOUSING SERVICES (PAGES 1 - 4)

Briefing and answers to questions from Councillor John Bevan, Cabinet Member for Housing Services.

7. HOMES FOR HARINGEY PERFORMANCE MONITORING QUARTER 4 (JAN 08/09) (PAGES 5 - 40)

To receive the Homes for Haringey fourth quarter performance report 2008/09.

8. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ENVIRONMENT AND CONSERVATION (PAGES 41 - 44)

Briefing and answers to questions from Councillor Brian Haley, Cabinet Member for Environment and Conservation.

9. ANIMAL WELFARE (PAGES 45 - 116)

(Report of Cllr Dodds, Chair of the Scrutiny Review Panel) To present to the Overview and Scrutiny Committee the final report and recommendations of the Scrutiny Review of Animal Welfare in Haringey.

10. CPA ASSESSMENT

Presentation on CPA Assessment.

11. SCRUTINY REVIEW - SCHOOL EXCLUSIONS (PART TWO) (PAGES 117 - 124)

(Report of the Chair of the Review Panel) For members to approve the Scrutiny Review report and recommendations of the Review.

12. SCRUTINY REVIEW OF STROKE PREVENTION (PAGES 125 - 180)

(Report of Cllr Winskill, Chair of the Stroke Prevention Review Panel) To approve the recommendations of the Scrutiny Review of Stroke Prevention report.

13. RESTRUCTURING OF HARINGEY MENTAL HEALTH ACUTE CARE SERVICES - OVERVIEW AND SCRUTINY COMMITTEE RESPONSE TO PROPOSALS BY BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST (PAGES 181 - 190)

(Report of the Chair of the Overview and Scrutiny Committee) To approve the draft response of the Overview and Scrutiny Committee to proposals by Barnet, Enfield and Haringey Mental Health Trust to reconfigure acute mental health services within the Borough, as recommended by the scrutiny panel that considered them in detail.

14. MINUTES (PAGES 191 - 196)

To confirm and sign the minutes of the meeting held on 16 March 2009.

15. NEW ITEMS OF URGENT BUSINESS

Yuniea Semambo
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Services
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Wednesday, 8th April 2009.

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CABINET MEMBER FOR HOUSING SERVICES**KEY ISSUES – STRATEGIC AND COMMUNITY HOUSING SERVICES****Business Plan objectives:**

1. To halve the number of homeless households in Temporary Accommodation, by March 2010, through effective homelessness prevention, smarter working, better partnerships and the provision of a range of housing options.
2. To maximise the development of affordable housing, by attracting investment and ensuring effective partnership working, to meet the needs of residents and help build strong and environmentally sustainable communities.
3. to ensure the efficient management and maintenance of the council's housing stock by developing a robust client function in respect of Homes for Haringey's finance and performance managements arrangements, together with a structured approach to determining and communicating the council's requirements.
4. To tackle homelessness, overcrowding and under occupation by making best use of Haringey's social housing stock, bringing empty homes back into use encouraging housing mobility, extending and promoting choice based lettings, and removing barriers to the private rented sector.
5. To achieve the continuous improvement of the Strategic and Community Housing Service, ensuring that it is well managed, fit for purpose, customer-centred and provides good value for money.

Key functions of Strategic and Community Housing Services:

- The development and implementation of the overarching housing strategy and its sub strategies, covering such matters as homelessness, private sector housing, fuel poverty and the supply of affordable housing.
- The provision of a robust ALMO client function that ensures that Homes for Haringey manages and maintains the Council's housing stock efficiently and to the required standards, and delivers Haringey's decent homes programme within budget and on time.
- The development and implementation of an affordable housing programme, in partnership with registered social bodies, to provide affordable homes for rent and purchase.
- The improvement and enforcement of standards in private sector housing, including houses in multiple occupation, empty homes, the private rented sector and homes requiring substantial renovation.
- The assessment of housing applicants' housing and support needs (including homeless households living in temporary accommodation, and social housing tenants seeking a transfer), the maintenance of a housing register and the letting of social housing.

- The procurement, management and letting of temporary accommodation.

Recent key developments and events:

- The restructure of the business unit is almost complete and there has been extensive consultation with all staff affected. The new structure will improve the efficiency and effectiveness of Strategic and Community Housing Services by defining roles and responsibilities, re-aligning teams and services, improving communication and joint working, holding managers more accountable for the conduct and performance of their teams, encouraging partnership working and actively involving service users in planning, shaping and monitoring services.
- Haringey's Housing Strategy for 2009-12 is currently being updated and has been the subject of wide consultation including at the inaugural annual housing conference which was held in February 2009. The strategy will go to Cabinet for approval in April 2009.
- Haringey's Homelessness Strategy 2008-11 was adopted in September 2009 with wide buy in from a range of partners, specific sub-groups have been set up to implement the strategy.
- Haringey will host the North London Sub-regional Landlords Forum in April 2009.
- A TA User Forum has been established and two forums have taken place since December 2009. The forums have been very successful in engaging service users.
- There has been a marked improvement in the number of people being placed in Private Sector accommodation from an average of 5-10 per week in Summer 2008 to 20 per week in March 2009.
- Hearthstone has successfully moved back to a larger, more modern premises at Commerce Road. The larger premises gives more space for our partners and will encourage multi-agency working.

Key issues and challenges for 2009/2010

- Continuing to reduce the number of homeless households in TA
- Renewing a major backlog of private sector leases – a tender is currently out at the moment to get a contractor to complete this work
- Imbedding the new staffing structure
- Continuing to provide a range of affordable housing options including the private sector and affordable home ownership
- Attracting affordable housing development into the borough – this is currently affected by the economic downturn

- Developing a new Lettings Policy - a project team has been set up and the policy will be finalised by December 2009
- Reviewing the management agreement with Homes for Haringey
- Improving performance on voids
- Monitoring the effects of TA subsidy changes and developing an effective procurement strategy that delivers value for money under the new regime.
- Targeting areas to identify licensable HMOs which have not made an application and areas where a discretionary licensing scheme is possible
- Taking CPO and enforced sale action to ensure properties are brought back into use.
- Introduce a target for the reduction in the use of nightly rated accommodation.
- Increase the fees charged for the licensable HMO's which have not made an application.

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Haringey Council

Agenda item:

Overview and Scrutiny Committee

[NO]
2009

Report Title: Homes for Haringey Performance Monitoring Quarter 4 (Jan 08/09)

Forward Plan reference number (if applicable): N/A

Report authorised by Niall Bolger Director of Urban Environment

Wards(s) affected: **ALL**

Report for: **Key Decision**

1. Purpose of the report (That is, the decision required)

1.1 Overview and Scrutiny Committee to note the report.

2. Recommendations

2.1 Overview and Scrutiny Committee to note the report.

Report Authorised by:

Niall Bolger
Director of Urban Environment

8th April 2009

Contact Officer : Doris Acquah, ALMO Client Manager

3. Background

3.1 This report is being presented following a request by Overview & Scrutiny Committee that a quarterly performance report from Homes for Haringey is made to the Committee.

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Homes for Haringey

Report Title	HfH Performance – Third Quarter and January 2008/09
Reporting Officer, Team, Role and Contact Details	Joy Walton, Performance and Business Planning Manager 020 8489 1333
Executive Director	Rowann Limond
Meeting Description	Council
Meeting Date	
Agenda Item	
Status of Report	Non-confidential

1. Summary

This report sets out the performance of Homes for Haringey for January 2009. It also includes details of third quarter performance 08/09 in relation to the quarterly key performance indicators (KPIs) the Council agreed it would monitor.

2. Recommendation

The Council is to note performance for the period concerned and the actions being taken to improve performance where targets are not being met.

3. Performance Summary

3.1 Performing well

The Estate Service measure exceeded its target again in January and has now done so for four successive months.

Home Ownership continues to perform at a high level. Over the course of the year performance has been consistently strong.

Customer Contact continues to provide consistently good performance. Both measures of resident access have remained above target in January, and the Year to Date figures have also exceeded their objectives.

3.2 Moving in the right direction

Rent collection performance improved in the two Council indicators in January. Only one of these indicators is currently at a RED-RAG status.

Repairs performance was mixed in January, with two monthly assessed indicators improving while the other deteriorated. Currently one indicator is ahead of target, and a second only marginally trailing its target level. However, across the repairs indicator suite, an improvement can be seen from the situation prevailing at the start of the financial year.

Gas servicing levels fell slightly in January. However there has been substantial improvement in this area of Homes for Haringey service delivery through the course of the year. Although this indicator still trails its 100% target, this margin is very small.

3.3 Areas of concern

Void turnaround figures for the whole end to end process are still below target despite an improvement in January. The time taken for building repairs to carry out works to minor, or VAV, properties showed a sharp increase in January with respect to earlier months. All indicators are currently at a RED RAG status, both monthly and on a year to date basis, making Voids an ongoing area of concern.

Feedback performance improved in two of the three monitored areas in January, but all these measures failed to meet their monthly targets. In each of these cases, the year to date RAG status is at RED.

The percentage of invoices paid within timescales declined for a second straight month in January. This has dragged down the year to date figure below its 92% target level.

4. *Comments of the Executive Director of Finance*

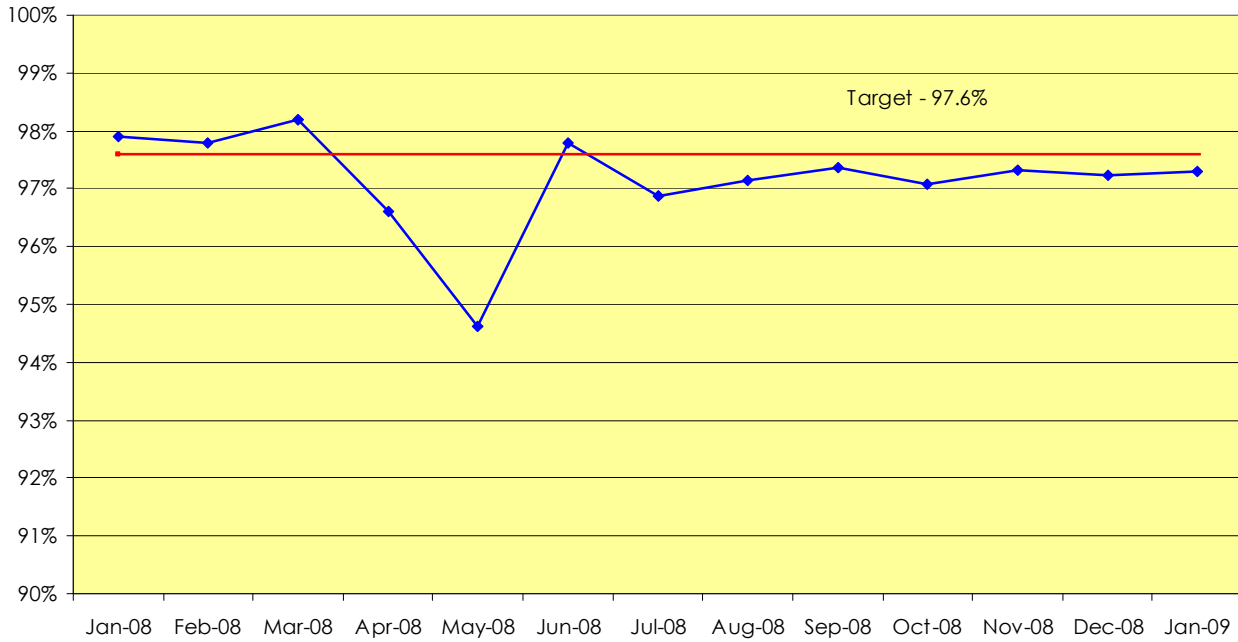
The improvement in some of the indicators has a direct impact on the financial health of the Housing Revenue Account. Better collection rate performance reduces the need to provide for bad debt.

Void turn around time continues to be an issue, as the length of time a property is vacant will have a negative impact on the Housing Revenue Account. Consequently there is the continued need to reduce turn around times and the overall numbers void at any point.

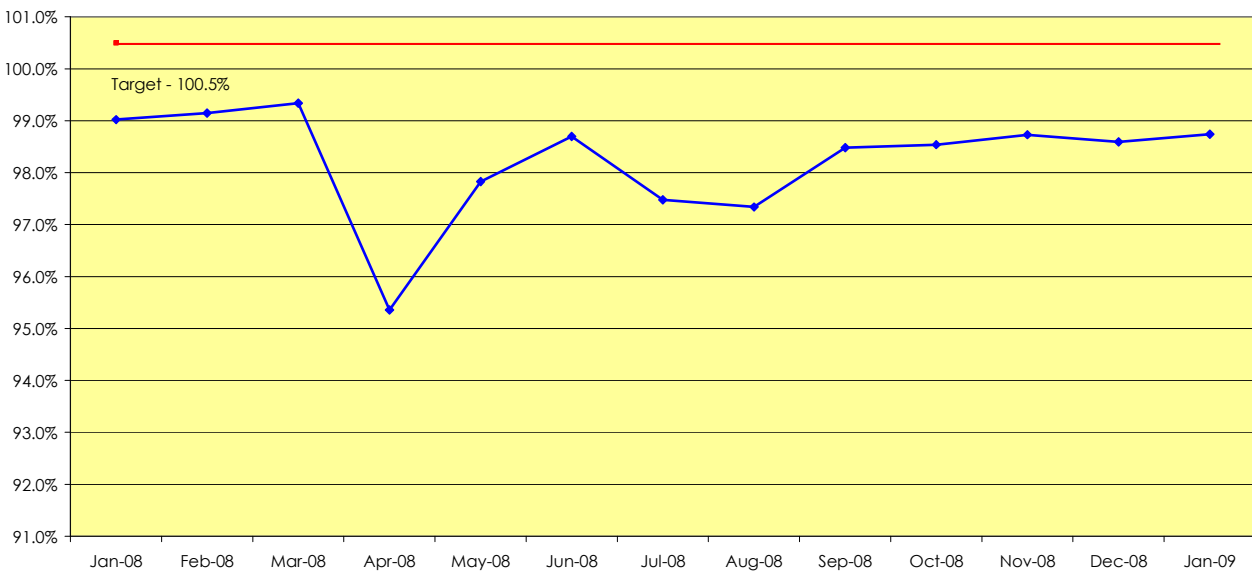
5. Performance Indicators by area of the business

5.1 Income Collection

% of rent collected (including arrears and excluding water rates) - BV 66A



Simple collection rate - IC01



Ref	Income collection	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
BV 66a	% of rent collected (including arrears and excluding water rates)	97.6%	97.2%	97.3%	↑	97.4%	97.2%	↓	97.3%	
IC01	% of rent collected (of rent due excluding arrears)	100.5%	98.6%	98.7%	↑	98.5%	98.6%	↑	98.7%	

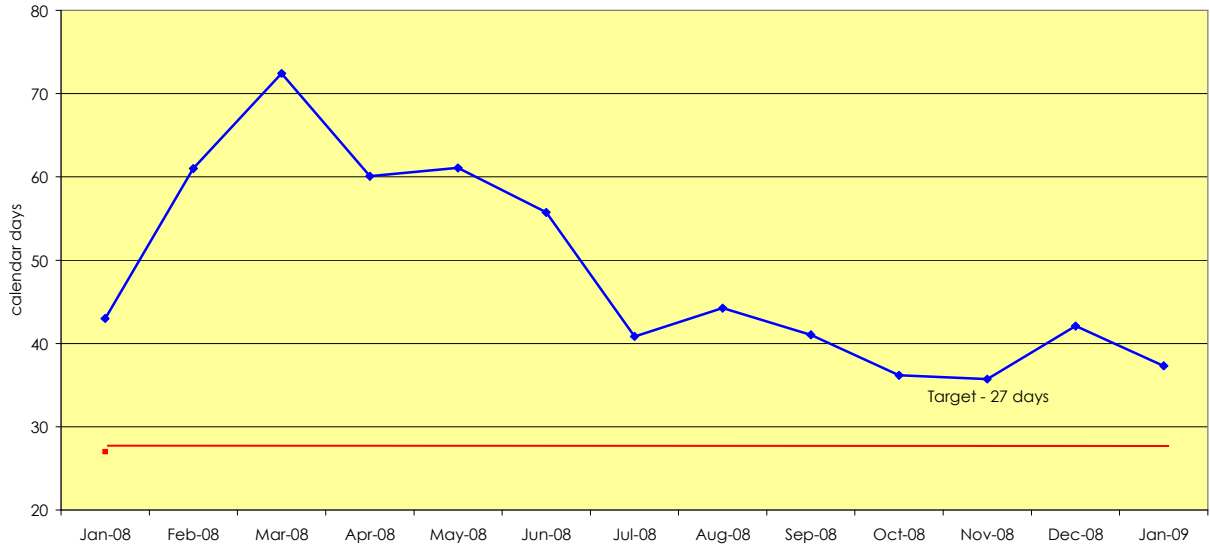
Summary

Both Rent Collection performance indicators improved in January. Indicator BV66a is now only marginally behind its end of year target level.

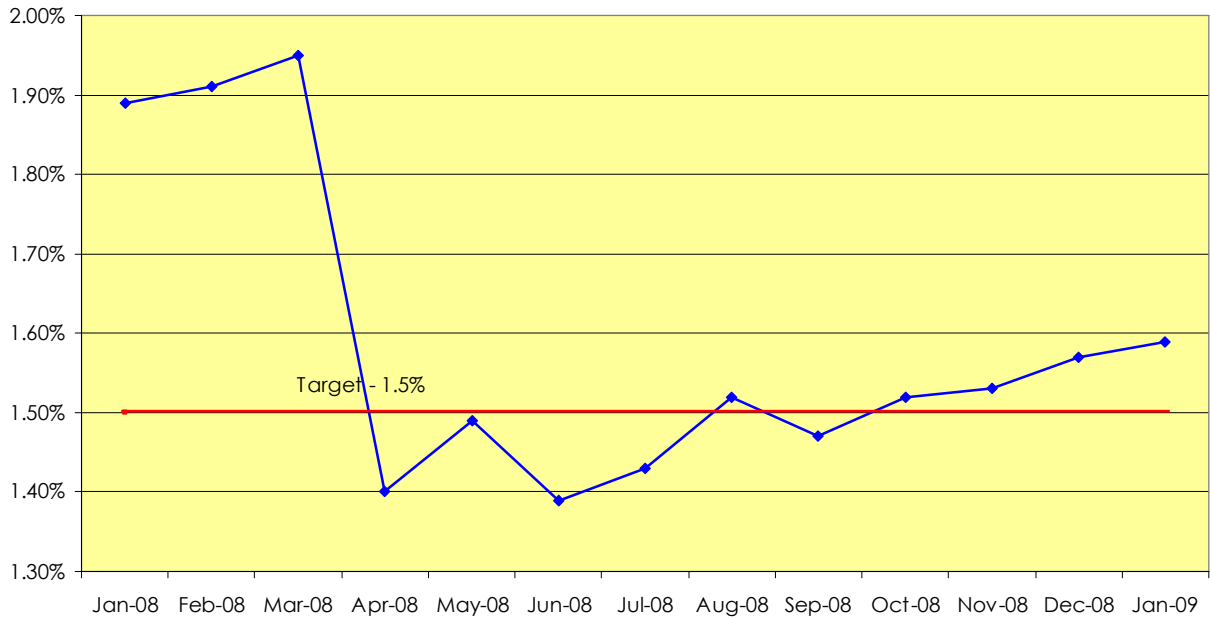
Please see exception report for the monthly RED-RAG item.

5.2 Voids

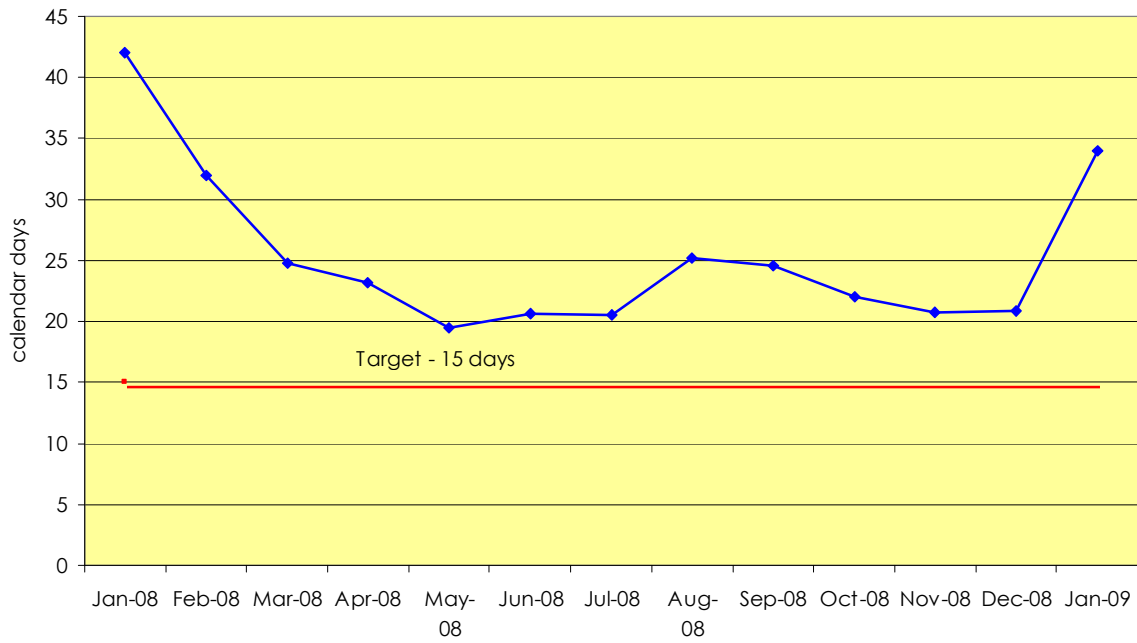
Average void turnaround in calendar days - BV212



Rent Loss from Voids - BV 69



Average times to repair (VAV) - VO03



Ref	Voids	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
BV 212	Average re-let time in calendar days	27	42.1	37.3	↑	41.5	38.3	↑	45.5	
BV 69	Rent loss from voids	1.5%	1.57%	1.59%	↓	1.47%	1.57%	↓	1.59%	
VO 03	Average time a void is in repairs (VAV)	15 by 04/09	20.8	34.0	↓	22.6	21.3	↑	22.2	
VO 04	Average time for a void to reach ready to let status (VAV)	16 by 04/09	27.1	32.8	↓	23.4	27.7	↓	26.1	

Summary

Void performance in January was mixed. Although overall turn around time has improved (BV212), the two other turn around indicators deteriorated. There was a significant drop off in performance relating to the time to repair a void property, VO 03, and this had a knock on effect on VO 04. It is anticipated that these figures will permeate through to the February BV212 performance.

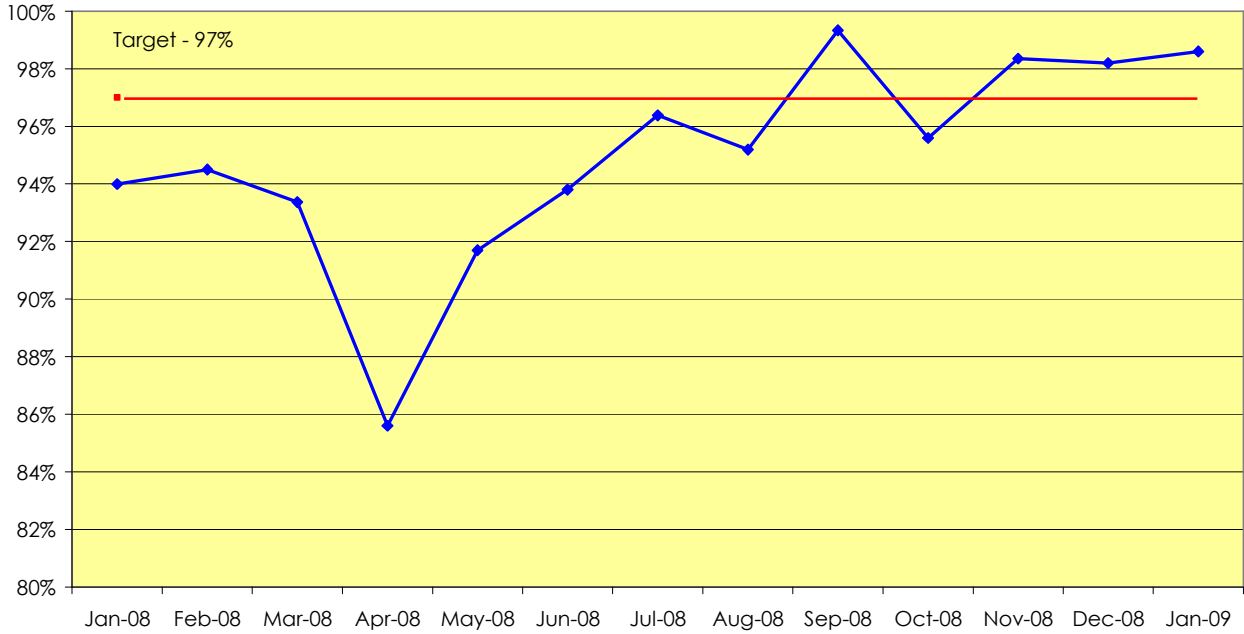
Void rent loss indicator BV69 rose for the fourth successive month in January, reflective of the greater number of properties currently vacant.

There are two sets of figures which relate to the time taken for a property to reach its ready to let date. The first of these is restricted to the time taken by repairs, whereas the second relates to the total time until a property is ready to let. Both of these have significantly improved over last year although they are still behind their targets.

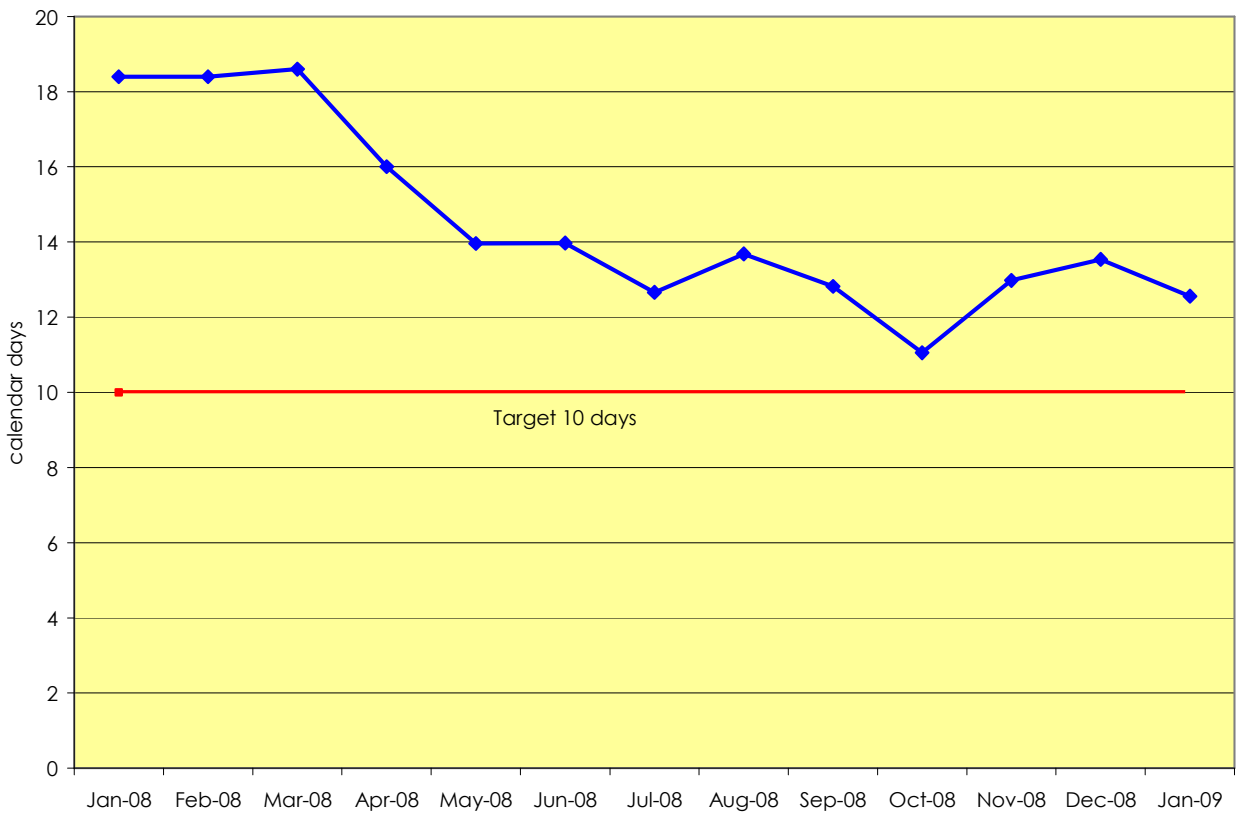
Please see exception report for the monthly RED-RAG items.

5.3 Repairs

% of urgent repairs completed in target - BV72



Average time taken to complete non-urgent repairs - BV73



Ref	Repairs	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
BV 185	% of non-emergency repairs where appointment made and kept	97%	97.6%	96.6%	↓	94.3%	96.9%	↑	95.8%	
BV 72	% of urgent (RTR) repairs completed within Government time limits	97%	98.2%	98.6%	↑	98.7%	97.6%	↓	98.4%	
BV 73	Average time taken to complete non-urgent responsive repairs	10 days	13.5	12.6	↑	13.4	12.7	↑	13.8	
	Average time to complete an adaptation (end to end)	92 days	Quarterly Indicator			268	231	↑	239	

Summary

January brought improved performance for two of the three monthly assessed indicators.

In January, indicator BV 185 slipped just below its 97% target. It is however above its longer term average as evidenced by the year to date figure.

The percentage of urgent repairs completed within government time limits (BV72) improved again in January, and has now exceeded its 97% target for four of the last five months.

Improvement can also be seen in the average number of days to complete a routine repair. Although this indicator is still trailing its 10 day target, we can see graphically the level of improved performance over the last twelve months.

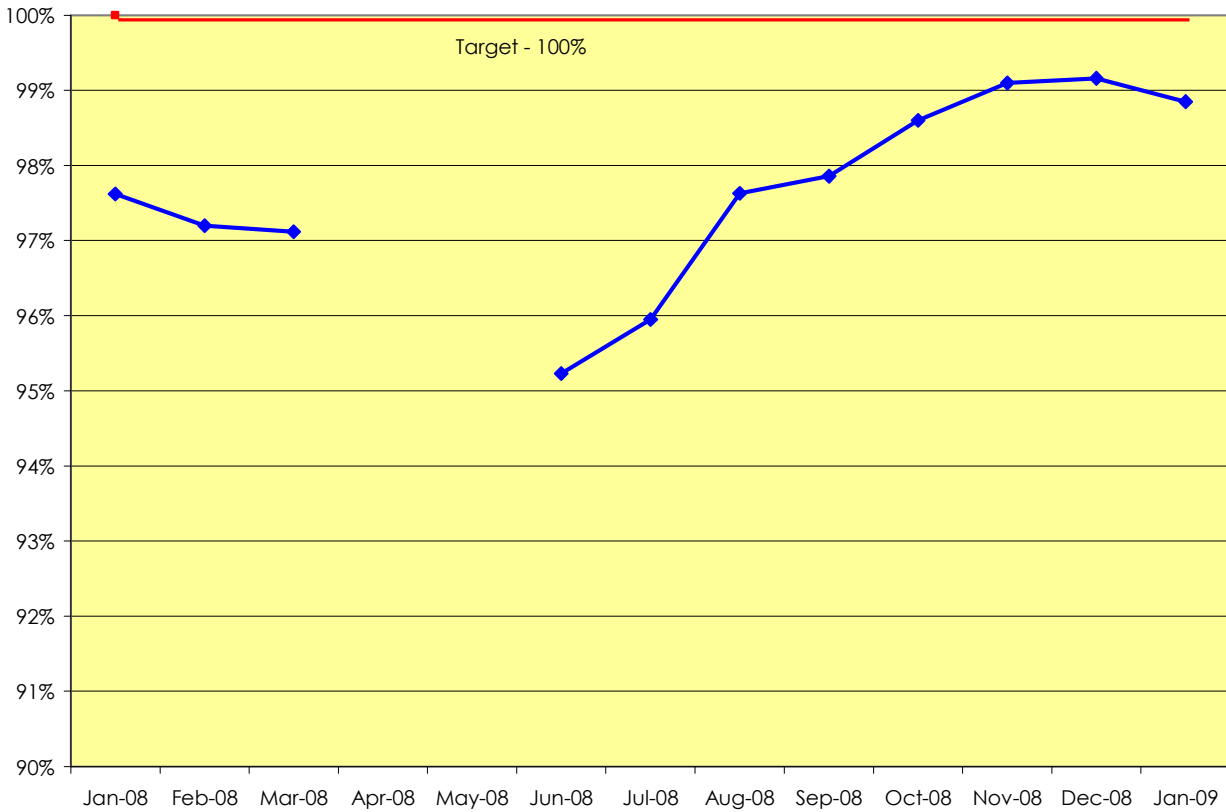
The large dip in performance for BV72 in April and May can, in part, be attributed to our contractors being unable to report Gas repairs figures for these months. These system problems have now been resolved.

As of 01 January 2009 the adaptation installation function has been taken on by the Adult, Culture and Community Services department within the council. For this quarterly indicator, the year to date information relates to the situation as at the end of quarter three (December).

Please see exception report for the monthly RED-RAG item.

5.4 Design and Engineering

Percentage of homes with a valid gas certificate - GS01



Ref	Design and Engineering	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
GS 01	% of properties with a valid gas safety certificate	100%	99.2%	98.9%	↓	97.9%	99.2%	↑	98.9%	RED

Summary

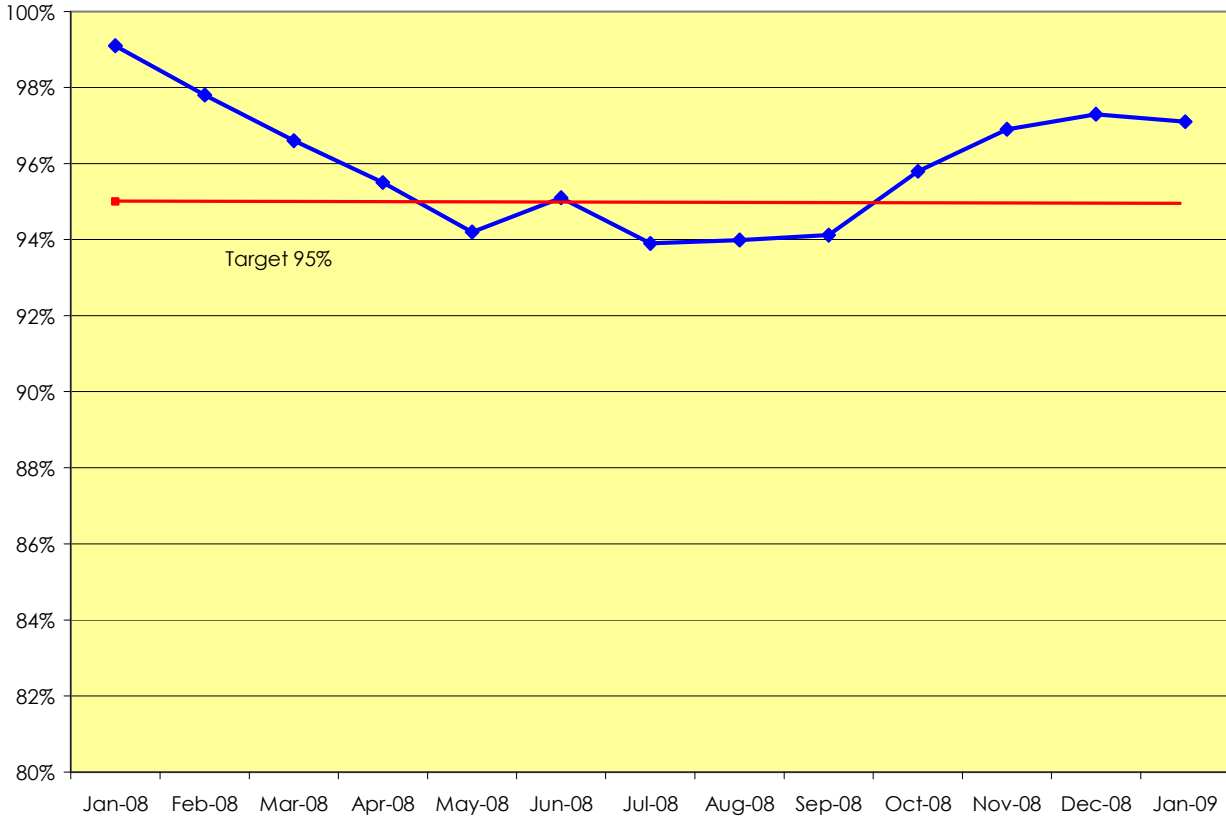
Gas servicing performance fell slightly in January compared with the previous two months. Although there has been a long and sustained improvement through the course of the year, January’s drop in compliance has pushed this indicator to a RED-RAG status.

Unfortunately our gas contractors were unable to provide information from their systems for both April and May. Their computer issues have now been resolved.

Please see exception report for the monthly RED-RAG item.

5.5 Estate Services

% of estates rated as excellent or good by ESMs - ES01



Ref	Estate Services	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
ES01	% of estates graded at A or B by Estate Service Managers - overall grade	95%	97.3%	97.1%	↓	94.0%	96.6%	↑	95.4%	

Summary

The percentage of estates being graded at A and B once again exceeded its target in January. Indeed, it has reached this level for four successive months. Although there was a slight fall in performance with respect to December, this decline was minimal. While there is a degree of seasonality with respect to this indicator, performance has clearly been positive.

Indicator ES01 is also meeting its objective on a year to date basis.

5.6 Tenancy Management

Ref	Tenancy Management	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
TM 01	% of stage 1 anti social behaviour tasks completed within timescales	70%	Quarterly Indicator			71.9%	72.5%	↑	69.4%	

Summary

Year to date performance for the quarterly indicator reflects the situation as at the end of quarter three (December). Performance for quarter three was ahead of target, and this positively effected the year to date figures.

5.7 Asset Management

Ref	Asset Management	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
	The proportion of local authority homes which were non 'decent'	36% by 04/09	Quarterly Indicator			42%	38.2%	↑	38.2%	Year end RAG
	DHP – number of units completed against number programmed	100%	Quarterly Indicator			84%	153%	↑	91%	

Summary

All Asset Management indicators are reported on a quarterly basis. As such, the information in the table above reflects the situation presiding at the end of quarter three (December).

The Decent Homes programme commenced in May and, as this has only been running for a short while, it is difficult to accurately assess performance. Scrutiny over the course of the year will enable Homes for Haringey to more accurately gauge whether objectives are being met.

We are now measuring the percentage of properties that are non-decent on a quarterly basis and are on track to meet the 36% target by year end.

5.8 Home Ownership

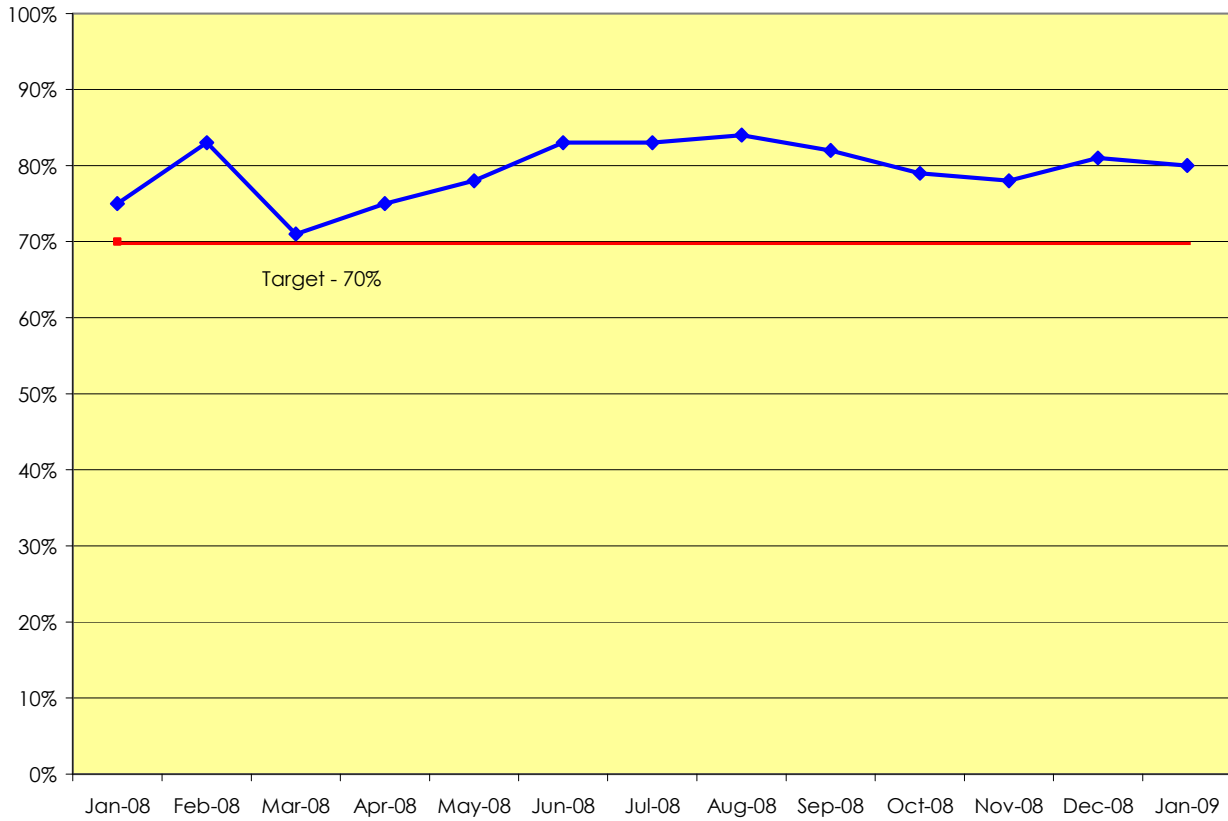
Ref	Home Ownership	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
HO01	% of day to day service charge collected	100%	125%	101%	↓	100.9%	100.4%	↓	101%	
HO03	% of Right To Buy notices served in timescales	100%	100%	100%	→	100%	100%	→	100%	
HO04	% of offer notices due served in timescales	90%	100%	100%	→	100%	96%	↓	99%	

Summary

Home Ownership indicators continue to perform at a high level. Each indicator is exceeding its target on both a monthly and a year to date basis.

5.9 Customer Contact

% of visitors to Customer Service Centres seen in 15 minutes - CA08



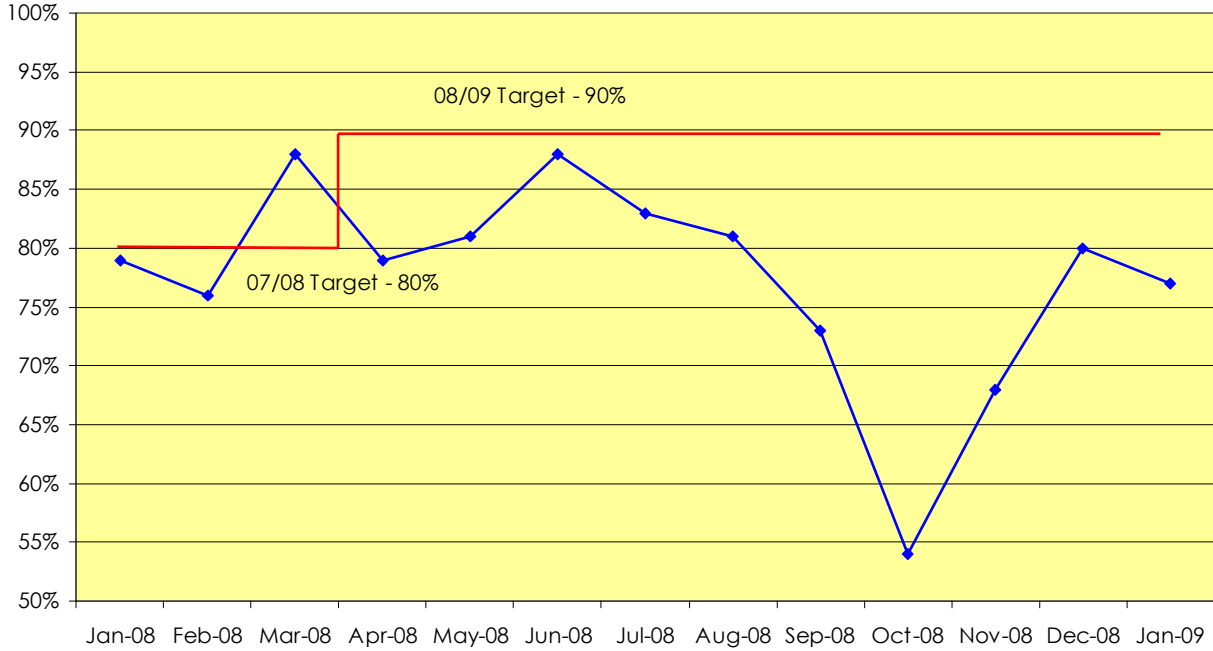
Ref	Customer Contact	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
CA 01	% of all phone calls answered	90%	92.6%	91.6%	↓	90%	92%	↑	91.3%	
CA 08	% of customers seen within 15 minutes at customer service centre	70%	81.0%	80.0%	↓	83%	79%	↓	80.3%	

Summary

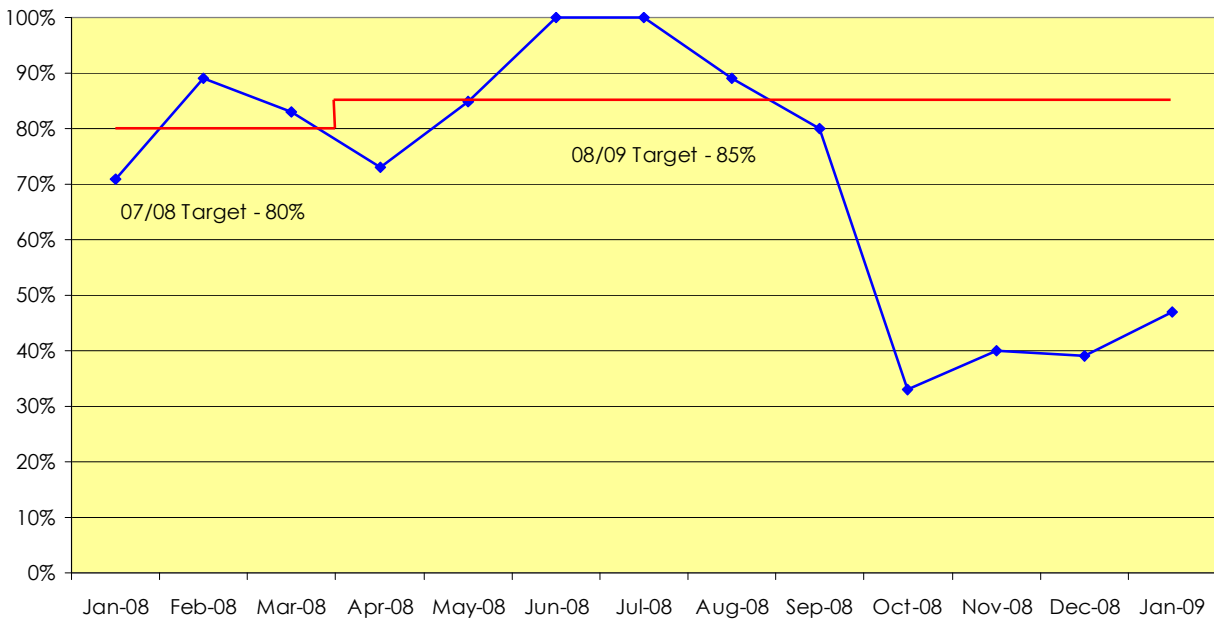
Customer Contact performance continues to be positive. Although there was a fall in performance in January, this was only minimal.

5.10 Customer Contact (Feedback)

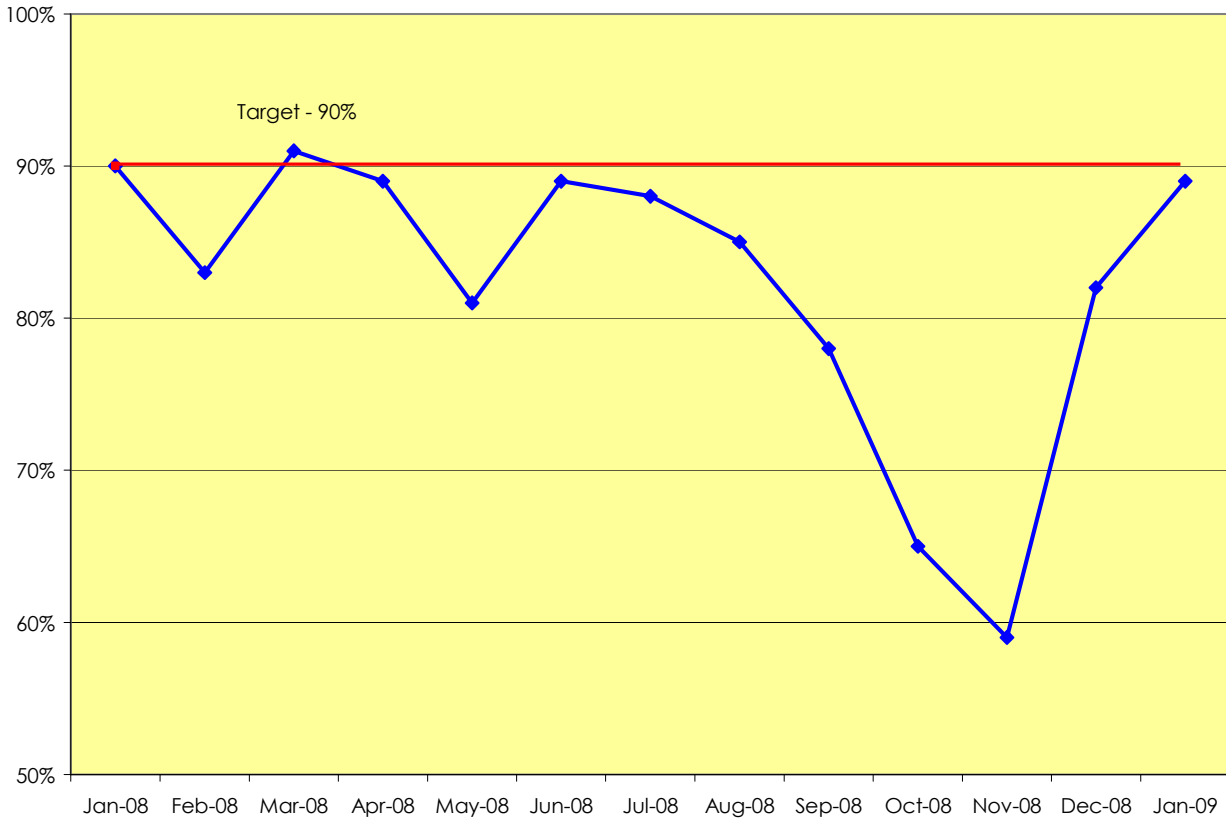
% of stage 1 complaints answered within target - CA10



% of stage 2 complaints answered within target - CA12



% of Members enquiries answered within target - CA14



Ref	Customer Contact - Feedback	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
CA 10	% stage 1 complaints answered within timescales	90%	80%	77%	↓	80%	69%	↓	76%	
CA 12	% stage 2 complaints answered within timescales	85%	39%	47%	↑	89%	39%	↓	67%	
CA 14	% members' enquiries answered within timescales	90%	82%	89%	↑	85%	84%	↓	82%	

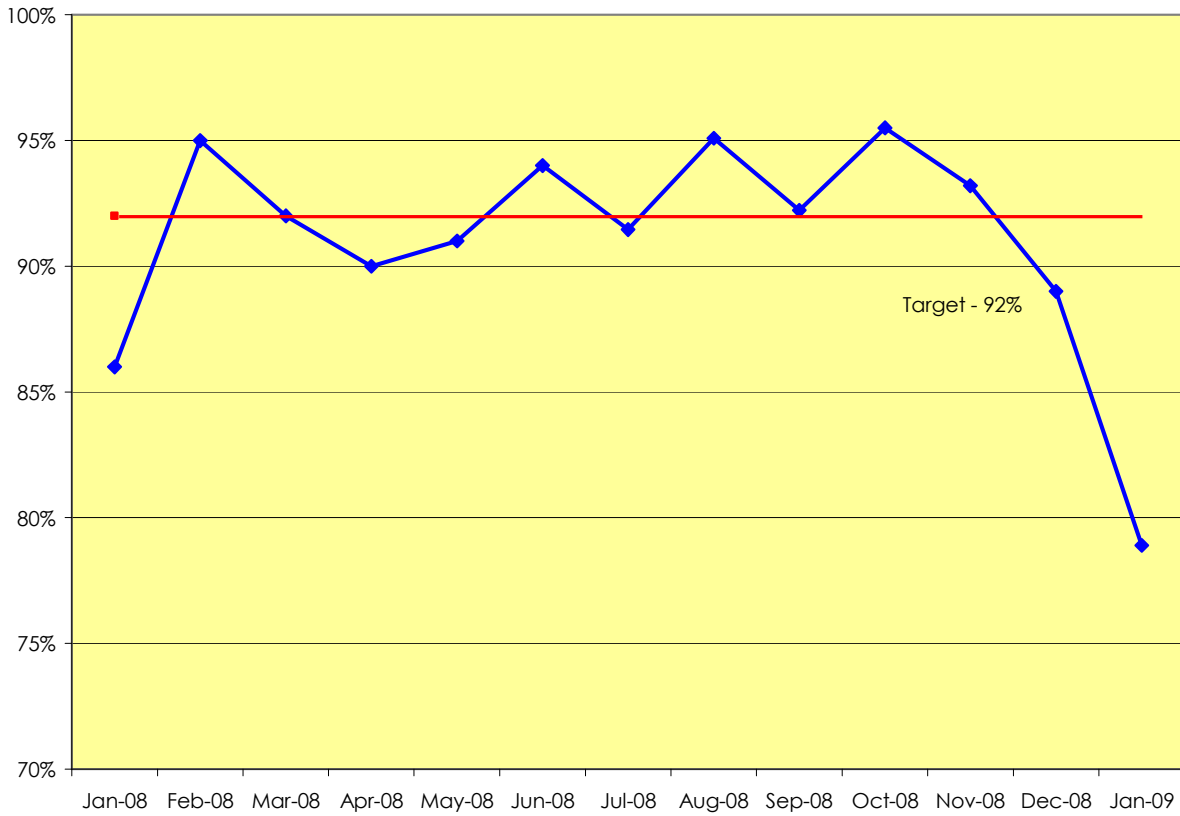
Summary

Performance for Customer Contact (Feedback) was behind target for both December and Year to date in all three measures. There has been a general improvement in January, with only one indicator falling, and even this by only 3%. However both stage one and two complaints response rates were significantly behind their respective targets. On a positive note, the speed at which responses to members enquiries were sent improved sharply for the second straight month.

Please see exception report for all the monthly RED-RAG items.

5.11 Finance

% of invoices paid in timescales - BV8



Ref	Finance	Target	Dec	Jan	Month DOT	Q2	Q3	Qtr DOT	YTD	YTD RAG
BV 08	% of invoices paid within 30 days	92%	89.0%	78.9%	↓	92.8%	93.0%	↑	91.3%	RED

Summary

The monthly indicator in relation to invoice payments experienced a drop in January with respect to earlier months. Due to the magnitude of the fall, this has dragged down the year to date performance to below its 92% target.

Please see exception report for the monthly RED-RAG item.

6 Appendix – Exception Reports

6.1 Rents

6.1.1 Introduction

- 6.1.1.1 This report looks at the simple collection rate indicator (IC01) which measures performance on the basis of rent collected against rent due (excluding outstanding debt at year start).
- 6.1.1.2 We take a snapshot of this position every week, although we have traditionally reported the position as it stands at the end of each calendar month. The audited collection rate which includes arrears (BV66a) is a projection of the position we expect to be in by year end based on the year to date (YTD) position.

6.1.2 Performance

- 6.1.2.1 Performance rose slightly by 0.17% compared to December's outturn.
- 6.1.2.2 There is a targeted drive to improve performance to the end of year and additional resources (overtime) have been allocated to support this.
- 6.1.2.3 This will include serving notices of seeking possession on all appropriate cases with arrears of £100 plus.
- 6.1.2.4 The weekend telephone cold calling is also being extended to include Income Collection staff cold calling tenants on selected patches during weekday evenings.
- 6.1.2.5 We therefore expect to continue to improve the position until year end through the scheduled monthly exercises, targeted work on specific patches, as well as normal day to day management and monitoring.

6.2 Voids

6.2.1 Introduction

- 6.2.1.1 This report provides a position statement and summary of the actions being taken to improve void performance and the further actions that will be taken to achieve improved void performance year end.

6.2.2 Void Management

- 6.2.2.1 The Council and Homes for Haringey continue to work together to achieve our objective of improving the management of void properties. The aim is to reduce the number of empty homes to a sustainable level of approximately 140 vacant properties; to make normal turnaround voids (VAVs) ready for let within 16 calendar days; to let a minimum of 15 properties per week; and to achieve an overall turnaround time within 27 days on routine void properties.
- 6.2.2.2 The services have jointly commissioned an external review of void management and processes and we expect to receive this report by 13th March. This will help us to further develop our improvement plans going forward.

6.2.3 Performance

6.2.3.1 Repairs

Although the YTD figure for repairs turn round remains in the low 20's at 22 days, there was a significant down turn in performance in January. Contributory factors were:

- The effects of the Christmas / New Year close down
- Poor performance by our gas maintenance contractors
- Non delivery of kitchen units from the decent homes suppliers in the first week of January

Actions taken in February include:

- Four sets of keys for each void to enable parallel working where necessary and avoid delays e.g. for gas checks
- Increased on site monitoring with Coordinators being out on site for 60% of the working day
- Variations requested by operatives and sub contractors being inspected prior to agreement
- Simplification of the Void Schedule of rates
- Closer management of each void with in progress inspections in addition to post inspections
- Reviewing the level of decent homes work carried out in voids
- Weekly area void meetings with coordinators
- Weekly gas contractor meetings
- Development of IT planning tools to improve efficiency of direct labour utilisation

These actions will enable voids to be closely managed and this will assist in reducing down time. Early indications for February are that performance has recovered. We are completing our target of 20 voids per week and making more voids RFL than we receive each week.

The 3rd quarter performance 08/09 for void repairs was 21.28 days which is the second best quarterly performance in 18 months. With the changes that have been made we are aiming to produce the best performance for the last two years in Q4.

6.3 Repairs

6.3.1 Introduction

6.3.1.1 This report provides the Board with an update on progress against the key responsive repairs performance indicators to the end of January 2009 as well as the actions that are being taken to further improve performance.

6.3.2 Performance Results

6.3.2.1 Since the introduction of weekly performance meetings in September 08, the performance on responsive repairs continues to improve.

6.3.2.2 Each performance indicator and key operational activity is tracked and monitored on a weekly basis using Excel spreadsheets/graphs with the emphasis on continuous improvement - performance trends are identified at a very early stage and remedial action is swiftly taken where performance is seen to be dipping or where improvements can be made to processes. The following paragraphs outline performance by each key indicator:-

6.3.3 % of non-emergency repairs where appointment was made and kept (BV185)

6.3.3.1 The % of non-emergency repairs where appointment was made and kept increased from 94.3% in Quarter 2 to 96.9% in Quarter 3 against the 97% target.

6.3.3.2 January performance was slightly below target at 96.6% but overall the trend is positive over the year.

6.3.3.3 The weekly performance meetings are continuing to have a positive effect on performance; particularly as the data is now broken down by the individual repairs areas/teams - this allows the

Repairs Management Team to monitor and compare performance of the individual teams and to quickly hone in on any performance deficiencies that require immediate attention.

6.3.4 % of urgent (Right to Repair) repairs completed within Government time limits (BV72)

6.3.4.1 The % of urgent (Right to Repair) repairs completed within Government time limits has shown steady improvement since April 08 and has significantly increased from 92.0% in Quarter 1 to 97.6% in Quarter 2 against the 97.0% target.

6.3.4.2 There was a significant improvement in the January 2009 performance of 98.6% against the 97.0% target as well as in the year to date performance to January 09 of 98.4%.

6.3.5 Average time (calendar days) taken to complete non-urgent responsive repairs (BV73)

6.3.5.1 The average time taken to complete non-urgent responsive repairs (calendar days) has improved from 14.67 days in Quarter 1 to 12.7 days in Quarter 3 against the 10 day target.

6.3.5.2 The January 09 performance of 12.6 days is a significant improvement on previous months although still in excess of target.

6.3.5.3 Analysis of appointment times has shown that we need to adjust the Optitime system rules to allow earlier appointment times to be offered.

6.3.6 % of residents satisfied with the quality of repair

6.3.6.1 The percentage of residents satisfied with the quality of repair fell from 94.7% in Quarter 1 to 90.1% in Quarter 2 against the 95% target.

6.3.6.2 The year to date performance to January 09 stood at 92.4%.

6.3.6.3 The recently published status survey results showed a 9% improvement with repairs satisfaction from 59% in 2006 to 68% in 2008.

6.3.7 % of repairs completed right first time (Direct Labour Organisation only)

6.3.7.1 Performance improved from 77.77% in December 08 to 79.18% in January 09 against the 78% target. The repair jobs that are most frequently not completed right first time (eg clearing blocked

drain) have been analysed with a view to taking action to ensure that more jobs are completed on the first visit.

6.3.8 Repairs Control Centre

- 6.3.8.1 The Repairs Control Centre opened on 1st April 08 and continues to perform well on meeting its targets for both telephone calls answered and telephone calls answered within 30 seconds.
- 6.3.8.2 The year to date performance to January 09 for % of calls answered was 95% against the 90% target.
- 6.3.8.3 The year to date performance to January 09 for % of calls answered within 30 seconds was 71% against the 70% target.

6.3.9 Detailed repairs performance table

Ref	Local PIs	06/07 Outturn	07/08 Outturn	Q1 08/09	Q2 08/09	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	YTD to Jan 09 (RAG)	Target 08/09
BV185	% of non-emergency repairs where appointment made and kept	89.8%	96.6%	93.9%	94.3%	94.4%	95.5%	95.5%	97.6%	96.6%	95.8%	97%
BV72	% of urgent repairs completed within Government time limits.	93.2%	96.0%	92.0%	98.7%	99.3%	95.6%	98.4%	98.2%	98.6%	98.4%	97%
BV73	Average time taken to complete non-urgent repairs (calendar days)	12.2	16.9	14.67	13.41	12.82	11.05	12.98	13.54	12.6	13.81	10
RP04	% of all tenants satisfied with quality of repair	91.7%	91.7%	94.7%	90.1%	88.7%	92.9%	98.1%	95.4%	89.7%	92.4%	95%
New	% of repairs completed right first time (Direct Labour Organisation only)	new	new	New	new	77.28%	77.44%	77.67%	77.77%	79.18%	77.97%	78%
CA06	% of all phone calls answered by repairs control centre	new	new	96%	95%	96%	97%	92%	96%	93%	95%	90%
CA07	% of all phone calls answered within 30 secs by repairs control centre	new	new	72%	72%	75%	82%	55%	73%	74%	71%	70%

6.3.10 Actions to be taken to further improve performance

- 6.3.10.1 The weekly performance meetings will continue to focus on improving performance across the main indicators. Over the coming weeks, the Repairs Management Team will in particular be continuing to closely monitor any appointment failures by area to establish the reason for the failure as well as to introduce improved processes to reduce the overall number of missed appointments. Action has also been taken to minimise data entry errors when the repair job ticket is processed.
- 6.3.10.2 We will be reviewing all repair jobs held on our Graphical Repairs Ordering (GRO) system with a view to ensuring that the description, diagram and standard minute value for each job is accurate and realistic – this in effect will ensure that jobs can be more accurately logged in terms of what requires repair; this in turn will help to ensure that more jobs can be completed right first time.
- 6.3.10.3 We will be continuing with an SMS/mobile working pilot from late March 09 which will involve our Priorities Team who deal with emergency and urgent repairs. The pilot will involve the Operatives within the Priorities Team receiving notification of their first and next repair jobs to be undertaken by SMS text via their mobile phone rather than the current method where the Operative visits the depot each morning and receives a list (run sheet) of repair jobs to be undertaken.
- 6.3.10.4 We will be reviewing which sections within Homes for Haringey and the Council can log repairs jobs with a view to ensuring that the majority of repairs are ordered through the Graphical Repairs Ordering (GRO) system – this in effect, will help ensure that repair jobs are more accurately defined; this in turn will have a beneficial effect on service delivery particularly with more jobs being fully completed on the first visit.
- 6.3.10.5 We are carrying out a pilot with estate services staff to enable them to phone in repairs direct to the call centre rather than completion of requisition forms which are then passed to admin for job logging. This will make the process more efficient and accurate.
- 6.3.10.6 We are procuring a new vehicle fleet with improved racking which will enable operatives to carry the correct equipment to improve the rate of jobs completed at the first visit

- 6.3.10.7 We will be adjusting the system rules to enable earlier appointment times to be offered to reduce the average time to complete non urgent repairs
- 6.3.10.8 We have commenced consultation with staff and trade unions to extend working hours for operatives to 8pm Mon – Fri and Sat 8am to 1pm on a shift basis to increase the accessibility of the service for residents thereby increasing customer satisfaction.
- 6.3.10.9 A project has been started to review the end to end process for communal repairs using business process redesign principles. The project will complete in May 09 and improvements identified will be implemented immediately

6.4 Gas

6.4.1 Overall Performance

As at 27th February 2009 the level of properties with a current gas safety certificate had recovered to **99.13%**.

Compliant properties = 15,740
Non compliant properties = 138

See appendix for full breakdown

6.4.2 Gas Contractor Performance

We have two contractors covering the whole of the General Needs and Supported stock divided into 4 Contract areas. Latest performance levels as of the 27th February are as follows:-

Contractor: Kinetics Ltd (formerly T A Horn).

Contract Area 1 (North Tottenham) - 99.62%

Contract Area 4 (Supported Housing) - 100.00%

Contractor: Oakray Ltd.

Contract Areas 2 & 3 (South Tottenham, Wood Green & Hornsey)- 98.86%

Weekly performance meetings are in place and these are chaired by the Director of Repairs. The contractors are generally complying with their obligation to make 3 attempts to gain access before referral to the relevant housing area office. However, detailed monitoring is now being undertaken to improve the timeliness of referrals so that there is sufficient time for the access procedure to take effect before the expiry of the current certificate.

6.4.3 Access Issues

Applications for warrants for forced entry under the Environmental Protections Act continue to be successfully granted by Tottenham Magistrates Court. A total of 143 have been processed to the 1st February. Access has now been gained to almost all of these properties.

As an aid to the execution of the warrants, Homes for Haringey have applied to the Council's Director of Urban Environment to be nominated as 'Duly Authorised Persons'; this will enable Tenancy Management Officers to execute the warrants directly. This independence from Environmental Health staff will enable a more rapid throughput of difficult-to-access cases and greater flexibility of working.

A further measure to ensure gas safety certificates are issued prior to expiry has been instructed to both contractors. They now begin the access process 30 days earlier than has been the case since the inception of the contracts in April '08. This will offer an additional 30 days to Tenancy Management in which to complete the required checks and apply for access through the Courts in sufficient time to gain entry whilst dwelling still comply with the gas regulations. This step is an essential one on the way to achieving 100% gas safety performance.

Gas Performance Report 27/02/2009

TA HORN (N.Tott)	ACTUAL %
Contract Comp.	100.00

TA HORN (S.Hsg)	ACTUAL%
Contract Comp.	100.00

OAKRAY	ACTUAL %
Contract Comp.	99.97

CP12 Comp.	99.62
------------	-------

CP12 Comp.	100.00
------------	--------

CP12 Comp.	98.86
------------	-------

Total Contract Comp.	99.92
Total CP12 Comp.	99.13
CP12 Trend	0.06%↑

Contract Totals

CONTRACTOR	Properties	Compliant	Non Compliant	Compliance %	Referred
*OAKRAY	10904	10780	124	98.86	128
**TAH (NTT TOTT)	3637	3623	14	99.62	14
**TAH (SUPP HSG)	1337	1337	0	100.00	0
TOTAL	15878	15740	138	99.13	142

Area Profile

Areas	Properties Total	Compliant	Area %	0-3mths	3-6mths	6-12mths	12-18mths	18+mths	Total
North Tottenham	3637	3623	99.62	9	1	2	1	1	14
Supported Housing	1337	1337	100.00	0	0	0	0	0	0
Broadwater Farm	766	760	99.22	6	0	0	0	0	6
Hornsey	2673	2641	98.80	26	5	1	0	0	32
South Tottenham	3588	3551	98.97	35	1	1	0	0	37
Wood Green	3877	3828	98.74	39	7	3	0	0	49
TOTAL	15878	15740	99.13	115	14	7	1	1	138

6.5 Feedback

6.5.1 Homes for Haringey (HFH) Feedback Team are the central team that receives and logs all the Company's Complaints and Member Enquiries. They monitor the Company's performance in this area and chase up responses from the teams responsible for investigating and responding to the complaints. They manage the Council's computerised system (RESPOND) ensuring each complaint and Member Enquiry is tracked through to closure. They are also involved in completing complaints at Stage 0 (where we are required to resolve the complaint within 2 working days.) Stage 1 Complaints and Member Enquiries have a target completion time of 10 working days whereas Stage 2 Complaints have a target completion time of 25 working days. Their performance is below.

Feedback Team Performance Target 90%	Oct 08	Nov 08	Dec 08	Jan 09
No. Stage 1 & Member Enquiries logged	221	155	234	185
No Stage 1 & Member Enquiries logged within 2 working days	217	144	215	178
% on target	98	93	92	96

6.5.2 Homes for Haringey Overall Performance Year To Date

Homes for Haringey	% Stage 0 complaints answered within timescale	% Stage 1 Complaints answered within timescale	% Stage 2 Complaints answered within timescale	% Members Enquiries answered within timescale
07/08 Outturn	80	83	83	89
08/09Targets	80	90	85	90
Year to 31/1/09	87	76	67	82

	Target	November			December			January 09		
		Replied	On Time	%	Replied	On Time	%	Replied	On Time	%
% Stage 0 complaints answered within timescales (*)	80	48	42	87.5	47	42	89	26	22	85
% Stage 1 complaints answered within timescales	90	139	77	55.4	196	156	80	124	95	77
% Stage 2 complaints answered within timescales	85	4	1	25	23	9	39	15	7	47
% Members enquiries answered within timescales	90	47	27	57.4	57	47	82	61	54	89

(*) Please Note: Stage 0 complaints are not recognised by Haringey Council so our overall volumes and performance for Stage 1 includes those complaints dealt with at Stage 0. The above chart separates out those complaints dealt with at Stage 0 to show that performance is consistently better than for Stage 1 overall – i.e. putting things right quickly [which the customer wants] also helps our performance as we do not need to investigate or write letters, but simply commit to solving the problem within 48 hours.

6.5.3 Comparing year on year volumes we anticipate that, if the current volumes are sustained, Stage 2 Complaints and Member Enquiries will be similar to those in 2007/08. However, based on the increased volumes year to date, there is likely to be a 25% increase in stage 1 Complaints. This is not entirely unexpected as we continue to carry out patch repairs whilst waiting for Decent Homes programme works - and tenants are expecting renewal or replacement.

6.5.4 Performance dipped in August and September [as analysis shows it did in the previous 2 years] and has taken a long time to recover. This was largely due to delays in responding to complaints and Member Enquiries in repairs (both client and

Contractor) and gas servicing. The bulk of the backlog (pre December 08) has now been now cleared and this again has impacted negatively on January figures (especially Stage 0 which have dropped by 4% and Stage 1 which has dropped by 3 %.) Additionally the contractors for the

Decent Homes work closed down over the Christmas period and this caused delays for Asset Management in responding to some complaints.

- 6.5.5** A large number of resources were diverted during September and October to do urgent window checks. This contributed to the backlog but we are now almost recovered.

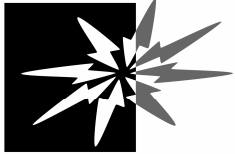
Actions taken to improve performance:

- 6.5.6** Staff and contractors are absolutely clear they must ensure responses to all Member Enquiries and complaints are always sent to the Feedback Team so that performance records are accurate.
- 6.5.7** Managers in Asset Management have reviewed their cover arrangements for the Christmas period and will also put in place tighter deadlines over that period for feedback required from the Decent Homes contractors.
- 6.5.8** The Gas contractors have put in additional cover arrangements including web-mail access for their complaints staff working away from the office. Design and Engineering actively monitor and progress chase to achieve deadlines and progress is reviewed at weekly Gas meetings.
- 6.5.9** Repairs have introduced improved operational methods such as SMS (Short Messaging Service) which they anticipate will improve efficiency and effectiveness and lead to a reduction in complaints. They have put in place new procedures and additional staff to improve performance. Senior Managers within our Repairs service are reviewing performance at regular meetings.
- 6.5.10** The additional resources brought in to assist repairs in clearing the backlog have completed that task.
- 6.5.11** Complaints training has been undertaken by Design and Engineering, and Gas Contractors and more dates have been scheduled focusing on Repairs. We are also rolling out bespoke training for other Service teams and Feedback is part of our corporate induction.
- 6.5.12** We are benchmarking with a London ALMOs group to see if there is anything we can learn from them.
- 6.5.13** We are also meeting with managers across the business to identify some quick solutions as well as exploring longer term proposals. We are aiming to do an options appraisal on feedback handling in the early part of the coming financial year.

Current Position on overdue Complaints and Member Enquiries (as of 23rd February 2009):

Service	Member Enquires	Stage 1	Stage 2	Total
Repairs Client	3	2		5
Repairs Contactor	1	1	2	4
Asset Management				
Design & Engineering [incl. Gas]		1	1	2
Housing Management	1		1	2
Total	5	4	4	13

We will continue to scrutinise our performance weekly in this area, reviewing systems and taking appropriate action where necessary. We will be taking disciplinary action where appropriate against staff who do not deliver.



Haringey Council

**Briefing for Councillor Haley
Cabinet Member for Environment & Conservation
Overview and Scrutiny Achievements and Priorities Briefing
20th April 2009**

Achievements in the last six months

Cleanliness targets have been met

We have met our performance targets on the new NI 195 – which covers litter, detritus, graffiti and flyposting. Haringey Council is externally surveyed by ENCAMS, recording levels of street cleanliness in line with BV199 (now NI195) guidelines. The provisional results from ENCAMS for 2008/2009 are:

		2008-09	Target
NI195a	Litter	10%	12%
NI195b	Detritus	22%	24%
	Combined	16%	

From 1st April 2008 NI195 has replaced BV199. The main difference is that Litter and Detritus are recorded separately. In both the lower the percentage the better the score.

Our new litter picking service has contributed to this performance

Achieving these targets has been helped by changes to the way street cleaning is delivered. This includes the new litter picking service across the whole of Haringey from May 2008. In addition to once weekly street sweeping, zone 2 roads receive an additional twice weekly litter pick and zone 3 road an additional once weekly litter pick. Town Centres and Gateway roads now receive a controlled presence of litter picking, reducing the litter throughout the day. This additional litter picking has reduced levels of litter on the streets and allowed street sweepers to concentrate on removing detritus. In addition we have a Clean Team which carries out work cleaning problem sites, locations identified by Contract Monitoring Officers and rotational work on problematic industrial and other land uses.

Better Haringey and Going Green

We have successfully finalised and launched the Greenest Borough Strategy which is now the key driver of Better Haringey. The Going Green Conference in February attracted over 120 residents and partners and provided an opportunity for engagement, as delegates learnt about projects currently in place and work that will deliver the Greenest Borough Strategy. It was also an opportunity for residents to discuss their priorities for the coming 12 months.

Better Haringey has led the council-wide Green Champions project. This promotes environmental considerations in the workplace. Currently there are 60 champions who are focussing on four main themes of Transport, Recycling, Energy and Waste.

The Better Haringey outdoor campaign will now have a greener theme and has begun with energy efficiency. Over the year the campaign will cover sustainable food, recycling, transport, climate change, waste and water.

New Contracts on Highways and Streetlighting

We have carried out a thorough evaluation of the tenders for the new highways and street lighting contract and this will be reported to Procurement Cabinet on 28 April 2009. There has been a good response, with 5 contractors tendering for highways and 7 for street lighting.

The terms of the new contract are significantly different to the existing contracts. New features include:

- Performance indicators based on quality of workmanship, safety, consideration to the public, delivery within time requirements, innovation and sustainability
- Contractor required to develop a Sustainability Action Plan
- Required to register under the Considerate Constructor Scheme
- Corporate Livery to enhance partnership working
- Quality Plans submitted become part of the contract

The value of the contract is in the region of £10m per year: £8m for highways and £2m for street lighting. It covers reactive maintenance, planned maintenance and transport schemes. There are two separate lots, one for highways and one for street lighting. The length of the contract is 4 years starting 1 July 2009 with the option of four annual extensions.

New Nuisance Vehicles contract agreed

We have also agreed a new Nuisance Vehicle contract which will start on 1 June 2009. This contract brings together clamping and removal, untaxed vehicle enforcement, abandoned vehicles and the operation of the Councils Smartcars. The contract gives the Service a new and flexible approach to enable the contractor to deal with all types of nuisance vehicles on street to improve the environment and to keep traffic flowing. This contract will provide efficiencies in service provision and deliver savings.

Highways Works Plan delivered and agreed for 2009/10

We have delivered the Highways Works Plan for 2008/9, an investment of almost £11m in Haringey's roads, pavements and bridges. We have also agreed the Highways Works Plan for 2009/2010.

Tottenham High Road improvements

One of the most significant highway improvements was the £1.9m investment in the Tottenham High Road refurbishment. This has been well received by residents and traders and nominated for a Transport Times award for public realm improvement.

Crouch End CPZ completed with positive feedback

Another major achievement has been the completion of the Crouch End CPZ. Through a thorough consultation exercise and ongoing dialogue with local members and residents, a range of parking controls were introduced and came into force in March 2009. The department has received several compliments from local residents within the new zones.

Improving lines and signs

We have carried out extensive work on to ensure that our existing parking controls meet all the relevant legal requirements. This has covered taxi ranks, yellow box junctions, the Seven Sisters and Finsbury Park CPZ areas and work is continuing in the Tottenham Hale CPZ and other areas in 2009.

Pothole Blitz an ongoing success

In response to Road to Improvement consultation, we introduced the pothole hotline in April last year and provided dedicated funding to address potholes in the borough. This has been very successful with over 2700 defects being repaired.

Priorities for the next six months

A new Public Transport Forum

A new forum for the discussion and consultation on transport issues will be set up from May. This will be open to the public and interested organisations. It will provide a forum for discussion with all organisations responsible for the delivery of highway and transport services in Haringey on key issues of concern on public transport and traffic in the borough.

Recycling – action to meet our stretch target of 32%

A challenge as we go into the next financial year is meeting our recycling target. In 2008/9 we achieved 25%, against a target of 28%. This was due to a reduced tonnage of recycled materials apportioned to Haringey by the North London Waste Authority (NLWA), and changes to the methodology for calculating the household/non-household waste split.

The target for 2009/10 is 32%. This is a Local Area Agreement (LAA) stretch target. A Recycling Action Plan is making sure that we deliver this target. Key actions include:

- Ensure the same high standard of recycling service across the borough, including:
 - Provision of the full mixed material recycling service (including plastic bottles and cardboard, as well as food and garden waste collections) to final 4000 kerbside properties remaining on the original kerbside service.
 - Provision of the mixed material recycling service to remaining private blocks of flats (all Council-managed estates were provided with services in 2008/09).
 - Provision of the mixed material recycling service to flats above shops.
 - Provision of food waste collections to 10 schools (all schools were provided with the mixed material recycling service in 2008/09).
- Participation drive to increase participation in recycling services and the amount recycled, and ensure value for money is achieved from the services provided.
- Deliver awareness raising campaigns to reduce waste, increase composting and reduce contamination.
- Improve the range and amount of materials recycled or reused through the Reuse & Recycling Centres.
- Promote and develop local re-use and waste reduction schemes.
- Introduce on-street recycling bins for public places and review the network of bring banks
- Engaging with local businesses by establishing an environmental information scheme.

Tougher action on dumping

Cleanliness has improved but dumping remains an issue. We are good at picking up reported dumps and at issuing FPNs on dumping, but recognise that we need a more sophisticated approach to the problem of dumping and to address it on a number of fronts. Our action plan includes for example: working with traders to improve collection and putting up more signs about timed collections; working with ENCAMS to do a detailed survey of individual households in a small area to find out what influences dumping behaviour and what we can do to change it; working with private landlords on waste management issues.

Developing the new Waste Management Contract

Now that we have delivered the new Highways and Streetlighting contract, we are focussed on procuring a new Integrated Waste Management contract. This will cover Waste Management, Recycling and Street Cleansing. The existing waste management contract with Enterprise, due to end in December 2009, will be extended to April 2011 to allow time for procurement.

Key aims for this new contract are:

- To deliver first class waste management services, which will demonstrate continuous improvement throughout the contract period and meet London top quartile and or CAA upper threshold performance targets.
- To deliver Value for Money Waste Management Services with the ability for ongoing efficiency improvements year on year.
- To deliver savings in the range £0.8 to £1.2m/year.
- To deliver sustainable waste management services reducing the Council's carbon footprint aiming for a carbon neutral service (using offsetting measures) thereby, demonstrating that the Council is leading by example.

Delivering our Highways Investment

A key priority will be delivering the additional £2m investment in roads and street lighting. There will be £2m of pavement improvements and £800,000 for resurfacing borough roads, which will make a big difference to the condition of some roads and footpaths. In addition to £2m for new street lighting on public roads we will also be delivering a big street lighting programme for Homes for Haringey which will make an impact throughout the borough.

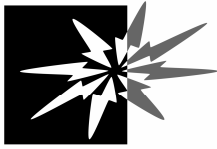
Developing the Highways Asset Management

We have been awarded £50,000 in funding from the DfT for developing our Highways Asset Management Plan. Some of this might be for condition assessment and some for completing our inventory. This will put us in a better position for planning for 2010/11 and beyond.

Better Haringey Green Fair 12 and 13 June 2009

Better Haringey will hold the 2009 Green Fair on Ducketts Common on Friday and Saturday 12 and 13 June. Over 360 children will take part in the schools day with up to 4000 expected for the public day which will be the biggest and greenest yet. It is Better Haringey's flagship event and one of the only opportunities to attract new found interest in the environmental agenda. This year the fair is being organised in partnership with the community.

We will also be focussing on delivery of some of the key projects in the Greenest Borough Strategy with our partners through the Better Places partnership.



Haringey Council

Agenda item:

[No.]

OVERVIEW AND SCRUTINY COMMITTEE MEETING ON 20 April 2009

Report Title. ANIMAL WELFARE IN HARINGEY

Report of Councillor Ray Dodds – Chair of the Scrutiny Review Panel.

Contact Officer : Sharon Miller – Principal Scrutiny Support Officer 0208 489-2928

Wards(s) affected: All

Report for: Non Key Decision

1. Purpose of the report (That is, the decision required)

To present to the Overview and Scrutiny Committee the final report and recommendations of the Scrutiny Review into Animal Welfare in Haringey.

2. Introduction by Cabinet Member (if necessary)

2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

The work of this Scrutiny Review links closely to the **Safer for All** (Community Safety) Strategy where safety and environmental cleanliness are a priority.

4. Recommendations

That the Overview and Scrutiny Committee agrees the recommendations of the report.

5. Summary

5.1 The Overview and Scrutiny Committee agreed its work programme based upon submissions made to it for consideration.

5.2 As part of its submission, the Committee took account of the Councils priorities in

particular the Safer Haringey Strategy 2008-2011, agreed with the Safer Communities Partnership. The welfare of animals is a complex area involving a number of issues including anti social behaviour and responsible pet ownership. The Committee selected this topic as an area for investigation to ensure a degree of good practice in Haringey.

5.3 Local authorities play a major role in safeguarding the welfare of animals. Not only are they responsible for enforcing major pieces of animal welfare legislation but they also have wide-ranging discretionary powers.

5.4 The report sets out the findings of the Panel.

6. Chief Financial Officer Comments

6.1 Funding is available for a dog warden post, but the post is currently vacant.

6.2 Any recommendations arising from the Scrutiny Review of Animal Welfare in Haringey involving additional resources, e.g. the appointment of a Dog Warden officer, need to be clearly identified for consideration as part of the Council's revenue budget process.

7. Head of Legal Services Comments

7.1 Any legal implications arising from the recommendations contained in the Scrutiny Review of Animal Welfare in Haringey need to be clearly identified as part of the Cabinet response to the recommendations.

8. Equalities & Community Cohesion Comments

8.1 These are considered throughout the report

9. Use of appendices /Tables and photographs

9.1 Please see the report.

10. Local Government (Access to Information) Act 1985

10.1 Overview and Scrutiny Committee Work Programme 2009/2010
Safer Haringey – Safer for All Strategy 2008-2011
Animal Welfare Act 2006
RSPCA Reports
Cleaner Environment Act 2005
Metropolitan Police Authority Strategic & Operational Policing
Committee Report January 2009

11. Background

11.1. Britain is a nation of animal lovers; the legislation around animal welfare would seem to back this up. England was one of the first countries in the world to introduce animal welfare legislation, way back in 1822. Two years later, the Society for the Prevention of Cruelty to Animals was established to enforce the new legislation. It was subsequently upgraded to a Royal Society (the RSPCA) in 1840.

11.2 But behind the well meaning legislation hides a more uncertain reality. Deliberate cruelty towards both wildlife and companion animals is still rife. Animal welfare can be compromised as a result of ignorance and deliberate cruelty. The RSPCA received 1.2 million cruelty complaints in 2006, of which 122,000 resulted in full investigations – up 16% from 105,000 in 2003.

11.3 Approximately three and a half million London households own a pet; however animal welfare in London not only concerns the capital's companion animals, but also the welfare aspects surrounding London's diverse and precious wildlife. Many of London's pets have not been microchipped or neutered. This can result in unwanted animals being dumped on the streets and unmarked pets not being returned to owners.

11.4 The Mayor's Animal Welfare Framework

11.5 In 2004 the Mayor of London provided the first ever regional framework for animal welfare in England. The framework is about duties and obligations towards the welfare of animals in London and beyond. It shows how the Greater London Authority will play a significant role in responding to the changing nature of animal welfare.

11.6 The Animal Welfare Act

11.7 The Animal Welfare Act 2006, which came into force in England in April 2007, is the most significant piece of animal welfare legislation for nearly a century. The aim of this legislation is to reduce animal suffering by enabling preventative action to be taken before suffering occurs, rather than the previous system which only enabled action to be taken after the event.

12 Current position in Haringey

Urban Enforcement Directorate provides a stray dog collection and detention service. The Council is currently recruiting a dedicated officer to discharge its statutory duties for the management of stray dogs. The contact number for officers are publicised on the council website and at local police stations. The council currently operates a collection service during office hours and an acceptance point out of hours (at night and during the weekends).

12.2 Stray dogs are housed in kennels at Ashley Road, Tottenham for a period of up to 7 days before being transferred to Battersea Dogs Home (this may be earlier if the dog is distressed). Dogs are fed and watered whilst in the care of officers and are exercised accordingly. Veterinary services are provided by a local provider.

12.3 At the time of writing this report, the Council did not have a Dog Warden Officer in post and recruitment is in progress for this appointment. Interim arrangements are currently in place on a rota basis between volunteers to cover their duties. The appointment of a Dog Warden is necessary to curb the behaviour, particularly of those dog owners who allow their dogs to stray, foul public places, be the cause of traffic accidents; worry livestock, damage property and, at the worst extreme, attack people

12.4 Community Animal Welfare Footprints [CAWF]

12.5 Community Animal Welfare Footprints is a voluntary scheme developed by the RSPCA to celebrate local authorities that have tried a different approach to improving animal welfare. This may be related to the services covered by the footprints or could be in a different area.

Community Animal Footprints

- Stray Dogs Footprints
- Housing Footprints
- Contingency Planning Footprints
- Animal Welfare Principles Footprints

12.6 There are three awards for different sections of local government. Local Authorities that meet the requirements of an individual footprint will receive a certificate commemorating their achievements.

12.7 The four elements of the footprints could provide the Urban Environment Directorate with the framework for developing an Animal Welfare Policy for Haringey. The Scrutiny Review focused on these areas to establish a level of good practice.

12.8 The aim of the scrutiny is to carry out an evaluation of the Council's policy and delivery of animal welfare and controlled legislation. The Review focused on the four elements of the Community Animal Welfare Footprints [CAWF].

SCRUTINY REVIEW – ANIMAL WELFARE IN HARINGEY		
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SCRUTINY REVIEW – ANIMAL WELFARE IN HARINGEY

Executive summary and Recommendations

- 1.0 Britain is a nation of animal lovers, and the amount of legislation around animal welfare would seem to back this up. However, deliberate cruelty towards both wildlife and companion animals are still rife. Animal welfare can be compromised as a result of ignorance and deliberate cruelty.
- 1.1 As part of its submission, the Committee took account of the Council's Safer Haringey Strategy 2008-2011 agreed with the Safer Communities Partnership. The welfare of animals is a high profile and emotive issue and the Panel selected this topic as an area for investigation.
- 1.2 Approximately three and a half million London households own a pet. Animal welfare in London not only concerns the capital's companion animals, but also the welfare aspects surrounding London's diverse and precious wildlife.
- 1.3 The Animal Welfare Act**
- 1.4 The Animal Welfare Act 2006, which came into force in England in April 2007, is the most significant piece of animal welfare legislation for nearly a century.
- 1.5 The Act aims to improve animal welfare generally by imposing a duty of care on those responsible for looking after animals to do all that is reasonable to ensure their welfare, ensuring that the welfare needs of their animals are met. The vast majority of pet owners take proper care of their animals but there are some, whilst not being deliberately cruel to their animals, nevertheless, fail to meet their animals' basic welfare needs..
- 1.6 The report covers the four elements of the Community Animal Welfare Footprints [CAWF] promoted by the RSPCA. A gap analysis was produced by the Department for the review; this examined the Council's position in relation to each of the RSPCA Community Animal Welfare Footprints. This full gap analysis is contained in appendix B.
- 1.7 RSPCA and local authorities working together**
- 1.8 At a local level, the RSPCA inspectors and regional staff are encouraged to develop good working relationships with animal welfare officers and dog wardens. Local government officers within the organisation works with national organisations and local authorities to ensure animal welfare is a priority.

1.9 Increasingly, people want and expect their local authority to have a responsible attitude towards the care of animals.

1.10 Many authorities are discovering the benefits of using animal welfare as a way of engaging with their local communities. Joint schemes with residents groups and animal welfare charities and animal friendly policies can improve and benefit local neighbourhoods.

1.11 Community Animal Welfare Footprints [CAWF]

1.12 Community Animal Welfare Footprints is a voluntary scheme developed by the RSPCA to celebrate local authorities that have tried a different approach to improving animal welfare. Additional written and oral responses were received from officers of the Council, local partner agencies and other local authorities.

1.13 Current position in Haringey

1.14 Haringey Enforcement Service provides a stray dog collection and detention service. The Council is currently recruiting a dedicated officer to discharge its statutory duties for the management of stray dogs.

1.15 Dog related incidents are the highest profile of any animal associated issue that local authorities generally deal with. Whether it is problems with anti-social behaviour, barking, fighting, or stray dogs, all the issues are linked in some way.

1.16 Under the Environmental Protection Act 1990, Local Authorities are required to appoint an officer to seize stray dogs in public places and on private land subject to the occupiers consent. The Local Authority then becomes responsible for the dogs welfare until claimed or for a total of seven days, after which the dog becomes the property of the Council and is then rehomed.

1.17 Dog Warden

1.18 The post of Dog Warden is necessary to curb the behaviour, particularly of those dog owners who allow their dogs to stray, foul public places, be the cause of traffic accidents; worry livestock, damage property and, at the worst extreme, attack people.

1.19 The Dog Warden post in Haringey is currently vacant and the Panel recommends that the post should be filled as a matter of urgency.

1.20 Links between cruelty to animals & child abuse

1.21 Recent statistics are showing that links between animal abuse and domestic violence exist.

1.22 The Panel discussed the issue of cruelty to animals and child abuse with the representative of Homes for Haringey and learned that there were no mechanisms or procedures in place for reporting or linking animal welfare issues with Social Services nor Children and Young People Services.

1.23 Animal welfare professionals can be a valuable source of information regarding families and vital information should be shared.

1.24 A Corporate Animal Welfare Strategy for Haringey

1.25 The Panel found that whilst there are various animal related initiatives across the borough, there is a lack of co-ordination and acknowledged that there is a need to pull all these together to develop a corporate approach to ensure an effective Animal Welfare Service. The Review Panel recommends that a Corporate Animal Welfare Strategy should be developed.

1.26 A Corporate Animal Welfare Strategy would pull together all current activities ensuring agreed priorities and objectives and effective integration of work in this area. Resources would need to be allocated in a more systematic way and evaluation of initiatives would assist these to be more effective. It would also be easier to co-ordinate the efforts of the various organisations, including the third sector and form part of the Council's response to this key issue.

1.27 The Panel believes that a strategy for animal welfare is essential as an overarching strategic framework cutting across a range of departments and the statutory and voluntary sector in Haringey.

1.28 CONCLUSION

1.29 The continued efficiency of the Service is dependent on the recruitment of a Dog Warden in order to provide not only specialist skills and knowledge but also some core services.

1.30 There was also a concern expressed to the Panel in some of the discussions, that there are many animal welfare initiatives in the Haringey, that not all the services are carried out in a single Department. However a Corporate Animal Welfare Strategy should pull together all the various strands and joint schemes with the RSPCA and other local charities such as the Wood Green Animal Shelter would achieve better value for money in the Council's drive towards efficiency savings. This will help to promote sustainable change and avoid duplication of work.

2.0 RECOMMENDATIONS

Stray Dogs Footprints - Recommendations

1. The Panel recommend that the Council adopt the Community Animal Welfare Footprints scheme to measure its performance in animal welfare and sets the Bronze award as a minimum local target for 2009/2010. Once achieved, the Service should carry out an assessment into the feasibility of achieving Gold Standard.
2. The panel recommends that the appointment of a Dog Warden should be a priority for the Service and that other strategic roles around animal are carried out as part of the duties of other posts.
3. The Panel recommends that the Urban Environment Directorate explore the idea of encouraging voluntary micro chipping or tattoo for all cats and dogs.
4. The Panel recommends the Urban Environment Directorate should look into whether or not there are any illegal dog breeding activities in the Borough and to take appropriate action against any individuals found to be breaking the law.

Housing Footprints - Recommendations

5. The Panel recommends that the Urban Environment Directorate carry out an assessment with Community and Strategic Housing for a commitment from Homes for Haringey for developing a Service Level Agreement with Community and Strategic Housing Services; and Registered Social Landlords to ensure an effective animal welfare service across the borough.
6. The Panel recommends that the Urban Environment Directorate encourage Homes for Haringey to participate in educational initiatives to ensure that tenants and leaseholders are aware of issues relating to animal welfare and responsible pet ownership.

Contingency Planning - Recommendations

7. The Panel recommends that the Emergency Planning Officer work with Homes for Haringey and Registered Social Landlords to agree emergency contingency procedures to ensure a managed response for the evacuation of pets in the event of a local emergency.

Animal Welfare Principles Footprint – Promoting Education & Awareness – Recommendations

8. The Panel recommends the Urban Environment Directorate, as part of the Corporate Animal Welfare Strategy, ensure that the Animal Welfare Education Program pull together existing resources and support from local organisations such as Wood Green Animal Shelter and the RSPCA to ensure a proactive, co-ordinated education approach.

The Link between Domestic Violence, Child Abuse and Animal Welfare

- 9 The Urban Environment Directorate consult with Homes for Haringey, Registered Social Landlords, Children and Young People Services and Adult Social Services; the RSPCA; Battersea Cats and Dogs Home and Wood Green Animal Shelter to devise appropriate procedures to enable the sharing of information when animal welfare issues, child abuse or domestic violence are brought to their attention. These bodies should be alert to animal abuse as a possible indicator for domestic violence and child abuse.

A Corporate Animal Welfare Strategy

- 10 The Panel recommends that the Urban Environment Services produce an Animal Welfare Charter/Policy for Haringey that this should include animals on allotments.

Zippos Circus

- 11 The Panel recommends that consideration be given to amending the current policy prohibiting the use of performing animals at organised events on Council land in order to allow animal circuses using domestic animals to be held on the Council's open spaces.
12. The Panel recommends that procedures be put in place for the registration and inspection of any circuses under the relevant legislation as part of the event application process.

SCRUTINY REVIEW ANIMAL WELFARE IN HARINGEY

1.0 Introduction and Background

- 1.1 Britain is a nation of animal lovers; the legislation around animal welfare would seem to back this up. England was one of the first countries in the world to introduce animal welfare legislation, way back in 1822. Two years later, the Society for the Prevention of Cruelty to Animals was established to enforce the new legislation. It was subsequently upgraded to a Royal Society (the RSPCA) in 1840.
- 1.2 There have been dozens of pieces of animal welfare legislation in the 170 years since then. One of the most recent and wide-ranging was the Animal Welfare Act 2006, which came into effect in April 2007.
- 1.3 But behind the well meaning legislation hides a more uncertain reality. Deliberate cruelty towards both wildlife and companion animals is still rife. Animal welfare can be compromised as a result of ignorance and deliberate cruelty. The RSPCA received 1.2 million cruelty complaints in 2006, of which 122,000 resulted in full investigations – up 16% from 105,000 in 2003.
- 1.4 Many of London's pets have not been microchipped or neutered. This can result in unwanted animals being dumped on the streets and unmarked pets not being returned to owners.
- 1.5 Approximately three and a half million London households own a pet; however animal welfare in London not only concerns the capital's companion animals, but also the welfare aspects surrounding London's diverse and precious wildlife.

1.6 The Mayor's Animal Welfare Framework

- 1.7 In 2004 the Mayor of London provided the first ever regional framework for animal welfare in England. The framework is about duties and obligations towards the welfare of animals in London and beyond. It shows how the Greater London Authority will play a significant role in responding to the changing nature of animal welfare.

1.8 The Animal Welfare Act

- 1.9 The Animal Welfare Act 2006, which came into force in England in April 2007. The aim of this legislation is to reduce animal suffering by enabling preventative action to be taken before suffering occurs, rather than the previous system which only enabled action to be taken after the event. Local authorities are required to have regard to the Act.

1.10 The Act aims to improve animal welfare generally by imposing a duty of care on those responsible for looking after animals to do all that is reasonable to ensure their welfare.

1.11 What is the Duty of Care?

1.12 The Act places a duty on people who are responsible for animals to ensure that the welfare needs of their animals are met. The vast majority of pet owners take proper care of their animals but there are some, whilst not being deliberately cruel to their animals, nevertheless, fail to meet their animals' basic welfare needs. This duty of care does not mean that it will be an offence to fail to take the dog for a walk one day, but if it is kept in a cage in a house and never taken for a walk, that would be failing to meet the welfare needs of the dog. The duty of care also means that people will need to ensure that their animals are given an adequate and appropriate diet.

1.13 People responsible for the care of an animal must provide for its basic needs. These needs include:

- To provide a suitable environment (where it lives)
- To provide a suitable diet (what it eats and drinks)
- To ensure the animal is able to behave normally
- To house it either with or apart from other animals, (whatever is best for that particular animal)
- To protect it from pain, suffering, injury and disease. (It is the first time that such requirements have been introduced for non farmed animals).

1.14 The Act has also raised the age limit at which you can buy a pet, from 12 years old to 16 years, and you can only win a pet as a prize if you are at least 16 years old.

1.15 Penalties

1.16 The Act has updated and clarified the definition of offences such as causing unnecessary suffering to an animal, or organising an animal fight. It has introduced considerably stronger penalties for persistent offenders and has eliminated most of the loopholes of the previous system. Offenders can be banned from owning animals; fined up to £20,000; and sent to prison for a maximum of 51 weeks.

1.17 Whilst there are new powers available to local authorities inspectors in the Act in relation to animal welfare, it is at the discretion of a local authority to decide whether to use these powers and resource a non statutory function for animal welfare.

1.18 RSPCA and local authorities working together

- 1.19 There is enormous scope for the RSPCA and local authorities to work more closely together. At a local level, the RSPCA inspectors and regional staff are encouraged to develop good working relationships with Dog Wardens. Local government officers within the organisation works with national organisations and local authorities to ensure animal welfare is a priority.
- 1.20 Increasingly, people want and expect their local authority to have a responsible attitude towards the care of animals.
- 1.21 Many authorities are discovering the benefits of using animal welfare as a way of engaging with their local communities. Joint schemes with residents groups and animal welfare charities and animal friendly policies can improve and benefit local neighbourhoods.

1.22 Community Animal Welfare Footprints [CAWF]

- 1.23 Community Animal Welfare Footprints is a voluntary scheme [see 2.10] developed by the RSPCA to celebrate local authorities that have tried a different approach to improving animal welfare. This may be related to the services covered by the footprints or could be in a different area.
- 1.24 There are three awards for different sections of local government. Local Authorities that meet the requirements of an individual footprint will receive a certificate commemorating their achievements.
- 1.25 The four elements of the footprints could provide the Department with the framework for developing an Animal Welfare Policy for Haringey. The Scrutiny Review focused on these areas to establish a level of good practice.

2.0 THE SCRUTINY REVIEW & METHOD OF INVESTIGATION

- 2.1 The Overview and Scrutiny Committee agreed its work programme based upon submissions made to it for consideration.
- 2.2 As part of its submission, the Committee took account of the Council's Safer Haringey Strategy 2008-2011 agreed with the Safer Communities Partnership. The welfare of animals is a high profile and emotive issue and the Panel selected this topic as an area for investigation.
- 2.3 A panel of cross-party Councillors was formed to carry out the investigation. The Panel received and discussed papers from officers detailing the background to the subject and relevant legislation, policies and implementation. The Panel also received presentations and evidence from a range of agencies who were also questioned by the panel. Additional written and oral responses were received from officers of the Council, local partner agencies and other local authorities.
- 2.4 The report will cover the four elements of the Community Animal Welfare Footprints (see 2.10). A gap analysis was produced by the Department for the review; this examined the Council's position in relation to each of the RSPCA Community Animal Welfare Footprints. This gap analysis is contained in Appendix B.
- 2.5 Evidence was collected by meeting with officers within the Council, stakeholder organisations including Wood Green Animal Shelter and the RSPCA.
- 2.6 The membership of the Panel and those individuals and organisations presenting information for the Review are shown at Appendix A.

2.7 Aim of the Review

- 2.8 The aim of the scrutiny is to carry out an evaluation of the Council's policy and delivery of animal welfare and controlled legislation. The Review focused on the four elements of the Community Animal Welfare Footprints [CAWF].
- 2.9 Meetings were organised with interested parties to share thoughts and ideas and to seek their views especially regarding the importance of animal welfare and in particular responsible pet ownership. We began by inviting the Head of Enforcement to outline the current position in Haringey.

2.10 The terms of reference and aims of the review were:

- To carry out a complete review of the Council's policy and delivery of animal welfare and controlled legislation.
- To consider the four elements of the Community Animal Welfare Footprints [CAWF] as follows:

Stray Dogs Footprints

Covers policies that ensure stray dog welfare during the collection and kennelling processes, proactive work to educate owners, and preventative measures to reduce straying and long-term strays.

Housing Footprints

Includes the provision of a positive and clear policy on pet ownership and proactive work to educate the public about animal welfare related issues.

Contingency Planning Footprint

Covers policies, procedures and exercises within contingency plans that deal with companion animals, both domestic and commercially owned, as well as advice for preparedness.

Animal Welfare Principles Footprint:

This is concerned with policies that improve and promote animal welfare through a clear animal welfare charter and the use of tools, i.e. the council website to promote issues and educate.

2.11 Value for money

2.12 Scrutiny can collate a breadth of data which can aid a more informed decision-making process for the Cabinet and senior officers in the development of a Council wide policy on Animal Welfare. Additionally, the panel felt that there was scope for the Service to share resources by exploring the potential for working with neighbouring authorities e.g. Enfield and Hackney to share resources such as the use of local vets and kennelling facilities for Stray Dog Service.

2.13 Dog Related Issues

2.14 Dog related issues are the most important topic in animal welfare discussions and debate as dog attacks are a serious public health problem that inflicts considerable physical and emotional damage on victims. Attacks can be tolerated as a job-related hazard for utility or postal workers, but for many communities the problem may be more far reaching. Following a severe attack, there is usually an outcry to do something. That something should not be a knee-jerk reaction but a well planned proactive community approach which can make a substantial difference.

2.15 Current position in Haringey

- 2.16 Haringey Enforcement Service provides a stray dog collection and detention service. The Council is currently recruiting a dedicated officer to discharge its statutory duties for the management of stray dogs. The contact number for officers are publicised on the council website and at local police stations. The council currently operates a collection service during office hours and an acceptance point out of hours (at night and during the weekends).
- 2.17 Stray dogs are housed in kennels at Ashley Road, Tottenham for a period of up to 7 days before being transferred to Battersea Dogs Home (this may be earlier if the dog is distressed). The panel found that in Haringey dogs are not usually kept in kennels for very long and every effort is made to ensure they are properly cared for.
- 2.18 Local authorities play a major role in safeguarding the welfare of animals. Not only are they responsible for enforcing major pieces of animal welfare legislation but they also have wide-ranging discretionary powers.

2.19 Animal-related Licences

- 2.20 There are four types of animal-related licences which the Enforcement Service administers:
1. Pet shop
 2. Animal boarding establishments
 3. Dog breeding
 4. Exotic, dangerous or wild animals
- 2.21 Licences may also be required for the movement of animals which are obtained from the Department for Environment Farms and Rural Affairs [DEFRA].
- 2.22 There are currently five licensed pet shops in the borough. There are no licensees of the other types of licences.
- 2.23 All of the conditions for these licences need to be reviewed in light of the Animal Welfare Act, 2006.

2.24 Pet shop licences:

- 2.25 The keeping and running of a pet shop is controlled by the Pet Animals Act 1951. No person may keep a pet shop unless they have first obtained a licence from the council. There are fees attached to pet shop licences.
- 2.26 Licensees must adhere to a set of conditions and the council will inspect shops to ensure this.

2.27 Animal boarding establishments:

2.28 The keeping and running of animal boarding establishments (catteries and kennels) is controlled by the Animal Boarding Establishments Act 1963. No person may keep a boarding establishment for animals without first obtaining a licence from the council. There are fees attached to animal boarding licences.

2.29 Licensees must adhere to a set of conditions and the council will inspect the establishment to ensure this.

2.30 Other pets- Exotic, dangerous or wild animals:

2.31 The keeping of certain species of wild animals is controlled by the *Dangerous Wild Animals Act 1976*. No person may keep any dangerous wild animal without first obtaining a licence from the council. The animals for which a licence is required before they may be kept are listed in the *Dangerous Wild Animals Act 1976 (Modification) Order 1984*. There are fees attached to this licence.



2.32 The council must ensure that the applicant meets certain conditions before granting a licence and they may carry out inspections of properties to ensure these conditions will be met. The applicant must not have been convicted under the *Dangerous Wild Animals Act 1976*.

2.33 Importing endangered species

2.34 Many pet-keepers in the UK assume that any animal on sale is captive-bred and that all wild animals are protected by international regulations to limit their capture and sale. Both of these assumptions are untrue.

- 2.35 A diverse range of species continues to be on sale to hobbyists and the pet-keeping public through many avenues including pet shops, commercial breeders and the internet. Reptiles cause a particular problem. Despite improvements in experienced keepers' knowledge of the needs of many species now in captivity in the UK, and the ability of commercial breeders to supply some species from captive-bred animals, 100,000 "protected" wild reptiles were removed from the wild last year – and who knows how many "unprotected" species – to supply the demands of the pet trade in the EU, including the UK.
- 2.36 The picture is not so bleak for birds. Since the introduction of EU legislation in October 2005 that stopped the importation of live birds taken from the wild into all EU member states – following the avian flu outbreak – the trade into the UK has stopped, says Ros Clubb, a scientist in the wildlife department of the RSPCA. "But we do need to keep an eye out for what is happening underground," she says. "We have heard, for instance, that wild birds are still being sold because people are being told they are captive-bred when they are not." The downside of the decrease in bird trade is that it may account for the increase in the reptile trade, which almost doubled from 2005 to 2006.

2.37 Dog breeding licences

- 2.38 A breeding establishment means any premises where more than two bitches are kept for the purposes of breeding for sale. These establishments are controlled by the *Breeding of Dogs Act 1973*. No person may keep a breeding establishment without first obtaining a licence from the council. There are fees attached to dog breeding licences.
- 2.39 Licensees must adhere to a set of conditions and the council will inspect the establishment to ensure this.

3.0 STRAY DOGS FOOTPRINTS

This element of the CAWF covers policies that ensure stray dog welfare during the collection and kennelling processes, proactive work to educate owners, and preventative measures to reduce straying and long-term strays.

“We will continue to improve the cleanliness of the borough and deliver a programme of work addressing environmental crime” – Safer Haringey – Safer for All Strategy 2008/2011.

3.1 The Gap analysis

3.2 The gap analysis below highlights areas where the Service could make improvements to achieve a Bronze Award. The ‘no’ answers reveal the gaps that exist between the RSPCA Community Animal Welfare Footprint standards and the Council’s performance. The ‘no’ responses indicate the areas/standards which fail to meet a CAWF requirement; that these areas need to be developed, modified or improved. This tool will also assist the department in formulating remedial actions for ensuring that the Council achieve the minimum [bronze] standards for Haringey stray dogs service.

RSPCA Stray Dogs Footprint Analysis - The position and gaps in Haringey as at March 2008

BRONZE	
Requirement	Where we are now
Do you have a procedure in place to treat injured and sick stray dogs efficiently and humanely, including those found by the public?	Yes- We do not have contracted vets but use Goddard's Veterinary Practice regularly. However, we do not have a written protocol with them.
Is there a written procedural policy to scan (and check for other identification) all stray dogs collected or received by the local authority?	Yes.
Do you scan and check dead dogs for microchips and other forms of identification?	Yes. We need to liaise with waste management to ensure this takes place.
Do you, or your contractor's, stray-dog kennels and out-of-hours reception centre have facilities, protocols and procedures that ensure the five animal welfare needs defined under section 9 of the Animal Welfare Act 2006 are met?	Yes

Does your out-of-hours kennels/reception centre have staff on the premises at all times?	No
Is information provided to owners reclaiming strays on how to prevent the animal straying again?	No
Are records kept, and regularly updated, of all strays received and how they were disposed of, including those reclaimed, rehomed, euthanased on health and medical grounds, or euthanased after the seven day period?	Yes
SILVER	
Requirement	Where we are now
Is there active promotion through the council's website and leaflets of micro chipping and/or other methods of permanent identification, as well as neutering and the duty of care under section 9 of the Animal Welfare Act 2006?	No- we have provided information about micro chipping at dog events and on our website but do not provide information about neutering.
GOLD	
Requirement	Where we are now
Are all stray dogs micro chipped or otherwise permanently identified as part of the process of being returned to their owners or rehomed?	No- although this is an option for the future.
Is there regular proactive work to encourage responsible pet ownership, other than those activities mentioned above?	No- although we have attended two recent dog events encouraging responsible dog ownership.

- 3.3 Dog related incidents are the highest profile of any animal associated issue that local authorities generally deal with. Whether it is problems with anti-social behaviour, barking, fighting, or stray dogs, all the issues are linked in some way.
- 3.4 Under the Environmental Protection Act 1990, Local Authorities are required to appoint an officer to seize stray dogs in public places and on private land subject to the occupiers consent. The Local Authority then becomes responsible for the dogs welfare until claimed or for a total of seven days, after which the dog becomes the property of the Council and is then rehomed.
- 3.5 Local Authorities need to ensure that there are appropriate arrangements for receiving and dealing with stray dogs found or reported out of usual hours. These arrangements had been facilitated by working with the police. Under current legislation whilst the police continue to have responsibility for dealing with dangerous dogs, there could be considerable issues with dogs roaming wild at weekends and evenings, creating potential hazards to the public.
- 3.6 There will be crime and disorder implications should the council fail to deal with stray dogs effectively as dogs quite often create a nuisance to the public through noise and their general presence. Members of the public regularly complain about stray dogs and in particular the fear that they cause to children, the elderly and disabled individuals when they are roaming loose unattended by their owners.

- 3.7 The Panel considered Haringey's stray dog collection service and learned that it was a statutory responsibility and is provided by the council's Enforcement Crime Service. A Dog fouling service is provided by Environmental Crime Service and whilst on its own does not represent a welfare service; it is part of the council's promotion/enforcement of responsible pet ownership programme.
- 3.8 From April 2008 Local Authorities became fully responsible for stray dogs, including the provision of an out of hours reception point. This was previously shared with the Metropolitan Police Service.
- 3.9 Section 149 of the Environmental Protection Act gives authorised council officers the power to seize and detain any dog it believes to be a stray. If the dog is not collected by the owner within seven days, ownership transfers to the local authority, which may then re-home, sell, or humanly destroy it. The owner is liable to pay for all expenses incurred during the dog's detention.

3.10 The RSPCA

- 3.11 The Panel invited The RSPCA for a discussion about the role it plays in Local Authorities Animal Welfare initiatives. The RSPCA is the world's oldest animal welfare organisation. The Society currently has 267 inspectors and 148 animal collection officers (ACOs). These officers respond to approximately 1.1m calls to the Society each year (figure from 2007). The RSPCA inspectorate is divided up into five regions -
- Wales and West England
 - South and South West
 - South East (of which London is included)
 - East
 - North
- 3.12 These five regions have a regional superintendent who oversees the operations. In the South East there are 7 Chief Inspectors who between them manage 7 teams comprising of 40 Inspectors and 40 Aces) in total. London has 4 Chief Inspectors covering South East, South West, North East and North West London.
- 3.13 This means that Haringey's 'local' chief is also the local chief for approximately nine/ ten other local authorities and approximately 6 inspectors and 6 Aces covering a similar area. It is estimated that an inspector is likely to cover one and half boroughs. As well as the NCC there is also an enquiries line, open Monday to Friday, 9am to 5pm.

3.14 Dog Warden

- 3.15 At the time of writing this report, the Council did not have a Dog Warden in post and recruitment is in progress for this appointment. Interim arrangements are currently in place on a rota basis between volunteers to cover their duties. A Dog Warden is necessary to help

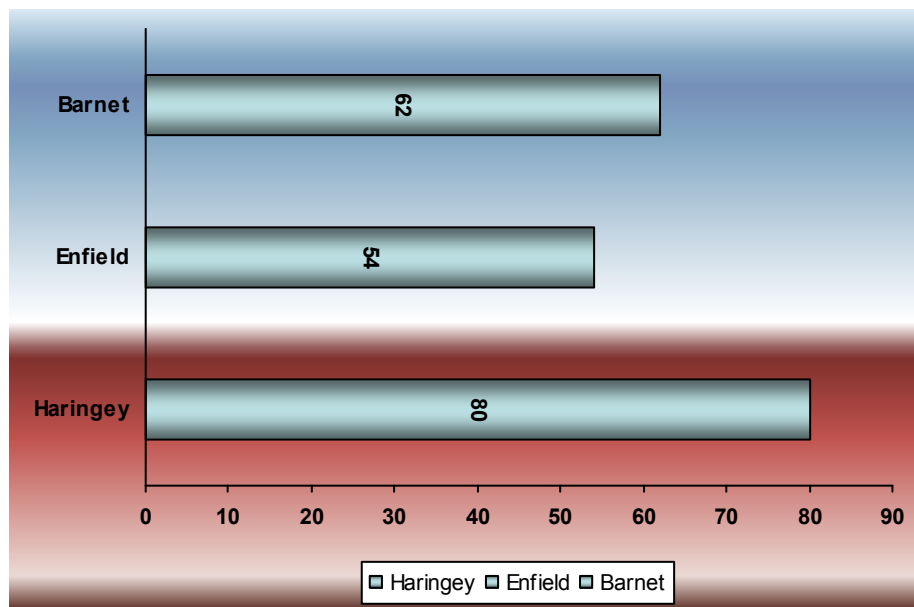
curb the behaviour, particularly of those dog owners who allow their dogs to stray, foul public places, be the cause of traffic accidents; worry livestock, damage property and, at the worst extreme, attack people.

3.16 However, current policy is not solely aimed at collecting and housing stray or unwanted dogs. It is also aimed at educating the public. It is important that the officer is able to work with non-dog owners as well as dog owners.

3.17 Stray Dogs in Haringey

According to the RSPCA, Haringey generally has a slightly higher than average stray dog problem. In 2007 Battersea Dogs and Cats Home received 174 stray dogs and the police received a further 32 that they were able to re-home using Battersea's lost Cats and Dogs Line. The total number of strays received from Haringey in 2007 was 206, the ninth highest in London.

3.18 Since January 2008, Battersea have indicated that they have received 80 stray dogs from the Haringey area, which in their opinion is average for London. However it should be noted that in the neighbouring boroughs of Enfield and Barnet fewer strays were recorded; 54 and 62 respectively.



Stray dogs received by Battersea from Barnet, Enfield and Haringey.

3.19 Final figures for Haringey in 2008/09 show that 160 dogs were received as strays and a 25% reduction on figures quoted previously.

During the discussion with the RSPCA, they commented that it was important to ensure that vehicles used to transport dogs are specially adapted together with specialist equipment necessary to safely handle and contain dogs and easy to clean.

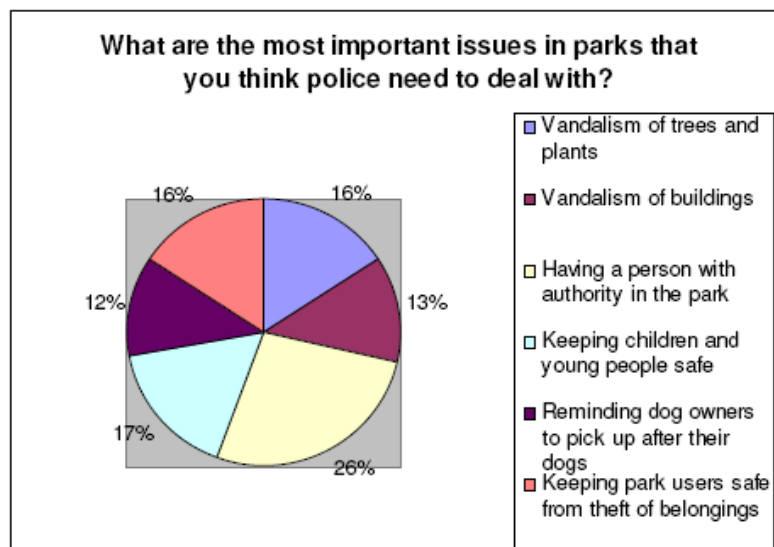
3.20 The volunteers covering the duties in the absence of a Dog Warden have been trained although they were initially periods where the service was provided by volunteers after the Animal Warden left the service. This could have potentially presented health and safety issues for both the animal and officers concerned.

3.21 **Haringey Parkforce.**

3.22 The Panel is aware of the Council’s proposals to restructure the Parks Service in order to develop a partnership approach by creating a Haringey Parkforce model across the borough [formerly Haringey Parks Constabulary]. The rationale is to enable resources to be combined and an increase in open space supervision.

3.23 The Council envisage the Parkforce ‘Model’ to align with the Haringey Strategic Partnership under the Community Safety Partnership theme.

3.24 A ¹Parkforce Consultation was carried out from August to late September 2008, using a short questionnaire. The chart below indicates that 12% of users cited dog related issues as an area of concern.



¹ Haringey’s Parkforce – Open Supervision Report to The Cabinet 18 November 2008

3.25 Any dog in the borough that is reported as straying can be collected in normal working hours by the Dog Warden or out of hours, redirected to a reception facility at Ashley Road.

3.26 Stray Dog Footprint requirements: meeting the bronze footprint.

- **Basic dog handling and behaviour:** Both the RSPCA and Battersea are happy to offer training in basic dog handling and behaviour for a competitive price. The courses usually run over two days and has a significant amount of practical as well as classroom based activities.
- **Procedure in place to deal with sick or injured strays:** It is essential in order to prevent suffering that this is addressed within a written policy. Haringey has contracted a veterinary practice to deal with and decide on treatment for sick and injured strays there should also be mechanisms to deal with members of the public who find an injured stray.
- **Scanning procedure:** This is a very straight forward procedure. It is essential that waste management team should be involved as an un-scanned dead cat can create heartache for owner and bad press for the Council.
- **Kennels and Animal Welfare Act:** It is a legal requirement that anyone responsible for an animal or animals, such as a kennel, meets the welfare needs defined in s.9 of Animal Welfare Act 2006, failure to do so could potentially lead to prosecution.
- **Information:** This is either verbal or written and can easily be provided by any of the recognised animal welfare organisations.
- **Records kept (and regularly updated) of disposals of strays:** This is a requirement under the Environmental Protection Act 1990 (s.149)

3.27 Status Dogs.

3.28 When the Council recruits a Dog Warden, it will have someone who can proactively work in schools, with safer neighbourhood teams, and organisations like the RSPCA to address the growing problem of anti-social behaviour with dogs.

3.29 Dangerous Dogs [DDA] 1991

3.30 It is an offence to keep specific breeds of dogs. These include:



Pit bull type



Japanese Tosa



Dogo Argenito



Fila Brasileiro type

3.31 Owners of these breeds must comply with certain legal requirements, including having their dogs registered, neutered, microchipped and tattooed. It is an offence to sell, breed, or exchange any of those breeds or allow them to be out of control. One of the main problems with this law is that the pit bull terrier is not a recognised breed in the UK. As a result, many owners of cross breeds which resemble a pit bull terrier type have been charged under the Act. Section three of the Act is of more relevance to dog owners. This applies to all dogs and makes it a criminal offence to allow a dog to be dangerously out of control in a public place. This includes instances where there is fear that an injury might occur. Owners found guilty under either section of the Act face up to six months in prison, destruction of the dog and/or a fine of up to £5,000.

3.32 Dog fighting

3.33 Like stray dog numbers, Haringey is slightly higher than the average when it comes to reported cases to the RSPCA of dog fighting or suspected dog fighting. The RSPCA reported:

- eight cases in 2006
- six cases in 2007
- seven cases in 2008

3.34 These numbers are relatively small; nevertheless it is important that the Council look at what can be done to curb the problem of both accidental and irresponsible dog ownership which can cause a number of anti-social problems. This is where housing policy as well as education programmes come in.

3.35 The Wood Green Animal Shelter also reported a number of dogs being brought into the Shelter for treatment as a result of suspected dog fighting. The Panel felt that accurate record keeping was essential if the Council is to assess the type of work needed within the community to tackle the issue.

3.36 How the Council deals with animal related Anti Social Behaviour

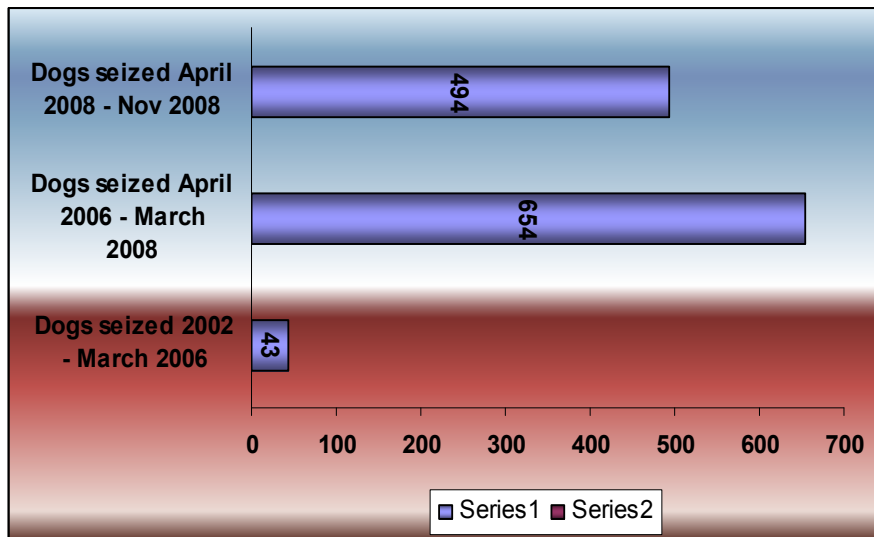
“We will tackle anti-social behaviour with all our housing partners” Safer Haringey – Safer for All Strategy 2008-2011

3.37 Under the Dogs Act 1871, if a court has received a complaint it may decide that a dog is dangerous and not kept under control and will then order the owner to resolve the situation or have is destroyed. There are times however, when the early use of this Act will prevent serious injury to humans. The Panel spoke to members to the Anti Social Behaviour Action Team [ASBAT] regarding Anti Social Behaviour legislation to protect residents against Dangerous Dogs.

3.38 The Dangerous Dogs Act 1991 [amended in 1997] relates to Police powers where they may prosecute owners who keep banned dogs as determined under the legislation and make application to the courts to have these animals removed and/or destroyed. Additionally, the Police can take action against anyone whose dogs are deemed to be out of control.

3.39 The number of dangerous dogs seized by the police has increased considerably over the last few years.² The chart below shows the increase in the number of dangerous dogs seized by the Metropolitan Police between March 2002 and November 2008. At the time of writing there 270 dogs in police kennels subject to court proceedings.

Number of dogs seized in the Metropolitan Police area between March 2002 and November 2008:



3.40 The courts may decide that the dog is required to be muzzled or kept on a lead at all times or that the dog needs to be moved and or destroyed.

² Metropolitan Police Authority Strategic And Operational Policing Committee Report Jan 09

3.41 The legislation that the ASBAT use is in relation to dealing with Anti Social Behaviour [ASB] and is used to protect the community for various ASB incidents. This includes taking action against those who allow a dog to act in a threatening manner or where the dog may have attacked another person.

3.42 The team gave the Panel a number of case studies where members of the public in Haringey have been victims of attack by dogs and the action taken in each case. If there is a dog out of control or dangerous and the Police are unable to take immediate action or there are other associated ASB activity connected with the owner, the ASBAT will investigate the matter. More details are contained in Appendix D of the report.

3.43 Using partnership approaches.

3.44 Tackling environmental anti-social behaviour effectively requires commitment from the many partners who have a responsibility within the local community. For example:

- Housing officers have powers to tackle neighbour where damage to the local environment is part of the problem
- Landlords whether social or private can take action against a tenant who breaches their tenancy agreement by keeping a dog and failing to control its noisy aggressive behaviour
- City centre managers tackling begging.

3.45 The Breeding of Dogs Act 1973

3.46 The Breeding of Dogs Act 1991 and the Breeding and Sale of Dogs [Welfare] Act 1999.

3.47 Under the 1973 Act, anyone who breeds and sells dogs as a business [more than four litters a year] requires a licence from the local authority. Through their investigation, the Panel became aware that some residents in Haringey are using popular websites to advertise pets for sale [advertisers provided their postcodes, there were a number of postcodes in the N15 and N17 areas] on the Gumtree website. This raised a number of concerns relating to the powers of Trading Standards to carry out investigations into such alleged practices.

3.48 Local Authorities have extensive powers to check on the standards of health, welfare and accommodation of the animals and are responsible for enforcing the requirements of the Act. The Breeding of Dogs Act 1991 extends their powers to obtain a warrant to enter any premises, excluding a private home, which is believed to house a dog breeding business. Although private homes are excluded in the Act, garages, outhouses or other structures are not.

3.49 The Cleaner Neighbourhoods and Environment Act 2005 [CNEA] replaces the Dogs [Fouling of Land] Act 1996 and local dog bye-laws with a new arrangement. This allows local authorities to deal with dog fouling, ban dogs from designated areas, requires them to be kept on a lead and restrict the number that can be walked by one person. The Act also gives local authorities sole responsible for strays. With regards to dog control, the CNEA makes it an offence to do any of the following on any designated land open to the area on at least one side that the public are entitled or permitted to have access to with or without payment:

- Failing to pick up dog litter
- Failing to keep dog on a lead
- Allowing dog to enter a no dog area
- Failing to put dog on a lead when asked by an authorised officer
- Walking more than a specified number of dogs.

3.50 Under the CNEA 2005, penalties for any of the offences listed above can only be issued after a local authority has consulted with the community and created formal Dog Control Orders. Breach of a Control Order can attract a maximum fine of £1000. The CNEA also updates the law on stray dogs transferring the responsibility from the police to local authorities. The police still have discretionary powers to seize a stray dog under the Dogs Act 1906. [See explanatory CNEA at Appendix E]

RECOMMENDATIONS

1. The Panel recommend that the Council adopt the Community Animal Welfare Footprints scheme to measure its performance in animal welfare and sets the Bronze award as a minimum local target for 2009/2010. Once achieved, the Service should carry out an assessment into the feasibility of achieving Gold Standard.
2. The panel recommends that the appointment of a Dog Warden should be a priority for the Service and that other strategic roles around animal are carried out as part of the duties of other posts.
3. The Panel recommends that the Urban Environment Directorate explore the idea of encouraging voluntary micro chipping or tattoo for all cats and dogs.
4. The Panel recommends the Urban Environment Directorate look into whether or not there are any illegal dog breeding activities in the Borough and to take appropriate action against any individuals found to be breaking the law.

4.0 HOUSING FOOTPRINTS

The Housing Footprints includes the provision of a positive and clear policy on pet ownership and proactive work to educate the public about animal welfare related issues.

- 4.1 This gap analysis will assist the department in formulating remedial actions for ensuring that the Council achieve the minimum [bronze] standards for Haringey Housing Footprints.

RSPCA Housing Footprint Analysis – the position and gaps in Haringey

BRONZE	
Requirement	Where we are now
Do you have a clear and positive written policy for pets in all housing, controlled or influenced by your organisation that includes clearly defined guidance that is flexible enough to allow requests to keep pets on a case by case basis?	No. Homes for Haringey have a written policy that includes this guidance in their Tenants Charter. SCHS does not encourage the ownership of pets in temporary accommodation but some properties are managed privately.
Do you have a clear and positive written policy for pets in all housing, controlled or influenced by your organisation that includes no discouragement of pet ownership where facilities exist which allow for proper care and which cover the owner's responsibility? The policy also generally defines which species and the number of animals to be allowed.	No. Homes for Haringey have a written policy that includes this guidance in their Tenants Charter. SCHS does not encourage the ownership of pets in temporary accommodation but some properties are managed privately.
Do you have a clear and positive written policy for pets in all housing, controlled or influenced by your organisation, that includes a clear procedure for managing complaints and concerns of both pet owners and neighbours regarding nuisance animals, welfare concerns and health or cruelty issues?	No. Homes for Haringey have a written policy that includes this guidance in their Tenants Charter. SCHS have a policy of taking action against pets in their temporary accommodation that are causing antisocial behaviour issues by either serving a notice or proceeding to court if necessary.
Do you have a clear and positive written policy for pets in all housing, controlled or influenced by your organisation that includes a ban on business activity involving the breeding and/or vending of animals on premises, together with discouragement of non-commercial breeding?	No. Within Homes for Haringey's Tenants Charter, they state that tenants are not allowed to run businesses from their properties and there is guidance on how many pets tenants are allowed to keep. This may cover this requirement for Homes for Haringey properties.
Is a list of local, recognised animal welfare organisations made available to residents?	No
SILVER	
Requirement	Where we are now

Is pet care advice/information that is written or approved by a reputable animal welfare source made available to residents on registering their pets in the accommodation?	No
Do you actively promote permanent identification and neutering of pets?	No
Is there any provision for the pets of owners housed in temporary or emergency housing?	No. SCHS are aware of the need to create a policy for the rehoming of pets when people become homeless.
Do you have, and regularly update, a register of all animals kept in each dwelling?	No
GOLD	
Requirement	Where we are now
Is there provision of discounted permanent ID for pets and a neutering discount to prevent unwanted breeding?	No
Is there an established link with a reputable animal welfare organisation so that it provides residents with advice on pet care on request or by monthly or quarterly visits?	No

- 4.2 From April 2006, Haringey Housing Services assigned the day-to-day management of the Council's housing stock to Homes for Haringey, the Council's own Arm's Length Management Organisation (ALMO). The Housing Footprints is an area where the Council could work in partnership with Homes for Haringey to address areas of animal welfare issues on housing estates.
- 4.3 Many people see their pets as an extension to their families. Pets provide people with constant companionship, comfort and love and offer them a way of making contact with other people. As such, pets are not something housing providers can ignore.
- 4.4 Homes for Haringey.**
- 4.5 The Panel invited the Team Leader Tenancy Management [Homes for Haringey] who presented a report outlining the procedures for tenants regarding their pets and stray animal welfare. The Panel learned that a mock inspection was carried out by Housing Quality Network in May 2005 which flagged up matters of residents concerns around environmental issues [damages and nuisance) on their estates. To reduce the incidence of nuisance and improve the environment a procedure (Dealing with Pets & Stray Animals) was proposed. Where a dog is considered to be a dangerous dog the Tenancy Management Officer report the matter to the police.
- 4.6 The Panel felt that this is an area where other agencies should also be involved to ensure that the matter is dealt with holistically e.g. RSPCA the Police and Social Services.

4.7 Data Collection and sharing information

- 4.8 Local authorities and their partners have come along way with improving information sharing but there often remains uncertainty about when and how to effectively share information. Animal welfare is an area that could benefit greatly from effective joint-working among partnership agencies, including local hospitals, social services, education, and Homes for Haringey and others working to ensure good outcomes for local residents and the animal population. The panel were of the opinion that the Urban Environment Directorate could explore issues around sharing information with stakeholders. This would provide accurate data to ensure that appropriate strategies are in place.

4.9 Dog micro-chipping scheme

- 4.10 The Panel learned that in Wandsworth, Council tenants who want to keep a dog will be required to have it micro-chipped as part of their housing regulations. The scheme has the backing of the RSPCA, which says it will be an important test case for finding out if micro-chipping can be used successfully in the fight against anti-social behaviour. An RSPCA spokesman said the charity is keeping a close eye on Wandsworth's new rules and added:

"Micro-chipping is something that we've supported for quite some time. We know it's useful for returning dogs to their owners, but we've never been able to assess how useful it is in terms of anti-social behaviour. Wandsworth will give us some key data and will allow us to convince other local authorities that this approach does work."

"Many responsible dog owners already get their animals micro-chipped. This is the first time there's been a large-scale compulsory micro-chipping scheme."

"Wandsworth already has an excellent record in terms of stray dogs. For quite a few years it's been one of the leading local authorities with regard to stray dogs and other dog related issues. We're fully supportive of this latest measure."

- 4.11 The Service is free to tenants and leaseholders. It is also available to all at cost.

- 4.12 Problems with the current housing market mean that some people are unable to sell their properties or can't afford to buy a new one so they move into rented accommodation, where landlords hardly ever accept dogs. Dog Trust Charity has reported a big increase in the number of people saying they can't afford to keep their pets. Rising bills and problems with the economy has been cited as reasons for the cutbacks as a result many pets end up being abandoned.
- 4.13 Housing providers should also consider pet owners when placing people in temporary accommodation or putting existing residents into emergency accommodation. Pet fostering schemes exist for certain people who are vulnerable or at risk e.g. people fleeing domestic violence and the elderly.
- 4.14 ³Under Housing Legislation housing providers must consult their tenants on issues directly affecting the tenancy. Pets are a good example of this, particularly in accommodation that has communal areas, such as stairwells, which may be shared with tenants who do not own pets. Many housing providers find that, when consulted, non-pet owners are only often too happy for their neighbours to keep a cat or dog as long as owners sign up to a comprehensive pet policy that is enforced by the housing provider.

4.15 Family Mosaic Housing Association

- 4.16 We spoke to one Registered Social Landlord in Haringey who advise that:

"We don't have any specific policies and procedures around animal welfare. Tenants who want to keep a pet must have our prior permission before they can do so. If we come across any cases where we believe that an animal is being mistreated, we report it to the relevant agencies such RSPCA or the dog wardens at the local authority"

4.17 Pets as Therapy

- 4.18 Pets as Therapy (P.A.T.) is a national charity, founded in 1983 to provide the pleasure of a visiting pet to many sick, elderly and special needs people. Since its beginnings, over 18,000 dogs have been registered into the P.A.T. visiting scheme. There are currently around 3,500 P.A.T. dogs active in the UK, visiting approximately 100,000 people every single week. There are many establishments keen to be matched with a suitable new recruit when one becomes available.

³ Housing Provider Resource – Practical Guidelines on Pet Management for Housing Providers - A Pathway & Pets Advisory Committee 2007

4.19 As described previously, pet ownership can bring tremendous health and social benefits, particularly to the elderly.

4.20 Pets in Sheltered Accommodation

“Sick patients often feel isolated and even the most withdrawn seem to open up and let the barriers down when their regular P.A.T. visiting dog is around.”

4.21 *“It is⁴ unique in that it provides therapeutic visits to hospitals, hospices, nursing and care homes, special needs schools and a variety of other venues by volunteers with their own friendly, temperament tested and vaccinated dogs and cats.”*

4.22 In Haringey, tenants in supported housing are specifically allowed to have pets – there is a section of their tenancy agreement setting out the responsibilities associated with that. However the Service does not provide any visiting pet-therapy in sheltered housing, though they are aware of the PAT scheme and would use it if appropriate in individuals Support Plans and where a local PAT person and pet was available. The scheme is run by local volunteers and would be available for Haringey residents if required.

4.23 The P.A.T. visiting scheme gives young and old the chance to enjoy the company of these calm and friendly animals.

4.24 Companion Animals and Human Health

4.25 Over the last 20 years there has been a large increase in the amount of research into the co-relation between human health and wellbeing and pet ownership and cardiovascular health. Many articles present pet ownership as a key to heart health, social support, and long life. One study found that married couples who owned pets had a lower heart rate and blood pressure whether at rest or when undergoing stressful tests than those without pets.

4.26 Pets can decrease loneliness and, a pet gives owners something to care for and thus provides some structure for their life. You have to set out the food, visit the vet, clean the cage; empty the litter, and so on. A pet often takes centre stage at family gatherings, easing tensions and/or providing an immediate conversational outlet. And, of course, dogs can be trained for useful work such as aiding the visually impaired, for example. Even the most pampered cat can help rid your home of mice. Pets have a calming effect on most people. Nursing homes now arrange for pets to visit residents, and some facilities keep pets on the premises.

⁴ Pets As Therapy Director.

- 4.27 The National Institutes of Health conducted a workshop almost 20 years ago on the health benefits of pets and pet-facilitated therapy (PFT). Conclusion: these benefits exist, particularly for the elderly.



Companion animals can help to bring health benefits to the elderly.

- 4.28 Also, though it has been shown that the presence of a friendly pet can have a positive effect on heart rate and blood pressure, it's not clear that a person actually has to own the animal to get the effect. Dr. Friedman concludes that since heart disease and other stress-related diseases are so common in our society, it can't hurt to recommend pets for their calming effect, at least for people who like animals and are willing and able to undertake the responsibility of owning one.

- 4.29 People have interacted with companion animals since the beginning of history, and that interaction may belong as much to the realm of common sense as to science. If a pet adds joy to your life and makes you feel better or more secure in your home, or provides entertainment and structure, you hardly need scientific proof of the benefits.

4.30 Housing Footprint requirements:

- 4.31 Whilst dogs are a major area of concern when you talk about pets in housing as the complaint statistics show, issues regarding cruelty, welfare or simply anti-social behaviour relate to many non-canine pets that should be considered in drawing up a housing policy.⁵

⁵ RSPCA guidance – Pets and People Housing booklet (2004)
Pet Advisory Committee - <http://www.petadvisory.org.uk/pac.php?id=41>

Clear, positive policy: What is often forgotten in strict knee jerk policies regarding pets is the positive impact pets can make on tenants and the neighbourhood as a whole if the policy supports responsible pet owners. However it is important that the policy has teeth to tackle those who are irresponsible.

Flexible policy: Pets in housing policy needs to have restrictions, possibly even on the numbers of pets that should be allowed and those properties that are generally viewed as unsuitable for pets. However there should be flexibility to allow for special cases as and when they arise.

Details of responsibility: Should be clear and positive and of course mention the Animal Welfare Act and any other relevant conditions.

A clear procedure for managing complaints: A clear grievance procedure is essential as with any dispute so that both parties are aware of why the procedure has begun and how it will be resolved. If this effectively enforced it also tackles many of the anti-social problems early on.

A ban on business activity involving the breeding and/ or vending of animals on premises: A major root of animal welfare problems is through the accidental ownership root. This is where someone acquires a dog, cat, rabbit etc and don't know what they need to do to meets its welfare needs. This is often the problem with many status dog owners, they like the look of the dog but aren't aware of the work and cost involve. This can result in pets being abandoned or suffering unnecessarily.

A list of local, reputable animal welfare organisations made available to residents: This is something that the RSPCA will be able to help the Department collate.

- 4.32 There are other key points that should be considered if looking to meet the bronze level that is the provision and promotion of animal welfare through active leafleting and other forms such as open days etc. The RSPCA can assist with information resources for little or no cost.
- 4.33 The RSPCA is of the view that a Dog Warden, if sufficiently trained, could actually reduce the incidents regarding cruelty occurring by assisting licensing officers in the inspection and licensing process, which hopefully would reduce the number of incidences. More joint working could be established by an early introduction to any new Dog Warden and the RSPCA Areas Inspector and Chief. Through this relationship, parameters of work can be agreed and a mechanism for reporting incidents or discuss issues can be agreed.

4.34 Service Level Agreement - Homes for Haringey & Urban Environment Services

4.35 The panel discussed the suggestion of a Service Level Agreement between the Department and Homes for Haringey in relation to providing a Dog Warden covering the whole borough including work on housing estates. The panel agreed that it would be a good idea for discussions to take place as appropriate to explore proposals for a Service Level Agreement.

RECOMMENDATIONS

- 5 The Panel recommends that the Urban Environment Directorate carry out an assessment with Community and Strategic Housing for a commitment from Homes for Haringey for developing a Service Level Agreement with Community and Strategic Housing Services; and Registered Social Landlords to ensure an effective animal welfare service across the borough.
6. The Panel recommends that the Urban Environment Directorate encourage Homes for Haringey to participate in educational initiatives to ensure that tenant and leaseholders are aware issues relating to animal welfare and responsible pet ownership.

5.0 CONTINGENCY PLANNING FOOTPRINT

This element of the CAWF covers policies, procedures and exercises within contingency plans that deal with companion animals, both domestic and commercially owned, as well as advice for preparedness.

“We will manage a programme of emergency planning and business continuity, developing community resilience and preparation” – Safer Haringey – Safer for All Strategy 2008-2011.

5.1 This gap analysis will assist the department in formulating remedial actions for ensuring that the Council achieve the minimum [bronze] standards for Haringey Housing Footprints.

RSPCA Contingency Planning Footprint Analysis – the position and gaps in Haringey

BRONZE	
Requirement	Where we are now
Do you have locations identified as temporary animal shelters, with a pet evacuation plan?	No
Is there information on your website (either Local Resilience Forum (LRF) or individual member authorities) for pet owners that promotes preparedness, or are there links to another site that does this?	No
Do you liaise with, and have you established a contact list of, animal welfare organisations and local vets who can assist in an emergency situation?	No
Is companion animal welfare included in written contingency plans?	No. However training to staff involved in evacuation includes this element, and information provided to evacuees covers issues relating to pets.
SILVER	
Requirement	Where we are now
Are animal welfare organisations involved in contingency exercises and planning meetings?	No
Do you provide support for establishments (both commercial and non-commercial) involved with large numbers of pet animals in drawing up their contingency plans?	Yes
Have you run at least one exercise in the past financial year - either tabletop or live - specifically involving a companion animal welfare element?	Yes - Exercise Gwenole was a rest centre exercise, which involved the evacuation of people. This included this element.

GOLD	
Requirement	Where we are now
Do you own, or have access to, at least 50 kennels between members of the LRF for use in an emergency?	Unknown.
Do you undertake proactive work, such as awareness campaigns, to ensure pet owners are prepared should there be an emergency?	Nothing specific to pet owners.
Have you run at least one live and one tabletop exercise in the past financial year specifically involving a companion animal element?	Live exercise only - see above.

5.2 Each disaster just seems to educate more people with animals plus emergency managers on the fact that animals just cannot be overlooked

5.3 Emergencies come in many different forms and they often require anything from a brief absence from home to permanent evacuation. Each type of emergency requires different measures to keep pets safe; the best thing to do is to be prepared.



5.4 Emergencies leading to major incident can occur in a number of ways some of the more common being:

- Severe weather
- Natural disaster
- Industrial accidents
- Transport accidents
- Terrorism
- Fire

5.5 Emergency Planning is one of the key local authority functions which prepare and plans for a managed response to a major emergency through a number of stages including the following:

- Anticipation
- Assessment
- Prevention
- Preparation
- Response
- Recovery management

5.6 A key component of emergency planning is communicating with the public so as to maintain public awareness of emergency issues and where appropriate provide warnings. Inform the public of what to expect and how they can prepare themselves and advising the public in dealing with emergencies and what measures they need to take in response to emergencies as they arise.

After Hurricane Katrina in America

¹After Hurricane Katrina hit the U.S. Gulf Coast last August, Gary Karcher and his three dogs sought refuge from the rising floodwaters on the second floor of his New Orleans home. It wasn't long before police offered a boat ride to safety for Karcher—but not his dogs. He refused to leave his pets behind. "It's like leaving your kids,"

Now animal owners like Karcher won't have to choose between leaving their pets and risking their lives by remaining in storm-ravaged areas. Government officials, emergency workers, and animal welfare groups are putting disaster plans into place to help both people and pets. The legislation requires local governments to include household pets in their evacuation plans. It also allots government funds for pet-friendly emergency shelters as the view is this is not just about pet safety, it will also save human lives.

A recent survey conducted by the humanitarian not-for-profit Fritz Institute found that 44 percent of the storm's victims who chose not to leave did so because they weren't willing to abandon their pets.

They were among the most haunting images of Hurricane Katrina - pets abandoned in flooded New Orleans by owners who were told by rescuers that they could not leave with their animals. Many residents died because they insisted on staying with their pets rather than leaving them to starve or drown.

5.7 U.S studies on disaster evacuation have shown that typically only 40% of households had preparations in place to evacuate their pets with the rest of the family and of the remaining 60%; two thirds of pet owners subsequently put their own lives at risk by returning to the evacuation zone to rescue their pets.

5.8 Flooding is an enormously stressful event and pets evacuated with family members have a stress relieving effect and it avoids any additional worry over abandoned animals.

5.9 Evacuation Tips for Pets

- Take your pets with you. Many people mistakenly leave their companions animals behind when they evacuate during an emergency, thinking their pet's instincts will prevent them being harmed. Nothing could be farther from the truth. Companion animals depend on us for their survival, much as children do.
- Identify your pet. Securely fasten a current identification tag to your pet's collar. If you face evacuation, it is a good idea to attach to the collar the phone number of a friend or family member who is well be able to reach a person who knows how to contact you.
- Photograph your pet. Carry a photo of your pet for identification purposes.
- Transport your pet safely. Use secure pet carriers and keep your pet on a lead or in a harness.
- Foster your pet. If you and your pet cannot stay together, call friends, family members, veterinarians, or boarding kennels in a safer area to arrange safe foster care.
- Have supplies on hand. Be sure to have a 72 hours kit for your animals (see 72 hours kit for animals), week's worth of food, water, medication, cat letter, or any other supplies your pet needs on a regular basis.
- Plan your evacuation and leave in plenty of time. Do not wait until the last minute to evacuate. When rescue officials come to your door, they may not allow you to take your pets with you.
- Carry a list of emergency telephone numbers with you. This should include your vet and any other individuals or groups you might need to contact during the disaster.

•

“We will prioritise a programme of joint communication and reassurance” – Safer Haringey – Safer for All Strategy 2008-2011

RECOMMENDATIONS

7. The Panel recommends that the Emergency Planning Officer work with Homes for Haringey and Registered Social Landlords to agree emergency contingency procedures to ensure a managed response for the evacuation of pets in the event of a local emergency.

6.0 ANIMAL WELFARE PRINCIPLES FOOTPRINT- PROMOTING EDUCATION AND AWARENESS

This element of the CAWF is concerned with policies that improve and promote animal welfare through a clear animal welfare charter and the use of tools, i.e. the council website to promote issues and educate.

6.1 Responsible Pet Ownership

- 6.2 Nearly half the UK households own a pet, ranging from the more traditional cats, dogs and rabbits to the less conventional and exotics (i.e. snakes, lizards). However despite new legislation and efforts on the part of animal welfare groups, instances of neglect and cruelty still persists.
- 6.3 It is a principle of animal welfare that owners have a duty to provide sufficient and appropriate care for all their animals and their offspring. This duty of care requires owners to provide the necessary resources [e.g. food water, health care and social interaction] for pets to maintain an acceptable level of health and well-being in its environment. Owners also have a duty to minimise the potential risk their pets may pose to the public or other animals. This, together with public education and direct intervention has improved the welfare standards for many pets in the UK. But animal welfare problems persist and, in extreme cases animals suffer severe physical or emotional cruelty. Others are simply abandoned, whilst others taken into care of the RSPCA or other welfare organisations.
- 6.4 The difficulty is at least partly the result of impulse buying. Other reasons include the absence of appropriate behavioural training, changes in family, health or financial circumstances; irresponsible behaviour and breeding. Another significant factor is lack of research carried out or advice offered on the needs of an animal before purchase.
- 6.5 Despite the identified special needs of pets, recent research by the RSPCA found that just one in five shops provide free written information about non-domestic animals they sell. This is a huge area of concern because it means that people are not given the information so they can carefully think through exactly what they are taking on. Vets also recognised that lack of knowledge on the part of pet owners is the biggest problem in animals that end up coming to their attention.

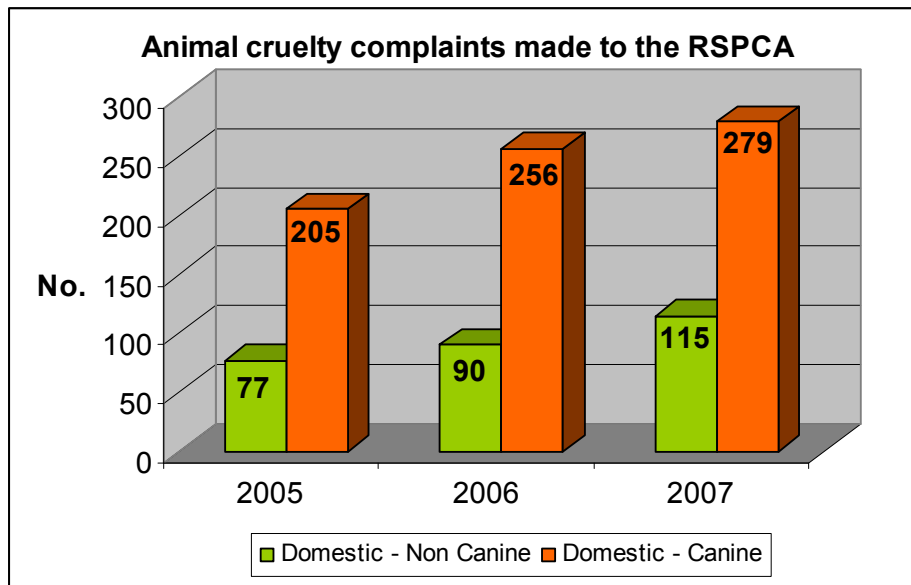
6.6 Cruelty to Animals

6.7 “The ⁶greatness of a nation and its moral progress can be judged by the way its animals are treated”

6.8 The 2006 Animal Welfare Act is the biggest change to animal welfare for nearly a century and means that anyone who looks after an animal has a positive duty to care for that animal. However, the Act does not make it a statutory requirement that the powers available to a local authority to tackle cruelty are enforced.

6.9 With regards to animal welfare incidents, the RSPCA informed the Panel that they expect anything to do with a stray animal; – animal welfare is the responsibility of the local authority. The RSPCA will investigate any complaint that is made to their cruelty and advice line and are looking at working more closely with councils when investigating issues surrounding establishments licensed by the local authority such as breeding establishments, and pet shops etc.

6.10 The chart below demonstrates the gradual increase in reported incidents of animal cruelty in Haringey from 2005 – 2007 for both non canine and domestic canine animals. Whilst the actual nature of the cruelty has not been reported, nevertheless, there is a worrying trend and further emphasises the need for the employment of an Animal Welfare Officer and targeted education programmes.



⁶ Gandhi

6.11 The Educational Role

6.12 Responsible pet ownership remains an important part of educational principle of educational requirement. At present there is no responsibility for local authorities to spend money on this service, and yet it could contribute substantially to the future improvement of attitude towards animals.

6.13 An essential role of a Dog Warden is educational – the prevention rather than cure of a potential problem, targeting audiences such as:

- Schoolchildren – the pet owners of tomorrow
- Local Community Groups
- Animal Welfare Organisations
- Dog Training Clubs
- A website as a media for communicating animal welfare issues with residents

6.14 The benefits include:

- Greater awareness of service provision
- A positive public perception of the role of the Animal Welfare Officer
- The promotion of responsible pet ownership.

6.15 Educational work within Schools

6.16 The Dog Warden should develop an educational and promotional display programme that can be made available to schools and community groups. Officers should make themselves available to give talks within schools and at community events. The RSPCA told the Panel that they would be willing to work with Officers in Haringey to advise, set up and run educational programmes.

6.17 Presentations should be made stimulating and lively, yet thought-provoking, in order to captivate your audience. Make full use of resources such as audio visual aids. Leaflets should be made available to the public through outlets such as libraries, community centres, one-stop shops and other council offices to promote responsible dog ownership.

6.18 What else can be done in parks and open spaces?

6.19 When the Parks constabulary set up Operation ParkSafe they designed a leaflet outlining the responsibilities of dog owner's. The leaflet was an educational tool and was handed out to dog owners along with words of advice when they or their dogs were committing an offence. The owner's details were recorded and pictures of their dogs were taken

and a report was filled out for our recording purposes in the event of future offences. These are about responsible dog ownership in a park.

6.20 With reference to the reorganisation of Parks Constabulary, the Panel learned that alternative methods have been identified by the Council to continue to provide these services through the Dog Warden and the Metropolitan Police Services.

6.21 Wood Green Animal Shelter Education Strategies

6.22 Wood Green Animal Shelter has developed educational strategies aimed at the under 16s and from age 16 to adults. Strategies include:

- Education bus in parks
- Community learning
- Education aimed at the under 16s
- Education aimed at the over 16s and adults.

6.23 The shelter deals with approximately 6 dogs likely to have been involved in fights with other dogs in Haringey they said this was evidenced by the number of dogs brought into the shelter for treatment and types of injuries sustained.

6.24 It appears that the profile of pet ownership has changed.

- Whilst general awareness about the issues of pet ownership is increasing, the link about lifestyle choices and correct pet selection is undeveloped.
- There is an increasing lack of opportunity to interact with certain animals, including companion animals.
- Negative messages from the media on dog ownership are creating an avoidance culture on certain breeds and, more broadly, dogs generally. These messages are reinforced by media led councils who react by introducing bye laws prohibiting or limiting of public areas to pet owners.

6.25 The Wood Green Animal Welfare Charity is of the view that an inclusive education programme is needed in order to promote positive values regarding companion animals and the responsibility of pet care to both current pet owners and those on the periphery of pet ownership in the near future.

6.26 The 2007 figures indicates that the RSPCA have reported an increase in the number of convictions for cruelty to dogs and cats, suggesting that animals are becoming throw away items and the commitments ill thought through. This is another area which should be addressed in any education strategy.

6.27 Public learning is critical to the success of any education program especially when related to dog ownership because half of all attacks are inflicted by the family dog.⁷ Only about 10% of attacks are inflicted by dogs unknown to the victim. Public education efforts must target a variety of individuals and age groups and a dedicated officer should be tasked with pulling an education program together. Education programs should also target towards the elderly as there are concerns that their beloved pets may not be trustworthy around their grandchildren. Dogs not raised around small children or not frequently exposed to them may not be social towards them thereby increasing the likelihood of aggressive behaviour being directed towards these children.

RECOMMENDATION

8. The Panel recommends the Urban Environment Directorate as part of the Corporate Animal Welfare Strategy, ensure that the Animal Welfare Education Program pull together existing resources and support from local organisations such as Wood Green Animal Shelter and the RSPCA to ensure a proactive, co-ordinated education approach.

⁷ Vet Med Today: Canine Aggression Taskforce.

7.0 THE LINK BETWEEN DOMESTIC VIOLENCE, CHILD ABUSE AND CRUELTY TO ANIMALS

"We will use multi-disciplinary approaches, ensuring that all our efforts are co-ordinated across relevant agencies...." Safer Haringey – Safer for All Strategy 2008-2011.

- 7.1 In the process of carrying out this review, the issue of linkages with child abuse and animal cruelty came to our attention. Members could not ignore this link and used the witness sessions to find out from interviewees whether this was an area worth pursuing
- 7.2 The Panel discussed this issue with the representative of Homes for Haringey and learned that there were no mechanisms in place for reporting or linking animal welfare issues with Social Services nor Children and Young People Services. They were of the view that Homes for Haringey should have mechanisms and procedures in place to ensure that their operatives are aware of the possible links with cruelty to animals, domestic violence, and child abuse. That there should be liaison between Homes for Haringey, Adult Services and Children and Young People Services to ensure that these services are joined-up and are vigilant to these issues.
- 7.3 Wood Green Animal Shelter has taken a proactive approach and works with charities to foster animals caught up in domestic violence environment. Anyone who works in the Domestic Violence field knows of cases where a victim chose to remain with a batterer rather than abandon a beloved pet, because so many Domestic Violence Shelters will not allow those fleeing a violent situation to bring their pets with them.
- 7.4 Recent statistics show that links between animal abuse and domestic violence exist. Pets are found to be one of the common denominators in family violence. Evidence is mounting that animal abuse is frequently embedded in families scarred by domestic violence and child maltreatment, and often predicts the potential for other violent acts. A 1983 study (USA) found that 60% of pet owning families meeting the criteria for child abuse and neglect also had abused or neglected pets. Conversely, a British study by the RSPCA found that 83% of families with a history of animal abuse had been identified by social services as at-risk for child abuse or neglect. The studies looked at areas such as:
- Are battered women in domestic violence shelters forced to choose between their personal safety and that of the pets they left behind when they fled?
 - What policies and procedures do enlightened shelters employ to deal with the issue of pet abuse by batterers as a means of manipulation?

- What assistance can be provided?
 - What are the psychological ramifications of pet abuse in a domestic violence context?
- 7.5 The fostering scheme employed by the organisation is also very popular for people going into hospital or into care. This would be a short term commitment and is taken up mainly by retired people who don't want long term commitment to a pet; homes are checked to ensure suitable environment; the maximum stay for the animal is usually two weeks. In these circumstances food and vet bills are paid.
- 7.6 The shelter is also considering fostering to children homes and homes for the elderly and is encouraging private landlords to allow pets in rented accommodation.
- 7.7 ⁸The NSPCC and the RSPCA highlighted this issue, initially through joint conferences in 2001, but more recently a "links" group has brought together representatives from the child and animal welfare fields.
- 7.8 The authors sought to review the existing international research and then test its messages through a small exploratory study. The review asked these questions
- Is childhood cruelty towards animals predictive of future violent behaviour?
 - Do domestic violence perpetrators frequently maltreat animals to threaten, coerce, silence or intimidate their human victims?
 - Do adults who mistreat animals present a risk of abuse to children or, on the other hand, do adults who abuse children pose a risk to animals?
- 7.9 While relatively little research has been carried out on the link between cruelty to animals and domestic violence, the authors found that those studies that do exist supported the large body of anecdotal and clinical evidence that there is such a link. In one study 53% of women who had experienced domestic abuse said their partners had either killed or harmed the family pet.

⁸ Research connects abuse in childhood with cruelty to animals
by James Blewett

- 7.10 The authors argue that child welfare professionals should be alert to animal abuse as a possible indicator of domestic violence. The authors report on one study that found that most child welfare agencies do not include animal cruelty as part of their assessment.
- 7.11 One conclusion of this study, and indeed the work between the NSPCC and RSPCA generally, is that there is much to be gained from stronger links between child and animal welfare organisations. Animal welfare professionals can be a valuable source of information regarding children and vice versa.
- 7.12 At present, few assessments consider the role of pets in family life. Clearly animal cruelty, particularly in its more extreme forms is an important issue that professionals consider. Although the link is not fully understood at present, there is evidence to suggest a relationship between child and animal cruelty.
- 7.13 Any procedures put in place for reporting possible risks, should be specific about the nature of animal cruelty as there are wide variations in the nature and degree of what is held to constitute animal cruelty. It is therefore important that, when there are concerns, a detailed account is given in assessments of the concern and the nature of the animal itself.
- 7.14 Practitioners should be more aware of the presence, meaning of and treatment towards animals in family assessments.

RECOMMENDATIONS

- 9 The Urban Environment Directorate consult with Homes for Haringey, Registered Social Landlords, Children and Young People Services and Adult Social Services; the RSPCA ; Battersea Cats and Dogs Home and Wood Green Animal Shelter to devise appropriate procedures to enable the sharing of information when animal welfare issues, child abuse or domestic violence are brought to their attention. These bodies should be alert to animal abuse as a possible indicator for domestic violence and child abuse.

8.0 A CORPORATE ANIMAL WELFARE STRATEGY

8.1 The responses in the Gap Analysis below are a clear indication of the need for a Corporate Animal Welfare Strategy in Haringey.

Haringey Council Stray Dog Service

RSPCA Animal Welfare Principles Footprint Analysis

BRONZE	
Requirement	Where we are now
Do you have a written policy on animal welfare that is regularly reviewed?	No
Do you have a written policy on animal welfare that is promoted within the council?	No
Do you have a written policy on animal welfare that is based on the principles outlined in the Animal Welfare Act?	No
Is there regular sharing of best practice with regards to animal welfare by officers or political representatives?	No
SILVER	
Requirement	Where we are now
Does the council adopt and externally promote a policy on using non-caged whole eggs in any catering supplied to or by the local authority?	No
Does the promotion of animal welfare via the council's website include the council's written policy on animal welfare?	No
Does the promotion of animal welfare via the council's website include promotion of seasonal animal welfare concerns such as fireworks, pets as Christmas presents, dogs dying in hot cars, contingency planning, etc?	No, although there are occasional incidences, such as a recent article on the web about caring for pets during the firework season.
Does the promotion of animal welfare via the council's website include information about animal-related law covering domestic pets and wildlife?	No
Does the promotion of animal welfare via the council's website include information, links or contact details relating to: pet care advice; animals kept on allotments; living with wildlife?	No
Does the promotion of animal welfare via the council's website include preventative measures that can be taken to reduce the chances of unwanted 'pests', provided or approved by a recognised animal welfare organisation?	No. We provide fact sheets online about pests which includes information about preventative measures. These are not approved by a recognised animal welfare organisation. We provide links to some external animal welfare websites that provide information, but we do not promote any particular welfare organisation.
Have you held at least one public-facing activity, event or initiative that has promoted an animal welfare issue in the last financial year?	Yes. (Paws in the Park responsible dog ownership event in Russell Park October 2008)

GOLD	
Requirement	Where we are now
Is there a council steering group focused on animal welfare?	No
Have you adopted a policy resolving to move to higher welfare meat and non-caged eggs in ingredients used in catering supplied to offices owned by you, and supplied in meetings organised on your behalf? (The commitment should be supported by the adoption of at least one type of meat and one ingredient with eggs farmed to higher welfare standards).	No

- 8.2 The Animal Welfare Act 2006 places a legal duty on those who care for or own animals to allow them to demonstrate normal behaviour i.e. walk/run freely and to provide a suitable diet and exercise. It is an offence to inflict deliberate cruelty or act in a manner likely to cause an animal to suffer unnecessarily. The Dog Warden is authorised to act under this legislation and implements it during the course of carrying out their duties.
- 8.3 With regards to the current Animal Welfare Service, Haringey does not have a dedicated Dog Warden. It is the view of the Panel that if the Council intends to implement the CAWF approach covered in this report then the appointment of a dedicated Dog Warden Officer together with ensuring that strategic issues are covered within the Service must be a priority. This must be done within a framework that recognises and links together a variety of agencies, programmes and priorities within an overarching Corporate Animal Welfare Strategy.
- 8.4 Furthermore, a Corporate Animal Welfare Strategy would pull together all current activities ensuring agreed priorities and objectives and effective integration of work in this area. Resources would need to be allocated in a more systematic way and evaluation of initiatives would assist these to be more effective. It would also be easier to co-ordinate the efforts of the various organisations, including the third sector and form part of the Council's response to this key issue.
- 8.5 The Panel found that whilst there are various animal related initiatives across the borough, there is a lack of co-ordination and acknowledged that there is a need to pull all these together to develop a corporate approach to ensure an effective Animal Welfare Service. The Review Panel recommends that a Corporate Animal Welfare Strategy should be developed.

8.6 Developing a coherent and integrated approach.

8.7 Urban Environmental Directorate should be responsible for leading on any strategy and co-ordination of its implementation and involvement from the other services/agencies listed below:

8.8 The approach of the strategy would rely on strong partnership relationships. Through partnership working the aim of the strategy could be achieved in a shared and efficient manner.

8.9 Council Departments and local agencies

- Urban Environment
- Strategic & Community Housing
- Frontline Services

- Safer Communities – Anti social behaviour
- Metropolitan Police Service

- Wood Green Animal Shelter

- Local Vets

- RSPCA

- Children & Young People Services

- Adult Social Services

- Homes for Haringey

- Registered Social Landlords.

8.10 As part of a joint approach, publicity and communications regarding animal welfare should involve all relevant council departments and partners. Plans should be developed to outline how the council and other agencies will publicise and promote responsible pet ownership and discourage anti social behaviour. Some suggestions include:

- Develop and maintain a dedicated website on responsible pet ownership.
- Work with local schools and youth groups
- Work with charities and national organisations
- Press and media releases
- Articles in 'in-house' newsletters'
- Articles in tenants newsletter and residents/leaseholders newsletters

8.11 Animals on Allotment

- 8.12 Allotments provide valuable habitats for wildlife. In Haringey they can support important populations of amphibians and reptiles, particularly slow worms and grass snakes, as well as birds, mammals and invertebrates. Mature trees may also support bats, which are protected by law, 13 allotments in Haringey are classified as Sites of Importance for Nature Conservation (Sites of Local Importance) within the Unitary Development Plan.
- 8.13 Allotments may contain a range of habitats that support wildlife. Hedgerows and scrub can provide nesting and foraging places for birds, are used by a range of invertebrates and provide cover for animals such as foxes. Compost heaps support invertebrates; provide breeding sites for grass snakes and locations for mammals such as hedgehogs to over-winter. Flowers provide nectar sources for bees and butterflies. Freshly dug soil is visited by foraging birds such as blackbirds, robins, starlings and pied wagtails. Undisturbed margins next to hedgerows provide nesting sites for small mammals such as mice and field voles. Unused plots may support a range of wild plants and other wildlife.
- 8.14 Councils can produce wildlife-friendly policies and ensure that the public are aware of wildlife conflicts; the Panel believes that this should be covered in the Corporate Animal Welfare Strategy.

RECOMMENDATIONS

- 10 The Panel recommends that the Urban Environment Directorate produce an Animal Welfare Charter/Policy for Haringey that this should include animals on allotments.

9.0 BUDGET AND VALUE FOR MONEY

9.1 Service budget

9.2 There are likely to be considerable financial implications for the service with the transfer of responsibility for stray dogs from the Police. Funding arising from the transfer of this service resulted in a budget increase of £16,000. However this also coincided with an agreed efficiency saving of £25,000 in the service budget resulting in a net reduction of £9,000.

9.3 Other research:

9.4 Research demonstrates that there is considerable potential from effective harnessing of efficiency and innovation techniques such as smart procurement and service redesign. Strong leadership and a focus on users are critical for success. It is essential therefore to learn from the best; understanding external and internal drivers of change, tapping into the expertise of the public; private and third sectors; harnessing skills and capacity for change, and working effectively with elected members; employees; users, other councils and Local Strategic Partnership partners on what is best for the areas as a whole.

9.5 Recent consultation with some local authorities on efficiency and the key themes in the local government white paper suggests some scope for increasing efficiency through more effective work with the voluntary sector, more extensive use of joint partnerships and enhanced cross boundary working. The Panel felt that there was scope within the area of Animal Welfare the Urban Environment Directorate to work with neighbouring boroughs on a regional basis in terms of shared services and best practice.

9.6 With regards to environmental issues Defra's independent review has concluded that there is little scope for cash-releasing gains. Rather, evidence from consultancy studies is that the potential lies in non-cash-releasing efficiencies.⁹ The key to achieving this is from the adoption of more systematic management practices in this service area. The Clean Neighbourhood & Environment Act 2005 contains a range of measures, many of which assist councils in dealing with common cleansing and environmental management problems: Defra will:

- Offer direct support to those councils which significantly under-perform on the relevant national benchmarks. The local environmental quality team will also continue to commission seminars and other means to propagate good local environmental management practices and

⁹ Delivering Value for Money in Local Government
Meeting the challenge of CSR07

- Support the development of a National Local Environmental Management Skills Framework. An initial framework offering skills development and training courses will be available from 2008, and then progressively refined, expanded and promoted.

9.7 The Panel was of the view that Urban Environment Directorate should ensure that any relevant support offered by Defra to enhance the service should be considered.

10.0 ZIPPOS CIRCUS

- 10.1 The welfare of performing animals is provided for in the general provisions to avoid suffering and ensure welfare in the Animal Welfare Act 2006. In addition, the training and exhibition of performing animals is further regulated by the 1925 Act which requires trainers and exhibitors of such animals to be registered with the Local Authority. Under this Act, the police and officers of local authorities, who may include a vet, have powers to enter premises where animals are being trained and exhibited, and if cruelty and neglect is detected magistrates' courts can prohibit or restrict the training or exhibition of the animals and suspend or cancel the registration granted under the Act.
- 10.2 The Panel noted that the former Leader of the Council was recently approached by Zippos Circuses who requested a 'trial' event in Finsbury Park, which would include their performing horses, dogs and birds. The matter was referred to officers in the Department who rejected the event application on the basis that there is an existing policy within the Council which prohibits the use of performing animals at organised events on Council land.
- 10.3 The Panel received a presentation from a representative of Zippo Circus and noted the report proposing that the ban on circuses involving animals from using Council-owned public spaces be amended, to enable circuses involving domestic animals to use Council-owned land. It was explained that the ban had been in place since 1983.
- 10.4 Members were informed that legislation, which had not been in place at the time the ban was imposed, now protected the welfare of animals in circuses and that advice issued through the Department for Environment, Farming and Rural Affairs (Defra), stated that the Government was not aware of any viable concerns that the welfare needs of domestic animals could not be met in a circus environment.
- 10.5 The 1983 Policy has not been superseded and the Panel acknowledged that any decision regarding lifting the 1983 ban would have to be considered by the Council Executive after detailed discussions.
- 10.6 Parks Officers have met with Zippos personnel on 23rd September 2008. Zippos Circus operates within many London Boroughs who have demonstrated a relaxed approach towards allowing performing domestic animals. There are no wild animals within the circus i.e. Performances include four horses, one dog, and several birds (Budgerigars).

10.7 Animal Welfare.

Zippos have demonstrated their commitment to animal welfare by having regular independent inspections of their animals. This would continue at their expense should they whilst in Haringey.

10.8 Concessions. Zippos have offered free tickets at performances for identified disadvantaged families within Haringey.

10.9 Operational Requirements.

(Lead Officer Lewis Taylor) Finsbury Park is well equipped to accommodate the infrastructure associated with an event of this kind through regular practised process and procedure.

10.10 Finance.

Revenue received would contribute towards the set events target of £250K which supports parks infrastructure purchase and refurbishment across the borough.

RECOMMENDATIONS

11 The Panel recommends that consideration be given to amending the current policy prohibiting the use of performing animals at organised events on Council land in order to allow animal circuses using domestic animals to be held on the Council's open spaces.

12. The Panel recommends that procedures be put in place for the registration and inspection of any circuses under the relevant legislation as part of the event application process.

11.0 FINANCIAL COMMENTS

11.1 Funding is available for a dog warden post, but the post is currently vacant.

11.2 Any recommendations arising from the Scrutiny Review of Animal Welfare in Haringey involving additional resources, e.g. the creation of a Dog Warden, need to be clearly identified for consideration as part of the Council's revenue budget process.

12.0 LEGAL COMMENTS

12.1 Any legal implications arising from the recommendations contained in the Scrutiny Review of Animal Welfare in Haringey need to be clearly identified as part of the Executive response to the recommendations.

13.0 CONCLUSION

- 13.1 The continued efficiency of the Service is dependent on the recruitment of a Dog Warden in order to provide not only specialist skills and knowledge but also some core services.
- 13.2 There was also a concern expressed to the Panel in some of the discussions, that there are many animal welfare initiatives in the Haringey, that not all the services are carried out in a single Department. However a Corporate Animal Welfare Strategy should pull together all the various strands and joint schemes with the RSPCA and other local charities such as the Wood Green Animal Shelter would achieve better value for money in the Council's drive towards efficiency savings. This will help to promote sustainable change and avoid duplication of work.

APPENDIX A

Membership of the Review Panel

Councillor Ray Dodds – Chair
 Councillor Ron Aitkin
 Councillor Matt Davies
 Councillor Jayanti Patel

Participants in the Review	
Head of Urban Enforcement	Robin Payne
Piers Claughton	RSPCA
Linda Cattle	Wood Green Animal Shelter
Andrew Gill	Manager, Parks Constabulary
David Hibling	Zippo Circus
Jason Houston	Family Mosaic
Angelia Miller-Moore	Homes for Haringey

APPENDIX B

Haringey Council Stray Dog Service

Gap analysis based on DEFRA Guidance on stray dogs (October 2007)

	DEFRA Guidance		Where are we now?	
1. Responsible Body	1.1	London Borough councils have a duty to collect and detain stray dogs.	1.1	Haringey Enforcement Service provides a stray dog collection and detention service.
	1.2	The police retain duties with regard to dealing with dangerous dogs and dogs found to be worrying livestock. Authorities and the police should maintain a working relationship so that such issues can be dealt with effectively.	1.2	The Enforcement Service has a good working relationship with the police. We are in contact with the police often, and they contact us if they are in possession of a stray dog. There is a need to establish a regular meeting to discuss joint working.
2. Appointment of an officer	2.1	Local authorities must appoint an officer for the purpose of discharging their stray dog functions. This officer retains overall responsibility.	2.1	Interim arrangements are in place pending recruitment.
	2.2	It may be practical to appoint a senior officer and delegate day to day responsibilities to a dog warden or contractor.	2.2	The functions are delegated.
	2.3	If responsibility is delegated, the officer should ensure they have appropriate training and skills.	2.3	Officers have received some general dog handling training but further training is required for new staff.
3. Seizure of stray dogs	3.1	There is no statutory definition of a stray dog.	3.1	It would be useful to determine a definition of a stray dog in conjunction with the police, in order to clarify issues, such as those surrounding abandoned dogs. A definition of a stray dog used by another local authority is: 'Any dog loose in a public place, with no one obviously in charge of it.'
	3.2	Where an officer finds in a public place a dog he believes to be stray, he shall (where practicable) seize and detain the dog.	3.2	Officers seize and detain stray dogs in a public place.
	3.3	If the dog is not on a public place, the officer must first gain permission of the owner or occupier of the land or premises.	3.3	This has not been applicable as of yet. Issues may arise here in respect of clarifying whether the dog is stray if it is on private property.
	3.4	Authorities must publicise phone numbers of officers as widely as possible so the public can report stray dogs. This should include on their website and at local police stations.	3.4	The phone numbers are publicised on the website and at police stations.

	DEFRA Guidance		Where are we now?	
	3.5	Authorities are not required to offer a night-time call-out service to seize and detain stray dogs seen or found by the public.	3.5	We currently offer a collection service during office hours and an acceptance point at night and during the weekends.
	3.6	Functions can be delegated to third parties.	3.6	We do not currently delegate this responsibility to third parties.
	3.7	Authorities should provide the most cost effective service possible.	3.7	The service needs to evaluate the most cost effective way of providing the stray dog function.
4. Identifying the owner	4.1	Authorities have a duty to enforce the requirement for dogs to wear a collar and tag in public places.	4.1	The parks constabulary carry out this function. The stray dog officers do not currently do this. We have promoted this legislation at dog events in the borough.
	4.2	The officer is recommended to keep notes of such incidents for evidence in legal cases.	4.2	Officers keep notes of such incidences on the M3 database.
	4.3	Authorities should be equipped to identify micro-chipped or tattooed dogs, and scanners should be available to waste management to check dead dogs.	4.3	We are currently awaiting delivery of micro chip scanners and have not yet come across any tattooed dogs. If we did seize a tattooed dog, the officer would contact the National Dog Tattoo register for owner's details.
5. Identifying the owners of prohibited type dogs	5.1	Officers should have access to guidance on identifying the 4 types of prohibited dogs.	5.1	Officers have access to the guidance on identifying prohibited dogs.
	5.2	If officers identify a prohibited dog, they should contact the Index to identify the owner and contact the local police force who may wish to take further action.	5.2	Officers contact the police if they seize a dog which they believe is prohibited.
6. Return of seized dogs to their owners	6.1	When identified, officers must serve notice on the owner or person whose address is given on the collar.	6.1	This has not been applicable as of yet, because no owners have been identified from tags or micro-chipping. However, in the future if we do seize an identifiable dog, a notice will be served.
	6.2	The notice must state: (a) that the dog has been seized (b) where it is being kept (c) that it will be disposed of unless it is claimed within 7 clear days after the service of the notice and the full amount liable is paid.	6.2	
	6.3	The authority may charge the owner all expenses incurred during the dog's detention plus a further prescribed amount (£25). This further amount should be used to discharge ongoing stray dog functions. Expenses should be calculated as per day kennel cost plus any costs involved in detaining the dog.	6.3	We currently charge the owner £49 for the first day + £21 per day after that. We do not charge the further prescribed amount. There are currently issues with collecting the monies as the officer does not have a float or receipting facilities.
	6.4	Authorities should also include charges incurred from injured dogs receiving treatments.	6.4	We would also attempt to charge for any vets fees.
	6.5	An authority is within its rights to	6.5	This has been noted but in some

	DEFRA Guidance		Where are we now?	
		detain the dog until the owner has paid the full amount.		cases may be impractical as the owners may be unable to afford to pay the full amount.
7. Accepting strays found by other persons	7.1	The authority must treat a dog found by another person as though it had been seized by an officer.	7.1	We treat a dog found by another person as though it had been seized by an officer. However, we will not take a dog found by a third party in a different borough.
	7.2	Authorities must, <i>where practicable</i> , provide at least one acceptance point to which dogs can be taken round the clock. (There may be different points for day and night).	7.2	We currently offer a collection service during office hours and an acceptance point at night and during the weekends.
8. Finders that request to keep a stray dog	8.1	The officer must make reasonable attempts to contact the owner to give him reasonable opportunity to collect the dog.	8.1	Officers make reasonable attempts to contact the owner of the stray dog.
	8.2	The officer must determine whether the finder is a suitable person to keep the dog.	8.2	Officers have in the past spoken to the finder and visited their property to determine whether they are suitable to keep the dog. It would be useful to have guidelines on what makes a person 'suitable' to keep a dog.
	8.3	The officer must inform the finder verbally and in writing that he is obliged to keep the dog (if unclaimed by the owner) for at least one month and that failure to comply with that is a criminal offence. The finder does not become the legal owner of the dog and may have to relinquish his custodianship if the owner requests return of the dog.	8.3	Officers provide this information to the finder.
	8.4	It is not intended that the recipient be charged for costs.	8.4	Recipients of stray dogs who are not the owners are not charged any costs.
9. Register of detained dogs	9.1	The officer must keep a register of dogs seized or brought to the authority and those in possession of finders.	9.1	The register is kept by Gary Cooke at the Enforcement Service offices in Technopark.
	9.2	Particulars that must be recorded on register: (a) description of dog: breed, colour, distinctive characteristics or markings, tattoos, scars (b) information on collar/tag or otherwise carried on dog, inc. micro-chipping (c) date, time and place of seizure (d) details of when and where notice on owner is served (e) date and method of disposal (f) name and address of purchaser and price (g) person to whom the dog was gifted or person effecting the destruction (h) name and address	9.2	The particulars that are relevant to our service are recorded on the register.

	DEFRA Guidance		Where are we now?	
		of person returned to and date of return.		
	9.3	Register must be made available to the public free of charge and at reasonable times.	9.3	We have not been asked by anyone to see the register as of yet, but it is available free of charge and at reasonable times.
	9.4	Authorities may charge for providing a copy of all or part of the register.	9.4	We do not currently have a fee set for this.
10. Detention of stray dogs	10.1	Authorities must make provision to house stray dogs they seize and those brought in by other persons.	10.1	Stray dogs are housed in our own kennels at Ashley Road, Tottenham for a period of up to 7 days before being transferred to Battersea Dogs Home.
	10.2	Authorities will need to ensure there are appropriate arrangements for receiving and dealing with stray dogs found or reported out of usual office hours (can be done through third party kennels).	10.2	We provide a call-out service to seize and detain stray dogs and to collect dogs found by other persons during office hours. We provide an acceptance points outside of office hours.
	10.3	Kennels should comply with specific standards.	10.3	The kennels do not currently comply with all of the standards and we will need to make arrangements for the improvement of the kennels.
	10.4	Authorities must detain dogs for 7 days, commencing from either the day of seizure or the day in which the notice was served, whichever is the latter.	10.4	We currently detain dogs for up to 7 days. We may take dogs to Battersea Dogs Home at an earlier date if there is no room in the kennels or if the dog is becoming distressed in the kennels.
	10.5	Officers must properly feed and maintain any stray dog.	10.5	Officers feed and water the dogs and clean out the kennels regularly. The dogs are not exercised.
	10.6	Authorities are expected to treat any dogs that are injured or require treatment to keep them alive, unless the costs of doing so are excessive or if the dog's condition is such that it would be more humane to provide euthanasia.	10.6	We currently provide treatment to dogs that require it, unless the cost is excessive, in which case the dog is put down. Treatments and euthanasia are carried out by Goddards Veterinary Clinic. It would be useful to have a clear cost limit for treatment, over which euthanasia will be used.
	10.7	It is recommended that authorities come to a formal arrangement with local veterinary surgeons.	10.7	As mentioned above, we have so far used Goddards. However, we do not have a formal arrangement with this clinic. It would be useful to do so. Within this formal arrangement, the veterinary clinic should agree to destroying an animal when requested to do so by us if the costs of treatment are too high.
	10.8	It is recommended that authorities consider making contractual provision for such arrangements.	10.8	
	10.9	Authorities should agree a protocol with third parties such as dog welfare organisation in respect of treatment of dogs.	10.9	We work closely with Battersea Dogs Home but do not have a formal protocol in place.
	10.10	An officer may have a dog destroyed before the 7 day period	10.10	We currently adhere to this guidance.

	DEFRA Guidance		Where are we now?	
		has elapsed if he thinks that it must be done to avoid suffering.		
	10.11	Officers must consult with a vet before making a decision to destroy a dog.	10.11	Officers always consult with a vet before making a decision to destroy a dog.
	10.12	Euthanasia should only be affected by a vet unless the animal is in considerable pain or distress where an officer should take action immediately.	10.12	At the moment, all euthanasia is carried out by a vet in all circumstances. Officers are not trained to do this and do not have the equipment to do so.
11. Disposal of stray	11.1	If a stray has not been collected within 7 days, the officer may dispose of the dog by (a) selling or giving it to a person who will in his opinion care properly for the dog (b) selling it or giving it to an establishment for the reception of stray dogs (c) euthanizing it in a manner to cause as little pain and suffering as possible.	11.1	Dogs that are not collected by their owners are taken to Battersea Dogs Home. We have an agreement with Battersea Dogs Home that they will take the animals immediately (i.e. we do not have to join a waiting list).
	11.2	Dogs may not be disposed of for the purposes of vivisection.	11.2	This does not happen. All dogs are taken to Battersea Dogs Home.
	11.3	Euthanasia should only be considered after all other options for re-homing have been explored. (NB Banned breeds cannot be re-homed)	11.3	Not applicable. All dogs are taken to Battersea Dogs Home.
	11.4	When a dog is given or sold to a person, the dog is vested in the recipient. NB This is different to that of a finder.	11.4	
12. Records Keeping	12.1	Authorities must be able to provide statistics on the total number of dogs accepted out of hours, the total number of days dogs accepted out of hours that have been kept in kennels, the number of those dogs returned to their owner and the number that by necessity were put down.	12.1	These statistics are provided and are collated using the M3 database.
13. Lost, stolen and abandoned dogs	13.1	The police are responsible for recording reported lost property, including dogs, and dog theft which is a criminal offence. Officers should advise owners of lost or stolen dogs to file a report with the police.	13.1	Officers advise owners of stolen dogs to file a report to the police. However, we do not currently advise owners of lost dogs to file a report to the police. Before we begin to do this, we should liaise with the police about it.
	13.2	Abandoned dogs: kennels or welfare organisations should be contacted to see if they could re home the dog.	13.2	This needs to be included in our formal policy.
14. Dead dogs	14.1	Officers should make every effort to establish the identity of the dog and owner and give the owner the opportunity to collect the dog.	14.1	We do not currently have any arrangements in place for officers to identify the owners of dead dogs. Waste management are responsible for the collection of stray dogs. It may be useful to

	DEFRA Guidance		Where are we now?	
				make an arrangement for waste management to give us details of all dead dogs reported so that we can check this against the lost dog register.
15. Education	15.1	Officers should promote and raise the profile of responsible dog ownership within their area.	15.1	The parks constabulary work to promote and raise the profile of responsible dog ownership. The Enforcement Service has attended two dog events recently to promote responsible dog ownership.
16. Neutering	16.1	Authorities should consider whether there is a need to offer subsidised or free neutering.	16.1	This has not been considered as of yet.
17. Micro chipping	17.1	Authorities should consider the benefits of offering discounted or free micro-chipping.	17.1	This has not been considered as of yet. Availability of equipment will need to be considered.
18. Training	18.1	Authorities are strongly advised to ensure that anyone involved in discharging their stray dog duty is adequately trained to do so. Training should be provided by a reputable and accredited trainer.	18.1	Officers have received dog handling training but this has not been extensive and when the new dog warden is appointed this should be carefully considered.
19. Partnership working	19.1	Authorities should seek to develop protocols with any bodies that play a role in dealing with stray dogs.	19.1	Formal protocols have not yet been developed.
	19.2	Authorities should explore benefits of working with other local authorities in the area.	19.2	This has not yet been explored.
	19.3	Authorities are expected to provide a cost effective service, which can often be done using third-party kennels.	19.3	A full analysis of the most cost effective way of providing the necessary service is needed.

10

The Review demonstrated that, while much valuable work has been accomplished, there is considerable scope for further development.

¹⁰ The DEFRA guidance covers expectations of legal duties that rest with local authorities in England and Wales with respect to stray dogs. The guidance has been written using the following legislation and standards: Environmental Protection Act 1990, Environmental Protection (Stray Dogs) Regulations 1992, Control of Dogs Order 1992, Animal Welfare Act 2006, Model Licence Conditions and Guidance for Dog Boarding Establishments (kennelling standards published by the Chartered Institute of Environmental Health), Clean Neighbourhoods and Environment Act 2005.

APPENDIX C

THE WORK OF THE ANTI SOCIAL BEHAVIOUR TEAM IN HARINGEY

In order for action to be taken, the complaint will need to be substantiated by way of evidence or seeking independent witnesses to the event. In the first instance the ASBAT will meet and interview the victim and if required, may also seek to corroborate the incident by speaking to neighbours or other independent witnesses.

Should there be sufficient evidence that a dog has acted in an aggressive manner or attacked someone; the ASBAT will look to take the following action:

[1] Seek an Anti Social Behaviour Injunction [ASBI] under the ASB Act 2003. This kind of injunction has a direct relationship with the Council as a landlord and therefore can be used when the incident has taken place affecting another resident or visitor to a Homes for Haringey estate or where the dog is causing distress to residents living on an estate or Council owned property. An injunction can either place a prohibitions [i.e. what they must not do] on a tenant relating to their behaviour or state that they must take action to change the behaviour. In the case of a dangerous dog the injunction may state that the dog must be kept muzzled at all times, or kept on a lead, or not allowed in children's play area, or if the incident is serious, it may state that the owner must not keep a dog and ask for the dog to be removed.

If the injunction order removal, the ASBAT will liaise with the Police to ensure that the dog is removed by the owner or that the Police remove it should the owner fail to do so. At the time the injunction is given by the court, so that any non-compliance or breach is an arrestable offence. Should a person be prosecuted for a breach of an ASBI it is considered as a contempt of court and can carry a custodial sentence of up to 5 years imprisonment.

Information concerning any injunction application made by the ASBAT against a Home for Haringey tenant is passed to HfH to consider whether they wish to instigate possession proceedings. Should possession be warranted this action will either be taken by HfH as the managing agent or the ASBAT on behalf of the Council.

[2] Should the incident take place anywhere else in the Borough and not on an HfH estate or managed property [for example in a park, a person's private home or street], the ASBAT can apply for a Section 222 Injunction under the Local Government Act 1972.

A local authority can use the authority of s222 of the Local Government Act 1972 to bring injunction proceedings in the county court to prohibit a person from continuing to cause a public nuisance.

The provisions are more or less the same as the ASBI and are used for incidents taking place away from Council owned properties. Again, power of arrest will be requested at the time of application so that should the terms of an order be breached the perpetrator can be arrested for the offence and prosecuted.

Injunctions are usually used against adults age 18 and over as using them against minors is not effective as it cannot have a power of arrest provision attached.

3.64 Barking dogs

The Enforcement Response Team provides a 24 hour response to all noise nuisances including barking dogs. The performance indicator for this service show that it is responding to 90% of complainants within 1/2 hour and visiting within an hour. Since 1 April 2006, the Service has received 877 service requests relating to noise nuisance from barking dogs.

When an officer receives a complaint they will check the history of the address to see if the problem has been reported previously and whether it is a Homes for Haringey property or sheltered housing property. An officer will then visit the complainant's property to establish whether the noise is a nuisance. If the noise is loud enough to be a nuisance, the officer will take appropriate action as follows:

- The officer will visit the property to speak to the owner of the dog if they are present
- The officer would then send the owner of the property a warning letter which will state that a complaint has been made, reminding them of their responsibility to keep their noise down and warning of further action if they do not take action to stop the noise. This will be accompanied by information from a DEFRA leaflet which gives dog owners advice on how to stop their dog from barking excessively
- A separate letter may be sent in circumstances where the excessive barking dog noise has yet to be witnessed but where the officer is satisfied that the correct address has been identified. The DEFRA leaflet information is also sent at this stage
- If there are further complaints about a barking dog at the same property and it is believed there is sufficient evidence to substantiate a statutory nuisance the officer may issue an abatement notice (Section 80 of the Environmental Protection Act 1990)
- If the dog owner does not comply with the notice they may be offered a Simple Caution, be served with a Fixed Penalty Notice or be prosecuted
- If there are concerns about the welfare of the animal the RSPCA could be contacted

- In extreme circumstances of ongoing noise nuisance officers may consider obtaining a warrant to remove the dog[s], on the basis that they are carrying out works in default. Dogs are not classed as noise making equipment and cannot be seized in the traditional way. In such circumstances officers can advise the dog owner of the proposed action, they may remove the dogs themselves or agree for the dog[s] to be rehomed by arrangement. Once removed the Council retain responsibility for the dog until such time as the dog is handed back to the owner.

[3] For those under 18, the most suitable application would be an Anti Social Behaviour Order [ASBO], which would place similar restrictions as those of an injunction but does have the power of arrest for any breach. If breached and found guilty, a custodial sentence of up to 5 years can be issued by the court. ASBO's are also useful if there are other concerns about the person's behaviour the Council wish for the court to take into consideration.

Whether application is made by way of an injunction or ASBO, the ASBAT would make emergency application so that the resident concerned can receive protection quickly and it would be expected that the case will be heard within 48 hours.

Explanatory Notes to Clean Neighbourhoods and Environment Act 2005

2005 Chapter 16

PART 6: DOGS

CHAPTER 1: CONTROLS ON DOGS

173. Prior to these provisions coming into force, local authorities and parish and town councils could make byelaws to control dogs on certain areas of land. Section 236 of the Local Government Act 1972 set out the byelaw-making process and required byelaws to be "confirmed" by the relevant authority before they could have effect. Dog byelaws for England were confirmed by the Secretary of State for Defra and in Wales by the National Assembly. Those committing an offence under a dog byelaw risked a fine of up to £500 in court.

174. This system was considered costly and complicated to administer, both for central and local government. The Act replaces the previous system of dog byelaws with a new system of "dog control orders". This new system is modelled on the Dogs (Fouling of Land) Act 1996; this sets out an offence in the Act which can then be applied by local authorities by order in relation to designated land in their area.

175. Likewise, under the new system local authorities and parish councils are able to provide by order for offences to apply in designated land in their area. The offences are standard offences which will be prescribed in regulations; the prescribed offences include fouling by dogs (and therefore the Dogs (Fouling of Land) Act 1996 has been repealed). But the new system also allows for other types of dog-related offence relating to the keeping of dogs on leads in designated areas, the exclusion of dogs from such areas and the maximum number of dogs that one person may walk in such an area.

176. It is intended that the regulations provide "model" offences which may then be applied by a local authority or parish council to specified areas of land accessible to the public; but (where appropriate) local authorities and parish councils will also be given some flexibility in relation to certain details of the offences; for example, the model offence in relation to the number of dogs that may be walked by one person may leave it to the local authority or parish council to specify whatever number of dogs they deem appropriate in relation to the land where the offence is to apply. It is also intended that local authorities and parish councils are able to specify penalties applicable to offences, within constraints set by regulations.

Dog control orders

Section 55 Powers to make dog control orders

177. Section 55 enables "primary authorities" (which equate to local authorities) and "secondary authorities" (meaning principally parish and town councils) to make orders that apply offences aimed at the control of dogs ('dog control orders') to specified land in their area.

178. *Subsection (3)* sets out the four categories of offence that can be provided for. The effect of *subsection (4)* is that the scope of offences that can be provided for in dog control orders are set out in regulations. It is intended that, where appropriate, the offences described in regulations are not applicable to working dogs and guide dogs.

56 Dog control orders: supplementary

179. Section 56 requires the appropriate person to make regulations which set out: the maximum penalties for dog offences; the content and format of dog control orders; and the process to be undertaken by primary and secondary authorities before and after making such orders (including requirements in respect of consultation on, and publication of, such orders).

Section 57 Land to which Chapter 1 applies

180. Section 57 provides that dog control orders may apply to all public land which is open to the air. *Subsection (3)* allows for exclusions, by order, to the types of land that can be subject to dog control orders.

Section 58 Primary and secondary authorities

181. This section defines primary and secondary authorities. Secondary authorities are parish and community councils (in England and Wales, respectively). *Subsection (3)* enables other bodies to be designated as secondary authorities. This is intended to deal with bodies, such as commons conservators, which have powers under private Acts to make byelaws to control dogs. It could also be used to designate statutory bodies with responsibilities for substantial areas of land.

Fixed Penalty Notices

Section 59 Fixed penalty notices

182. Section 59 allows authorised officers of primary and secondary authorities, or an authorised person working on their behalf, to issue a fixed penalty notice offering members of the public an opportunity to discharge any liability for offences under a dog control order.

183. Under this provision, an authorised officer of an authority can generally only issue a fixed penalty notice in respect of offences provided for by that authority. There is one exception: the effect of *subsection (1)(b)* is to enable an authorised officer of a secondary authority to issue a fixed penalty notice in its area in respect of a dog control order offence created by a primary authority.

Section 60 Amount of fixed penalties

184. Section 60 enables a primary or secondary authority to specify the amount of fixed penalty in relation to their own dog control orders. Authorities are also able to allow for the payment of a lesser amount if the fine is paid within a specified time period. Where no amount is specified at the local level, the fixed penalty is set at £75. Section 60 also provides the appropriate person (as defined in section 66) with the power to make regulations relating to the fixed penalty - in particular, to prescribe a range within which penalties fixed at the local level must fall; the appropriate person may also (by order) substitute the figure of £75 referred to above with a new amount.

Section 61 Power to require name and addresses

185. Section 61 provides an authorised officer of a primary or secondary authority with the power to require the name and address of a person if the officer proposes to give him a fixed penalty notice, and makes it an offence for that person either to fail to give that information or to give false or inaccurate information.

Section 62 Community Support Officers etc

186. Chief Police officers can authorise 'community support officers' and 'accredit' other persons, under section 38 and section 41(2) of the Police Reform Act 2002 respectively, to issue fixed penalties on behalf of the police for certain offences specified in that Act. This section enables community support officers and other persons accredited by Chief Police officers to be given the power to issue fixed penalty notices relating to dog control offences.

Supplementary

Section 63 Overlapping powers

187. The new system of dog control orders enables both primary and secondary authorities to apply dog control offences to land in their area. However, the area of a secondary authority (in most cases a parish or community council) is comprised in the area of the higher tier primary authority. Therefore, under the new system it would be possible for both a primary and a secondary authority to apply a dog control offence to the same area of land.

188. The purpose of section 63 is to avoid such a situation arising where both a primary and secondary authority dog control order relating to the same type of offence exists in relation to the same land. The effect of this section is that if a primary authority makes a dog control order in relation to an area, a secondary authority will not be able to make a dog control order for the same type of offence in relation to the same area. Furthermore, where a

primary authority makes a dog control order in relation to land that has previously been the subject of a dog control order made by a secondary authority for the same type of offence, the secondary authority dog control order will cease to have effect.

189. For example, if a district council (i.e. a primary authority) makes an order about dog fouling on land covered by a parish council (a secondary authority), the parish council cannot subsequently make an order relating to dog-fouling on the same land, and any order relating to dog fouling on that land that it has made previously will cease to have effect. However, the parish council will still be able to make, for example, orders requiring dogs to be kept on leads on that land and any such orders it has previously made in relation to that land will continue to have effect (assuming, of course, the district council does not make a similar such order itself in relation to that land).

190. Similarly, *subsection (2)* gives dog control orders made by parish and community councils superiority over those of secondary authorities designated under section 58(3).

Section 64 Byelaws

191. Section 64 removes the ability of primary and secondary authorities to make byelaws to control dogs in circumstances where it would also be possible for the authority to make a dog control order in respect of the same matter in relation to the land in question. Existing byelaws will remain in place unless that land is made the subject of a dog control order for the same type of offence. For example, if a local authority has a byelaw in place banning dogs from a local park, that byelaw will continue to have effect until such time as the authority makes a dog control order in relation to that park that likewise bans dogs.

Section 65 Dogs (Fouling of Land) Act 1996

192. This section repeals the Dogs (Fouling of Land) Act 1996: as mentioned above, dog fouling is now controlled by way of dog control orders.

Section 66 "Appropriate person"

193. Section 66 provides that the "appropriate person" for Chapter 1 of this Part is the Secretary of State in relation to England and the National Assembly for Wales in relation to Wales.

Section 67 Regulations and orders

194. Section 67 requires that any order or regulations made under section 55(4) or 56(1) be made by statutory instrument by affirmative resolution. Other regulations or orders made under chapter 1 of this Part are to be made by statutory instrument by negative resolution.

CHAPTER 2: STRAY DOGS

Section 68 Termination of police responsibility for stray dogs

195. This section removes the responsibility of the police for dealing with stray dogs, by repealing section 3 of the Dogs Act 1906 (which enabled police officers to seize stray dogs

found in public places), save in so far as that section applies to the continuing powers of the police to seize and detain such dogs under the Dogs (Protection of Livestock) Act 1953, and by amending section 150 of the Environmental Protection Act 1990 (under which stray dogs found by members of the public could be taken to the nearest police station). Under section 150 of the 1990 Act a responsibility for stray dogs remains with the local authority (as defined in section 149 of that Act).



Agenda item:

[No.]**Overview and Scrutiny Committee****On 20 April 2009**

Report Title. SCRUTINY REVIEW – SCHOOL EXCLUSIONS (PART TWO)

Report of Chair of Review Panel

Contact Officer : Carolyn Banks , Principal Scrutiny Support Officer Tel: 0208 489 2965

Wards(s) affected: All

Report for: Non Key Decision

1. Purpose of the report (That is, the decision required)

That Members approve the report and recommendations of the Review, as outlined in the Scrutiny Review report.

2. State link(s) with Council Plan Priorities and actions and /or other Strategies:

Exclusion from Schools and Pupil Referral Units; DCSF (Sep 2008)
 Back on Track - A strategy for modernising alternative provision for young people; White Paper (Apr 2008)
 Commissioning Alternative Provision - Guidance for Local Authorities and Schools; DCSF (Oct 2008)
 Keys to Wellbeing Strategy; Haringey (November 2008)
 Building Schools for the Future
 Every Child Matters

3. Recommendations

To consider the report and agree the recommendations.

4. Summary and Conclusions

Please refer to the scrutiny review report (attached)

5. Chief Financial Officer Comments

The Chief Financial Officer has been consulted in the preparation of this report and comments that there are no financial implications arising from recommendations 1 and 3. There are no specific financial implications arising from recommendation 2 and any additional costs from future developments will be managed within the Council's budget setting procedures.

6. Head of Legal Services Comments

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

7. Equalities & Community Cohesion Comments

These are considered throughout the report.

8. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Please refer to the Scrutiny Review report (attached)

These can be obtained from Carolyn Banks- Principal Scrutiny Support Officer on 0208 489 2965, 7th Floor, River Park House, E- Mail carolyn.banks@haringey.gov.uk



Scrutiny Review – School Exclusions - Part Two

Members of the Review Panel

**Councillors: Pat Egan
Councillor Bernice Vanier
Councillor John Oakes
Councillor Errol Reid
Ms Felicity Kally (Parent Governor Representative)**

www.haringey.gov.uk
January 2009

1. Summary

- 1.1 This review looked at the current provision provided at the Pupil Support Unit., It also examined good practice on what should be provided and considered whether the Council complied with it.
- 1.2 Haringey was at the forefront nationally in terms of its commitment to fully inclusive schools. For instance Haringey had been engaged in work with the Department for Children, Schools and Families (DCFS) prior to the production of the White Paper. 'Back on Track' which set out the Government's strategy for modernising alternative provision for young people.
- 1.3 The Panel were pleased to note that both the DCSF and Ofsted recognised that Haringey's Pupil Support Centre formed part of the continuum of support available to children and young people, which not only complied with the requirements of the White Paper but was an example of good integrated practice. A copy of the latest inspection by Ofsted which rated the Pupil Support Centre as good is attached at Appendix A.
- 1.4 The Panel was impressed with work ongoing, not only to ensure compliance with the requirements, but to ensure compliance remained good and improved further.

2. Reasons for the review

- 2.1 Following the successful review into the action which could be taken to prevent schools from having to exclude pupils, a further review into the alternative education provision to pupils excluded for more than six days was undertaken.
- 2.2 In the meantime the Government published its White Paper entitled "Back on Track which set out fundamental and far reaching changes. Consequently it was clear that there would be little value at this time in undertaking a detailed scrutiny into alternative provision. However once the Government has finalised its proposals there may well be scope for a full-scale scrutiny review into this issue. Until then it was agreed to look just at what is presently provided at the Pupil Support Centre.

3. Background

- 3.1 Haringey has a statutory duty to provide appropriate education for all children and young people as well as supporting their health, safety and welfare. Education outside of mainstream schools is generally known as "alternative provision". and, as part of this, most local authorities establish and maintain schools – or units – for educating pupils who cannot be educated in mainstream or special schools.

These are normally called Pupil Referral Units although Haringey's is known as the Pupil Support Centre (PSC).

- 3.2 The Government's policy as described in "every child matters" and set out in the Children Act 2004 is to improve the outcomes for all children and young people. Many of the children and young people who attend the Council's PSC are vulnerable or disadvantaged. The Centre, therefore, has a key role to play in improving learning, behaviour attendance and attainments.

4. Haringey's Pupil Support Centre

- 4.1 The Council's Secondary Pupil Support Centre can provide for up to 100 pupils and is currently located on two sites. The site at Commerce Road is mainly for Key Stage 4 pupils and pupils undergoing assessment. The one at Coppets Wood is for Key Stage 3 pupils and pupils with fixed-term exclusions where the secondary school has commissioned the Centre to be the provider.
- 4.2 As of March 2008 there were 84 young people who attended the Centre. The net unit cost per year of keeping a child at the centre is £14,694 (gross £16,264) which compares with the national average cost for alternative provision, of £15,000 (and £4,000 for mainstream place).

5. Evidence and Findings from the review

Haringey as a Leading Authority

- 5.1 The Panel were delighted to be informed that as a leading edge authority Haringey had been awarded one of the 12 national grants and this had resulted in the Authority being awarded £2.85m capital funding. The money was to be utilised on providing accredited training in behaviour management for all staff in schools and partner agencies.
- 5.2 The Government plans to produce a toolkit on commissioning alternative provision and database of providers which should be available in 2009. Issues relating to quality assurance had not yet been clarified but the DCSF together with GOL were using Haringey as one of three exemplars of good practice in developing the toolkit for quality assurance.
- 5.3 Both the DCSF and Ofsted recognised Haringey's commitment to fully inclusive schools and to a Pupil Support Centre, which forms part of the continuum of support available to children and young people. This not only complies with the requirements of the white paper but is an example of good integrated practice.

- 5.4 Haringey has already received a grant from the Building Schools for the Future programme to refurbish its alternative provision to provide a smaller Pupil Support Centre, based at the Commerce Road site and to make extended provision in all secondary schools.
- 5.5 The Panel were pleased to learn that Haringey complied with best local authority best practice in relation to planning and co-ordination, supporting pupils, staffing, education provision and accommodation. Particular aspects that they wished to comment on are set out below.

Alternative Provision

- 6.1 Haringey maintains a database of alternative providers used by schools, both as part of the 14-19 curriculum provision and new career pathways. It also has a data base of the alternative provision by schools for learners with additional needs related to Special Educational Needs or behaviour. Schools use the Haringey Quality Assurance procedures for ensuring the provision is appropriate. During 2008/09, the Council's intention is to ensure that every young person attending alternative provision has the opportunity to leave with a nationally recognised accreditation.
- 6.2 Haringey is also working closely with other London boroughs to ensure that alternative provision from out borough are, where appropriate, accessible by Haringey learners and are quality assured at the same high standard used in Haringey.

Training

- 7.1 As mentioned previously funding has been secured for a training package on behaviour management which will be rolled out over the next 3 years. The first stage will be for every school and external partners to set aside one day for needs analysis. A training package consisting of SEAL training and other parts of a bespoke package would be the minimum quality standard of delivery. Following this it was expected that around 100 people would be identified to participate in four 3 hour sessions concentrating on a specific aspect of training need which had been identified and was relevant to their organisation. Thereafter anyone identified and wishing to be a lead behaviour specialist would undertake a masters accredited training course.
- 7.2 BSF money would be used in secondary schools to enhance or build accommodation which could be used to keep young people engaged. The aim for primary schools was to have no permanent or fixed term exclusions. Pupils would be kept in their own school in special 'nurture' units although in one primary school in each network there would be a behaviour management centre for pupils to attend. Such centres would be responsible for ensuring that all schools in their

partnership network received training and had a high level of expertise at a local level.

- 7.3 The Panel noted plans for a Haringey Website with links to quality assurance diplomas for alternative provision.
- 7.4 In the future the whole 'well being and healthy schools agenda' would be part of the inspection of schools and there would be penalties for exclusions. Haringey was already looking at the cost of exclusions of Haringey pupils attending out borough schools. Further work would be carried out with partners especially the police and the PCT on the well being agenda and in respect of access to PCT mental health services. A joint bid with the PCT had also had been submitted for mental health training issues.

Accommodation and Staffing

- 8.1 Proposals were being drawn up to allow for greater flexibility for pupils to move in and out of the one site Pupil Support Centre at Commerce Road. This provision was likely to be available following the opening of the new Centre in 2010. It was hoped that the previous image of the Pupil Support Centre would change as the new building was launched.
- 8.2 Schools would not be expected to exclude pupils until alternative strategies and interventions had been tried. Access to the Centre was likely to be through the Common Assessment Framework Panel.
- 8.3 The proposed new design of the Commerce Road site will incorporate space and light as well as improved ICT facilities. It will also provide a range of small multi therapies and multi agency rooms so that services such as Speech and Language Therapy and Child and Adolescent Mental Health can be available.
- 8.4 The Panel were pleased to note that in addition to the Centre's staff there were currently 22 volunteers recruited from the community who acted as mentors. These volunteers were given the appropriate training and some had moved on to be more fully involved.

Recommendations

1. That the Children and Young People's service be commended on:-
 - (a) the quality of provision currently provided at the Pupil Support Centre and in being recognised nationally as a 'leading edge' Authority of such provision
 - (b) being fully compliant with the provisions set out in the Government White Paper 'Back on Track'
2. That the Director of Children and Young People's service consider:-

a) ways to ensure that quality assurance can be embedded and made stronger

b) ensuring that further work is carried out with partners especially the police and the PCT on the well being agenda

c) how the good practice that has been developed can be further promoted with Haringey seeking Beacon status.

(d) ways of ensuring that the Pupil Support Centre had a good and positive image.

3. That Overview and Scrutiny Committee give consideration to a further review on the quality of provision in 2/3 years time after the opening of the new Centre in 2010.



Agenda item:

[No.]**Overview and Scrutiny Committee****On 20th April 2009**Report Title: **Scrutiny Review of Stroke Prevention**Report of: **Councillor Winskill, Chair of the stroke prevention review panel**

Contact Officer : Melanie Ponomarenko

Email: Melanie.Ponomarenko@haringey.gov.uk

Tel: 0208 489 2933

Wards(s) affected: **All**Report for: **[Key / Non-Key Decision]****1. Purpose of the report (That is, the decision required)**

- 1.1. That the Overview and Scrutiny Committee approve the recommendations laid out in the attached report.

2. Introduction by Cabinet Member (if necessary)

- 2.1. N/A

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1. This review links with the Sustainable Community Strategy¹ outcome of:

- Healthier people with a better quality of life

3.2. This review relates to the Council Plan² priorities of:

¹ Sustainable Community Strategy 2007-2016, Haringey Council

² Haringey Council Plan 2007-2010, Haringey Council

- Encouraging lifetime well-being, at home, work, play and learning
- Promoting independent living while supporting adults and children when needed

3.3. The review also relates to the Local Area Agreement³ target “NI 121 Mortality rate from all circulatory diseases at ages under 75” which aims to reduce the number of people dying of circulatory disease in Haringey.

3.4. In December 2007 the Department of Health published the National Stroke Strategy. This strategy sets out key objectives and quality markers to improve stroke services in England and Wales in all patient pathways, including prevention.

3.5. The Well-being Strategic Framework⁴ brings together the range of activities and targets across the partnership which aims to improve the well-being of residents from 18 years of age. Alongside the Framework is an implementation plan⁵ with a number of outcomes and targets. Included in this, and pertinent to this piece of work is the following priority:

- Improve access to effective primary, community and other health care services

4. Recommendations

4.1. Review recommendations are laid out in the attached report.

5. Reason for recommendation(s)

5.1. Reasons for the recommendations laid out in the main report are covered within the main body of the attached report.

6. Other options considered

6.1. N/A

³ Local Area Agreement, Haringey Council

⁴ Well-being Strategic Framework, Haringey Council, Haringey Teaching Primary Care Trust and Haringey Association of Voluntary and Community Organisations, 2007

⁵ Haringey Well-being Strategic Framework Implementation Plan 2007-2010, Haringey Council

7. Summary

7.1. The Overview and Scrutiny Committee commissioned a review into stroke prevention for their 2008/09 work programme. This piece of work was timely due to the publication of the National Stroke Strategy, by the Department of Health in December 2007. This strategy listed a number of Quality Markers for stroke care which the panel felt would be an appropriate basis for the recommendations included in this document, thus contributing to the national direction in stroke care. The relevant Quality Markers for this review are listed below.

- Quality Marker 1 – Awareness Raising
- Quality Marker 2 – Managing Risk
- Quality Marker 3 – Information, advice and support
- Quality Marker 4 – Involving individuals in developing services
- Quality Marker 5 – Assessment – referral to specialist
- Quality Marker 6 – Treatment
- Quality Marker 16 – Return to work
- Quality Marker 20 – Research and Audit

7.2. The review focused on three aspects of stroke prevention; the impact of a person's lifestyle, primary prevention and secondary prevention.

7.3. Key findings of the panel included:

- Stroke is a largely preventable disease, with key risk factors including smoking, lack of exercise and high blood pressure.
- The need for greater awareness of the signs, symptoms and risk factors of strokes and that a stroke should be treated immediately as a medical emergency.
- Haringey has a higher than average stroke mortality rate, particularly for those under the age of 75 years.
- There is under-reporting of stroke patients on Haringey's General Practice stroke registers.
- There are greater opportunities for the voluntary and community sector to be involved in stroke services.
- There is a need for greater active identification of those who are at risk of a stroke.

8. Chief Financial Officer Comments

8.1. Locally, Haringey Council have been allocated £92k per annum for financial years 2008/09, 2009/10 and 2010/11. This new funding from the Department of Health is made available to all councils with social services responsibilities in England to demonstrate how to deliver stroke care for adults in the community. The funding is to help support the implementation of the National Stroke Strategy, and will

contribute towards the recommendations in this report for which Haringey Council are responsible. Any recommendations for NHS Haringey will be funded from NHS Haringey budgets.

9. Head of Legal Services Comments

9.1. The Overview and Scrutiny Committee has conducted this review in accordance with its statutory functions. The report reviews and makes recommendations about health services in the area as well as local authority functions. The Overview and Scrutiny Committee is empowered to do this by Section 21 of the Local Government Act 2000 as amended by Section 7 of the Health and Social Care Act 2001 and in accordance with The Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002. The Council also has the power to implement a broad range of measures by virtue of the well being powers of Section 2 of the Local Government Act 2000.

10. Head of Procurement Comments – [Required for Procurement Committee]

10.1. N/A

11. Equalities & Community Cohesion Comments

11.1. Haringey has high death rates from stroke compared to London and England⁶, particularly in those under the age of 75 years of age.

11.2 Stroke deaths in Haringey for those under 75 years of age were 50% higher than expected in 2004-2006⁷.

11.3 Stroke deaths for all Haringey residents were 15% higher than expected⁸.

11.4 There are variations in stroke prevalence across the borough, with those living in the central and northeast being slightly more likely to have a stroke⁹.

11.5 There are variances of stroke risk dependent upon geographical area, age, gender and ethnicity.

- Age
 - Stroke is more common in people over the age of 55 years, with incidence doubling for every successive decade after this age.
 - Stroke mortality is twice as high for people over the age of 85 years than those

⁶ NHS Haringey presentation, Stroke Panel meeting, September 2008

⁷ NHS Haringey Stroke Report – see appendix C

⁸ NHS Haringey Stroke Report

⁹ NHS Haringey Stroke Report

aged 65 years and over.

- Haringey has an aging population and therefore this is an important element of stroke prevention in Haringey.

- Gender

- Under the age of 75 years of age, men are more likely to have a stroke than women.
- Men are less likely to go to visit their GP surgery, which may have an impact on primary prevention for example blood pressure monitoring. High blood pressure is major risk factor for Strokes.

- Ethnicity

- Asian, African and African Caribbean communities are at an increased risk of stroke¹⁰. In Haringey those most likely to have a stroke are Asian, Black and mixed ethnic groups¹¹.
 - Studies have highlighted that the incidence of stroke among black populations is more than twice that of white populations and that black populations also tend to have a stroke a younger age than white populations.¹²
 - There is a greater prevalence of hypertension (high blood pressure) amongst black and other ethnic minority populations which may place these communities at greater risk of stroke.¹³
 - Given the ethnic diversity of Haringey's population this is of significance for local preventative strategies.

- Geographical area

- African, Asian and African Caribbean populations are more likely to have a stroke – these populations are concentrated in the East of the Borough, specifically Northumberland Park, Bruce Grove and Tottenham.
- People aged 55 years of age and over are more likely to have a stroke – these populations are more concentrated in Muswell Hill and Highgate.
- Cared for pensioners are five and a half times more likely than the general population to have a stroke¹⁴ - there are a large number of care homes in the West of the Borough.
- There is a slightly higher prevalence of stroke in the East of Haringey than the West.

11.6 For further information and related recommendations please see the attached main report.

12 Consultation

12.2 Throughout the scrutiny review process views and evidence was

¹⁰ What is a Stroke? The Stroke Association

¹¹ NHS Haringey, 2009

¹² Stewart et al Ethnic Differences in the incidence of stroke BMJ 318:967-971 1999

¹³ London Health Observatory, Healthcare for London Presentation

¹⁴ MOSAIC

considered from Council departments, NHS Haringey departments, the voluntary and community sector (including stroke survivors), General practitioners and the acute sector.

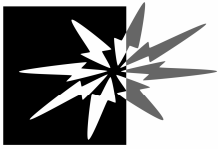
12.3 The attached report has been submitted to the relevant Council Officers, NHS Haringey officers and other relevant agencies for consideration of the technical accuracy of the report and feasibility of the recommendations

13 Use of appendices /Tables and photographs

13.2 Please see Contents page in main report for appendices

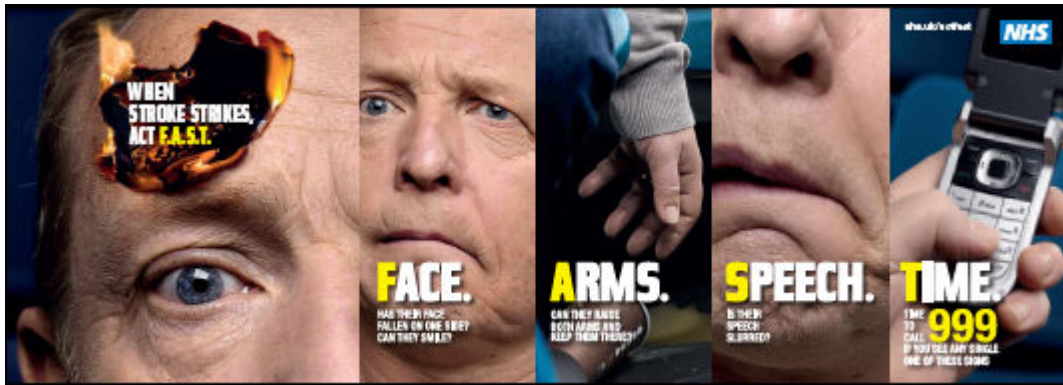
14 Local Government (Access to Information) Act 1985

- Overview and Scrutiny Stroke Prevention Scoping Report, Haringey Council, 2008
- NHS Haringey, Stroke Report for Scrutiny review, 2008
- What is a Stroke? Stroke Association
- National Stroke Strategy, Department of Health, 2008
- Feasibility study of stroke services in Haringey, Overview and Scrutiny Committee, 2008
- Sustainable Community Strategy 2007-2016, Haringey Council
- Haringey Council Plan 2007-2010, Haringey Council
- Local Area Agreement 2007-2010, Haringey Council
- Reducing Brain Damage: Faster access to better stroke care, National Audit Office, 2005
- Well-being strategic Framework and Implementation Plan 2007-2010, Haringey Strategic Partnership
- The shape of things to come, Healthcare for London, 2009
- Office of National Statistics, mid-year estimates, 2007
- Eastern Region Public health observatory, stroke prevalence data
- Putting Prevention First: vascular checks, risk assessment and management tool, Department of Health, 2008
- Quality Outcomes Framework 2007/08, NHS Islington
- Supporting Carers to Care, National Audit Office, 2009



Haringey Council

Scrutiny Review of Stroke Prevention



"An ounce of prevention is worth a pound of cure"

Benjamin Franklin

A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

April 2009

www.haringey.gov.uk

Chair's Foreword

The debate about public health issues and the widely different health outcomes in different parts of the Borough is already becoming one of the main focuses of interest in Haringey. Last year Overview and Scrutiny organised and hosted a very well attended public health seminar and Stroke was one of the main areas of discussion.

This Scrutiny Review has been a fascinating and timely piece of work, both in keying into the public health debate but also coinciding with the Department of Health's recently launched FAST (Face, Arm, Speech, Time to call 999) campaign.

Panel members were surprised by a number of statistics uncovered during the course of our work:

- It is estimated that 4195 people are currently living with the effects of a stroke in Haringey.
- It is estimated that a further 478 people over the age of 16 years could have a stroke in Haringey in 2009.
- Stroke deaths in Haringey for those under 75 years of age were 50% higher than expected in 2004-2006.
- Stroke deaths for all Haringey residents were 15% higher than expected.

It is clear that this is a major public health matter and I hope that our recommendations will echo the move in the NHS towards preventative measures and, in the medium to long term, prevent many incidents of stroke.

The three key messages that emerged simple, inexpensive to implement and available to all -

- EXERCISE - Increase physical activity. This reduces the risk of having a stroke by between 25-60%.
- SMOKING – Stop! Within just 5 years you'll have the same risk of a stroke as a non smoker.
- BLOOD PRESSURE - Ensuring your blood pressure is normal can reduce the risk of stroke by 40%. So, get your blood pressure checked!

I would like to thank all of those involved in the review, especially Cllrs: Alexander, Mallett and Vanier, Officers (especially our resourceful clerk, Melanie Ponomarenko) and our health services and voluntary sector partners.



Cllr David Winskill

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Executive Summary

The Overview and Scrutiny Committee commissioned a review into stroke prevention for their 2008/09 work programme. This piece of work was timely due to the publication of the National Stroke Strategy, by the Department of Health in December 2007. This strategy listed a number of Quality Markers for stroke care which the panel felt would be an appropriate basis for the recommendations included in this document, thus contributing to the national direction in stroke care. The relevant Quality Markers for this review are listed below.

- Quality Marker 1 – Awareness Raising
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- Quality Marker 6 – Treatment
- Quality Marker 16 – Return to work
- Quality Marker 20 – Research and Audit

The review focused on three aspects of stroke prevention; the impact of a person's lifestyle, primary prevention (preventing first event of stroke) and secondary prevention (preventing reoccurrence of stroke).

Key findings of the panel included:

- Stroke is a largely preventable disease, with key risk factors including smoking, lack of exercise and high blood pressure.
- The need for greater awareness of the signs, symptoms and risk factors of strokes and that a stroke should be treated immediately as a medical emergency.
- Haringey has a higher than average stroke mortality rate, particularly for those under the age of 75 years.
- There is under-reporting of stroke patients on Haringey's General Practice stroke registers.
- There are greater opportunities for the voluntary and community sector to be involved in stroke services.
- There is a need for greater active identification of those who are at risk of a stroke.

Recommendations

Local recommendation	Responsibility
National Stroke Strategy Quality Marker 1: Awareness raising	
<p>1. Workforce Development Plan to be jointly developed between Haringey Council and Haringey Teaching Primary Care Trust</p> <p>a. Risk, symptom and ‘what to do’ training for staff (TPCT and ACCS) who come into regular contact with those who are at risk of stroke – to include Teachers, Meals on Wheels staff, Home Care staff, Residential Care staff, Health Trainers, Community Development workers etc.</p> <p>b. To be provided by the voluntary and community sector e.g. Different Strokes, Stroke Association.</p> <p>c. ‘Stroke Training’ should be embedded as part of the overall training on ‘Assessment and Care Management’ for people working with Adults who have disabilities.</p>	<p>Stroke Steering Group (refer to Recommendation 10)</p>
<p>2. Targeted awareness raising for members of the public</p> <p>a. Particularly in areas where there is a population at high risk of stroke, including;</p> <ul style="list-style-type: none"> • Asian, black, mixed ethnic groups (particularly men)¹, carers, manual workers, workers aged 40 years and over with a hereditary risk of stroke, people experiencing high levels of stress or high blood pressure. • Staff and residents in residential nursing homes, day centres and other settings where staff and residents need to know the symptoms in case of a stroke. <p>b. Stroke refresher seminars involving all Haringey GPs</p> <p>c. FAST² posters to be sent to all Haringey GP Surgeries, community centres, religious centres, sports clubs and other appropriate locations.</p> <p>d. FAST All-Users email with link to DoH web-site at both the Council and NHS Haringey – message to be consistent across both organisations.</p> <p>e. FAST information to be placed on the internal and external website of both the Council and NHS Haringey – message to be consistent across both organisations.</p>	<p>Joint Director of Public Health</p> <p>and</p> <p>NHS Haringey Director of Strategic Commissioning</p>

¹ Haringey’s top three ethnic groups who are at greater risk of stroke. NHS Haringey, March 2009

² FAST – Face, Arms, Speech, Time to call 99 Test. The Department of Health is currently running a National campaign on this. Please see front and back page for an example of this.

<p>f. Consideration to be given to a social marketing campaign including the possible use of ‘hard hitting’ images, for example those shown by Ricability to the Scrutiny Panel.</p> <p>g. An article in Haringey People providing information on stroke prevention, including information from Different Strokes, the national campaign, risk factors and preventative measures.</p>	
<p>National Stroke Strategy Quality Marker 2: Managing risk</p>	
<p>3. Annual Review/Patient Toolkit</p> <p>a. Best Practice requirement for GPs (or practice nurse/nurse practitioner) to conduct annual reviews of stroke and TIA patients which goes beyond the current blood pressure and cholesterol check.</p> <p>b. The annual review template on EMIS (primary health care software) should be edited to include active referral and a personal prevention plan covering health, social and emotional needs. This could lead to active referral and uptake of stroke clubs, counselling, volunteering, getting back into work, reducing salt intake, personal exercise plan etc.</p>	<p>NHS Haringey</p>
<p>4. Active identification</p> <p>a. Of people at risk of stroke by GP practices (including people experiencing high levels of stress) e.g. Asian, Black, Mixed ethnic groups, family carers, manual workers, and adults aged 40, over with a hereditary risk of stroke and people experiencing high levels of stress or high blood pressure.</p> <ul style="list-style-type: none"> • These should be invited for an annual personal plan consultation. <p>b. Greater obligation for GPs to identify potential stroke patients through the exploration of options for developing a Stroke Local Enhanced Service (LES)³.</p>	<p>NHS Haringey</p>
<p>5. Vascular Checks</p> <p>a. NHS Haringey to ensure that all agencies are aware of the forthcoming Vascular Check programme and NHS Haringey’s roll out plans to ensure that there is sufficient infrastructure to support people being identified as being at risk and given appropriate advice and/or referral.</p>	<p>a & b - NHS Haringey c - Haringey Council</p>

³ Local Enhanced Service – an enhanced service offered by GP surgeries which are financially incentivised by the local Primary Care Trust. GP surgeries are not obliged to sign up to these.

<p>b. NHS Haringey should consider the inclusion of a waist measurement in the local vascular check tool.</p> <p>c. Haringey Leisure Services to support Vascular Risk Assessments with provision of affordable referral options (for example through Active for Life scheme)</p>	
<p>6. Reinforce link between health and lifestyle</p> <p>a. All practices to be actively encouraged to sign up to the GP referral scheme on roll-out to West of the Borough.</p> <ul style="list-style-type: none"> • Reminder of criteria and benefits to be sent to all GP's currently signed up. <p>b. Leisure Services to actively encourage those coming to the end of the GP referral scheme to sign up for continued Membership.</p>	<p>a. – NHS Haringey</p> <p>b. – Haringey Council</p>
<p>National Stroke Strategy Quality Marker 3: Information, advice and support Quality Marker 4: Involving individuals in developing services</p>	
<p>7. Community Involvement</p> <p>a. A co-ordinated strategy should be developed to link the Expert Patient Programme with the wider voluntary and community sector.</p> <ul style="list-style-type: none"> • This should also link into other strategies which are being developed across the partnership <p>b. Greater collaboration between the voluntary and community sectors, NHS Haringey and Adult Services to enable low level prevention work to be led by people in the community with support from professional services for example the Health Trainers Programme.</p> <ul style="list-style-type: none"> • Consideration to be given to the use of the health centres for this. 	<p>a - HAVCO</p> <p>b – Joint Director of Public Health</p>
<p>8. Information Provision</p> <p>a. Exploration of the possibilities of joint working with other boroughs and the voluntary and community sector for information provision as well as specific Haringey information where relevant.</p> <p>b. Stroke Prevention booklet to be commissioned with specific focus messages particularly relevant to Haringey's demographics ensuring consultation with both services users and the voluntary sector.</p>	<p>Joint Director of Public Health</p>
<p>National Stroke Strategy Quality Marker 20: Research and Audit</p>	

9. Lead GPs a. With responsibility for stroke in Haringey to be identified - one per collaborative	NHS Haringey
Partnership working	
10. Set up a multi agency steering group that takes forward the action points and Quality Markers from the National Stroke Strategy. <ul style="list-style-type: none"> • To hold quarterly stroke steering group meetings • To oversee the development and performance management of a local stroke care action plan. • To provide a forum for clinical pathway development. • To horizon scan for new Stroke Care guidance/guidelines with potential implications for commissioning or performance. • To investigate the current situation with regards to Oberoi and take a co-ordinated overview of what improvements could be made to maximise the benefit of this system. 	NHS Haringey

1. Background

1.1. The Overview and Scrutiny Committee commissioned a feasibility report on stroke services in Haringey, based on information which had come to Councillor's attention and local prevalence (the number of people within a given population who have had a stroke and survived) data within the borough. Based on this report, the Overview and Scrutiny Committee commissioned an in-depth review into stroke prevention in Haringey.

1.2. The review was felt to be timely given the Department of Health National Stroke Strategy, which was published in December 2007 and also due to the Healthcare for London work currently being done around acute services for stroke. A decision was made by the Panel Members to follow the relevant Quality Markers from the above mentioned National Stroke Strategy and link the recommendations from this review to those Quality Markers.

1.3. The review was conducted by a Panel of four Councillors:

- Councillor David Winskill (chair)
- Councillor Karen Alexander
- Councillor Toni Mallett
- Councillor Bernice Vanier

with the support of a range of Haringey Council and NHS Haringey Officers, General Practitioners, a Clinician from North Middlesex University Hospital NHS Trust, Different Strokes, Age Concern Haringey and other relevant agencies.

A full list of contributors can be found in Appendix A.

1.4. The review consisted of four panel meetings to hear evidence from various agencies, a visit to North Middlesex University Hospital NHS Trust, visits to Different Strokes and meetings with various Council officers, NHS Haringey officers and partners.

1.5. The terms of reference for the review were as follows:

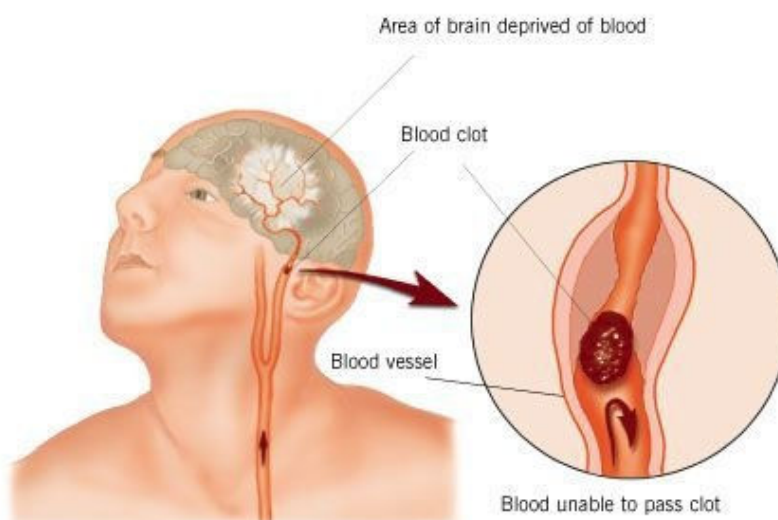
“To review stroke prevention services in Haringey to consider their effectiveness in preventing strokes. In particular looking at well-being activities, primary prevention and secondary prevention across health, social care and the voluntary sector with a view to making recommendations for the improvement of stroke prevention services.”⁴

1.6. The initial scope included the consideration of housing in relation to stroke prevention, however it was felt that on further consideration this would widen the scope of the report and make it less focused, thus being less effective. The panel also noted that at the time of the review there was work being done around a Housing Strategy and accompanying action plan.

2. Introduction

2.1. What is a Stroke?

- A stroke is a ‘brain attack’ caused by a disturbance to the blood supply to the brain. There are two main types of stroke:
 - Ischaemic: this is the most common type of stroke and is caused by a clot narrowing or blocking blood vessels so that blood can not reach the brain. This leads to the death of brain cells due to the lack of oxygen.
 - Haemorrhagic: this is caused by blood vessels bursting producing bleeding into the brain causing damage.
- Minor Strokes also occur (Transient Ischaemic Attacks – TIAs) – these occur when stroke symptoms resolve themselves within 24 hrs.



2.2. Haringey

2.2.1. Haringey has high death rates from stroke compared to London and England⁵, particularly in those under the age of 75 years of age.

⁴ Stroke Prevention Scoping Report, Overview and Scrutiny Committee, 2008

⁵ NHS Haringey presentation, Stroke Panel meeting, September 2008

2.2.2. Stroke deaths in Haringey for those under 75 years of age were 50% higher than expected in 2004-2006⁶.

2.2.3. Stroke deaths for all Haringey residents were 15% higher than expected⁷.

2.2.4. There are variations in stroke prevalence across the borough, with those living in the central and northeast being slightly more likely to have a stroke⁸.

An analysis of Stroke data in Haringey can be found in Appendix C

2.3. Who is more likely to have a Stroke?

2.3.1. Gender

- In people under 75 years of age, men are more likely to have a stroke than women.
- Stroke death and is attributed to 13% of deaths among women and 8% among men⁹.

2.3.2. Age

- Strokes are more common in people over the age of 55 years. This risk continues to increase with age. The incidence of stroke doubles with each successive decade after the age of 55.
- Older people are also significantly more likely to die after having a stroke where fatality is twice as high among people aged 85 and over compared to those aged 65 and over.
- Stroke is not exclusively a disease of old age however, as 10,000 people under the age of 55 suffer a stroke every year of which 1,000 of these will be under the age of 30.¹⁰
- Haringey has an aging population. The number of people aged 65 years plus in Haringey is projected to rise from 20,400 in 2008 to 23,300 in 2025. This includes an increase in those who are 85 years old and above from 2,140 in 2008 to 2,692 in 2025¹¹.

2.3.3. Family History

- People who have a close relative who has suffered a stroke are at greater risk of having one themselves¹².

2.3.4. Ethnicity

- People from Asian, African and African Caribbean communities are at greater risk of having a stroke¹³. In Haringey those most likely to have a stroke are Asian, Black and mixed ethnic groups¹⁴.
- Studies have highlighted that the incidence of stroke among black populations is more than twice that of white populations and that black populations also tend to have a stroke a younger age than white populations.¹⁵

⁶ NHS Haringey Stroke Report – see appendix C

⁷ NHS Haringey Stroke Report

⁸ NHS Haringey Stroke Report

⁹ Office of National Statistics, 2007

¹⁰ Different Strokes, Younger People Stroke Survivor Charity, <http://www.differentstrokes.co.uk/>

¹¹ Greater London Authority, Population Projections, 2006

¹² What is a Stroke? The Stroke Association

¹³ What is a Stroke? The Stroke Association

¹⁴ NHS Haringey, 2009

¹⁵ Stewart et al Ethnic Differences in the incidence of stroke BMJ 318:967-971 1999

- There is a greater prevalence of hypertension (high blood pressure) amongst black and other ethnic minority populations which may place these communities at greater risk of stroke.¹⁶
- Given the ethnic diversity of Haringey's population this is of significance for local preventative strategies.

2.3.5. Health

- High blood pressure (hypertension), heart disease, irregular heart beat (arterial fibrillation) and diabetes all increase the risk of stroke.
 - The relative stroke risk of these conditions suggests that the identification and management of existing health conditions should be central to stroke prevention strategies.
- Some health treatments, for example, warfarin (blood thinning agent), increases the risk of stroke.
- Smoking doubles a person's risk of having a stroke¹⁷.
- Stroke risk is much higher for people who have had a stroke or a TIA before. Approximately 10% of those who have had a stroke will have another one within one year¹⁸

2.4. Effects of a Stroke

2.4.1. Stroke is the third most common cause of death in the United Kingdom and the largest single cause of severe disability.

2.4.2. There are over 900,000 people who have had a stroke currently living in England¹⁹ with more than 250,000 people in the UK living with disabilities caused by stroke²⁰.

2.4.3. Approximately 130,000 people will have a stroke each year and whilst one-third of people may fully recover with no long term ill-effects, one-third may experience long term disability and further one-third will die.²¹

2.4.4. Effects may include:

- Weakness or paralysis - leading to difficulties with walking, movement or coordination.
- Lack of feeling or loss of awareness of objects on one side of the body.
- Difficulties swallowing - this can cause trouble with eating or drinking. If this isn't managed, and food or liquid passes into the windpipe and lungs, it can result in chest infections such as pneumonia. Dehydration or constipation may also result.
- Speech or language difficulties - including difficulties in understanding, speaking (dysphasia, aphasia), reading, writing and calculation.
- Problems of perception - including trouble recognising or being able to use everyday objects, difficulties telling the time and problems interpreting what the eyes see.

¹⁶ London Health Observatory, Healthcare for London Presentation

¹⁷ What is a Stroke? The Stroke Association

¹⁸ What is a Stroke? The Stroke Association

¹⁹ NHS Haringey Stroke Report

²⁰ www.stroke.org.uk

²¹ National Stroke Strategy, Department of Health, 2007

- Cognitive difficulties - including problems caused by damage to areas of the brain controlling mental processes such as thinking clearly and logically, learning, paying attention, memory and decision making.
- Behaviour changes - including being slower to react than before the stroke, excessive caution, disorganisation, difficulties adjusting to change and becoming confused or irritated.
- Difficulties with bowel or bladder control.
- Mood changes - including mood swings, irritability and laughing or crying, even when you don't feel particularly happy or sad. Depression is extremely common, with symptoms such as loss of appetite, insomnia, crying, low self-esteem and anxiety.
- Epilepsy affects around seven to 20 per cent of people who have strokes²².

2.5. What is the impact on people and their families?

2.5.1. The impact of a stroke is not limited to the person who suffers it but also impacts on their partner and among their wider support network of family and friends. Caring for a patient following a stroke may precipitate many social and economic pressures, particularly as there may be a legacy of disability after the stroke has occurred. Psychological support is often required for both the patient and the Carer to help them adapt to a life that is often very different after stroke, (e.g. disability, exclusion from workforce, new caring role)²³.

2.6. What are the financial implications?

- 2.6.1. It is estimated that the total cost (direct and indirect) of stroke in England & Wales to be in excess of £7 billion each year, the most significant cost areas being the provision of informal care (£2.4 billion) and community care/ rehabilitation (£1.7 billion)²⁴.
- 2.6.2. In 2006/2007 the NHS in London spent £136 million on stroke care²⁵.

3. Policy Context

3.1. The Sustainable Community Strategy is an overarching strategy agreed by the Haringey Strategic Partnership and aims to deal with issues which more than one agency can have an impact on. This review links with the Sustainable Community Strategy²⁶ outcome of:

- Healthier people with a better quality of life

3.2. The Council Plan focuses on the Council's contribution to the Sustainable Community Strategy and defines the Council's ambitions and priorities. This review relates to the Council Plan²⁷ priorities of:

²² www.bbc.co.uk/health

²³ Feasibility study for a scrutiny review of stroke services in Haringey, April 2008

²⁴ London Health Observatory

²⁵ NHS Haringey Stroke Report

²⁶ Sustainable Community Strategy 2007-2016, Haringey Council

- Encouraging lifetime well-being, at home, work, play and learning
- Promoting independent living while supporting adults and children when needed

3.3. The Local Area Agreement is a three year agreement between the Council, its statutory and voluntary partners and central government. It sets out targets which the partnership is striving to achieve. The review also relates to the Local Area Agreement²⁸ target “**NI 121** Mortality rate from all circulatory diseases at ages under 75” which aims to reduce the number of people dying of circulatory disease in Haringey.

3.4. In December 2007 the Department of Health published the National Stroke Strategy. This strategy sets out key objectives and quality markers to improve stroke services in England and Wales in all patient pathways, including prevention.

3.5. Healthcare for London - In December 2006 the London Strategic Health Authority commissioned Professor Lord Darzi to write a strategy aimed to meet Londoners health needs over the next ten years, the result of this work was ‘A Framework for Action’ which was published in July 2007 outlining how healthcare in London needed to change in order to meet Londoners needs. Five key principles emerged from this report including the principle that ‘Prevention is better than cure’²⁹

3.5.1. A current strand of work within this framework is that of Stroke and trauma care in London. This is focusing on the acute end of the stroke pathway, and therefore this review will complement this piece of work.

4. Main Report

4.1. Quality Marker 1 – Awareness Raising

Markers of a quality service:

“Members of the public and health and care staff are able to recognise and identify the main symptoms of stroke and know it needs to be treated as an emergency”

4.1.1. The panel heard from a number of sources just how important the recognition of stroke symptoms is and also how important it is for strokes to be treated as a medical emergency.

4.1.2. The Stroke Association commissioned a MORI poll in 2005 which suggested that only 50% of people could correctly identify what a stroke is, and less than 40% being able to correctly name the three main symptoms of stroke³⁰. The same study found that only 1/3 of respondents would go to hospital or call an ambulance. At the same time the panel heard time and again of the importance of treating a possible stroke as a medical emergency and calling 999 immediately.

4.1.2.1. Attendees at a Different Strokes³¹ meeting strongly agreed that a greater awareness on the whole is crucial. They also felt that if they and others had

²⁷ Haringey Council Plan 2007-2010, Haringey Council

²⁸ Local Area Agreement, Haringey Council

²⁹ www.healthcareforlondon.co.uk

³⁰ National Stroke Strategy, Department of Health, 2007

³¹ A charity for working age stroke survivors

been aware of the symptoms before their stroke, it could have prevented them having a full stroke.

- 4.1.3. The panel heard from the North Central London Cardiac and Stroke Network (NCLCSN) the importance of reacting faster for a stroke than for a heart attack due to the treatment needed for a stroke. For example, a person who has had an ischaemic stroke (where there is a blood clot to the brain), the decision to thrombolysed (a drug treatment which dissipates a blood clot. Also known as 'clot busting treatment') to be taken within two hours of the stroke occurring and treatment needs to be given within three hours of a stroke occurring.
- 4.1.4. As highlighted in the scoping report³² Haringey's demographic profile includes large sections of the community who are at an increased risk of stroke for example, Haringey's aging population and ethnic diversity.
- African, Asian and African Caribbean populations are more likely to have a stroke – these populations are concentrated in the East of the Borough, specifically Northumberland Park, Bruce Grove and Tottenham.
 - People aged 55 years of age and over are more likely to have a stroke – these populations are more concentrated in Muswell Hill and Highgate.
 - Cared for pensioners are five and a half times more likely than the general population to have a stroke³³ - there are a large number of care homes in the West of the Borough.
- 4.1.5. Therefore there is an increased need for heightened awareness of not only the symptoms of stroke, but also of the risk factors and not only in the general population but in those who are in regular contact with people at risk of stroke. Haringey Council currently runs a Stroke Awareness course, which looks at the impact of stroke. There is currently no training for those who are in regular contact with people at risk of stroke, focusing on risk factors, prevention and spotting the signs that someone is having/has had a stroke.
- 4.1.6. Both the Stroke Association and Different Strokes highlighted the research suggesting that there is also a lack of awareness amongst health professionals, including some General Practitioners. A study by the National Audit Office³⁴ Nearly one in five GPs said they do not refer around a fifth of cases of a Transient Ischaemic Attack (TIA) or stroke. Just over half of GPs said they would refer someone with a suspected stroke immediately.
- 4.1.7. The panel is aware of the national campaign for stroke awareness³⁵, which is being run by the Department of Health, but felt that more needed to be done on a local level. Both in terms of raising the awareness of the general public and also in raising awareness of staff who spend time with people at risk of stroke, particularly given the above mentioned demographic profile of the borough.
- 4.1.8. The panel received a presentation from Ricability³⁶ on a booklet which has been commissioned by NHS Islington - "Getting Back Home". This booklet contains information for Islington stroke patients, and includes information about managing their condition, preventing a secondary stroke and information about local services. NHS Haringey has recently spoken to NHS Islington and is now working on adding Haringey information to the booklet to ensure that Haringey residents who are admitted to the Whittington Hospital, which is based in Islington, can also access relevant information.

³² Scrutiny Review into Stroke prevention services in Haringey, Scoping Report, Haringey Overview and Scrutiny Committee, 2008

³³ MOSAIC

³⁴ Reducing Brain Damage: Faster access to better stroke care, National Audit Office, 2005

³⁵ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094239

³⁶ Ricability is a information provision agency, focusing on older people and disabilities.

4.1.8.1. The panel was shown an early draft of a booklet focusing on primary prevention which contained information on the effect of smoking and alcohol on a person's risk of strokes. It also contained blunt messages regarding the effects of strokes e.g. on sexual ability. The panel felt that this was a particularly useful piece of work for stroke prevention and would also be very useful for Haringey if it were to be adapted to be specifically for Haringey's diverse ethnic population. The panel felt that this could be particularly helpful in getting the message across to those parts of the community who are statistically more at risk.

4.1.9. Work has already started on adapting a booklet which is for stroke patients and includes information and advice on secondary prevention; this is being done in conjunction with NHS Islington.

Local recommendation	Responsibility
<p>1. Workforce Development Plan to be jointly developed between Haringey Council and Haringey Teaching Primary Care Trust</p> <p>d. Risk, symptom and 'what to do' training for staff (TPCT and ACCS) who come into regular contact with those who are at risk of stroke – to include Teachers, Meals on Wheels staff, Home Care staff, Residential Care staff, Health Trainers, Community Development workers etc.</p> <p>e. To be provided by the voluntary and community sector e.g. Different Strokes, Stroke Association.</p> <p>f. 'Stroke Training' should be embedded as part of the overall training on 'Assessment and Care Management' for people working with Adults who have disabilities.</p>	<p>Stroke Steering Group (refer to Recommendation 10)</p>

Local recommendation	Responsibility
<p>2. Targeted awareness raising for members of the public</p> <p>h. Particularly in areas where there is a population at high risk of stroke, including;</p> <ul style="list-style-type: none"> • Asian, black, mixed ethnic groups (particularly men)³⁷, carers, manual workers, workers aged 40 	<p>Joint Director of Public Health and NHS Haringey Director of</p>

³⁷ Haringey's top three ethnic groups who are at greater risk of stroke. NHS Haringey, March 2009

³⁸ FAST – Face, Arms, Speech, Time to call 99 Test. The Department of Health is currently running a National campaign on this. Please see front and back page for an example of this.

<p>years and over with a hereditary risk of stroke, people experiencing high levels of stress or high blood pressure.</p> <ul style="list-style-type: none"> • Staff and residents in residential nursing homes, day centres and other settings where staff and residents need to know the symptoms in case of a stroke. <p>i. Stroke refresher seminars involving all Haringey GPs</p> <p>j. FAST³⁸ posters to be sent to all Haringey GP Surgeries, community centres, religious centres, sports clubs and other appropriate locations.</p> <p>k. FAST All-Users email with link to DoH web-site at both the Council and NHS Haringey – message to be consistent across both organisations.</p> <p>l. FAST information to be placed on the internal and external website of both the Council and NHS Haringey – message to be consistent across both organisations.</p> <p>m. Consideration to be given to a social marketing campaign including the possible use of ‘hard hitting’ images, for example those shown by Ricability to the Scrutiny Panel.</p> <p>n. An article in Haringey People providing information on stroke prevention, including information from Different Strokes, the national campaign, risk factors and preventative measures.</p>	<p>Strategic Commissioning</p>
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4.2. Quality Marker 2 – Managing Risk

Markers of a quality service:

“Those at risk of stroke and those who have had a stroke are assessed for and given information about risk factors and lifestyle management issues (exercise, smoking, diet, weight and alcohol), and are advised and supported in possible strategies to modify their lifestyle and risk factors.

Risk factors, including hypertension, obesity, high cholesterol, atrial fibrillation (irregular heartbeats) and diabetes, are managed according to clinical guidelines, and appropriate action is taken to reduce overall vascular risk”

4.2.1. Haringey’s well-being strategic framework and implementation plan³⁹ has specific outcomes and for improving the well-being of adults in Haringey and brings together the multitude of programmes taking place to improve health and well-being across the borough, not just within the Council.

³⁹ Haringey Well-being Strategic Framework and Implementation Plan 2007-2010, Haringey Strategic Partnership

4.2.2. Active for Life

- 4.2.2.1. Haringey Council and the TPCT currently jointly run a physical activity referral scheme, 'Active for Life', which enables GPs who have signed up to the scheme to refer patients for an exercise programme at Haringey Leisure Centres. The person must be classed as inactive or moderately inactive and meet the inclusion criteria which include:
- Hypertension
 - Obesity (BMI of more than 30)
 - History of stroke
- 4.2.2.2. There are currently 27 GP practices on the East of the borough signed up to the scheme, which is rolling out to the West of the borough with the expansion of support staff and premises for the team. This project was initially funded by the Neighbourhood Renewal Fund. As of 1st April 2009, this is funded by NHS Haringey with Haringey Council providing leisure facilities and staff and a subsidised rate for continued leisure membership.
- 4.2.2.3. Once a person is referred they are assessed and a free programme of activities at the Leisure centre is arranged for them for the following 12 weeks. They then receive a final assessment and can sign up at a reduced rate of £15 per month (rather than the standard rate of £35 per month).
- 4.2.2.4. The scheme currently has 25-30 referrals per month with a total of 269⁴⁰ people participating in the scheme thus far. Initial figures suggest that there have so far been 60⁴¹ people who have completed the scheme. There is currently an issue regarding retention of people after the initial 12 week programme, leisure services have acknowledged the need for active encouragement of people at the end of the initial 12 weeks in order for them to sign up for membership.
- 4.2.2.5. To encourage people to stay active the Active for Life scheme also coordinates a number of walks across the borough, from various starting points, whereby people from the local community can be trained as walk leaders.
- 4.2.3. There is also a forthcoming initiative 'Hariactive' which is a range of initiatives aimed to inspire residents to take part in sport or physical activity at least 3 times a week.
- #### 4.2.4. Vascular Checks
- 4.2.4.1. A Department of Health vascular screening programme will be rolled out this year. The 'Vascular Check' programme will screen all persons aged between 40-74 years of age for vascular risks, with a view to preventing vascular disease (vascular disease includes coronary heart disease, stroke, diabetes and kidney disease).
- 4.2.4.2. The vascular checks will be rolled out in Haringey using a phased approach which is due to be completed in 2012/2013. The initial roll out will be in GP surgeries and community pharmacies who will be incentivised to carry out the checks. NHS Haringey is currently working to ensure that the checks are systematic and structured with clear pathways and quality assurances in place. However, there are acknowledged challenges which need to be addressed including actually getting people to show up for the checks and getting people to follow up on the advice given to them during their vascular check.
- 4.2.4.3. The panel discussed the need to ensure that there are structures in place to help people follow the advice they are given e.g. weight loss and exercise. Part of this could

⁴⁰ NHS Haringey, as of April 2009

⁴¹ NHS Haringey, as of April 2009

be in the Active for Life scheme, but there is a need to ensure that there is the support in other areas as well and not just in the physical capacity but also in opening hours of services. There are estimated to be 74,300⁴² 40-74 yr olds in Haringey. The importance of getting all of the relevant services aware of the vascular checks to ensure that the benefits are maximised was stressed.

- 4.2.4.4. The national risk assessment tool does not include a waist measurement as part of the check. The panel felt that this would be a useful addition in the local Vascular checks tool due to the fact that carrying too much fat around your waist can increase your risk of developing heart disease and therefore suffering a stroke.

Please see Appendix D for Department of Health Vascular Check Risk Assessment Diagram

4.2.5. Quality Outcomes Framework

4.2.5.1. The panel looked at the Quality Outcomes Framework (QOF) data for Haringey and neighbouring boroughs. Whilst Haringey's performance is comparable to neighbouring boroughs the data reveals that there are some practices which are well below the average. For example, on the QOF Stroke register there are variances with some GP practices achieving 100% for monitoring blood pressure and some only achieving 67%. The same applies for those who refer new stroke patients for further investigation; some practices are achieving 100% whilst some are at 0%.

4.2.5.2. Based on the number of patients on the stroke register and the expected prevalence for Haringey's population it is estimated that Haringey GPs are treating about 37% of those estimated to have had a stroke. There is therefore serious under recording of stroke in GP registers in Haringey⁴³. The difference could be explained by the fact that the estimated prevalence is the number of people who have had stroke at any time while GPs rely only on presented stroke in primary care. The fraction of people with stroke, in particular people with no apparent, lasting disability could be overlooked.

Please see Appendix E for further a full breakdown of these figures.

4.2.6. Oberoi

4.2.6.1. Oberoi is a software application which is currently being used by all but four⁴⁴ GP practices in Haringey. This system can identify those who are at risk of certain conditions, for example stroke, by analysing data held on the whole patient register. A letter inviting those at risk in for follow up appointments can then generated. This has the potential to be extremely useful, again especially given the demographics in Haringey.

4.2.6.2. However, there are a number of issues which have been identified with the software's use:

- Some readings may be very out of date as they rely on the last time a person attended a practice.
- There are lots of 'unknowns' – where certain data fields have not been populated, thus meaning that the picture presented is not as full as it could be.
- There are resource implications, both in terms of generating the letters and ensuring they are sent out and the potential increase in prescription costs to treat those needing treatment. There would also be a resource implication to audit the database and populate the 'unknowns'.

⁴² 2007 Mid-Year estimates, Office of National Statistics

⁴³ NHS Haringey Stroke report, 2008

⁴⁴ NHS Haringey, as at March 2009

- There is a lack of interface with this system and NHS Haringey's systems meaning that NHS Haringey can not directly access the data.
- Data is not currently reported from Oberoi by the GP practices to NHS Haringey.

The panel agreed that this is potentially a crucial tool in stroke prevention and that work should be done to ensure that its benefits are maximised. This is covered under recommendation 10 below and work is also due to be carried out in relation to this software for the Vascular Checks roll out.

Local recommendation	Responsibility
<p>3. Annual Review/Patient Toolkit</p> <p>c. Best Practice requirement for GPs (or practice nurse/nurse practitioner) to conduct annual reviews of stroke and TIA patients which goes beyond the current blood pressure and cholesterol check.</p> <p>d. The annual review template on EMIS (primary health care software) should be edited to include active referral and a personal prevention plan covering health, social and emotional needs. This could lead to active referral and uptake of stroke clubs, counselling, volunteering, getting back into work, reducing salt intake, personal exercise plan etc.</p>	<p>NHS Haringey</p>

Local recommendation	Responsibility
<p>4. Active identification</p> <p>c. Of people at risk of stroke by GP practices (including people experiencing high levels of stress) e.g. Asian, Black, Mixed ethnic groups, family carers, manual workers, and adults aged 40, over with a hereditary risk of stroke and people experiencing high levels of stress or high blood pressure.</p> <ul style="list-style-type: none"> • These should be invited for an annual personal plan consultation. <p>d. Greater obligation for GPs to identify potential stroke patients through the exploration of options for developing a Stroke Local Enhanced Service (LES)⁴⁵.</p>	<p>NHS Haringey</p>

Local recommendation	Responsibility
<p>5. Vascular Checks</p> <p>d. NHS Haringey to ensure that all agencies are aware of the forthcoming Vascular Check programme and NHS Haringey's roll out plans to ensure that there is sufficient infrastructure to support people being identified as being at risk and given appropriate advice and/or referral.</p>	<p>a & b - NHS Haringey c - Haringey Council</p>

⁴⁵ Local Enhanced Service – an enhanced service offered by GP surgeries which are financially incentivised by the local Primary Care Trust. GP surgeries are not obliged to sign up to these.

<p>e. NHS Haringey should consider the inclusion of a waist measurement in the local vascular check tool.</p> <p>f. Haringey Leisure Services to support Vascular Risk Assessments with provision of affordable referral options (for example through Active for Life scheme)</p>	
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Local recommendation	Responsibility
<p>6. Reinforce link between health and lifestyle</p> <p>c. All practices to be actively encouraged to sign up to the GP referral scheme on roll-out to West of the Borough.</p> <ul style="list-style-type: none"> • Reminder of criteria and benefits to be sent to all GP's currently signed up. <p>d. Leisure Services to actively encourage those coming to the end of the GP referral scheme to sign up for continued Membership.</p>	<p>a. – NHS Haringey</p> <p>b. – Haringey Council</p>

4.3. Quality Markers 3 and 4

Quality Marker 3 - Information, advice and support

Markers of a quality service:

“People who have had a stroke, and their relatives and carers, have access to practical advice, emotional support, advocacy and information throughout the care pathway and lifelong”

Quality Marker 4 – Involving individuals in developing services

Markers of a quality service:

“People who have had a stroke and their carers are meaningfully involved in the planning, development, delivery and monitoring of services. People are regularly informed about how their views have influenced services”

4.3.1. The panel heard of the various pieces of work currently being undertaken to ensure that service users are fully involved and have access to all of the information which is necessary both to prevent a secondary stroke and also to ensure that in the case of a secondary stroke, people are re-directed back into services appropriately and in a timely manner. This includes with Adult services a Stroke Project Group, which meets to coordinate the Stroke Grant as allocated by the Department of Health⁴⁶. Currently this has involved discussion around investment in the following:

- “Appointment of a joint Stroke Coordinator for 3 years to work across health and social care. Elements of this role will involve improving care pathways from Acute

⁴⁶ Stroke Grant, Department of Health. Haringey allocation of £92k per year for three years.

Services into rehabilitation – including social care within the community and in care homes;

- Support for existing initiatives – specifically the Age Concern Stroke Clubs;
- Support the Council's 'Welfare to Work' strategy to the 'Winkfield Resource Centre' to support outreach work to help working age adults return to work;
- Enhance the establishment of the 'Haven Day Centre' by 1 worker to enable more intensive work with older people who have returned to the community & could benefit from further intermediate care."⁴⁷

4.3.2. Funded from this year's allocation is also being spent on a local stroke prevention campaign which will run in June 2009 and January 2010 on 400 buses running in the borough and 5 posters in Haringey's tube stations. This campaign has been organised on the basis of discussions which have taken place throughout this review.

4.3.3. The panel heard that the Expert Patient Programme⁴⁸ has had 180 people graduate through it in Haringey thus far. The value of this programme for enabling people to take control of their conditions is seen as invaluable. However, the panel felt that there was more that could be done to utilise the skills and knowledge that they have learnt on the programme for the benefit of the wider community.

4.3.3.1. This could be through a co-ordinated support and advocacy strategy for people with long term conditions and those newly diagnosed with a stroke or TIA. This would not only benefit those who have been newly diagnosed but would also empower those who have been on the programme and may lead to them attaining skills to be able to return to work.

4.3.4. There was also discussion around people who have had a stroke or TIA running low level preventative services on a voluntary basis, with the support of professionals in the field. The panel felt that this could take place in community centres, and space could be considered for use at neighbourhood health centres across the borough.

4.3.4.1. It was felt that this would link with the Local Area Agreement target NI 6 "Participation in regular volunteering"⁴⁹.

4.3.5. Different Strokes, is largely funded through the Haringey Adult Learning service, runs twice weekly meetings at Wood Green library, and is extremely proactive in arranging for speakers to attend the sessions as well as encouraging attendees to share their experiences and learn from one another, including coping strategies and discovering new skills to enable people to "move back into the world"⁵⁰. Their weekly activities include:

- "Weekly Chi Kung/Tai Chi classes to reduce stress, build stamina, improve cardiovascular and circulatory functions and enhance the immune system
- Weekly Exercise Class/Circuit Training to improve cardio-vascular function and strength
- Weekly Physiotherapy for members with severely affected limbs.
- Talks by outside speakers, every 8-12 weeks, on such topics as diet and exercise; talks by other stroke survivors who have overcome adversity and who provide inspiration
- Involvement in stroke research and campaigning to raise awareness of stroke"⁵¹

⁴⁷ Adult, Culture and Community Services briefing for Stroke Prevention panel, October 2008

⁴⁸ A programme which teaches self-management courses for people living with any long-term health conditions(s), to enable them to better understand and manage their condition.

⁴⁹ Haringey's Local Area Agreement, 2007-2010, Haringey Council

⁵⁰ Different Strokes briefing for Scrutiny Panel, John Murray

⁵¹ Different Strokes briefing for Scrutiny Panel, John Murray

Local recommendation	Responsibility
<p>7. Community Involvement</p> <p>c. A co-ordinated strategy should be developed to link the Expert Patient Programme with the wider voluntary and community sector.</p> <ul style="list-style-type: none"> • This should also link into other strategies which are being developed across the partnership <p>d. Greater collaboration between the voluntary and community sectors, NHS Haringey and Adult Services to enable low level prevention work to be led by people in the community with support from professional services for example the Health Trainers Programme.</p> <ul style="list-style-type: none"> • Consideration to be given to the use of the health centres for this. 	<p>a - HAVCO</p> <p>b – Joint Director of Public Health</p>

Local recommendation	Responsibility
<p>8. Information Provision</p> <p>c. Exploration of the possibilities of joint working with other boroughs and the voluntary and community sector for information provision as well as specific Haringey information where relevant.</p> <p>d. Stroke Prevention booklet to be commissioned with specific focus messages particularly relevant to Haringey's demographics ensuring consultation with both services users and the voluntary sector.</p>	<p>Joint Director of Public Health</p>

4.4. Quality Marker 5 – Assessment – referral to specialist

Markers of a quality service:

“Immediate referral for appropriately urgent specialist assessment and investigation is considered in all patients presenting with a recent TIA or minor stroke.

A system which identifies as urgent those with early risk of potentially preventable full stroke – to be assessed within 24 hours in high risk-cases; all other cases are assessed within seven days.

Provision to enable brain imaging within 24 hours and carotid intervention, echocardiography and ECG within 48 hours where clinically indicated”

4.4.1. Healthcare for London

- 4.4.1.1. Evidence shows that patients who have a TIA and are assessed as 'high risk' of a full stroke should have their symptoms investigated within 24hrs and receive specialist treatment thus reducing their likelihood of having a stroke by 80%⁵².
- 4.4.1.2. Under the Healthcare for London proposals all stroke patients, whether they have had a stroke or a TIA will receive high quality care, with those having had a TIA also being seen by an expert for investigation and therefore reducing the chance of a full stroke⁵³. TIA services "will provide rapid assessment and access to a specialist within 24 hours (for high-risk patients) or within seven days (for low-risk patients)⁵⁴"
- 4.4.1.3. There are however challenges, as mentioned above if nearly one in five GPs do not refer around a fifth of cases of a TIA or stroke and just over half of GPs referring someone with a suspected stroke immediately⁵⁵ then the patient may not get to be seen by a specialist at all. This again highlights the need for greater awareness by not just the public, but also of health and social care professionals.
- 4.4.1.4. The panel felt that as this Quality Marker is being considered within the Healthcare for London consultation and that a Pan London Joint Overview and Scrutiny Committee has been set up specific recommendations into this area would not be appropriate. However, this is also covered in the panels Quality Marker 1 - Awareness Raising recommendation around information provision.

4.5. Quality Marker 6 – Treatment

Markers of a quality service

"All patients with a TIA or minor stroke are followed up one month after the event, either in primary or secondary care"

- 4.5.1. This Quality Marker is related to ensuring that clear pathways exist for managing all TIAs and also for ensuring that a pathway is established for urgent carotid intervention (an operation to remove fatty deposits (plaques) from inside the arteries in your neck). It is also related to ensuring that TIAs and minor strokes are followed up appropriately to prevent a full stroke⁵⁶.
- 4.5.2. Key elements of stroke care are seeing people fast, diagnosing them fast and putting them on the correct treatment fast. If you do this well and systematically then there is a high impact on the outcomes of strokes. A study in Oxford reported an 80% improvement in the outcomes of stroke patients⁵⁷.
- 4.5.3. The panel also heard about the importance of patients starting to take aspirin, cholesterol lowering drugs and blood pressure drugs immediately after diagnosis and by working closely with primary care services.

⁵² *National Stroke Strategy* (p.23)

⁵³ The Shape of things to come. Consultation on developing new, high quality major trauma and stroke services in London, Draft, Healthcare for London, January 2009

⁵⁴ The Shape of things to come, page 28

⁵⁵ Reducing Brain Damage

⁵⁶ National Stroke Strategy

⁵⁷ Dr Luder, North Middlesex Hospital NHS Trust

4.5.4. This is again an area which is being looked at within the Healthcare for London consultation, with the North Middlesex University Hospital Trust proposed as a TIA clinic and therefore the panel felt that it would not be beneficial to make any recommendations at this time. However, as identified above, there are significant variances in the QOF data and to ensure that those who have had a stroke or TIA risks are managed effectively GPs and other health professionals need to be actively monitoring patient's health, both in medical terms but also in lifestyle terms.

4.6. Quality Marker 16 – Return to work

Markers of a quality service

“People who have had a stroke and their carers are enabled to participate in paid, supported and voluntary employment”

4.6.1. Whilst this Quality Marker is mainly related to rehabilitation, there is evidence to suggest that work is good for both the physical and mental health of a person. Therefore, ensuring that people who have had a stroke or TIA are able to access paid and voluntary employment may lead to a reduction in the chance of a further or full stroke.

4.6.2. For the purpose of this review, it is felt that this is covered under Quality Marker 3 and Quality Marker 4, in that the panel feels that people who have had a stroke or TIA should be able to utilise their skills in the wider community, thus empowering the person and also enabling others to learn from them. Please see above for further information.

4.6.3. Different Strokes is a charity for people of working age who have had a stroke, its aim is “through active self-help and mutual support, our aim is to help stroke survivors of working age optimise their recovery, take control of their lives and regain as much independence as possible, including returning to work⁵⁸”.

4.6.4. The panel heard that some of the Stroke Grant has been identified for use to support the Council's 'Welfare to Work' strategy to the 'Winkfield Resource Centre' to support outreach work to help working age adults return to work.⁵⁹

4.6.5. Adult Services is currently drafting a Carers Strategy, which will be adopted by the partnership. This includes the following draft outcome **“Carers will be able to have a life of their own alongside their caring role”**. Adult Services have identified a number of issues around carers being able to work, for example a lack of flexible working or part-time job opportunities/advertisements. The National Audit Office have also recently published a report “Supporting Carers to Care⁶⁰” which addresses a number of national issues, including those around Job Centre Plus, and a lack of specific support programmes for Carers to find employment.

4.6.5.1. Adult Services has been working to engage with Job Centre Plus in Haringey and is hoping to get the Partnership Manager at Job Centre Plus to attend the Carers Partnership Board meetings.

4.7. Quality Marker 20 – Research and audit

⁵⁸ Different Stroke, Scrutiny Panel briefing

⁵⁹ Adult, Culture and Community Services, Scrutiny Panel briefing

⁶⁰ Supporting Carers to Care, National Audit Office, 2009

“All trusts participate in quality research and audit, and make evidence for practice available.”

4.7.1. The panel heard that the current Co-ordinator of Different Strokes is a lay member of the Prevention Clinical Studies group of the National Stroke Research Network and of its operational steering group.

4.7.2. The panel also heard that Dr Luder, Consultant Physician at the North Middlesex Hospital Trust is actively involved in attending group meetings, and lecturing for General Practitioners.

4.7.3. It was felt that NHS Haringey would benefit from having Lead GPs in the area of stroke, who would be able to share best practice from both within Haringey and across the Country and also participate in research.

Local recommendation	Responsibility
<p>9. Lead GPs</p> <p>b. With responsibility for stroke in Haringey to be identified - one per collaborative</p>	<p>NHS Haringey</p>

4.8. Partnership working

4.8.1. Whilst the panel came across examples of best practice in various agencies and across agencies, it was noted that those attending the meetings welcomed the opportunity to speak to each other about strokes. The panel meetings were an ideal place for people to share ideas as well as knowledge, for example a representative from the acute sector commented on how useful it would be to have known some of the activities carried out across the borough especially regarding lifestyle changes. Thus the panel felt that there was a need for greater partnership working and information sharing across stroke care.

4.8.2. The panel also noted that across the stroke care pathway there is the need for involvement from a number of different agencies and disciplines. This is relevant both the primary and secondary prevention of strokes, but also to the stroke pathway on the whole.

4.8.3. Therefore the panel felt that the development of a Stroke Steering Group would be beneficial to Haringey. It felt that it would be an ideal forum to take forward the National Stroke Strategy as a whole and also to monitor and be involved in recommendations from this report.

Local recommendation	Responsibility
<p>10. Set up a multi agency steering group that takes forward the action points and Quality Markers from the National Stroke Strategy.</p> <ul style="list-style-type: none"> • To hold quarterly stroke steering group meetings • To oversee the development and performance management of a local stroke care action plan. • To provide a forum for clinical pathway development. • To horizon scan for new Stroke Care guidance/guidelines with potential implications for commissioning or performance. 	<p>NHS Haringey</p>

- | | |
|---|--|
| <ul style="list-style-type: none">• To investigate the current situation with regards to Oberoi and take a co-ordinated overview of what improvements could be made to maximise the benefit of this system. | |
|---|--|

Appendices

Appendix A – Contributors to the review

Councillor David Winskill	Chair
Councillor Karen Alexander	Panel Member
Councillor Toni Mallett	Panel Member
Councillor Bernice Vanier	Panel Member
Lisa Redfern	Assistant Director, Adults Services, Adult, Culture and Community Services, Haringey Council
Robert Edmonds	Director, Age Concern Haringey
John Murray	North London Co-ordinator, Different Strokes
Dr Vivienne Manheim	Haringey General Practitioner
Dr Sejal Pandya	Haringey General Practitioner, Member of NHS Haringey's Professional Executive Committee
Dr Robert Luder	Consultant in Elderly Medicine and Stroke, North Middlesex University Hospital Trust
Joseph Buttell	Clinical Specialist Physiotherapist, North Middlesex University Hospital
Caylie Fields	Therapy Services Manager, North Middlesex University Hospital
Hayley Bridge	Ward Manager Medicine of the Elderly, North Middlesex University Hospital
Veronica Wareham	Team Leader Occupational Therapy Department, North Middlesex University Hospital
Candida Ellis	Speech and Language Therapy Manager, North Middlesex University Hospital
Mags Farley	General Manager Acute & Emergency Medicine, North Middlesex University Hospital
Homaira Sophia Khan	Stroke Prevention Officer, Stroke Association
Eugenia Cronin	Joint Director of Public Health, Haringey
Dr Tamara Djuretic	Consultant in Public Health
Vicky Hobart	Consultant in Public Health
Adrian Hosken	Senior Commissioning Manager, Haringey Teaching Primary Care Trust
Jinty Wilson	Director, North Central London Cardiac and Stroke Network
Fiona Wright	Associate Director of Public Health
Alan Hewitt	Connect
Jan Bryant	Commissioning Manager, Carers, Haringey Council
Craig Ferguson	Haringey Council, Project Manager (Information Management)
Dr Jasper Holmes	Senior Researcher, Ricability

Appendix B – A Stroke Story, John Murray, Different StrokesJOHN MURRAY
DIFFERENT STROKES LONDON NORTH GROUP
TIA AND SUBSEQUENT STROKE STORY

BEFORE THE STROKE

Before the stroke I had been the Haringey Borough Architect. Over 10 years, we had pioneered working with tenants through multidisciplinary area teams, developed collective responsibility in the service and, as funding for public services reduced, established a public sector consultancy to supplement service income. Initially we did work for other Councils and for Housing Associations. Then, as part of a consortium we won and successfully completed a UK Govt funded project in Moscow. In association with Russian colleagues, the consortium sought and eventually won a further EU funded project in 23 Russian cities. I was invited to join them and was due to start when I had a stroke.

THE TIA

I had a peculiar experience early on 26 February 1994, a Saturday morning. It lasted about 30-45 minutes. My left arm felt very light, as if it wasn't there. It wasn't unpleasant. When I went to make a cup of tea, my left hand was clumsy and I couldn't turn the tap on. I had no idea what was happening and was relieved when the symptoms went away. But it was obviously a significant event and it was clear I needed to see a doctor.

Because it was a Saturday morning, we agreed we shouldn't trouble our GP but should go to A+E ourselves. With the benefit of hindsight, we should have called our GP. He would have had access to my records which would have shown a history of both high blood pressure and high cholesterol. As a result he may well have concluded that I had had a TIA and arranged appropriate treatment.

We decided not to go to our nearest hospital, the Whittington, largely because it is very difficult to park there. On the other hand the Royal Free Hospital in Hampstead was not too far away and had a large multi-storey car park. So we decided we should go there. I drove.

There was a queue of people in A+E and I was eventually seen by a young doctor around midday, about four hours after the TIA. She went through what I now know to be the standard checks for stroke – strength, speech, mental arithmetic, etc. All of these I passed successfully. But I did have an incredibly bad headache. The doctor asked if I wanted a prescription for my headache. I declined the offer, saying that I had paracetamol at home. Then we went home.

It is interesting that the young doctor initially assumed from my description that I may have had a stroke but then went on to discount that in the light of my lack of symptoms (apart from the headache). Doctors are trained to base their decisions on observable symptoms and, apart from the headache, I didn't have any.

My own reaction is also interesting. We knew that the doctor had made a mistake and that something very significant had happened. But I did not follow it up by going to my own doctor on the Monday, as I should have done. It is true that I was busy that week. But I was having curious pins and needles in my left arm. I thought it might be a muscular problem and went to an osteopath but that did not help, nor provide any reason.

THE STROKE

Two weeks later. On Saturday morning 12 March, I had a stroke. I remember feeling somewhat confused. My daughter, then a teenager, remembers it differently. She has told me that, *'you were wandering around in the kitchen and hallway bumping into things and the tap was left running in the toilet (this thing of forgetting to turn the tap off carried on for quite a while after the stroke). I asked you were you ok and you seemed really distant and just complained of a bad headache. Then I went upstairs and told mum "dad's acting really weird" and she ran downstairs'*. My wife immediately connected it with the earlier incident and phoned our GP. He arrived quite quickly, diagnosed that I had had a stroke and called an ambulance. I was taken to the Whittington Hospital where I went through the various now familiar tests. I was able to deal with these quite reasonably I thought. I do remember answering '9' after being asked how bad my headache was on a scale of 1-10. But my daughter says, *'you seemed totally spaced out, as if you were in shock or something, definitely not at all right - and I was rather shocked when you said the pain of your headache was a 9, that's when I realised it was awful so I think I left at that point. I didn't realise about the whisking away by the nurse part, I must have gone by then.'*

I have subsequently praised the Whittington's response that day, but my wife has told me that it was not quite as I remember. She also said that I was dazed and confused. She has said that despite this the doctors were intent on discharging me, although I was obviously ill, with agonisingly slow responses to questions, not to mention the very bad headache. She said they were short of beds, presumably due to the relentless cuts in public expenditure over many years. I don't remember any of this going on. Then something happened to me. My wife said I collapsed. I remember suddenly being given oxygen and being wheeled at high speed through the hospital with an obviously anxious member of staff asking me how I was. I was in Whittington Hospital for a week. My wife told me that for the first few days I couldn't walk and had difficulty speaking. But I was very well looked after by kind and considerate staff.

AFTER THE STROKE

But when I left hospital all my left side was affected. The worst problem was that I couldn't use my left hand. Eating is difficult with only one hand and I couldn't tie my shoes. Dressing was hard. I was also confused. I remember a visit to the barber shortly after getting out of hospital and finding it difficult to find my way out of his small shop.

Then followed significant changes in lifestyle; changes in diet, (although my previous diet had been reasonable), regular exercise, walking instead of driving to the tube and taking walking holidays, starting that summer.

A friend of my wife's suggested I try Feldenkrais treatment which involves gentle repetitive movement which is believed to create new paths in the brain. So I did. Following weekly Feldenkrais treatment, by the end of 1994 I had gradually recovered the use of my arm. During this time I was also receiving outpatient hospital treatment while the reasons for the stroke were being investigated. In February 1995 I had an operation in Middlesex Hospital to clear a significant blockage in my right carotid artery. The investigations revealed that my left carotid artery was also severely blocked although I had no symptoms. Consequently, I opted to join an Asymptomatic Carotid Surgery trial in which half the patients would be operated on and half would not to test the efficacy of operating as against medical treatment. As I was worried that I would have another stroke which could affect my speech I was hoping that I would be chosen for the operation. In the event I was and had a successful operation in August 1996.

I am fortunate in having made a good recovery but I was determined to get better. I returned to work about a year after the stroke. Since then, I have supported and worked as a volunteer for stroke charities, firstly for the Stroke Association who were very helpful after the stroke and then

for Different Strokes, a charity which supports younger stroke survivors, whose founder I met at a Stroke Association Christmas Party in 1994.

Since 2003, I have been a volunteer for the North London Group of Different Strokes. Our Group, which is run on a voluntary basis, currently has about 100 members with an average age of 45. We aim, through active self help and mutual support, to help stroke survivors of working age take control of their lives and regain as much independence as possible, including returning to work. My initial input was to ensure that the systems for managing the group were robust and accountable. In due course I was elected secretary and am now the group coordinator. I am particularly keen to encourage and to keep up to date with research and we regularly attend the Royal Free Hospital annual stroke conferences where we have a display stand. This year we have been meeting local hospital stroke units and are shortly to meet with the North Middlesex stroke unit. I was appointed a member of the Prevention Clinical Studies Group of the Stroke Research Network in 2007.

In view of my own experience, a few years ago I wrote a short policy paper proposing that in the case of TIAs where symptoms had disappeared, it would be better to play safe, take the patients' word for it and admit to hospital patients who may have had a TIA rather than send them home. Subsequently, while evaluating a proposed research trial for the Stroke Research Network, I discovered that Professor Peter Rothwell a noted researcher into stroke prevention, had carried out a research project demonstrating that it would indeed be more economical for the NHS to admit possible TIA patients even if there were doubts.

FOOTNOTE

I asked my daughter to comment on these notes. Some of her comments have been included but in summary she said,

'I think it is all good except the part about the actual impact of the stroke - in the immediate aftermath and also for at least a year after that, I think you underplay that a lot. I think you make light of the symptoms afterwards.... I think it did quite affect your personality for quite a long while, I remember the worst part was that you weren't you for a long time... it wasn't the arm that bothered me as much as that....'

JM/SR/30/08/08R

Appendix C - NHS Haringey Stroke Report

Submitted for the Scrutiny Stroke prevention review

STROKE IN HARINGEY

Toyin Ogboye

Public Health Analyst

November 2008

Definition of Stroke

According to the World Health Organisation, stroke is a syndrome characterized by rapidly developing clinical signs of focal (at times global) disturbance of cerebral function, lasting more than 24 hours or leading to death with no apparent cause other than that of vascular origin. There are two types of stroke

Ischaemic stroke: The most common type of stroke, accounting for almost 80% of all strokes. It is caused by a clot or other blockage within an artery leading to the brain. Transient Ischaemic Attack (TIA) is a minor stroke which has usually rectifies itself within 24 hours. It is a strong risk factor of possible further stroke (Sauerbeck, 2006).

Haemorrhagic stroke: It is less common, accounting for 20% of all strokes. It caused by bleeding into brain tissue when a blood vessel bursts (Sauerbeck, 2006).

Burden of Stroke

National

Stroke is the third most common cause of death in the United Kingdom, and the largest single cause of severe disability (Saleem *et al.*, 2008). There are over 900,000 people who have had a stroke living in England (prevalence approximately 1.5%). In the United Kingdom, the prevalence of stroke in people aged over 75 years is about 8% for women and 9% for men (Kwain, 2001). Each year approximately 110,000 people in England suffer from a stroke. Thirty three percent will recover fully with no long-term ill effects, 33% may experience permanent disability and 33% will die. Stroke has a 2.2 higher incidence in people of African or Caribbean origin, and men of South Asian origin are also disproportionately susceptible to stroke. Bangladeshi and Pakistani women are reported to have relatively high levels of stroke. One in ten strokes occurs in people under the age of 55 years (Department of Health, 2007). Stroke is a life changing event that affects not only the person who may be disabled, but the entire family and other caregivers as well (Goldstein *et al.*, 2006). Its human and economic toll is staggering. Stroke costs the NHS and the economy about £7 billion a year: £2.8 billion in direct costs to the NHS, £2.4 billion of informal care costs (e.g. the costs of home nursing borne by patients' families) and £1.8 billion in income lost to productivity and disability (Department of Health, 2007). The NHS in London spent £136 million on stroke care in 2006/2007. By 2010 the Government aims to reduce the death rate from Stroke, CHD and related diseases in people under 75 by at least 40% (Saleem *et al.*, 2008).

Local

Stroke is one of the major causes of death from circulatory disease in Haringey. Deaths from stroke in Haringey are higher than for England as a whole. In 2004-2006, there were a total number of 196 deaths from stroke of these 45 people (23%) under the age of 75 died of potential preventable stroke. In Haringey, there has been a significant increase in Under 75 years stroke standardised mortality rate (SMR) from 2002 to 2006 (Figure 1). In 2006/2007, 270 people were admitted to hospital with stroke (Secondary Uses Service (SUS)). The rate of stroke admissions from 2001 to 2007 is shown in Figure 2 below. Haringey's GPs suggests that there are 2317 people living with stroke in Haringey in March 2008 – an overall prevalence of 0.84%. This is likely to be an under- estimate due to incompleteness of reporting known to be associated with the Quality Outcomes Framework (QOF) data in Haringey. Slight variations in stroke prevalence appear to occur across the geographical areas of the Borough; the highest prevalence being in the Central and North East Localities (0.9%) and lowest in the West (0.86%) and South East (0.69%). The London Observatory suggests that under diagnosis exists in Haringey, only 61% (the lowest in London) of the expected cases diagnosed and managed. High stroke death rates compared with London and England, particularly in Under 75s were recorded in 2004-06 (Office of National Statistics).

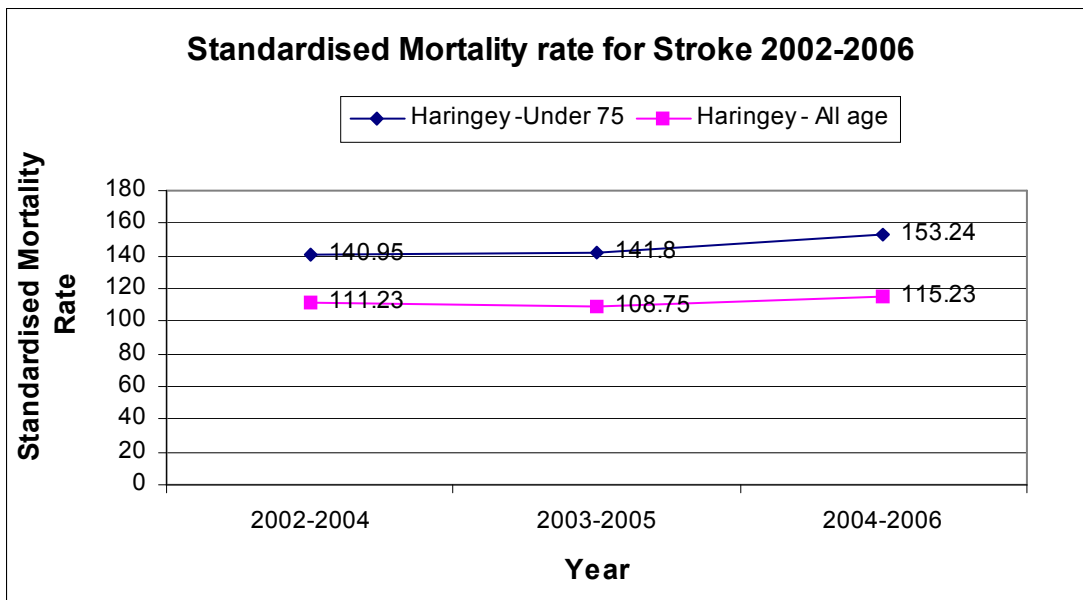


Figure 1: Stroke

Standardised Mortality Rate (SMR) in Haringey, 2002-2006

Source: Office of National Statistics.

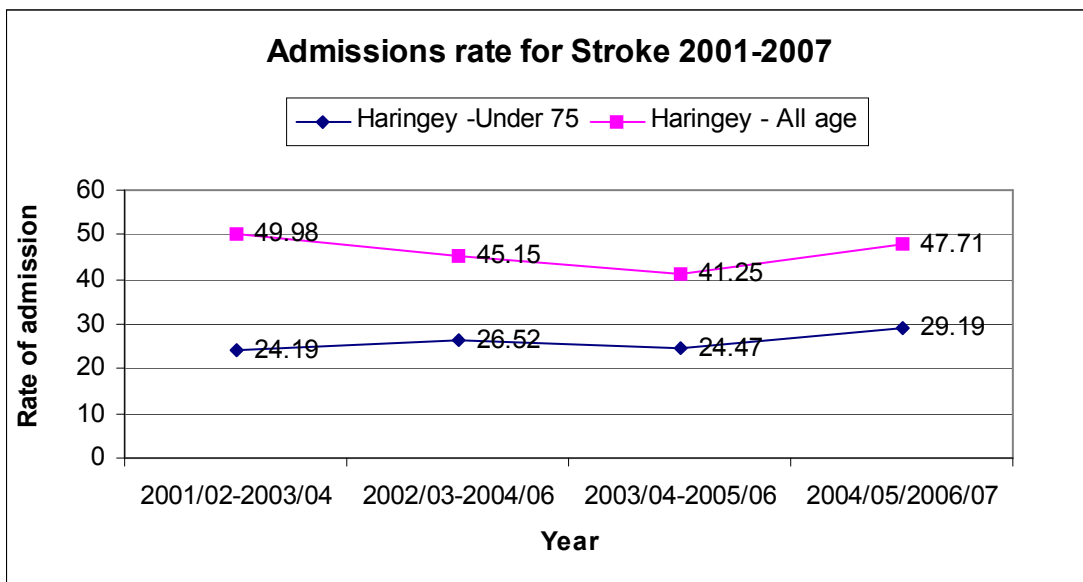


Figure 2: Stroke Admissions rate in Haringey, 2001-2007

Source: Secondary Uses Service (SUS)

Risk Factors for Stroke

The risk for stroke is based on heredity, natural processes, and lifestyle. Many risk factors for stroke can be changed or managed (i.e. modifiable) such as lifestyle factors which include smoking, obesity, poor diet, physical activity and excessive alcohol consumption, and health conditions such as previous stroke or TIA, diabetes, hypertension (high blood pressure) and cardiac diseases (such as atrial fibrillation, infective endocarditis, mitral stenosis, recent large MI, left ventricular hypertrophy). Many of these conditions are associated with lifestyle factors. The relative risk of these conditions (Table 1) suggests that the identification and management of present health conditions should be vital to stroke prevention strategies.

Others that relate to hereditary or natural processes cannot be changed (i.e non-modifiable) which include age, ethnic group and gender. Both paternal and maternal history of stroke has been associated with an increased stroke risk. This increased risk could be mediated through a variety of mechanisms, including

(1) genetic heritability of stroke risk factors, (2) the inheritance of susceptibility to the effects of such risk factors, (3) familial sharing of cultural/environmental and lifestyle factors, and (4) the interaction between genetic and environmental factors (Liao *et al.*, 1997).

Table 1: Stroke risk factors and their relative risk

Risk Factor	Relative Risk
Age (per decade)	2.2
Male gender	1.4
BP (per 10mmHg diastolic)	2.3
BP (\geq 160mmHg systolic)	2.5 - 4
Atrial fibrillation	5
Diabetes Mellitus	2 -3
Ischaemic Heart Disease	2.5
Heart Failure	2.5 – 4.4
Peripheral vascular disease	2
Previous TIA	7
Previous stroke	9 - 15
Warfin treatment	7 - 10
Smoking	2
Alcohol (> 30 units/week)	2.5 - 4
Family History	1.4 - 2

Source: Kwain, 2001

The Stroke Pathway

- Population-level prevention
 - Health education, social marketing and life style modification
- Primary care prevention: management of risk factors in individuals – Hypertension, cholesterol, obesity, atrial fibrillation, alcohol, diabetes
- Rapid access to Health Care Transient Ischaemic Attack (TIA) management, Acute stroke management – including timely CT scans and thrombolysis
- Acute rehabilitation in a stroke centre
- Secondary prevention
- Specialist Rehabilitation in the community
- Care and support

Health inequalities in Stroke

Exworthy et al (2003) defined health inequalities as systematic, structural differences in health status between and within social groups within the population. These groups can be defined by socio-economic status, geographical area, age, disability, gender or ethnic group.

The differences in stroke risk and outcome in groups defined by socio-economic status, geographical area, age, disability, gender or ethnic group is demonstratable.

Age:

Stroke incidence is clearly associated with advancing age (Chong and Sacco, 2005). People who are over 65 years of age are most at risk from having strokes, but they can affect people of any age, including children. The risk of stroke doubles for each successive decade after the age of 55 years (Goldstein *et al.*, 2006). Haringey has an aging population. The number of people aged 65 years plus in Haringey is projected to rise from 20,400 in 2008 to 23,300 in 2025 (Greater London Authority, 2006).

Ethnic Group:

Stroke is an important cause of mortality and morbidity in Blacks worldwide. People of Black ethnic origin are at increased risk of having a stroke, and the number of people affected by the condition is higher among this ethnic group than the white ethnic group (Bravata *et al.*, 2005). This is because of higher prevalence or severity of stroke risk factors (smoking and obesity) in blacks, biological differences between blacks and whites, and lower socioeconomic status in blacks compared with whites. People of Black ethnic origin have a genetic predisposition (a natural tendency) to developing diabetes and heart disease, which are two conditions that can cause strokes (Gillum, 1999). Stroke also occurs at a higher rate than the general population in some other ethnic groups such as Bangladeshi and Pakistani ethnic origin and white Irish men (Health Survey for England, 2004). Given the ethnic diversity of Haringey's population this is very important for local preventive strategies.

Gender:

Stroke is more prevalent in men than in women (Goldstein *et al.*, 2006). Men also generally have higher age-specific stroke incidence rates than do women; exceptions are in 35- to 44-year old and in those of 85 years of age groups in which women have slightly greater age-specific stroke incidence than do men (Sacco *et al.*, 1998). Factors such as oral contraceptive (OC) use and pregnancy contribute to the increased risk of stroke in young women (Kittner *et al.*, 1997) and the earlier cardiac-related deaths of men with cardiovascular disease may contribute to the relatively greater risk of stroke in older women (Goldstein *et al.*, 2006).

Geographical area:

Area deprivation is associated with a higher incidence of stroke, increased rate of recurrence and early first stroke (Aslanyan *et al.*, 2003).

Disability:

Having a disability irrespective of independent living by an individual results in a delay in presenting for treatment in the event of stroke (Smith *et al.*, 1998).

Socio-economic Status and Stroke:

The phenomenon that health is not evenly distributed over the different socioeconomic classes has been well established in many studies (Cox *et al.*, 2006). In several studies a gradient appears across the social spectrum, rather than a threshold effect, suggesting that it is the position within the social hierarchy that is important for health (Macintyre, 1997). General factors that affect health have been categorised at the individual level to include material (e.g. income and possessions), behavioural (e.g. diet, smoking and exercise) and psychosocial factors (perceived inequality, stress). Socioeconomic status (SES) (as defined by occupational position, income or education) is an important and powerful determinant of stroke incidence and outcomes (Cox *et al.*, 2006). Decreasing socioeconomic status is associated with increasing stroke incidence and stroke mortality. People from lower socioeconomic groups have a substantially higher risk of stroke. Higher stroke mortality rates of lower socioeconomic groups are probably

related to several factors (Kapral *et al.*, 2002). As a general rule, disadvantaged communities are more frequently exposed to lifestyle factors for the risk of stroke, such as excessive alcohol consumption, smoking and obesity (Anton *et al.*, 1998), which result in conditions such as hypertension and diabetes.

Haringey Population Profile

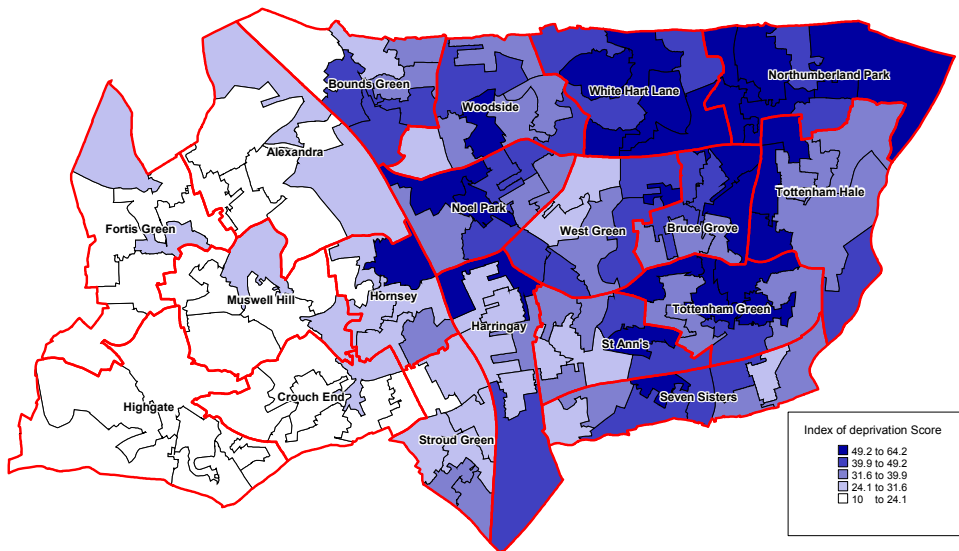


Figure 3: Index of deprivation score by lower super output area.

Source: Department and Local Government, Indices of Deprivation, 2007 of Communities

Socioeconomic deprivation has a significant impact on health. Inequalities in experience of health occur in Haringey and this can be explained by difference in socioeconomic status (using index of deprivation) in different parts of Haringey (Figure 3).

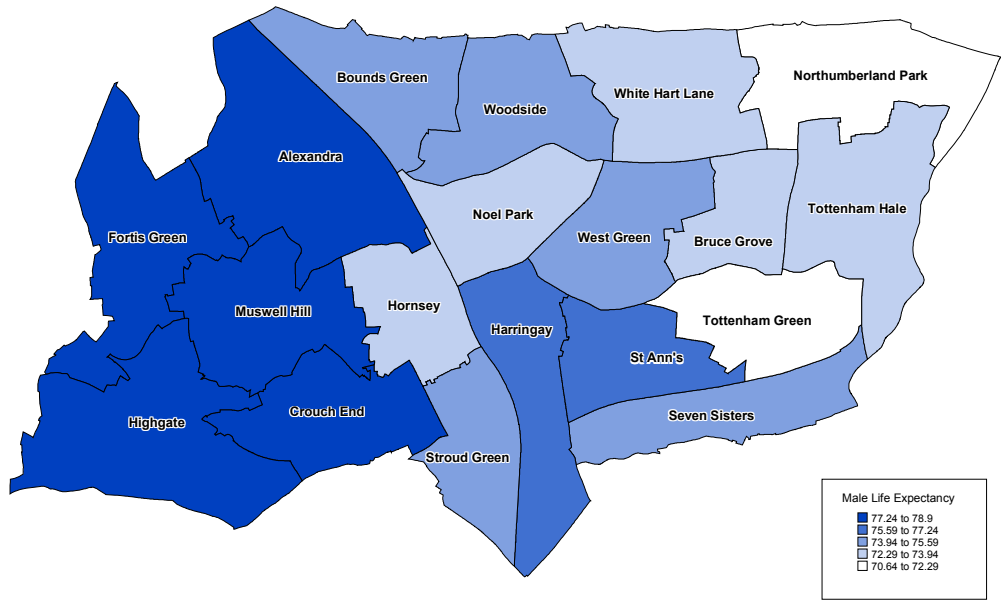
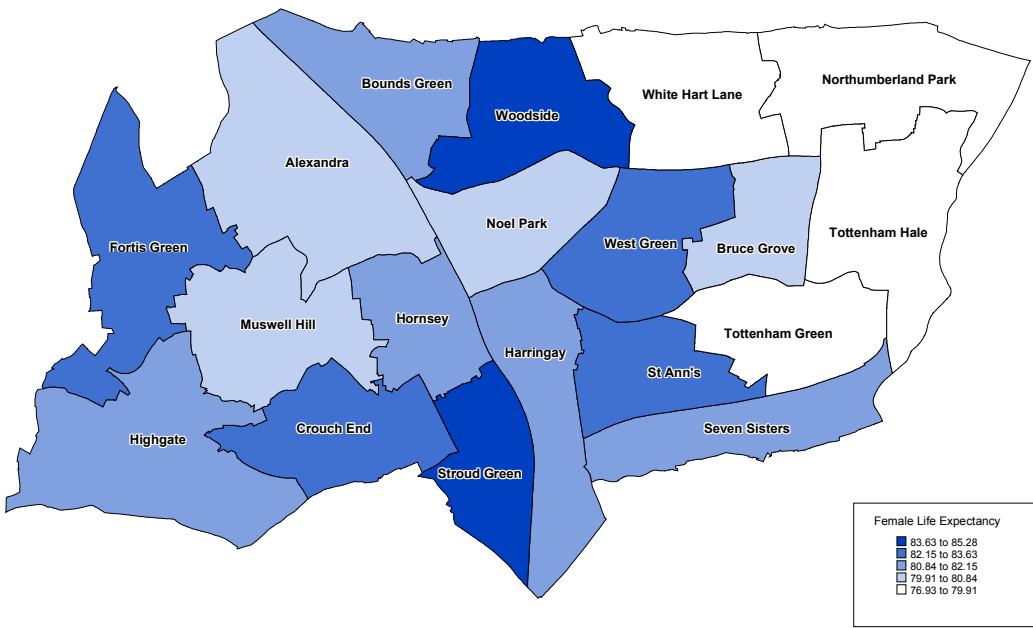


Figure 4: Male Life Expectancy 2002-2006
 Source: London Health Observatory, 2002-2006 data



Life Expectancy 2002-2006
 Source: London Health Observatory, 2002-2006 data

Figure 5: Female

Generally, the more deprived wards (as measured by the Index of Multiple Deprivation) have a lower male life expectancy than the more affluent wards. At the two extremes, male life expectancy in Tottenham Green (70.6 years) is over 8 years lower than male life expectancy in Alexandra (78.9 years) (Figure 4). The gap in female life expectancy between the boroughs with the highest and lowest life expectancy is 6.8 years in 2002-2006 (Figure 5).

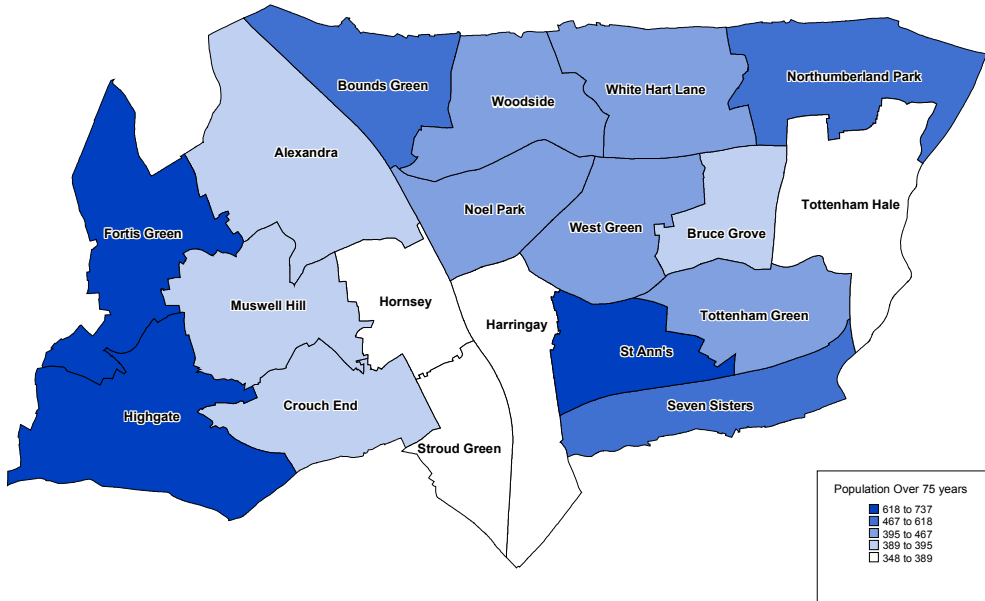


Figure 6: Population Over 75 years
Source: Greater London Authority, 2007

Residents in Highgate, Fortis Green and St Ann's have the highest number of people under the 75 years. Residents in Tottenham Hale, Hornsey, Stroud Green and Harringay have the lowest number of people under the 75 years.

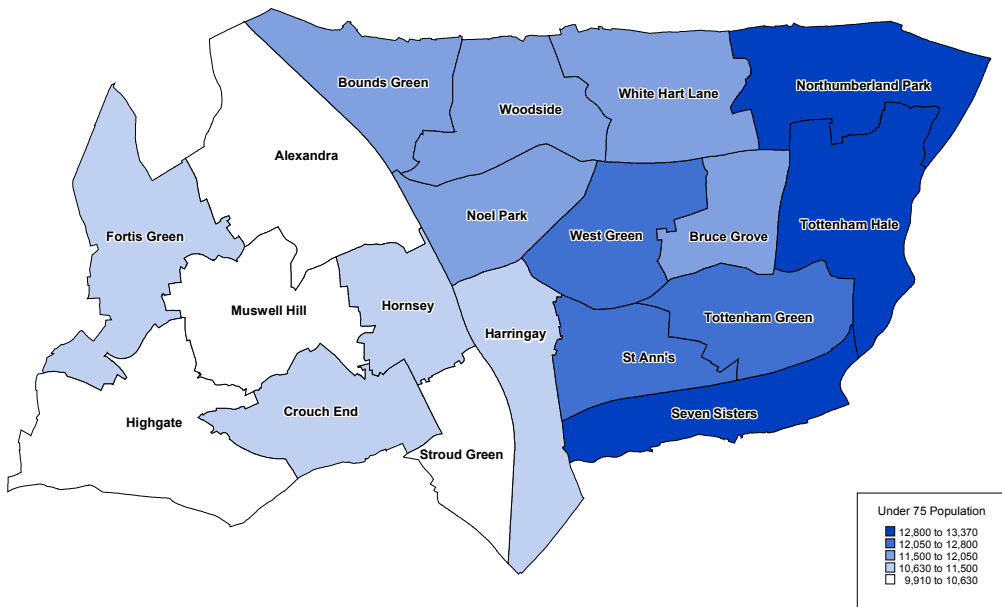


Figure 7: Population Under 75
Source: Greater London Authority, 2007

Residents in Tottenham Hale, Northumberland Park and Seven Sisters have the highest number of people under the 75 years. Alexandra, Highgate, Muswell Hill and Stroud Green have the lowest number of

people under the 75 years. Tottenham Hale and Northumberland are in top fifth of wards for under 75 years population and in the fifth of the wards with the highest under 75 mortality from stroke.

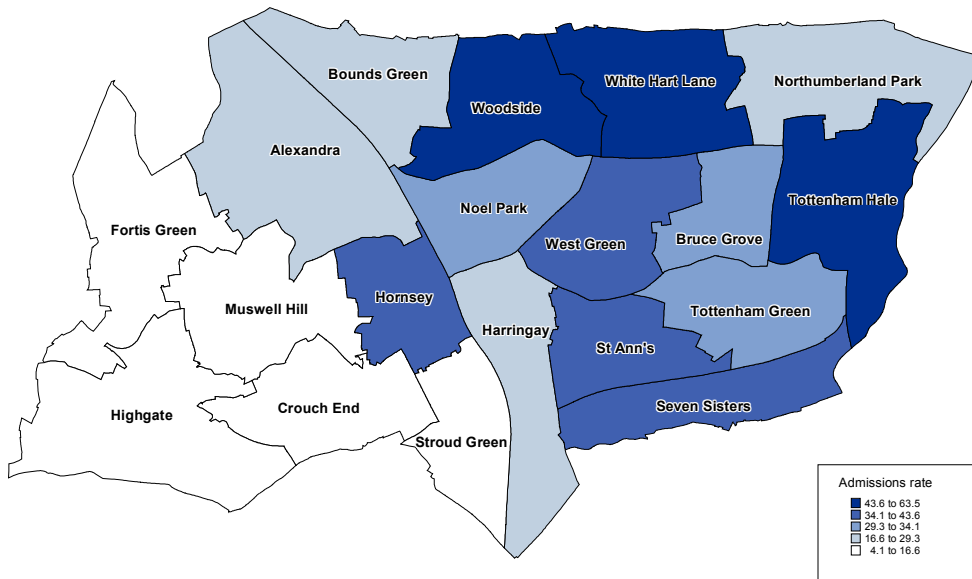


Figure 8: Under 75 years stroke admissions rate. Source: SUS

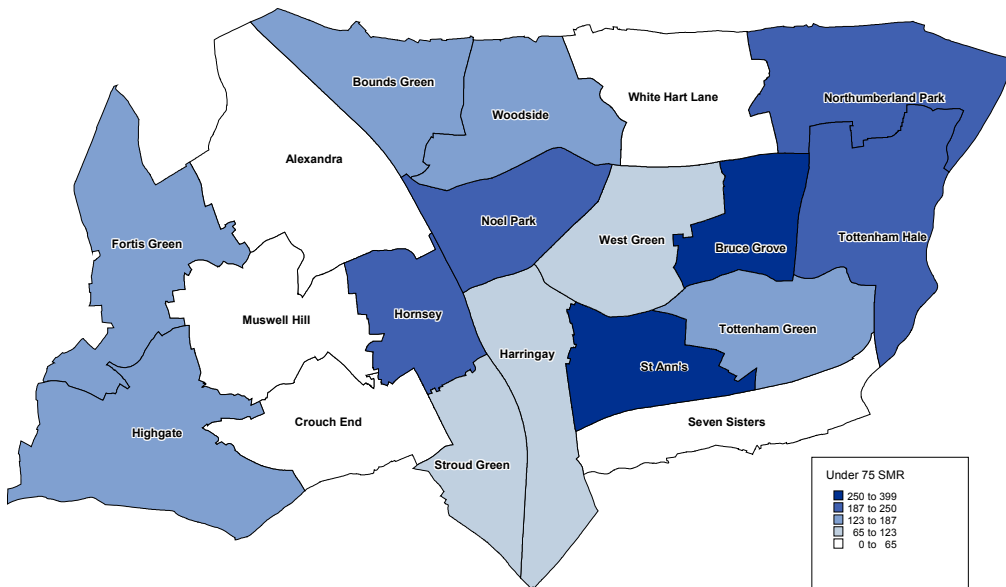


Figure 9: Under 75 years stroke standard mortality ratio (SMR) Source: Office of National Statistics

Figure 8 and 9 show rate of hospital admissions and deaths from stroke in those under 75 years of age in Haringey. There are geographic differences in the mortality and incidence of stroke in Haringey. In 2004/05 to 2006/07, hospital admissions for stroke those under 75 years of age in Haringey occurred at a

rate of 29.19 per 100,000. Higher rates of stroke admissions were observed in the wards of Tottenham Hale, Woodside and White Hart Lane. Lower rates were observed in Muswell Hill and Stroud Green. Stroke deaths rates (SMR) for residents less than 75 years of age in 2004-06 was 153, 50% higher than expected. Higher than expected mortality rates from stroke (in residents aged less than 75 years) were observed in almost all areas in the borough, particularly St Ann's and Bruce Green wards.

The Stroke death rate and hospital admission give an important pointer of the size of the problem, but underestimates the true incidence in the community. Some people are surviving with mild or slowly developing stroke, for which they do not go to the hospital for treatment. For example, White Hart Lane has relatively high under 75 years stroke admissions rate, but a fairly low stroke mortality compared to other wards, where as Northumberland is in middle fifth of wards for under 75 years stroke admissions rate but in the fifth of the wards with the highest mortality. Hornsey has high rates of under 75 years stroke admissions and mortality from stroke. These differences could reveal not just differences in wards in the treatment of acute stroke by health services but also differences in ward populations' ability to identify and take effective timely action.

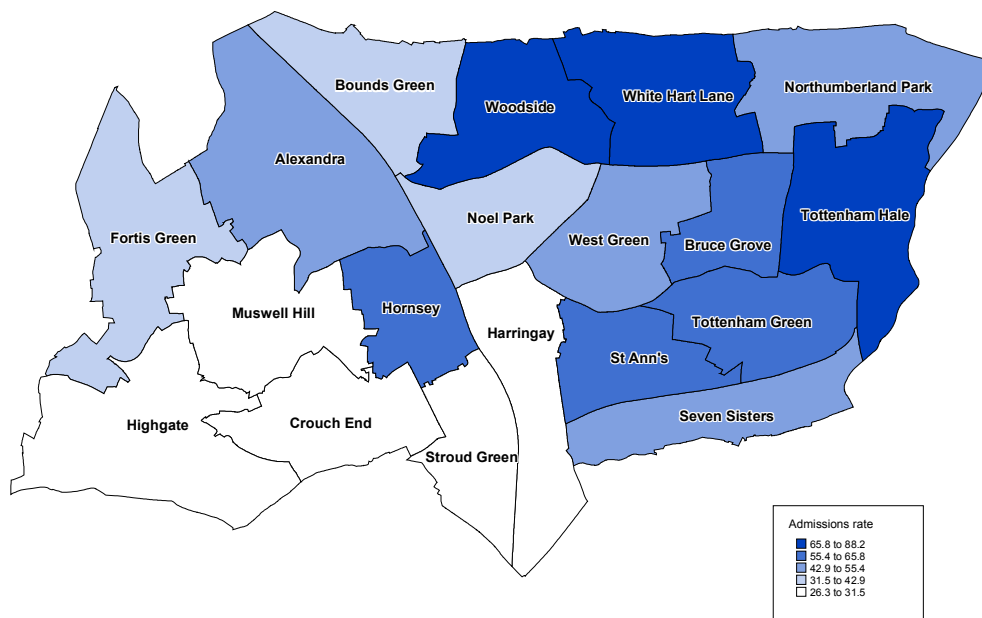


Figure 10: All age stroke admissions rate
Source: Secondary Use Service (SUS)

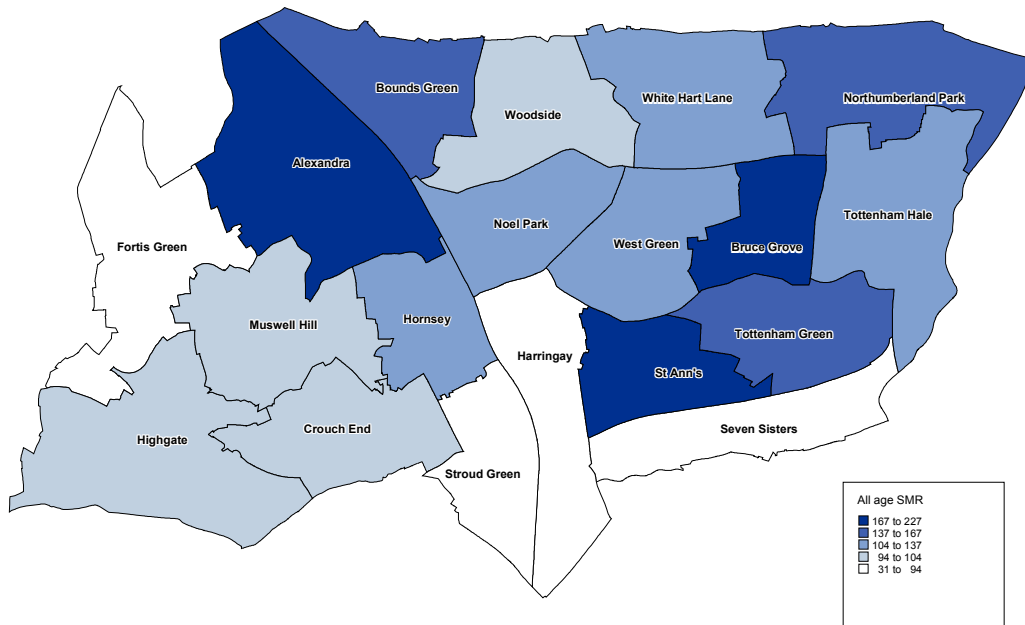


Figure 11: All age stroke standard mortality ratio (SMR)

Source: Office of National Statistics

Figure 10 and 11 show rate of hospital admissions and deaths rates from stroke for all ages in Haringey. There are geographic differences in the mortality and incidence of stroke in Haringey. In 2004/05 to 2006/07, hospital admissions for all age stroke in Haringey occurred at a rate of 47.7 per 100,000. Higher rates of stroke admissions were observed in the wards of Tottenham Hale, Woodside and White Hart Lane. Lower rates were observed in Muswell Hill and Stroud Green. Stroke death rates for residents of all age in 2004-06 was 115, 15% higher than expected. Higher than expected mortality rates from stroke for all ages were observed in almost all areas in the borough, particularly in St Ann's, Bruce Green and Alexandra wards.

GPs recorded prevalence (0.84%) of stroke in Haringey (Figure 12). According to Eastern Region Public Health Observatory (ERPHO) the expected prevalence of stroke in Haringey is 2.3%. GPs are treating only about 37% of those estimated to have stroke. There is therefore serious under recording of stroke in GP registers. The difference could be explained by the fact that the estimated prevalence is the number of people who have had stroke at any time while GPs rely only on presented stroke in primary care. The fraction of people with stroke, in particular people with no apparent, lasting disability could be overlooked. There is evidence of differences between ethnic groups and socioeconomic status in timely recognition of stroke, seeking help early and early arrival at the hospital (Ratner *et al.*, 2006). Stroke awareness campaigns should focus on ethnic minorities and disadvantaged population to promote early recognition of stroke signs and prompt access to healthcare services.

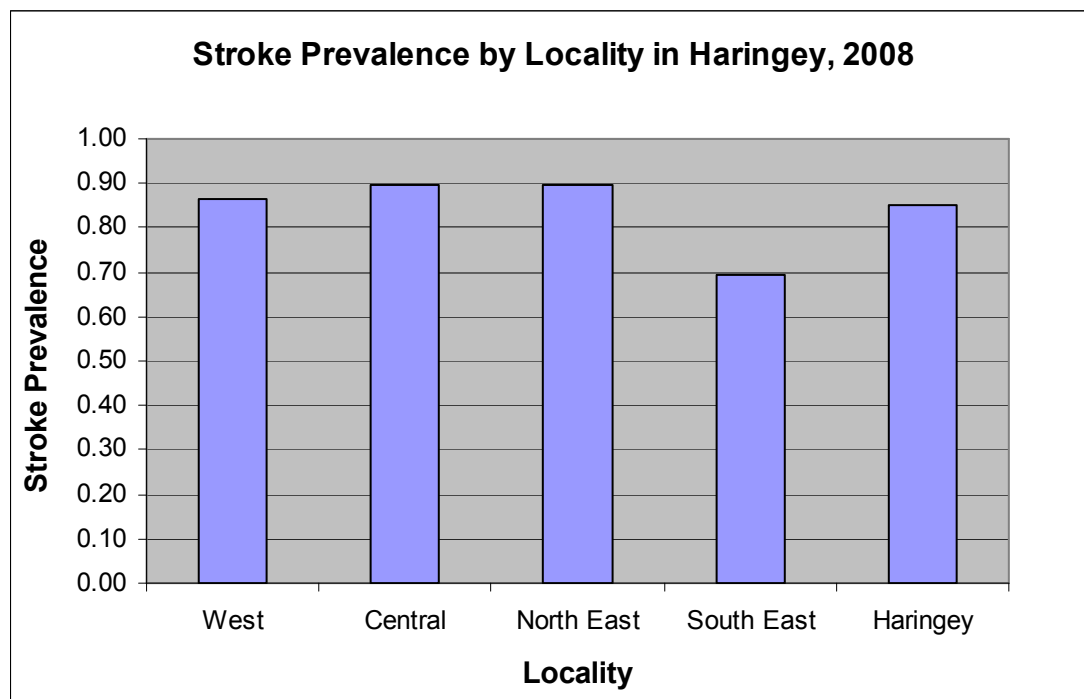


Figure 12: Stroke Prevalence by Locality in Haringey (2008)

Source: Quality Outcomes and Framework data (March, 2008)

Prevention of Stroke in Haringey

Stroke is a preventable condition. Kwain (2001) highlighted that 50% of stroke deaths in patients aged less than 70 years might be preventable by use of existing knowledge through primary care and population level preventive strategies. There are two types of stroke prevention: Primary prevention – prevention before first event and Secondary stroke prevention – prevention for recurrent strokes.

Primary prevention

According to Lynch *et al* (2005), the management of risk factors leads to significant reductions in the occurrence of both first and recurrent strokes. The Stroke Association highlighted that 40% of strokes could be prevented with the monitoring and treatment of Hypertension (high blood pressure). Kwain (2001) highlighted that modifiable risk factors for stroke in the general population such as hypertension, smoking, arterial fibrillation and obesity should be the target for primary prevention strategies. Evidence shows that the identification and management of underlying stroke risk factors in primary care varies across general practices in Haringey (Table 2).

Table 2: Management of stroke risk factors in primary care in Haringey in 2006/2007

Performance of GP practices in Haringey in identification and management of stroke related risk factors			
	Haringey	General Practice Variance	London
Patients on Hypertensive register	9.5%	2.5% - 17.0%	10.3%
Hypertensive patients blood pressure checked < 9 months	91.5%	76.4% - 100%	90.3%
Patients that are obese (BMI 30+)	7%	2.2% - 18.0%	6.5%
Patients that smoke	25.1%	8.6% - 27.5%	23.4%
Patients on Arterial Fibrillation	0.5%	0% - 2.0%	0.8%

Register			
Arterial Fibrillation treated with anticoagulant/platelets	88.0%	0% - 100%	87.8%

Source: London Health Observatory data (2006/2007)

Secondary prevention

Due to the considerable risk of a reoccurrence of a stroke in persons with major stroke or Transient Ischaemic Attack (TIA), monitoring and treatment after first event of stroke are important in preventing further stroke (i.e. secondary prevention). Following discharge from hospital, the management and care of stroke patients is primarily undertaken through the General Practices. The performance of GPs in managing stroke patients (secondary prevention) is measured through the Quality and Outcomes Framework. The Quality and Outcomes Framework (QOF) is an innovative way to reward GPs for providing good quality care for their patients and a way of funding the work needed to improve the health care delivered to people across the United Kingdom. Stroke patients in Haringey seem to be well managed by their GP through regular blood pressure and cholesterol monitoring, provision of anti blood thinning/ thickening treatments. However, evidence shows that the performance of general practices varies across Haringey (Table 3).

Table 3: Management of stroke in Haringey in 2006/2007

Management of stroke and TIA in Haringey 2006/7			
	Haringey	General Practice variance across Haringey	London
Patients on stroke register	0.84%	0.1%-2.0%	1.0%
Stroke Patients BP Check in past 15 months	93.8%	82.4% - 100%	94.4%
Stroke Patients BP 150/190 or less	81.2%	35.7-100%	81.8%
Stroke Patients cholesterol checked in past 15 months	82.8%	64.3-100%	84.9%
Stroke Patients with cholesterol <5.0	61.9%	25-100%	63.6%
Stroke Patient with anti platelet /anti coagulant	93.2%	50-100%	93.7%
Stroke Patients given flu immunisation	72.2%	35.7-100%	74.6%

Source: London Health Observatory data (2006/2007)

Given the relative cost of stroke prevention interventions (Table 4), population level prevention and primary care prevention seem to be the effective methods of reducing risk of stroke.

Table 4: Cost of interventions to prevent one stroke per year

Interventions	Cost to Health Services (£)
Quit smoking by yourself	Nil
Quit smoking with NRT	12,000
Aspirin for those at increased risk of stroke	600
Treatment of High Blood Pressure	1000-7000
Low dose anticoagulation for atrial	9000

fibrillation	
Statins (for treating high blood cholesterol)	20,000-25,000
Carotid surgery (for those at high risk of stroke)	162,000-232,000

Source: London Health Observatory

Conclusion

Stroke is a serious but potentially preventable public health problem in Haringey. Understanding of the risk factors, local burden of stroke and relative cost of stroke prevention health services is essential in order to provide preventive primary care services. The variation in identification and management of underlying stroke risk factors in primary care across general practices in Haringey proves to be significant.

The North Central London Cardiac Network (NCLCN) will take the strategic lead in scoping local stroke services to assess the level of service provision and to identify any service gaps across the sector, across Barnet, Camden, Enfield, Haringey and Islington. The initial focus of the work from the NCLCN will be on acute stroke care provision; however, work will also be carried out in terms of stroke prevention.

Local initiatives are focusing on:

- Commissioning awareness campaigns aiming to promote early recognition of stroke signs and prompt presentation to healthcare services;
- Developing strategies to improve stroke registers in primary care;
- Vascular risk checks to identify people who are at risk for stroke and apply evidence-based intervention measures to reduce morbidity and mortality related to stroke
- Strengthening stroke specialist rehabilitation services in the community

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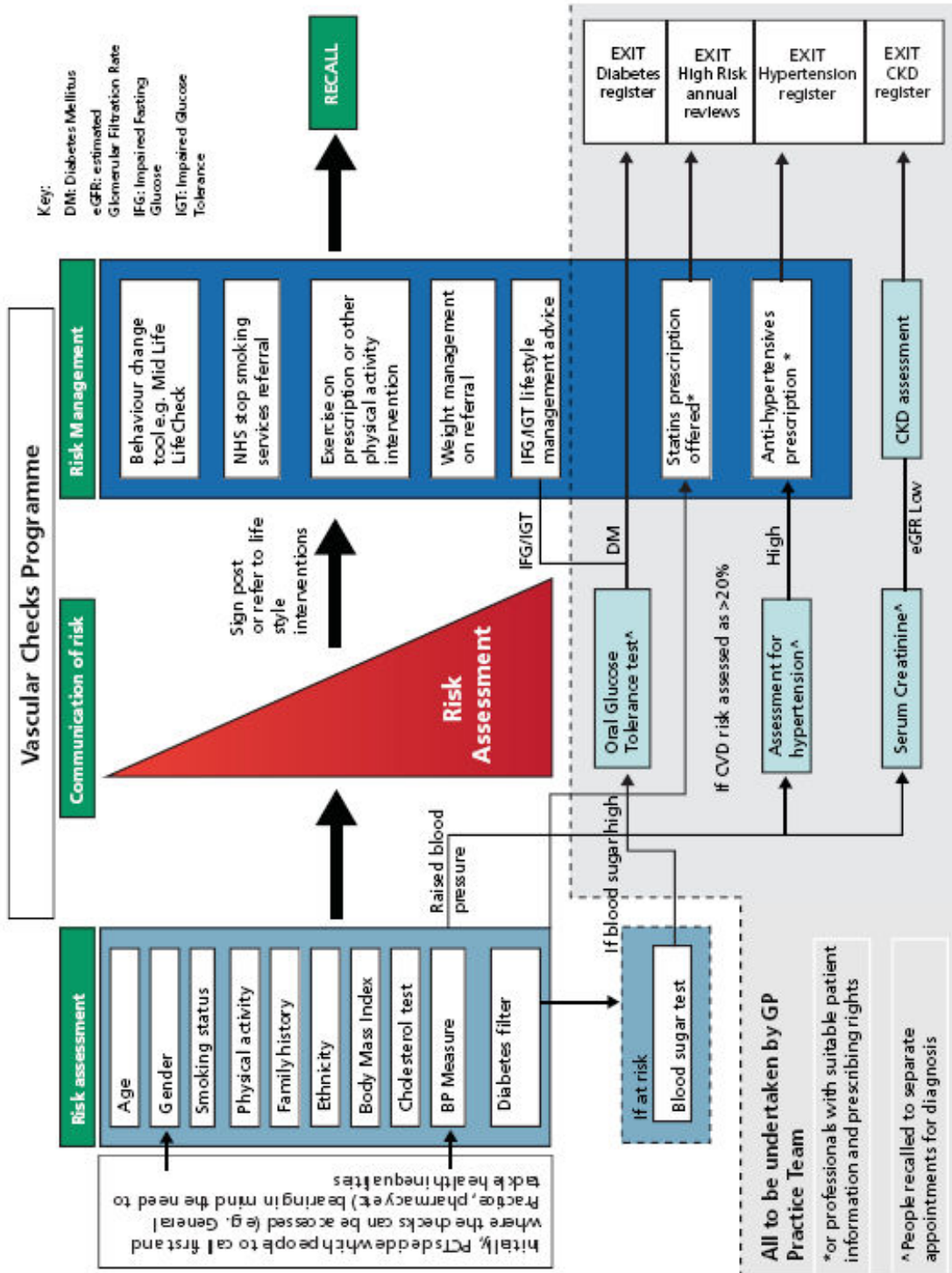
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Appendix D - Putting Prevention first: vascular checks, risk assessment and management tool, Department of Health, 2008



Appendix E - Quality Outcomes Framework data

Average percentage achievement for Stroke indicators and range of achievement by practice⁶¹.

QOF 2007/08		Islington	Camden	Enfield	Haringey	Barnet
Stroke 5	Record of Blood Pressure in last 15 months	98% (91%-100%)	96% (75%-100%)	98% (72%-100%)	96% (67%-100%)	96% (80%-100%)
Stroke 6	Last BP is < 150/90	90% (74%-100%)	85% (72%-100%)	89% (67%-100%)	86% (57% - 100%)	88% (70%-100%)
Stroke 7	Record of cholesterol check in last 15 months	92% (76%-100%)	89% (65%-100%)	89% (50%-100%)	87% (33% -100%)	90% (33%-100%)
Stroke 8	Last record of cholesterol is <5.0m/ml	77% (65%-100%)	75% (54%-94%)	72% (25%-92%)	71% (25% -100%)	74% (33%-100%)
Stroke 11	New stroke patients referred for further investigation	92% (0%-100%)	91% (67%-100%)	84% (0%-100%)	88% (0% -100%)	93% (50%-100%)
Stroke 12	TIA/Ischaemic Stroke on antiplatelet/anticoagulation	95% (80%-100%)	93% (75%-100%)	95% (75%-100%)	94% (57% -100%)	94% (75%-100%)

Number of patients on the CHD, Stroke and Heart Failure register and crude prevalence using GP list size as of February 2008⁶².

Register	Islington Crude prevalence % (number on register)	Camden Crude prevalence % (number on register)	Enfield Crude prevalence % (number on register)	Haringey Crude prevalence % (number on register)	Barnet Crude prevalence % (number on register)
Stroke	1.1% (2,169)	0.98% (2,252)	1.09% (3,197)	0.84% (2,317)	0.94% (3,428)

⁶¹ Quality and Outcomes framework 2007/08, produced by Mahnaz Shaukat, Public Health Strategist, Islington PCT

⁶² Quality and Outcomes framework 2007/08, produced by Mahnaz Shaukat, Public Health Strategist, Islington PCT

WHEN STROKE STRIKES, ACT F.A.S.T.

NHS

FACE.
HAS THEIR FACE FALLEN ON ONE SIDE?
CAN THEY SMILE?

ARMS.
CAN THEY RAISE BOTH ARMS AND KEEP THEM THERE?

SPEECH.
IS THEIR SPEECH SLURRED?

TIME.
TIME TO CALL **999**
IF YOU SEE ANY SINGLE ONE OF THESE SIGNS

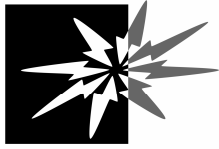
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2005-2006
Getting Closer to Communities



Haringey Council

Agenda item:

[No.]**Overview and Scrutiny Committee****On 20 April 2009**

Report Title: Restructuring of Haringey Mental Health Acute Care Services – Overview and Scrutiny Committee Response to Proposals by Barnet, Enfield and Haringey Mental Health Trust	
Report of: Chair of Overview and Scrutiny Committee	
Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921	
Wards(s) affected: All	Report for: N/A
<p>1. Purpose of the report (That is, the decision required)</p> <p>1.1. To approve the draft response of the Overview and Scrutiny Committee to proposals by Barnet, Enfield and Haringey Mental Health Trust to reconfigure acute mental health services within the Borough, as recommended by the scrutiny panel that considered them in detail.</p>	
<p>2. Introduction by Cabinet Member (if necessary)</p> <p>2.1. N/A</p>	
<p>3. State link(s) with Council Plan Priorities and actions and/or other Strategies:</p> <p>3.1. The proposals in the report are linked to the Haringey Mental Health Strategy 2005-8.</p>	
<p>4. Recommendations</p> <p>4.1. That the draft response, as attached as Appendix A to the report and recommended by the scrutiny panel that considered the proposals in detail, be approved as the Committee's formal response to the consultation by Barnet, Enfield and Haringey Mental Health Trust</p>	

5. Reason for recommendation(s)

5.1. The response was drafted by the scrutiny panel set up by the Committee to consider the proposals in detail after consideration of all the relevant evidence received.

6. Other options considered

6.1. The scrutiny panel that considered the proposals in depth was of the view that the permanent closure of the ward in question would be premature for the reasons specified in the draft response.

7. Summary

7.1 As previously reported to the Committee, Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) have made proposals to make significant changes to their adult acute services within the Borough. These were designated to be a “substantial variation” to local services by the Committee at its meeting on 2 June 2008.

7.2 The Committee set up a small panel of Members, chaired by Councillor Ron Aitken, to look at the proposals in detail. The attached response is recommended by the Panel as the Committee’s formal response.

8. Chief Financial Officer Comments

8.1 Closure of the acute ward at St Ann’s Hospital has resulted in a high number of previously “long stay” mental health clients being prepared for discharge into the community. Records show that, at this point in time, there are 7 such service users ready for discharge at a full year cost to Adult Services of circa £350k.

8.2 Whilst Continuing Health Care assessments, for these and any future clients discharged, may reduce the cost to the social care budgets there may be additional service users ready for discharge that Adult Services are not currently aware of. This will increase the pressure on Council budgets.

8.3 Before any future closures can be considered it is essential that NHS Haringey, BEHMHT, and Haringey Council work closely together to consider strategic planning, commissioning and the financial impact of future proposals

9. Head of Legal Services Comments

9.1 The legal implications and relevant statutory powers are set out in the draft response at Appendix A to the report.

10. Head of Procurement Comments – [Required for Procurement Committee]

10.1. N/A

11. Equalities & Community Cohesion Comments

11.1. Disproportionate numbers of people from black and minority ethnic communities are admitted into acute mental health accommodation. In addition, although people with mental illness are often stigmatised, the level of stigma can be higher amongst some communities. Home treatment may play a role in helping to reduce this.

12. Consultation

12.1. The Panel appointed to consider the proposals on behalf of the Committee received evidence from a wide range of stakeholders and user and carer organisations and their views are reflected in the draft response.

13. Service Financial Comments

13.1. The restructuring of Haringey Acute Services and closure of wards will reduce the numbers of acute beds within Haringey. As such the threshold for bed space will rise and that may result in more complex cases within the community. This will have a knock on effect on the availability of places in Alexandra Road Crisis Unit that provides respite and crisis services. The financial implication is that LBH may need to purchase crisis support and respite placements in the private and voluntary sector.

13.2. Although 7 clients have already moved with an estimated full year cost of £350k, Haringey's MH services advise there are further clients that will be effected by the restructuring and initial assessments suggest it is 4 further clients. Based on the average costs of the first tranche there may be further costs associated with placing 4 clients of £200k.

13.3. Robust transition review plans will need to be in place to ensure clients are moved into step-down and supported housing, as appropriate, to minimise the additional costs of these new clients.

13.4. Haringey Mental Health Services will be working closely with BEMHHT to ensure continuing care assessments are undertaken and the costs of these clients are appropriately apportioned.

14. Use of appendices/tables and photographs

14.1. The draft response is attached as Appendix A.

15. Local Government (Access to Information) Act 1985

15.1. Background papers are as follows:

None.

16. Report

- 16.1 Proposals were made by Barnet, Enfield and Haringey Mental Health Trust (MHT) in June 2008 to close an acute adult ward at St. Ann's Hospital. This was intended to allow re-investment of resources into (i). their Community Home Treatment Team to enable more people to benefit from Home Treatment and (ii). the remaining in-patient wards in order to improve establishments and reduce reliance on temporary staffing.
- 16.2 The Trust reported that their Home Treatment Teams, as currently established, were meeting their national targets and could treat more people at home, prevent more admissions and support people to return home earlier if there were more staff available to enable this. The proposed change was identified as a requirement of the Haringey Joint Health and Social Care Mental Health Strategy 2005-2008, which stated that Haringey was over-reliant on institutionalised, hospital based care and required a shift of resource from hospital to community. They also felt that the in-patient staffing establishment was insufficient to meet modern requirements.
- 16.3 The Trust stated that the changes would improve the quality of care to service users within the Borough. National audits identified that people prefer the opportunity to receive their care at home rather than having to be admitted to hospital. It was felt that avoiding admission also improved opportunities for recovery. Research showed that some communities also preferred home treatment where this is was appropriate and available. The Trust was of the view that the changes would contribute to the delivery of local targets, increase, choice for patients and provide better value for money.
- 16.4 The change will mean that there will be a fewer number of male acute admission beds. There are currently 92 adult acute beds and closing 16 male beds will reduce this to 76. The resources freed up would be transferred to enable more home treatment episodes and an improved level of staffing on the remaining wards. Increasing the number of staff on the remaining wards would reduce the need for additional temporary staffing to cover periods of sickness absence, training etc, resulting in some efficiencies and improving continuity and quality on the wards.
- 16.5 There is a general requirement for NHS bodies to consult with patients and the public, including a duty to consult with the Overview and Scrutiny Committee (OSC) under Section 242 of the NHS Act 2006. In addition, there is also a specific duty to consult on what are termed as "substantial variations" to local NHS services under regulation 4 of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002.

- 16.6 The Overview and Scrutiny first considered the MHT's proposals at its meeting on 2 June 2008 and determined that the proposals constituted a "substantial variation" to services due to:
- The number of patients potentially affected
 - The nature of the changes in the method of service delivery, which involves moving a significant proportion of services from a hospital setting into the community,
- 16.7 The Committee set up a small panel, chaired by Councillor Ron Aitken, to look at the proposals in detail and recommend an appropriate response to them on its behalf. The Panel first met on 2 September to receive MHT's draft proposals and obtain preliminary feedback from user groups. Following this meeting, the proposals were referred to NHS London for a pre-consultation review, which is required in all cases where an overview and scrutiny committee designates a proposed change to be a "substantial variation". This process included an independent review undertaken by the National Clinical Advisory Team (NCAT). However, before the review was completed flooding took place in another male acute mental health ward – Northumberland ward - leading to its emergency closure. Staff affected were moved to the home treatment team and the other wards and, in effect, these changes put in place the plan which was to be the subject of the consultation by the MHT.
- 16.8 The review of the clinical implications of the proposed changes by NCAT was broadly favourable to them. However, it recommended that the scope of the consultation be broadened to consider the overall future direction of travel including:
- The further reduction of acute admissions in Haringey
 - The development and investment in community services necessary to support such change
 - The pace and timing of change
- 16.9 The proposed changes were accepted by the MHT and agreed by the Overview and Scrutiny Committee.
- 16.10 Following completion of the pre-consultation review by NHS London, formal consultation began on 26 January and was undertaken jointly by the MHT and the TPCT and managed by MHT. It address:
- The permanent closure of one acute ward at St Ann's
 - Further changes to acute services, such as the development of Home Treatment Teams and other services, leading to a need for less in-patient beds in the longer term
- 16.11 The consultation ran for 8 weeks, with the scrutiny process running in parallel to this.
- 16.12 The Scrutiny Panel received evidence from a wide range of sources including Haringey Council's Adult and Housing Support and Options Services, the

Metropolitan Police, MIND, Haringey Mental Health Carers Support Association, Haringey User Network, the Patients Council and the Mental Health Trust's Joint Staff Committee. It also considered relevant documentary information including statistical information provided by the MHT and reports from the Mental Health Act Commissioners and NCAT. Panel Members also visited St. Ann's Hospital.

- 16.13 Its draft conclusions are attached to this report as Appendix A. The Panel noted that there had been long standing problems of over occupancy on wards at St Ann's. However, specific efforts taken by the MHT had reduced levels of occupancy considerably and, consequently, the impact of the enforced closure of a ward following the flooding referred to above. The Panel nevertheless felt that it would be premature to conclude yet that reduced occupancy levels are likely to be a long term trend and unlikely to be reversed.
- 16.14 The Panel was also concerned that there had been limited opportunities so far for mental health partners to fully consider the strategic and operational implications of the proposals. They felt that there were likely to be implications for other partners and these needed to be carefully considered. Its conclusion was that the permanent closure of the ward could not be supported until such time as an integrated and fully costed implementation plan had been produced.
- 16.15 The MHT will be attending the next meeting of the Committee, on 29 April, to respond to the Committees formal response to the consultation.
- 16.16 Following its final meeting, on 25 March, the Panel became aware that that the MHT is proposing to close a further ward at St Ann's and rationalise psychiatric intensive care services on a single site – probably in Edgware – during 2009-10. Further engagement with the MHT on these issues is therefore likely to be required in due course.

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Your ref:

Date: 08 April 2009

Our ref: SR/ POC

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Email: rob.mack@haringey.gov.uk

Dear Andrew,

Improving Mental Health Services in Haringey

I am writing to inform you of the conclusions and recommendations that have been reached by the Overview and Scrutiny Committee in response to your consultation on Improving Mental Health Services in Haringey.

The proposed changes were considered to represent a substantial variation or development to local services, as outlined in Section 7 of the Health and Social Care Act 2001. This requires that the Overview and Scrutiny Committee considers whether the Trust has properly consulted the Committee, conducted appropriate consultation and public involvement and presented proposals that are in the interests of local health services. A small panel of Members, chaired by my colleague Councillor Ron Aitken, was appointed by the Committee to undertake this detailed work and report back on its findings.

To assist in its deliberations, the Panel received evidence from a wide range of sources including Haringey Council's Adult and Housing Support and Options Services, the Metropolitan Police, MIND, Haringey Mental Health Carers Support Association, Haringey User Network, the Patients Council and the Mental Health Trust's Joint Staff Committee. It also considered relevant documentary information including statistical information provided by the MHT and reports from the Mental Health Act Commissioners and NCAT. Panel Members also visited St. Ann's Hospital.

From this evidence, the Panel has formed the following conclusions:

- They are satisfied that there has been appropriate consultation with the Overview & Scrutiny Committee. They are also satisfied that in developing the proposals for service changes, BEH MHT and NHS Haringey have taken into account the public interest through appropriate patient and public involvement and consultation. They are nevertheless concerned that the proposed closure of Finsbury Ward was initially only subject to consultation with staff and that the views of service users, carers, other stakeholders and the Overview and Scrutiny Committee were not actively sought. After this start, genuine efforts were made to involve those affected by the proposed changes. For example, two public meetings were arranged and officers



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from the MHT attended relevant area assemblies. Efforts were also made to engage directly with service users at clinics and at meetings of the Haringey User Network. In addition, the MHT also employed an independent organisation – Healthlink – to evaluate the feedback received,

- The Panel is of the view that future proposed changes should be brought to the attention of Overview and Scrutiny Committee, service users and carers and stakeholders in a more timely and proactive manner so that their views can be taken into account at an early stage in the development of proposals. The Trust not only has responsibilities under Section 7 of the Health and Social Care Act 2001 to do this where substantial variations or developments to services are planned – it also has a general duty to involve under Section 242 of the NHS Act 2006, which covers developments that fall beneath this threshold. The Committee is particularly mindful that the Trust has specific aspirations to close another ward at St Ann’s in 2009/10 and rationalise PICU. The Panel is of the view that the interests of transparency and openness would have been better served by the MHT if these had been shared more explicitly with the Panel, service users and their representatives when they were developed during the consultation period. Both of these proposals should be subject to appropriate levels of consultation in due course.
- The Panel has concluded that convincing evidence has been presented of the need to improve and modernise mental health services in Haringey and of the clear benefits of home treatment over in-patient care. Although no organisations or individual that the Panel received evidence from questioned the principle behind the proposed changes, concerns were raised about the pace of change.
- The Panel cannot yet support permanent closure of the ward or, at this stage, conclude that it is in the interests of the local health service. This is for the following reasons:
 1. The Panel notes the reductions in bed occupancy levels, lengths of hospital stay and delayed discharges, which are all welcome. However, it is mindful of the view of the Mental Health Act Commissioners that caution should be observed before making permanent reductions in beds due to the long term and ongoing nature of concerns about over occupancy at Ann’s. It also notes that although the figures show an overall downward trend, there have been some fluctuations. It is therefore of the view that it would be premature to conclude at this stage that there has been a “proven sustained diminution of demand for in-patient beds.” The Panel concurs with the view of the Commission that occupancy levels at St Ann’s need to be below 100% for a consistent period before consideration of a permanent reduction in the number of acute inpatient beds.
 2. The Panel received evidence from key stakeholders in the course of the review that, when the proposals were initially made, there had been limited opportunities for partners to discuss their potential implications and to make the joint strategic and operational plans necessary to ensure that the range of services were in place to support the changes. The Panel is of the view that proposals of this nature should routinely be the subject of detailed discussion with partners at an early stage, even if this is merely for the purposes of reassurance. However, the Panel notes that some progress appears to have since been made, with discussion taking place with relevant partners and stronger links established with relevant housing services.

The Panel is of the view that the proposals will have an impact on the Trust's partners. Patients being treated at home are likely to require a range of services to support them, not all of which will be resourced or provided by the MHT. These will include social care and housing. In addition, the Panel notes the concerns of the Police Service about the potential for additional demands on its officers, particularly out-of-hours.

It is of the view that, before the ward is closed permanently, an integrated and costed plan should be jointly drafted by mental health partners. This should address fully the consequences of the ward closure as well as the potential for the enhancement of services. The plan should also address the range of resources and services provided by the Trust, such as home treatment teams, START, community mental health teams, rehabilitation services and the remaining wards; services provided and/or commissioned by the local authority such as housing, day services and rehabilitation, as well as the roles of A&E departments, primary care, the Police Service and informal carers, who are all potentially active stakeholders during mental health crises.

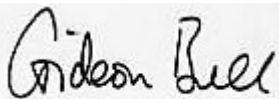
It is particularly important that mental health commissioners ensure that the necessary funding is in place to accommodate any additional financial pressures on partners that might occur as a consequence of the proposed changes. In addition, all financial savings made by the MHT as a result of the closure of the ward should be re-invested in providing treatment for Haringey patients – either through the home treatment teams or the provision of additional staff on the remaining wards. Any future ward closures should not take place until similar joint planning has taken place.

The Panel emphasises that, in saying that it does not yet support permanent closure, it is *not* proposing that the ward should be re-opened immediately and staff redeployed back onto it. It is of the view that, pending permanent closure once the above mentioned issues have been addressed fully, the ward should be available to accommodate patients should the need arise.

Overview and Scrutiny Committee has fully endorsed the findings of the Panel. It requests that the MHT and NHS Haringey respond formally to the issues highlighted above and that Overview and Scrutiny Committee are kept informed of future developments.

Finally, I would like to formally thank you and other officers from both the MHT and NHS Haringey for assisting the Panel and the Committee in consideration of this issue. Their co-operation is much appreciated.

Yours sincerely



Gideon Bull

Chair – Overview and Scrutiny Committee

c.c. Liz Rahim, NHS Haringey

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**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 16 MARCH 2009**

Councillors Councillors Bull (Chair), Adamou (Vice-Chair), Alexander, Dodds, Winskill and Jones

Apologies Councillor Aitken and Felicity Kally

Also Present: Councillors Cooke and Reith

MINUTE NO.	SUBJECT/DECISION
<p>OSCO41.</p>	<p>WEBCASTING</p> <p>The meeting was webcast on the Council's website.</p>
<p>OSCO42.</p>	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Cllr Aitken and Felicity Kally.</p>
<p>OSCO43.</p>	<p>URGENT BUSINESS</p> <p>There were no items of urgent business.</p>
<p>OSCO44.</p>	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>
<p>OSCO45.</p>	<p>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</p> <p>There were no such items.</p>
<p>OSCO46.</p>	<p>CABINET MEMBER QUESTIONS: CABINET MEMBER FOR COMMUNITY COHESION AND INVOLVEMENT</p> <p>The Committee received a briefing and responses to questions from the Cabinet Member for Community Cohesion and Involvement.</p> <p>The Committee asked for clarification of the position regarding vacancies in the Neighbourhood Management team, and it was agreed that this information would be re-presented and circulated to the Committee. The Committee also expressed concern that Neighbourhood Managers were not always being provided with the information they needed, and it was reported that mechanisms to support Neighbourhood Managers had been put in place. Cllr Cooke added that there was an opportunity to provide greater clarity regarding the work of the Neighbourhood Management team, and that this would be communicated to all Members when the work was complete.</p>

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	<p>The Committee emphasised the importance of consultation, and suggested that the Cabinet Member for Community Cohesion and Involvement should lead on consultation across all Council services.</p> <p>In response to issues discussed relating to the Members Enquiry process, it was suggested that the Cabinet Member look obtaining feedback from Members in order to measure the quality of the service provided. It was noted that response times had improved, and all Members were encouraged to notify the Cabinet Member of any specific concerns they had regarding the Members Enquiry process directly.</p> <p>RESOLVED</p> <p>That the briefing and answers to questions be noted.</p>	
<p>OSCO47.</p>	<p>BENEFITS TAKE UP</p> <p>The Committee received a report on work undertaken to maximise benefit take-up in 2008/09 and on progress following the scrutiny review of Benefit Take-Up, carried out in July 2005. It was reported that the most up to date figures indicated that £1.4m in additional benefits had been identified as a result of activity to encourage benefits take-up.</p> <p>The Committee emphasised the importance of non-monetary benefits and suggested that further work be done to encourage take-up of these alongside financial benefits. The Committee welcomed the involvement of the Benefits and Local Taxation (BLT) team in local community events and the fact that the team was looking to expand its outreach work with the Citizens Advice Bureau and other voluntary organisations. The Committee also welcomed the feature on benefits take up in Haringey People, and suggested that there could be a regular benefits feature in the publication, focussing on issues specific to the season.</p> <p>It was requested that the Committee be provided with information on the total amount of unclaimed benefits in Haringey, information on whether there have been any changes to staffing arrangements in Department of Work and Pensions (DWP) offices that might affect Haringey residents and claimants and the current ratio of claimants to vacancies in Haringey.</p> <p>In response to concerns raised by the Committee regarding the complexity of the forms required to make a claim, it was reported that the Council's forms were close to the DWP standard and that a certain number of questions were necessary for the number of different schemes covered. The Committee welcomed the mobile working initiative that meant that members of the BLT team could visit residents in their homes to assist with completing the forms, and welcomed the report of a new electronic version of the form that would</p>	

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	<p>remove any unnecessary questions based on the responses given.</p> <p>It was suggested that a training session on benefit entitlements be arranged for Members, and it was agreed that the BLT team would look into arranging this.</p> <p>The Committee emphasised the importance of this work, and Members were encouraged to share the experiences of their local residents in order to identify areas for further improvement.</p> <p>RESOLVED</p> <p>That the approach taken be noted and that the suggestions and issues raised in the discussion be used to contribute to future income maximisation strategies in the Borough.</p>	
<p>OSCO48.</p>	<p>HARINGEY'S SUSTAINABLE COMMUNITY STRATEGY: PROGRESS REPORT</p> <p>The Committee received a progress report on the priorities in Haringey's Sustainable Community Strategy.</p> <p>The Committee noted that some of the achievements listed for the period June 2007 to December 2008 were in fact achieved over a much longer time period, and requested that the report give details on which achievements did relate to the time frame specified. The Committee also noted that some areas of the progress report were insufficiently specific, and requested that additional details be included on these areas. It was further suggested that a sentence explaining where full details could be found, such as within specific plans and strategies, be added for information.</p> <p>The Committee asked why no details of planned actions for the new priority "Safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively if it does occur" appeared in the report. It was reported that the JAR action plan had not been approved at when the new priority was included, and it was agreed that reference to the JAR action plan and how to access this information should be incorporated into the progress report.</p> <p>The Committee made a number of suggestions under "An environmentally sustainable future", relating to the parking plan, car clubs and charge-points for electric vehicles. It was agreed that these comments would be fed back to officers. It was also agreed that "Consider becoming a Councillor" be added to the "Have your say" section.</p> <p>The Committee emphasised the importance of making the information as accessible as possible in order to encourage members of the public to read it and give feedback.</p>	

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	<p>RESOLVED</p> <p>That, taking into account the comments made during the discussion of the item, the report be noted.</p>
<p>OSCO49.</p>	<p>2008/09 QUARTERS TWO AND THREE LAA PERFORMANCE REPORT</p> <p>The Committee received a report on the quarters two and three 2008/09 update against the Local Area Agreement targets under Haringey's Community Strategy priorities. The Committee emphasised the importance of this update in guiding the work programme for the Committee for the coming year.</p> <p>The Committee welcomed the clarity of the report's new format. It was suggested that relevant indicators could be included alongside the briefings provided by Cabinet members in advance of their appearance at Cabinet Member questions, so that questions on the indicators could be submitted in advance. It was agreed that this possibility would be discussed further outside the meeting.</p> <p>The Committee commented on the 'back to work' performance, and suggested that the future of the project be reviewed. It was agreed that this feedback would be passed on to officers.</p> <p>RESOLVED</p> <p>That the content of the report be noted.</p>
<p>OSCO50.</p>	<p>CABINET MEMBER QUESTIONS: CABINET MEMBER FOR CHILDREN AND YOUNG PEOPLE</p> <p>The Committee received a briefing and responses to questions from the Cabinet Member for Children and Young People.</p> <p>The Committee discussed the Heartlands School, and asked whether further new schools would be needed in the borough in future. It was reported that the Council was looking at the implications of the information provided by national statistics on school provision in the borough in the next 10 years.</p> <p>The Committee noted that the Joint Area Review (JAR) action plan had been submitted. In response to the question of how the Secretary of State's response would be communicated once received, it was reported that the Council would take guidance from the Secretary of State on this. The Committee suggested that a briefing session on the changes being made as a result of the JAR action plan would be useful, and it was agreed that this would be arranged when an appropriate time was identified. Committee members were encouraged to consider the training that they would find useful in order to support their Overview and Scrutiny duties.</p>

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	<p>The Committee requested that an organogram of the bodies responsible for safeguarding children be circulated. It was also requested that details of the potential challenges to the delivery of the BSF programme be provided.</p> <p>The Committee discussed the issue of apprenticeships, and expressed concern that it was not possible to restrict these to Haringey residents. It was emphasised that it was important to ensure that residents of the borough were not losing out on opportunities.</p> <p>The Committee noted that the Corporate Parenting Board was an advisory body to the Cabinet, and requested that the terms of reference of the Board be circulated. It was noted that a response was awaited to the suggestions made and issues raised by Members in relation to the terms of reference of the Safeguarding Board, and it was agreed that the Cabinet Member for Children and Young People would pass these concerns on to the members of the Board for consideration.</p> <p>RESOLVED</p> <p>That the briefing and answers to questions be noted.</p>	
OSCO51.	<p>OUT OF HOURS ENFORCEMENT</p> <p>The Committee received a report on the feasibility of undertaking a full scrutiny review of out of hours enforcement in Haringey.</p> <p>The Committee questioned the suggested focus on the night-time economy, and noted that enforcement issues differed in different areas of the borough. It was suggested that a review of out of hours noise nuisance be commissioned, as this would address the different types of enforcement issues affecting different areas of the borough.</p> <p>RESOLVED</p> <p>That a full scrutiny review of out of hours noise nuisance be commissioned.</p>	
OSCO52.	<p>MINUTES</p> <p>RESOLVED</p> <p>That the minutes of the Overview and Scrutiny Committee meetings held on 16 February 2009 and 17 February 2009 be confirmed and signed by the Chair.</p>	
OSCO53.	NEW ITEMS OF URGENT BUSINESS	

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	<p>There were no new items of urgent business.</p> <p>The meeting closed at 21:40 hrs.</p>	
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COUNCILLOR GIDEON BULL

Chair