

Overview and Scrutiny Committee

MONDAY, 15TH MARCH, 2010 at 18:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Adamou (Vice-Chair), Adje, Aitken, Mallett, Newton and Winskill

Co-Optees: Ms Y. Denny (church representative) plus 1 Vacancy, Ms M Jemide (Parent Governor), Mr J Ejiofor (Parent Governor), Ms S Marsh (Parent Governor), Ms H Kania (LINK Representative)

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 14 below. New items of exempt business will be dealt with at item 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. MINUTES (PAGES 1 - 8)

To confirm the minutes of the meetings held on 1st February 2010 (attached) and 15th February 2010 (tabled).

7. CABINET MEMBER QUESTIONS: LEADER'S PORTFOLIO (PAGES 9 - 12)

Briefing and answers to questions from Councillor Kober, Leader of the Council.

8. CABINET MEMBER QUESTIONS: CABINET MEMBER FOR RESOURCES (PAGES 13 - 20)

Briefing and answers to questions from Councillor Harris, Cabinet Member for Resources.

9. HEALTH UPDATE REPORTS (PAGES 21 - 36)

To receive the following reports from NHS Haringey:

- i. Primary Care Update Report
- ii. NHS Haringey Financial Update Report
- iii. Commissioning Out of Hours Services in North London

10. COMPLETED SCRUTINY REVIEW PANEL REPORTS (PAGES 37 - 350)

To receive the following Scrutiny Review reports:

- i. Sexual Health in Teenagers
(Chaired by Councillor Bull)
- ii. Support to Victims of Crime
(Chaired by Councillor Aitken)
- iii. Support to Small Businesses
(Chaired by Councillor Adje)
- iv. Support to Carers
(Chaired by Councillor Adamou)
- v. Engagement with Hard to Reach Groups
(Chaired by Councillor Bull)
- vi. Sustainable Transport in Haringey
(Chaired by Councillor Mallett)
- vii. Transition of Young People Between Services
(Chaired by Councillor Newton)

11. SETTING UP OF JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (PAGES 351 - 360)

To receive the report recommending the setting up of Joint Health Overview and Scrutiny Committee to Consider North Central London Service and Organisation Review.

12. COUNCILLOR CALL FOR ACTION PROTOCOL (PAGES 361 - 374)

To consider the proposed Councillor Call for Action (CccfA) protocol for Haringey.

13. REFLECTIONS ON THE PAST SCRUTINY YEAR

Committee Discussion

14. NEW ITEMS OF URGENT BUSINESS

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Friday 5th March 2010

**MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 1 FEBRUARY 2010**

Councillors Councillors Bull (Chair), Adamou (Vice-Chair), Adje, Aitken, Mallett, Newton and Winskill

Apologies S. Marsh

Also Present: **Co-optees:** Y. Denny, H. Kania,
Councillors: Amin and Canver
Officers: Wayne Longshaw (A.D. Policy, Performance, Partnership & Communication (PPP&C)), Robin Payne (Head of Enforcement), Gerald Almeroth (Chief Financial Officer), Rowann Limond (Executive Director of Resources), Thara Raj (Implementation Consultant - NICE), Lisa Redfern (Assistant Director – Adult, Services), Rosie Green, (Housing Strategy and Partnerships Manager), Phil Harris (Assistant Director of Strategic & Community Housing), Joan Hancox (Head of Sustainable Transport), Sue Wilby (Interim Head of Customer Services), Patrick Lee (Neighbourhood Management Central Team), Rob Mack (Scrutiny Officer), Natalie Cole (Clerk)

**MINUTE
NO.**

SUBJECT/DECISION

OSCO38.	WEBCASTING The meeting was recorded for live or future broadcast on the Council's website.
OSCO39.	APOLOGIES FOR ABSENCE Apologies for absence were received from Sarah Marsh, Parent Governor Co-optee.
OSCO40.	URGENT BUSINESS There were no items of urgent business.
OSCO41.	DECLARATIONS OF INTEREST Councillors Bull and Winskill declared personal, non-prejudicial interests in item 14 – Budget Scrutiny – Housing Revenue Account, as they were Council property leaseholders.
OSCO42.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO43.	ORDER OF AGENDA RESOLVED that the order of agenda be varied to accommodate people attending the meeting. The minutes will appear in the order in

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	<p>which they are shown on the agenda.</p>	
<p>OSCO44.</p>	<p>MINUTES</p> <p>RESOLVED that the minutes of the Budget Scrutiny meetings held on 23rd November 2009, 7th December 2009 and 16th December 2009 be confirmed as correct records of the meetings.</p> <p>The Committee asked that the actions arising from the previous budget meetings be followed up.</p>	
<p>OSCO45.</p>	<p>CABINET MEMBER QUESTIONS: CABINET MEMBER FOR ENFORCEMENT AND SAFER COMMUNITIES</p> <p>The Committee received the portfolio briefing for the Enforcement and Safer Communities and Planning Policy, presented by Councillor Canver (Cabinet Member for Enforcement and Safer Communities), Wayne Longshaw (Assistant Chief Executive -Policy, Performance, Partnership & Communication (PPP&C)) and Robin Payne (Head of Enforcement).</p> <p>In response to questions the Committee noted that there were links between agencies such as the Anti-Social Behaviour Action Team (ASBAT) and the Children and Young People Service, the Youth Offending Service (YOS) and the Prevention Team, who referred clients to the ASBAT Parenting Service and the Head of Safer Communities for Haringey sat on Local Authority partnership and other multi-agency boards.</p> <p>The Committee requested copies of the evaluation of the Preventing Violent Extremism programme.</p> <p>The Committee requested a briefing note on the role of Community Volunteers (CVs), and which CVs covered which wards, be sent to all Members of the Council and that briefings also be provided to the Council's Neighbourhood Area Assembly meetings.</p> <p>Councillor Canver recognised the Committee's concerns about the Council's enforcement costs and explained that the Head of Enforcement had been recently liaising with courts to resolve reimbursement issues and Councillor Canver would be writing to the relevant person responsible for courts in London to highlight the poor return of costs awarded at court.</p> <p>The Committee welcomed the Council's plans for a campaign against dog-fouling in public places and requested a timeframe for the campaign.</p> <p>Councillor Canver highlighted the joint working between the different agencies and assured the Committee that there was a representative from each agency (i.e. Children's Services, Youth Offending Team, Community Safety, Police) on the relevant Haringey Partnership</p>	

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	<p>boards and sub-committees.</p> <p>Councillor Canver informed the Committee that she would speak with Ward Councillors for feedback on the Safer Neighbourhoods Teams.</p> <p>RESOLVED that the report be noted.</p>	
<p>OSCO46.</p>	<p>NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE (NICE)</p> <p>The Committee received a presentation from Thara Raj, Implementation Consultant for the National Institute for Clinical Excellence (NICE) an organisation funded by the Department of Health. The Committee noted that the guidance made specific recommendations for the community and voluntary sector regarding engaging with the public.</p> <p>The Committee asked that support from NICE be provided during consultations about the future of the Whittington Hospital. Ms Raj explained that whilst NICE could not comment on local issues the organisation could assist in over-coming barriers to the implementation of new strategies and encourage the Committee to ask questions and provide evidence.</p> <p>The Committee noted that all guidance issued by NICE was updated during 3 to 5 year cycles (in addition to constant monitoring) and cost benefit analyses were undertaken for each recommendation within the guidance.</p> <p>The Committee invited the NICE Implementation Consultant to return to the Overview & Scrutiny for assistance with future scrutiny.</p> <p>RESOLVED that the presentation be noted.</p>	
<p>OSCO47.</p>	<p>ACCESS TO SERVICES FOR OLDER PEOPLE</p> <p>The Committee received the report updating on the progress of the recommendations made in the Overview and Scrutiny Review of Access to Services for Older People, April 2008, introduced by Lisa Redfern, Assistant Director – Adult Services.</p> <p>The Committee asked how the service monitored the Direct Payments system to ensure that users did not spend funds inappropriately and noted that each direct payment bank account was audited by the care manager and a direct payment could be reprieved if required. With regard to Personalisation, the Committee noted that all staff were being trained to ensure the programme ran well and was monitored properly.</p> <p>The Committee asked for confirmation that that the Cabinet had written to the Department of Health to encourage more funding to allow the Council to support the low and moderate bandings of Fair Access to Care Services in line with the well-being agenda.</p>	

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	<p>The Committee emphasised the importance of sustainable transport services for older people (recommendation 15) and that current systems were inflexible and often did not turn up when ordered. The Assistant Director – Adult Services advised members that organisations such as Dial-A-Ride, Taxi-Cars and Computer Cabs were accountable to Transport for London and the Mayor of London.</p> <p>RESOLVED that the report be noted and the update to the initial recommendations set during the Overview & Scrutiny review of Access to Services for Older People at Appendix 1 of the report be agreed.</p>	
<p>OSCO48.</p>	<p>COMMUNITY ENGAGEMENT FRAMEWORK - DELIVERY PLAN</p> <p><i>Clerk's note: Councillor Bull left the meeting room and Councillor Adamou (Vice-Chair) took over as Chair of the meeting at 20:25 hrs.</i></p> <p>The Committee received the report on Haringey's Community Engagement Framework and Delivery Plan presented by Helena Pugh, Head of Policy, and Kirsty Fox, Strategy and Policy Officer.</p> <p>The Committee noted that 700 voluntary and community sector groups had been consulted as well as notifications in Haringey People (inviting individuals to comment). 157 written responses had been received during the two phases of consultation.</p> <p>The Committee asked that small local businesses were included in future community engagement exercises.</p> <p>RESOLVED that the report be noted.</p> <p><i>Clerk's note: Councillor Bull resumed chairmanship at 20:35 hrs.</i></p>	
<p>OSCO49.</p>	<p>HOUSING STRATEGIES - UNDER OCCUPANCY AND MOVE-ON</p> <p>The Committee received the progress report on the development of Haringey's Move-on Strategy and Overcrowding and Under-occupation Strategy, introduced by Rosie Green, Housing Strategy and Partnerships Manager and Phil Harris, Assistant Director of Strategic & Community Housing.</p> <p>In response to its questions the Committee noted that relevant literature and details of consultations on the Move-On Strategy and responses were available on the Council's website (www.haringey.gov.uk), a consultation event would be held as well as advertising on a wider basis through the Council's Communications Department. Officers expressed disappointment that service providers had not commented on the strategies.</p> <p>The Committee enquired about the support provided to service users when they moved-on and were advised that key workers employed by</p>	

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	<p>the housing support providers supported service users in moving.</p> <p>The Committee noted that consultation on the Under-occupancy Strategy would begin after May 2010 and funding for the post of “Overcrowding and Under-occupancy officer” through Haringey’s Pathfinder scheme.</p> <p>The Committee asked for a ward-by-ward breakdown of where under-occupancy of properties occurred.</p> <p>RESOLVED that the progress being made in the development of these two strategies be noted.</p>	
<p>OSCO50.</p>	<p>PAVING OVER FRONT GARDENS - CROSSOVERS</p> <p>The Committee received the service report on paving over front gardens/ crossovers presented by Joan Hancox, Head of Sustainable Transport. The Committee noted the reduction in the number of applications to pave over front gardens and create crossovers over public footways in order to provide access to front garden parking.</p> <p>The Committee expressed concerns that the Council’s Enforcement Team erected bollards where unauthorised crossovers had been created, which were dangerous to pedestrians. The Head of Sustainable Transport explained that households were provided with three notices warning that bollards would be erected to prevent use of the crossover. If the crossovers were later authorised the bollards would be removed. If the crossover is refused the applicant would be re-charged for the installation of the bollards.</p> <p>In response to Committee Members’ questions the Head of Sustainable Transport advised that a crossover would be considered based on the amount of area available (minimum of 4.8 metres) and cars must not hang over the highway.</p> <p>Members supported the suggestion that restrictions can be put in place to prevent the approval of any crossovers in areas being considered for Controlled Parking Zones (CPZs).</p> <p>RESOLVED</p> <ul style="list-style-type: none"> i. That the report be noted. ii. That a referral be made to Cabinet suggesting that restrictions be put in place to prevent the approval of any crossovers in areas being considered for Controlled Parking Zones (CPZs). 	
<p>OSCO51.</p>	<p>CABINET MEMBER QUESTIONS: CABINET MEMBER FOR COMMUNITY COHESION AND INVOLVEMENT</p> <p>The Committee received the portfolio briefing from Councillor Amin, Cabinet Member for Community Cohesion and Involvement. Councillor Amin was joined by Sue Wilby, Interim Head of Customer</p>	

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	<p>Services, and Patrick Lee, Neighbourhood Manager).</p> <p>The Committee requested details of sites where <i>My Haringey</i> posters were displayed, feedback about the posters the Council had received and how the campaign would be evaluated and costings for continuing the campaign, which would be circulated.</p> <p>The Committee expressed concerns about self service telephony and whether it would be suitable for everyone and requested more detail about the rationale behind the proposals and details of the Equalities Impact Assessment.</p> <p>The Committee asked for clarification on whether there had been a restructure within the Customer Services teams and what the reporting lines currently were.</p> <p>The Committee asked whether there had been discussions about the future of Neighbourhood Management and was informed that new ways of working would be brought into the service including a review of neighbourhood assemblies.</p> <p>RESOLVED that the briefing be noted.</p>	
<p>OSCO52.</p>	<p>BUDGET SCRUTINY - HOUSING REVENUE ACCOUNT - RENTS</p> <p>The Committee received the report updating on the draft Housing Revenue Account (HRA) Financial Planning Position for 2010/11 presented by Gerald Almeroth, Chief Finance Officer, and Rowan Limond, Executive Director of Resources.</p> <p>The Committee noted that 86% of all Homes for Haringey properties would see a £1 or £2 increase or decrease in rent charges. Others will see a substantial decrease in rent charges due to new formulas. The Council would need to fund the £1.2 million shortfall in the budget as a result and this would be reimbursed in future years by Communities & Local Government (CLG) funding.</p> <p>In response to a question about whether leaseholders will also see reductions in charges the Executive Director of Resources explained that the charging system for leaseholders was</p> <p>Committee members expressed that they felt the Government's rules were contradictory; recommending an average rent increase and then placing "caps and limits" on individual rents. The Committee were informed that letters from the Council had been sent to the Housing Minister raising these and other concerns.</p> <p>Approximately 16,000 letters consulting on rent proposals were sent to tenants in Haringey. The Executive Director of Finance agreed to circulate the responses to the consultation to Committee Members.</p>	

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	<p>Executive Director of Finance agreed to circulate the responses to the rent proposals consultation with tenants.</p> <p>RESOLVED that the report be noted.</p>	
OSCO53.	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>There were no new items of urgent business.</p>	
OSCO54.	<p>FUTURE MEETINGS</p> <p>8th March 2010 15th March 2010</p>	

The meeting ended at 21:05 hrs.

COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....

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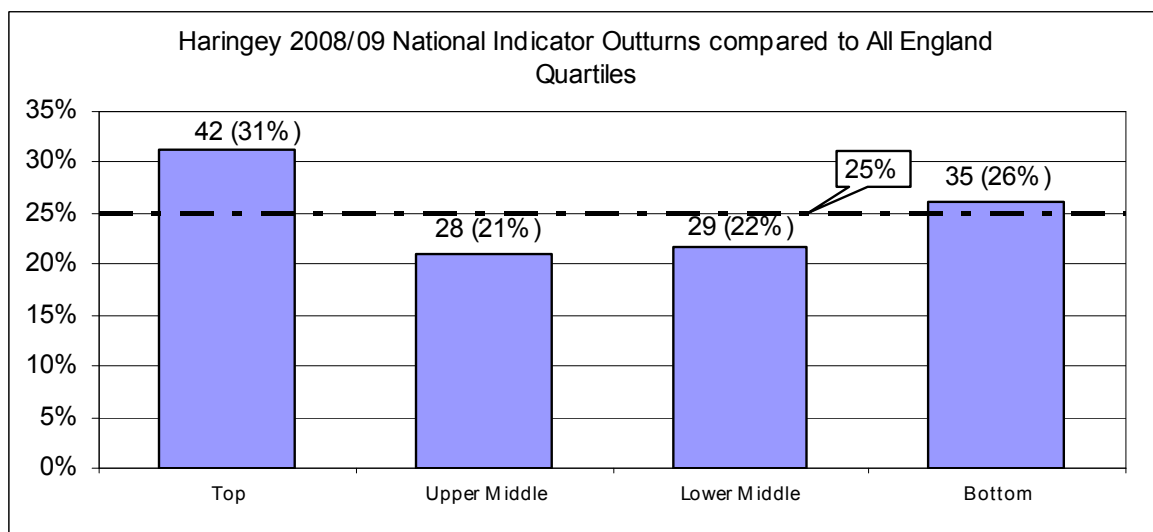
Leader's Portfolio Briefing Overview and Scrutiny

The Leader's portfolio covers the areas highlighted in this briefing paper for Overview and Scrutiny's consideration.

Performance

The Audit Commission have now published comparative performance data for most of the national indicator set (NIs) for 2008/09. For over half the indicators where comparative data is available, Haringey's performance is in the top 2 quartiles with performance for 42 indicators featuring in the top 25% of Local Authorities.

Performance continued to improve in 09/10 in a number of key areas including education attainment, teenage pregnancy, temporary accommodation and street cleanliness.



Communications

In probably the most challenging year for Haringey's communications, the news team responded to 100% of media enquiries, working round the clock for weeks on end, but still managed to achieve 75% pro-active output across the entire range of council services. They also produced all 10 issues of *Haringey People* as well as introducing the new localised editions, which have proved very popular. Efficiency gains mean that all this was achieved in a team reduced by one FTE. In a recent survey more than 60% of residents surveyed found *HP* either excellent or very good at keeping them informed.

A media briefing regarding the budget took place on 4 February 2010. The Council's *My Haringey* campaign continues to be rolled out.

Legal Services

Key projects for Legal services working in partnership with Directorates and corporate centre include:

- Building Schools for the Future contracts – legal services worked on all key building contracts successfully and are now involved in monitoring the continued performance under these contracts.
- Legal Services is assisting in advising on Waste collection contracts
- Planning advice on major regeneration projects including Haringey Heartlands, Tottenham Football Club, Tottenham Hale and assisting in gaining Article 4 direction for network rail requiring them to seek planning permission.
- Homes For Haringey – decent homes programme, contract advice.
- Child safeguarding and Local Safeguarding Board – partnership working – helping risk assessment process, maintaining good relations with courts and assisting in training projects for Children’s Services. Dealing with significant increase in Child Care cases.
- Assisted in recovering of over £1m debt from April – December 2009 for Social Services (residential and community care fees), Property Services (commercial rent arrears) and Council tax owing on empty properties targeted by the Council. We assisted Homes for Haringey in achieving a current rent arrears collection rate of over 98.72%.
- Assisting in the drive to reduce temporary accommodation – property team in legal working on large number of private sector leases in short period of time.
- Community involvement with the Council – advice on new duty regarding petitions, Councillor Call to Action, new leadership model, assistance with elections and post election constitutional issues.
- Successful implementation of the new local Member complaints regime, assessment, review and determination procedures.

Challenges

- Improving value for money – involvement in Association of Council Secretaries and Solicitors benchmarking and other groups.
- Establishing involvement of legal early on in key projects to reduce risks and help prevent costly mistakes.
- Co-ordinating with the Children’s Service efforts to limit increase in legal spend.
- Review of Local Land Charges and Registrars.
- Threat to Local Land Charges income – recent ICO guidance on local authority search data being environmental information and therefore subject to disclosure without charge. This will be challenged at national level as the proposals could result in a loss of £ 358,000 in annual income.
- Elections and new intake of elected members – new members will require training and development programme.

Strategic sites

Below is the latest information regarding progress on strategic sites in Haringey:

Coronation Sidings and Clarendon Square: the Council persuaded the Secretary of State to withdraw Permitted Development rights from a train shed proposal by Network Rail. This should be the subject of a full planning application in 2010. This will enable a balanced decision to be made not only on that scheme but also on the outline application for mixed use and 1000 homes on the Clarendon Road Heartlands scheme.

On 17-2-10 the Council was informed that Network Rail will challenge the withdrawal of Permitted Development Rights, but at the same time consider continuing to commit to submitting a full planning application to Haringey. This is very recent news and Officers are reviewing the grounds of challenge and setting up negotiation meeting with Network Rail

GLS Site Hale Village: The Council also helped the Homes and Community Agency invest in the Hale Village scheme at Tottenham Hale to ensure proper development continues on that site, despite the recession.

Tottenham Hotspur FC: The club has submitted a full planning application for 56,000 seat stadium, Public Square and space, hotel, museum, café, supermarket and 434 homes.

Tottenham High Road: 15 properties are now in a new 2 year Heritage Improvement Programme comprising £900k with 50% of this coming from English Heritage. During 2009, 810 High Road - a Grade II star Georgian house - was externally renovated with support from English Heritage, local conservation and preservation groups and the Planning Service.

Consultation was carried out on redesigning the **Tottenham Gyrotory** and on options for the **Greater Ashley Road Master Plan**

New “area planning” resources: Tottenham Hale (£100k Greater Ashley Road and Green Link Feasibility); Tottenham Corridor (£30k from the Mayor’s Great Spaces Fund and £20k from the London Development Agency); Tottenham Green (£60k from the LDA and private sector partner

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Cabinet Member for Resources**Overview and Scrutiny Briefing – 15th March 2010****Audit and Risk Management**

Key elements of the service:

- Internal audit
- Insurance
- Risk Management

Recent key events:

- Implementation of the risk management module within the Council's electronic performance management system (Covalent) across all business units and departments by 31 December 2009, which was within planned timescales. All business units are now using Covalent to manage their risk registers.
- The Insurance Section worked in conjunction with the Highways and other Council departments during and after the severe weather period to ensure that any defects which were reported as a result of insurance claims received were communicated effectively. This ensured that the repair or hazard was rectified as soon as possible and risks and insurance claims minimised
- In the six months between June and December 2009, Service Managers have implemented 100% of all high priority internal audit recommendations by their due date.

The key challenges for the service:

- Developing a more corporate-focused approach to preventing and detecting fraud
- Developing the use of Covalent to more effectively link risk management, performance, and business planning

Benefits and Local Taxation

The key elements of the service are to:

- Bill, collect and recover Council Tax (CT) and National and Non-domestic Rates(NNDR)
- Provide a comprehensive Housing Benefit (HB) and Council Tax Benefit (CTB) claims service for the local residential, business community and other key stakeholders

Key events, issues and challenges:

- **e-benefits**

e-benefits is now live in Hornsey Customer Service Centre, Wood Green Customer Service Centre and in the call centre. Early indications are that the outcomes are as positive as expected. Over 80 claims have been submitted through electronic claiming so far, which eliminates unnecessary questions on the HB application form. The average time taken to pay e-benefit claims so far has been 6 days. Benefits and Local Taxation staff are on hand in the Customer Service Centres to assess benefit claims via an appointment system, when customers are asked to return with their supporting evidence.

- **London wide Direct Debit campaign**

Haringey has signed up to a London wide Direct Debit take up campaign – this is a joint initiative with 20 other boroughs across London, facilitated by the London Revenues Group.

- **Business Rates Re-Valuation 2010**

There is a business rates revaluation taking place with effect from 1.4.2010. This is a national revaluation outside the control of the Council.

Ratepayers have the opportunity to appeal against their rateable values and are able to do so from 1st April 2010.

There is a transitional relief scheme which will alleviate the effects of any increases over the five year period. For the first year where there are increases these will be limited to approximately 3.5% for small businesses (those with RV below £25,500) and 12.5% for larger businesses.

- **Supplementary Business Rate**

A Supplementary Business Rate is being introduced from 1st April 2010, this again is outside the control of the Council.

Corporate Finance

This service provides the financial support to the Council.

Key events, issues and challenges:

- Much intensive work has been undertaken on the Use of Resources element of CAA with workshops being held with the external auditors. The Council scored a 3 out of 4 for Use of Resources in 2009.
- Annual closure of accounts and preparation has commenced for audit of accounts for year end 31 March 2010.
- Preparation and implementation of the new International Financial Reporting Standards (IFRS).

Corporate Procurement

Key events, issues and challenges:

- New contract arrangements are being put in place to support the Council's Capital Programme and general construction and facilities management requirements. These include:

- Major Works Framework
- Minor Works Framework
- Asbestos Surveying
- Asbestos Removal
- Conservation Works
- Landscape Architects

- From April 2010, the mandatory Carbon Reduction Commitment (CRC) Scheme comes into effect which will result in a league table comprising all eligible public and private sector organisations being compiled. Actual performance over 2010/11 on the league table will result in either a penalty or a benefit. We are working hard to secure "credits" and the Council is the 2nd organisation in England to achieve Carbon Trust Accreditation. We have also upgraded 100 gas and electricity meters to SMART METERING to provide hourly management information in regards to high consumption sites (including some schools).

Corporate Property Services

The service advises the Council on the effective use of property resources.

Key events and issues are:

- **Tottenham Town Hall**
Site now handed over to partner Newlon Housing Trust which is providing 109 new homes, business units and community facilities in the heart of Tottenham.
- **Haringey Forward - SMART working**
Excellent 1st phase progress made in the creation of SMART working environments in Alexandra House and River Park House with many staff now transferred into flexible work spaces.
- **Hornsey Town Hall**
Following extensive consultation led by the Community Partnership Board, design work and preparation of the planning application is underway for this major scheme to refurbish this important Grade II* listed building.

Key challenges

- **Generating Capital Receipts from Property Disposals**

The current economic climate and the decline in the property market continues to impact on the Council's ability to achieve target capital receipts in support of the capital programme.

- Addressing budget pressure relating to rental income from the commercial property.

IT

The service provides technical support and strategic direction for the Council's IT infrastructure

Key events, issues and challenges

- Government Connects Secure Extranet (GCSx) – successfully achieved accreditation to enable Haringey to use secure network for sharing sensitive data between central government, local government and public sector agencies. In particular, Benefits and Local Taxation are able to receive sensitive benefits data from DWP and other areas such as Youth Justice, Domestic Violence and Trading Standards are looking to make use of our compliance.
- IT Value for Money Review – positive outcome from external benchmarking with IT Services recording the 3rd best ever user satisfaction score for a London Borough, with particular strengths highlighted including ease of contact, speed of response and low downtime. The key focus for 2010-11 will be the implementation of the findings from the VFM review to ensure that the service continues to demonstrate value for money.

Overall

A balanced budget has been set for 2010/11. This is the culmination of the financial planning process which has been in train over several months.

Human Resources and Organisational Development

I reported in July 2009 that we had introduced a new Grievance procedure, in April 2009, which was designed to focus more on resolution. A new part of the process is the option to seek mediation to resolve differences. The council trained 40 internal mediators and since the procedure was introduced 10 cases out of 68 (15%) have been referred for mediation.

We are in the process of reviewing our employment policies for restructuring, redeployment, re-skilling to help the management of potentially larger numbers of displaced staff and we will design occupational job families that enable greater flexibility of deployment. And we are improving our models of organisational change.

During 2008/09 we improved our redeployment success rate to 37% (24 out of 65 cases), an improvement of 13% on the previous year. This saved the council approx £235k in redundancy and recruitment costs. So far this year we have redeployed 32 staff out of 57 (56%), and saved over £300k.

This year we increased the number of apprenticeships to 30 from 12. The 30 are 12 admin, 14 social care and 4 gardeners. We were able to secure funding for the 14 social care apprentices from the Department of Health. Next year our target is to create 70 apprenticeships across the council.

Sickness absence in the Council was 8.80 days on average per employee in May 2009. At December 2009 average sickness levels stood at 8.97 days but this was due to the flu epidemic. If we excluded increased flu absence days the average absence levels would be 8.7 days in Dec 2009. Therefore overall sickness absence is still on a downward trend.

Update on Economic Development Programmes in Haringey for Overview and Scrutiny

The Council runs two programmes to support economic development in the Borough

- employment and skills and
- business support.

An update on these are set out below.

Funding for key projects comes through the Area Based Grant regime - and this grant has recently been increased by the Council

Additional Area Based Grants 09-11

In February 2010, the Council and the its Strategic Partners allocated new funds to support local jobs, skill and business

- New Skills (green/IT work): £60k
- Housing/RSL skills/jobs: £30k
- Extra 20 Families into Work: £50k
- Future Jobs Fund Management to support 221 new local jobs: £210k
- Extra Employer Engagement projects that produce local jobs: £120k
- Credit Union: £145k
- Developing the Voluntary Sector's business skills: £15k
- Wood Green Town Centre management: £35k

Haringey Employment and Skills Programmes

1. Haringey Guarantee – the Borough's own Job Brokerage scheme

Programme for 2009/10 has achieved 98 sustained jobs at Dec 09 against an annual target of 218. 180 are likely to be met because of recession.

2. North London Pledge – Training and job scheme for Waltham Forest, Enfield and Haringey

- North London Pledge 1 (£1.5m over 08-10) - Haringey has commenced second year of delivery with target of 110 Employment Support outputs and 57 jobs in 09/10. All on target.
- North London Pledge 2 (2010-12) proposal agreed for £2m over 18 months across ULV delivering 400 sustained jobs (130 in Haringey.)

3. New Apprenticeships Programme

Haringey Apprenticeship Delivery Steering Group established in 2009-10. Targets upgraded and agreed - 25 apprenticeships to be created in 09-10 and 60-70 a year from 2010-11. To date 62 created in 09-10 (BsF, HfH, LBH).

4. Families into Work – Northumberland Park Ward – Project focusing on ways to help families with “inter generational unemployment”

2009-11 project. 76 of 100 families engaged at Dec 2009 and now 15 families have someone in work.

5. School Gates Funding Announced – Nov 2010

Haringey given an extra £117k from the Child Poverty Unit to “engage unemployed parents in school, to promote routes back to work”.

6. Future Jobs Fund – Recession Action for New Jobs

A funding bid to create 221 jobs (155 in LBH) has been successful (£1.4m). “Amish Patel “ was the first recruit on 22-3-10 – admin assistant in North London Business. On 23-2-10, ten more jobs were given out from the Council (recycling and mental health jobs). Target is to get all jobs allocated by March 2011 – Haringey will do by November 2010. Jobs are for minimum 1 year and pay is at least £6,500.

7. Credit Union - Cabinet in March 2010

Funding will be given to existing CU to extend facilities to Haringey. Start in April 2010. 2000 members in 3 years. There will be loans from the start of the scheme.

Haringey Business Programmes

8. Cultural Industries

- 2009-10 North London Film Fund Partnership - £46.6k (Camden/Haringey/Enfield £5k each; Film London £7.6k; North London Pledge Film Skills £20k). This produces 6 short films (2 from Haringey residents); media training for Haringey residents; cultural industries networking and showcase screening at Curzon Renoir and Wood Green Cineworld
- Wood Green International Short Film Festival scheduled for 25-28th March 2010.
- 2 empty shop front arts project completed (Stroud Green)
- Support to creative sector via our sponsoring of Fashion Enter project in Florentia Clothing Village, supporting existing creative businesses and creating new start ups

9. Town Centres

Business engagement via traders associations across borough in our priority Town Centres – Wood Green/Green Lanes, Crouch End, Muswell Hill and Tottenham. Crouch End, Green Lanes and Tottenham have well established associations, Wood Green is new and Muswell Hill is currently work in progress. All traders groups meet at least quarterly and meetings are attended by officers from Economic Regeneration. Main issues are around parking, trade waste, rates and issues around the current downturn.

Wood Green – Partnership development. Web site development has begun.

Green Lanes – ABG funded (web site; food festival; business promotion) – supported by Neighbourhood Management

Crouch End/Hornsey – ABG funded (loyalty card; web site; xmas events; loyalty parking scheme)

Muswell Hill – Partnership in development

Tottenham High Road and West Green – Working safety/crime issues, newsletter and annual Tottenham Festival. 20k bid achieved to increase shop radio links to help prevent crime.

10. Haringey Business Board

Haringey Business Board (HBB), is a private sector led business board chaired by BT plc Chairman Andrew Campling. HBB aims to represent the major business sectors in the borough. Meet 4 times a year organised by North London

11. Meet the Buyer Local Business Procurement Fair – 23 Feb 2010

Developed and Organised by LBH Procurement Service. 160 businesses attended; 25 contracts available up to value of £20m, (including 5 Council services). Business to Business style trade fair. LDA funded £25k and LBH funded £5k

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Overview and Scrutiny Committee – Primary Care update report**Access to GPs**

The Department of Health commissions a quarterly survey which looks at key issues for patients attending their GP. The survey is published on the internet at www.gp-patient.co.uk. A constant key issue for patients is being able to see their GP within two days.

The sample base is likely to be fairly small for each individual GP practice, which means results may not entirely reflect what most patients feel about individual practices. Nevertheless, NHS Haringey has been in touch with the weaker performing practices to see what measures they have in place to make it easy for patients to make an appointment, and what improvements can be made. As part of this work, we are currently commissioning a market research company to carry out interviews with people who use these practices, to see what experiences they have had and what their views on their GP practices are, to see if there are any underlying issues that need to be addressed.

NHS Haringey is committed to ensuring that people can see a GP outside of normal working hours. Many GPs offer extended opening hours, and the Laurels Healthy Living Centre has a walk-in service which is available 6.30 – 8pm seven days a week.

New walk-in centre at North Middlesex University Hospital

Arrangements have been improved for people wanting to use the walk in or A&E services at North Mid hospital, with a single access point for both services which are now co-located in the same building.

Previously the Walk in Centre was based in a separate build from the A&E, and run by a private provider on behalf of NHS Haringey which commissioned the service.

From 1 March the Walk in Centre is based with the A&E department, with a single front door to give easier access for patients. The new location will mean that all patients wishing to access the Walk in Centre should do so via the A&E department building.

They will then book in at the single reception desk and be triaged accordingly – with the majority being seen by Nurse Practitioners or GPs based within the Walk in Centre. Eventually North Mid plan to improve the services to an urgent care centre facility, linked with the A&E department. The 10 staff currently working in the Walk in Centre will transfer across to North Middlesex's employment.

Developing polysystems in Haringey

NHS Haringey is holding a special planning event on 11 March to see how the polysystem model can be developed further, in order to provide more services in the community. GPs, representatives from acute trusts and the local authority will be participating the event. Key outcomes include:

- To identify possible concerns/barriers to successful implementation and agree how these can best be overcome;
- To outline and develop the polysystem model for Haringey in terms of services delivered in the community and location
- To agree a set of shared next steps (next six months) to support the successful implementation of polysystems in Haringey; and,

Working with clinicians, we intend to use the event to develop a clear plan of action of how we will build on our existing infrastructure to provide more services in the community. We will give a full debrief of the event at our next meeting with the Overview and scrutiny committee.

**OVERVIEW & SCRUTINY COMMITTEE
NHS HARINGEY – FINANCIAL UPDATE**

Introduction

The purpose of this paper is to provide to the O&SC an update as to the financial position of NHS Haringey for 2010/11 onwards. The table below sets out our financial position to 2013/14 under a base case funding option.

	2010/11	2011/12	2012/13	2013/14
	£'m	£'m	£'m	£'m
Resource Limit	459.8	482.2	494.2	506.6
Expenditure	473.3	485.6	500.2	516.8
Reserves	10.4	11.5	12.6	13.7
Contingency	2.3	2.4	2.5	2.5
Less:				
Reduction in Activity	1.0	3.4	3.5	3.6
Net Polysystems Shift	2.8	3.4	4.0	4.7
Decommissioning	3.3	4.4	5.5	6.7
Admitted Patient Care	0.3	0.3	0.4	0.5
Additional Savings	23.3	10.4	12.4	15.7
Total Savings	30.7	21.9	25.8	31.2
Total Application	455.3	477.6	489.5	501.8
Surplus/(Deficit)	4.5	4.6	4.7	4.8

The key points to note are as follows:

Annual Surplus

The NHS London expectation is that a minimum surplus of 1.0% of budget is achieved. For NHS Haringey in 2010/11 this would equate to £4.5m. In addition the Operating Framework for 2010/11 sets out that all PCTs by 2013/14 should meet the requirement of at least 2% of recurrently uncommitted resource. This requirement has been reflected in our financial planning for 2010/11 onwards.

Level of Savings Required

The above table sets out the level of financial savings needed to achieve an annual surplus consistent with the NHS London planning assumptions and Operating Framework.

NHS Haringey has a need to reduce underlying cost pressures by £26m in order to breakeven in 2010/11, more in order to achieve a surplus. We are targeting productivity and efficiency gains in order to reduce costs in a way that minimizes service impact, and where there is service impact we are directing that towards positive changes that we need to take forward in order to improve healthcare for our population for example the polysystem shift. There are several main elements to our productivity and efficiency gain programme:

- a) decommissioning low priority treatments. A sectorwide list has now been agreed following the model already implemented successfully in other parts of the country. We know the cost savings from implementation of this list by HRG by provider. Providers have been informed and contracts are being negotiated on this basis. We will need to implement a simple process to allow exceptional requests to be heard without allowing the non-exceptional to take over. Local GP leaders and the CEC are on board with the list and with the need to implement it successfully.
- b) polysystem shift. We have examined the 7 care pathways in detail, and worked up HRG level activity and cost shifts and decommissioning changes. We have a number of new buildings suitable to support some polysystem working, in particular in Hornsey Central and Lordship Lane. We are looking at means to target quick wins in these areas in 2010/11, at the same time as introducing bigger volume changes in the east of Haringey shortly thereafter. For example we are transferring a significant amount of the Women's Services out patient activity from hospitals to local sites including the Tynemouth Road and Lordship Lane Neighbourhood Health Centres during 2010/11. We have estimated that the movement in activity will account for 60% of routine ante-natal activity and 20% of gynaecological out patients. We have also identified savings resulting from reductions in admitted patient care of £300k in 2010/11.
- c) mental health services. BEHMHT has already made savings from a reduction in inpatient services and an increase in community services in 2008/09 and 2009/10 in line with the agreed service strategy across the 3 PCTs. We expect to take back the savings from this commissioned shift, and to take the benefit of further shifts in line with the roll out of this strategy in 2010/11. We are also looking to build on the short term commissioning of low secure forensic services in 2009/10 in order to reduce cost pressures in forensic services, and we are expecting to bring private sector individual high cost placements back into local services.
- d) acute efficiency and productivity gains. We have identified sectorwide efficiency savings that are possible in acute providers and we expect the Acute Commissioning Agency to see these through with rigour and determination – we are also looking for NHS London support to realize these. We are not targeting unreasonable gains nor are we looking to

under commission. We have costed these efficiency and productivity gains based on current activity and unit prices: they include top quartile performance metrics in key areas such as C2C and 1st/fu outpatients, reduced drug spend especially on HCD, implementation of the Urgent Care strategy for the WIC and OOH, reducing activity down to national best practice in areas such as maternity ante and post natal, prevention of price and activity count gaming, rejection of service developments that are not self funding. Where NHS London can support these initiatives is in embedding within Trusts a climate of change, by taking a more interventionist stance to push back on income generation schemes, and through a more rigorous performance monitoring of Trusts eg reconciling provider to commissioner I&E budgeting.

- e) community and primary care efficiency and productivity gains. Given the aim to upstream work, a lot of the community and primary care gains are less about cost saving and more about picking up on the extra work generated by a push back from acute and mental health, with a net reduction in cost. The providerside of the PCT has developed a number of innovative "spend to save" schemes to take work back from providers at a much lower cost and these have been through an investment review assessment and testing process. Several are about the roll out of existing pilots for example the community matron scheme, or IAPT service. Primary care contracts are being renegotiated in order to better align both to equity of service provision across the patch, but also to link better to the overarching service change programme eg in the redesignation of Enhanced Services, and in the PMS contract review.
- f) back office and management cost savings. We are still waiting for guidance on management cost savings targets so have taken a Sectorwide approach to what is required. Nonetheless we have also targeted higher, and have set up a "Dragons' Den" process for our Senior Managers to feed Constant Improvement Ideas into the PCT. There are a number of savings identified already, the most significant of which is the double running of IMT services between our local support agency and CSL.

Our list of savings to be achieved through productivity and efficiency gains was presented at our February Board seminar. There was broad agreement that these are the correct areas that we should target for savings in 2010/11. The achievement of these savings would enable a break even position to be achieved in 2010/11. In addition, based upon feedback from NHS London we are also developing a Plan B list of savings with a value of approximately £7.0m. It is planned that the Commissioning Committee will approve a Plan B list of savings during March. An updated 2010/11 budget will be presented to our Board at the end of March.

Recommendation

The OS&C are asked to note this report. Further updates will be provided as requested.

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Commissioning Out of Hours Services in North London

Progress Report for Overview and Scrutiny Committee

February 2010

Introduction

Camden Primary Care Trust leads a consortium of Primary Care Trusts (PCTs) in North London, who jointly commission the primary care Out-of-hours service (The Service). The consortium includes NHS Camden, NHS Haringey, NHS Islington and NHS City and Hackney.

Background

Following the introduction of the new General Medical Services (GMS) contract in 2004 most GP Practices took the opportunity to opt out from the provision of Out of hours services to their patients. Under the new arrangements PCTs took up responsibility for the delivery of Out of hours services to these patients.

In North London the Camden, Islington, Haringey and City & Hackney Primary Care Trusts commissioned this service from the local provider CAMIDOC. As the contract is coming to an end in June 2010 the commissioners have decided to take this opportunity to review the original assumptions about the purpose and structure of the service, incorporate new requirements and to improve quality standards. It is considered that a competitive tendering process is the most effective way of achieving this.

Tendering Process

All potential providers have gone through the same process namely:-

- Expression of interest
- Pre-Qualification Questionnaire
- Invitation to Tender

NHS Camden has accepted bids for its revised £15million three-year "out of hours" contract from five private firms and the current provider, Camidoc. The deadline closed on 19th February and the winning bidder is expected to be revealed by beginning March 2010.. Following this a new APMS contract will be developed and the recommendations from the Report will be incorporated into the contract.

- Evaluation has been undertaken over February using, all-PCT approach (meaning we have evaluation teams comprising clinical, workforce/HR, LINKs/patient involvement and IM&T, the members of which are drawn from all 4 PCTs);
- We have a 65% quality threshold for each section of questions with bidders needing meet 65% in order to proceed to the next stage;
- The next stage is an interview which will be assessed by a panel of evaluators where bidders meet at least 65% at interview, the lowest cost bid will be selected as the preferred bidder;

- All PCTs will adopt the recommendation of the preferred bidder on or by 16th March;
- The aim is to have a contract closed and signed by the end of March;
- Mobilisation will commence thereafter with a target start date of mid June.
- LINKs from all 4 PCTs have been involved in evaluating the bids in the areas of patient involvement and patient access. One LINKs nominee sits on the decision-making panel. The evaluation report will be prepared once the evaluation process has concluded (still ongoing).

The contract and specification are compliant to the latest CQC/DH report on out of hours services (resulting from the Urbani case). The paper from the NHS Chief Executive sets out 24 recommendations under three headings:

- Commissioning and Performance management
- Selection, induction Training and use of clinicians including Locums
- Management and operation of Medical performers lists

It also has provision for incentives and deductions for over and under performance. There are strong contractual / performance levers within the contract. The service specification also includes all aspects raised in the recent guidance. **(Appendix 1)**

Monitoring arrangements

The consortium has a Steering Group which oversees the contract management for Camidoc; this role will be maintained with any new provider. Each PCT has a seat on the Steering Group and feedback can be provided through this route. NHS Haringey's representative is David Lyons.

Mechanisms for feedback from the Steering Group to NHS Haringey need to be formalised. The Whole Systems Quality Committee (WSQC) will receive exception reporting from providers and should also receive exception reporting from the OOH provider in the same way.

The new contract will be performance managed by a dedicated officer on behalf of the consortium by City and Hackney who will shortly be taking over the lead commissioner role. and will report to the Steering Group, through which decisions are made. Each PCT in the consortium has a seat on the Steering Group, and via our representative we will be able to feed in views from Haringey through the Steering Group for consideration in the new contract, including suggestions for KPIs and responses to the recommendations in the Report.

Next Steps

1. Further clarification of financial and service quality issues
2. Panel to assess clarifications and recommend preferred provider
3. Risk and mitigation of risks clarified

RECOMMENDATIONS:

1. The Overview and Scrutiny Committee notes the progress to date
2. The decision for recommending a preferred provider will be decided by beginning March 2010.

Appendix 1

No	Recommendation	Current contract position	New contract position
Commissioning and Performance management			
1	<p>PCTs should review the performance management arrangements in place for their out-of-hours services and ensure they are robust and fit for purpose. This includes the frequency of the contractual review meetings with providers, and the seniority of staff attending these meetings (including clinicians). There should be a quality review meeting separate to the contractual review attended by senior clinicians from both organisations and other appropriate senior clinicians. In particular, we want PCTs to involve local GPs in the process. This can be achieved by working with their Local Medical Committees, RCGP groups, Faculties, clinical executive groups, local and with practice-based commissioning consortia. Nonetheless, providers need to be clear that they are accountable for the delivery of services. Clarity of accountability is particularly important where provision is split between two or more providers.</p>	<p>Performance management meetings held quarterly and attended by Assistant Directors of each PCT and senior provider management.</p> <p>Data set provided in line with NQRs.</p> <p>No separate Quality review. No local GPs involved in the management of the contract.</p> <p>No PCT clinical involvement.</p>	<p>The new contract will be performance managed by one dedicated part time officer on behalf of all 4 PCTs, led by City and Hackney PCT. This has been designed to ensure more focus is given to contract management once the new contract is in place. C&H will be proposing the precise process they wish to implement and this will need to address the recommendations herewith, including the establishment of a separate Quality review and involvement local GPs. Individual PCT input will be considered when developing the new contract. The preferred provider will be invited to join the Haringey Whole Systems Quality Committee.</p>
2	<p>PCTs should supplement the core National Quality Requirements (NQRs) with a suite of locally developed quality indicators, which include requirements to monitor clinical outcomes</p>	<p>The data set currently in use is in line with NQR requirements. No additional local KPIs. No link to contract payment</p>	<p>The new contract includes some 30 local KPIs and non achievement of these could result in contract termination. A further 5 KPIs including patient satisfaction can attract incentive payments of up to £400,000 per</p>

	trends, patient reported outcomes and undertake more intensive patient and stakeholder feedback surveys. Consideration should be given to quality incentive payments linked to these local KPIs.	mechanism.	annum. PCTs will be able to comment on the KPIs via the Steering Group. Monitoring is via the Steering Group regular contract meetings.
3	In line with National Quality Requirement 5, PCTs and providers should review the current arrangements in place for receiving patient experience reports. PCTs should also consider how other feedback received on the service (whether formally via complaints, or informally via the PALS service etc) could be incorporated into performance management arrangements. They should also ensure that they are regularly sourcing feedback from other stakeholders such as local GPs, A&Es and ambulance services, and examining trends in incidents reported. If feedback indicates any trends, PCTs should ensure they follow these up immediately.	Patient experience reports regularly produced by provider in line with NQR. Also regular analysis of complaints and adverse incidents and trends analysed and actions agreed.	The new contract has a clear specification of requirements for patient experience and other feedback expressed as KPI number 5. Full achievement of the specified standards which are above those in the NQR attracts an incentive payment paid annually. PCTs will be able to comment on the KPIs via the Steering Group. Monitoring is via the Steering Group regular contract meetings.
4	PCTs should support out-of-hours providers to become a valued and integral part of the local health economy, ensuring that they have a place on any local urgent care boards or networks. This would include ensuring the provider is able to develop integrated care pathways with other parts of the system including A&E and ambulance services to ensure delivery of an integrated, efficient	Current provider included in planning and commissioning meetings on Urgent care.	The new contract specification requires the provider to work closely with the local health economy in delivering services during a period of considerable change in urgent care arrangements in all PCTs. (See service specification para 8)

	service.		
5	PCTs and out-of-hours providers should benchmark their services in ensuring the validity of their performance data. For instance, this could include participation in the Primary Care Foundation Benchmarking exercise. Benchmarking will enable PCTs to consider whether the resources allocated to the service are sufficient to ensure delivery of productive and high quality services.	PCT consortium does hold membership of the PCF benchmarking exercise and has used their work to influence current re-procurement.	Membership of the PCF benchmark service will be maintained
6	The Primary Care Foundation should continue to work with participating PCTs, providers and the Department of Health to ensure that the recommendations of their recent benchmark review are implemented, whilst taking into account the findings of this, and the forthcoming CQC report. In particular, there needs to be assurance that commissioners and providers are consistently interpreting the NQRs.	See above	See above
7	SHAs should monitor action taken by PCTs in response to this report and in carrying out appropriate performance management of out-of-hours providers. Ideally, the safety and performance of out-of-hours services and actions arising from this report should be a standing item on PCT, SHA and out-of-hours provider Board agendas for the next 6 months. Boards may then wish to review the frequency of updates they	To be considered by PCT Board	To be considered by the PCT Board

	receive.		
8	The Department should strongly consider the development and introduction of an improvement programme for PCTs to support their commissioning and performance management of out-of-hours services. This should include support to ensure they are effectively monitoring the National Quality Requirements and other key clinical indicators to ensure that the out-of-hours service is safe, effective, efficient and responsive.	PCT would welcome any such support	The new contract allows for changes and amendments to be proposed by either party.
Selection, induction Training and use of clinicians including Locums			
9	PCTs and Providers should continue to work with post-graduate deaneries to ensure the provision of a comprehensive, consistent and well-structured training programme for GP Registrars, which complies with COGPED guidance, and with the Department of Health letter of 17 December 2009.	PCT to review	The lead commissioner will lead this.
10	The RCGP should review the guidance concerning GP Registrars' training in out-of-hours and should update this as necessary. This work should involve engagement with the necessary stakeholders including COGPED.	RCGP Action	RCGP Action
11	Out-of-hours providers should consider the recruitment and selection processes in place for clinical staff to ensure they are robust and that they are	Provider to comment	The new contract contains explicit requirements in respect of staff competence and recruitment covering locum as well as permanent staff. (See Service

	<p>following best practice in this area. This includes evidence of a detailed knowledge and skills outline for staff which sets out the generic qualifications and appropriate experience, skills (including telephone assessment) and knowledge required to work in the out-of-hours service and should be applied to all locums as well as staff who regularly work for the provider.</p>		<p>specification para 11.)</p>
12	<p>Out-of-hours providers should consider the contents of their induction process to ensure that it is comprehensive and is completed before any staff work a first shift for the service. This induction process should be tailored according to the needs of the individual staff member, and would be more detailed for staff who have not previously worked in the local area or in the out-of-hours service. Special consideration should be given to induction requirements for staff who do not usually work in the UK. The induction process should be followed up by appropriate shadowing and mentoring arrangements, particularly for less experienced staff.</p>	<p>Provider to comment</p>	<p>Provider is required to submit full details of its induction process. However there is no requirement that it is completed before staff work the first shift. This should be made explicit in the contract.</p>
13	<p>PCTs should review whether recruitment, induction and mentoring requirements for the out-of-hours provider are set out adequately in their contract with the provider, and satisfy themselves that these are passed through to any sub-contractor or agency,</p>	<p>This is not sufficiently explicit in the present contract.</p>	<p>The new contract and service specification sets out in detail requirements for recruitment induction and mentoring. (See service specification para 11)</p>

	which the provider engages.		
14	Providers should co-operate with other local and regional providers (both in and out-of-hours) to share any concerns over staff working excessive hours for their respective services. PCTs and providers alike should also encourage clinical staff to share information about their working arrangements with all organisations that they work for, and providers should ideally put this requirement in their clinicians' contracts.	Provider to comment	The new contract is explicit in requiring providers to ensure "compliance with all employment legislation, in particular the working time directive".(para 11.1)
15	Out-of-hours providers should consider the adequacy of their clinical governance arrangements (including those for clinical audit) and should consider undertaking trend analysis of clinical performance for common and/or high impact conditions as part of these audits. These could be used to form part of an internal or external benchmark of clinical performance to help raise standards. PCTs should also ensure they consider the cost of the provider undertaking these audits as part of recommendation 5.	Provider to comment	The new contract sets out specific requirements in respect of clinical governance, including monitoring and audit and preparation of an annual clinical governance plan. This will be monitored through the Steering Group.
16	PCTs should regularly check that all the locum and sessional staff on their Medical Performers List have appropriate access to appraisal and continuing professional development (CPD).	PCT To action	PCT to action – lead PCT to carry out checks.
17	Out-of-hours providers should consider the benefit of signing	Providers to comment	

	agreements with locum agencies for preferred provider status to ensure consistency in the quality of any locums required.		
18	The Department of Health and Care Quality Commission should ensure that when registration of out-of-hours providers is introduced in 2012, that the requirement for organisations to source workers who are fit to practise should include those workers sourced by the provider from a locum agency.	For DH/CGC	For DH/CGC
Management and operation of Medical performers lists			
19	The Department of Health should work closely with the GMC to consider to what extent PCTs could rely on the checks of identity and medical qualifications under the GMC's registration procedures. The Department should consider streamlining the requirements in the Regulations for the checking of such documentation by PCTs.	DH Action	DH Action
20	The Department of Health should, as a matter of urgency issue guidance to PCTs to assist them in making decisions about whether or not a doctor has the necessary knowledge of English to be admitted to their Medical Performers Lists.	Interim guidance issued 04.02.10. PCT to implement.	PCT to review. The new contract places responsibility on the provider to ensure that Ensure all Provider Staff are able to communicate in English at a level appropriate to their role so that they are able to communicate effectively with Patients and other persons in relation to The Services, including (where relevant) IELTS/PLAB tests as detailed in the Code of Practice for NHS Employers) . NHS Haringey has contacted the London Deanery to suggest working on a

			pan-London approach.
21	The Department of Health should consider issuing guidance to PCTs about the circumstances in which PCTs may wish to informally invite applicants for inclusion in their Performers List to discuss their applications with the PCT.	DH Action	DH Action
22	In implementing the recommendations of the recent Performers List review, the Department of Health should consider whether all the requirements of the Regulations are appropriate for GP Registrars.	DH action	DH Action
23	PCTs should ensure that all doctors who have not provided primary medical services in the NHS previously be required to complete a period of individually tailored induction before starting to perform primary medical services.	PCT to consider	The new contract does not include this specific requirement. It should be amended to include this.
24	The Department of Health should review how the exchange of information between PCTs and the GMC can be improved.	DH Action	DH Action


Overview and Scrutiny Committee
On 15 March 2010

Report Title. Scrutiny Review – Sexual Health in Teenagers

Report of Councillor Bull, Chair of Review Panel

Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921

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 report.

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

2.1. Council Plan: Encouraging lifetime well-being at home, work, play and learning

Sustainable Community Strategy outcome: Healthier people with a better quality of life

3. Recommendation

3.1 That the report and its recommendations be approved and referred to Cabinet for a response.

4. Reasons for recommendations

Please refer to the scrutiny review report (attached)

5. Other options considered

Please refer to the scrutiny review report (attached)

6. Chief Financial Officer Comments

6.1 This scrutiny review has identified a number of areas having potential financial implications, in particular recommendations 2, 3, and 10. In addition recommendations 1 and 5 suggest the potential for schools, as partners, to use their delegated resources in ways which can have positive effects on reducing Teenage Pregnancy, following the example set by Woodside High School.

6.2 The future of grant funding streams such as those through the Area Based Grant (ABG) are subject to some uncertainty post April 2011. It is therefore important that all relevant funding streams, across partners, are identified in the way suggested at paragraph 9 with a view to delivering cost effective services in the future.

7. Head of Legal Services Comments

The Head of Legal Services has been consulted and has no specific legal implications arising from this report.

8. Head of Procurement Comments

N/A

9. Equalities &Community Cohesion Comments

These are considered throughout the report.

10. Consultation

10.1 The review received evidence from a wide range of stakeholders, including service commissioners and providers. It also received an indication of the views of actual and potential service users through engagement with Haringey Youth Council. This was supplemented by documentary evidence on the views of young people in the borough that was obtained through surveys that have taken place involving groups of them.

11. Service Financial Comments: The report focuses on strategic and policy issues arising from partnership activity undertaken by the Council and its partners. The recommendations generally refer either to services that are funded by area based grant (ABG) or commissioned by NHS Haringey. Any specific direct financial implications arising from the recommendations are referred to within the report albeit on a preliminary basis. A fuller analysis of the financial implications will be included in

the formal response to the review by the Council and its partners, including schools.

12. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Report to O & S on 29 June 2009 - Overview and Scrutiny work programme
Council Plan
Sustainable Community Strategy
Haringey Local Area Agreement

These can be obtained from Robert Mack, Principal Scrutiny Support Officer on 0208 489 2921, 7th Floor, River Park House,
E- Mail rob.mack@haringey.gov.uk

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Scrutiny Review – Sexual Health and Teenagers



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

MARCH 2010

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Chairs Foreword

Sexual health and conceptions amongst teenagers are hugely important issues as they can have a major impact on their health and life chances. It is a subject that many older people find uncomfortable. Young people themselves also often feel embarrassed and awkward talking about such issues and trying to access services. However, it is too important to be glossed over. We have to recognise that many young people are likely to be sexually active whether we like it or not and try to minimise the risks that this may expose them to.

The Panel found a lot of very good work being undertaken in Haringey and excellent progress being made in reducing teenage conceptions. There is nevertheless still room for improvement. In particular, services need to fit better around the needs and preferences of teenagers. All schools also need to be encouraged to participate fully in the range of successful initiatives that have been taken to promote better sexual health and reduce conceptions. The recommendations of the review address a number of areas where Members of the Panel feel there is potential for improvement and which I hope will contribute to further progress.

On behalf of the Panel, I would like to thank all the people that gave evidence and, in particular, the young people from Haringey Youth Council's Cabinet, who provided Members with some very useful background on what young people think.



Councillor Gideon Bull
Chair

Executive Summary:

A significant number of teenagers are likely to be sexually active, often whilst they are still at school. There are risks attached to this fact, some of which appear to be growing. For example, the prevalence of sexually transmitted infections (STIs) is increasing and some of these can cause long term harm. In addition, teenage pregnancies have the potential to severely limit the life chances of some young people, although rates in Haringey are now declining. It is therefore important that teenagers are properly equipped to deal with their sexuality and its consequences, even if they choose not to be active at this stage in their life. There is clear evidence that a preventative approach reduces the rates of STIs and teenage pregnancies.

The Panel commends the work that is being undertaken by the Children and Young Peoples Service (C&YPS), NHS Haringey and their partners to address these issues locally. Initiatives to reduce teenage conceptions involving schools have been successful but the Panel is concerned that not all schools are participating, possibly due to philosophical or theological considerations. Whilst respecting these deeply held beliefs, the Panel is of the view the welfare of young people should take precedence and that the LEA should work with its partners to persuade all schools of the need to be proactive in addressing the issue of teenage conceptions and sexual health.

Young people feel awkward and embarrassed in seeking advice, information and treatment on sexual health issues and this is the main influence on how they use services. It is therefore clear that services need to recognise this and reflect it in the configuration of services. Many young people travel to neighbouring boroughs to receive services and this is unlikely to change. The Panel feels that commissioners could recognise this fact more explicitly through more joint commissioning and collaboration with other boroughs. Commissioners also need to find venues for their services which young people find comfortable to visit. In addition, services need to be open when young people are most likely to be able to attend. Whilst the specific needs of girls have been recognised, boys have their own issues and also require their own service provision.

The Panel noted that young people were not inclined to visit their GP for sexual health services. It is nevertheless of the view that GP services offer much potential for delivering sexual health services due to the hours that they are open, their accessibility and their links to other services. In order to realise this potential, they need to become more welcoming to young people and more GPs need to be encouraged to offer a wider range of services. There are also some widely held misconceptions about GP services which need to be addressed. In particular, it needs to be reinforced that they are completely confidential.

Finally, the Panel welcomes the fact that many recent changes appear to respond positively to what young people have been saying for a long time, such as the need for better sex and relationship education that does not focus solely on the biological issues. It welcomes the significant reductions that have taken place in teenage conception rates. However, the Panel notes that deprivation is the main determining factor in levels of teenage conception. As Haringey's conception rate currently exceeds its deprivation score, there is therefore still further scope for improvement.

Recommendations:

1. That the Children's Trust be requested to specifically raise the issue of the importance and value of the involvement of all secondary schools in programmes to promote good sexual health and the avoidance of conceptions with school governing bodies (C&YPS) (paragraph 4.11)
2. That the school nurse service be flagged up as a priority area when future decisions on funding are made by NHS Haringey. (NHS Haringey) (paragraph 4.15)
3. That service commissioners consider the potential benefits of re-allocating some of the joint funding provided for teenage pregnancy initiatives to the school nursing service in order to facilitate a more proactive role for them in addressing sexual health issues. (C&YPS/NHS Haringey) (paragraph 4.15)
4. That NHS Haringey undertake specific work to engage with young people at CoHENEL and especially recent arrivals to the UK, in order to increase awareness of local NHS services including GPs. (NHS Haringey) (paragraph 4.21)
5. That the proactive approach and specific initiatives to address teenage pregnancy undertaken by many schools, such as the use of models of babies at Woodside High School, be commended and, where possible, extended. (C&YPS) (paragraph 4.23)
6. That an information champion be identified from amongst C&YPS and NHS Haringey commissioners to take the lead in ensuring that young people are well informed about sexual health services. (C&YPS/NHS Haringey) (paragraph 4.34)
7. That full integration of sexual health services be supported and NHS Haringey be requested to provide an update on progress with its integration programme and an action plan as part of the response to the scrutiny review. (NHS Haringey) (paragraph 5.3)
8. That joint working with sexual health commissioners in neighbouring boroughs and particularly those where significant numbers of Haringey residents access services, such as Hackney, be further developed. (NHS Haringey) (paragraph 5.8)
9. That current work to establish more accurate data on spending on sexual health be welcomed and that, once more accurate data is available, a benchmarking exercise be undertaken to determine whether current levels of spending are appropriate to levels of local need, consistent with levels of statistical neighbours and providing good value for money. (NHS Haringey) (paragraph 5.11)
10. That the Panel supports the aspiration of service providers to develop a clinic aimed specifically at young men and requests that commissioners give consideration to the identification of funding of such provision. (NHS Haringey) (paragraph 5.19)
11. That commissioners consider the relocation of the 4YP clinic to a venue which is less stigmatising, more accessible and more attractive to teenagers as part of work on how best to reach relevant young people. (NHS Haringey/C&YPS) (paragraph 5.21)
12. That the proposal by service commissioners to change the opening hours of the 4YP

afternoon clinic at St Ann's so that if they are more convenient for young people be supported and that the Committee be provided with confirmation that this will be implemented as part of the 2010/11 commissioning process. (NHS Haringey/C&YPS) (paragraph 5.23)

13. That NHS Haringey routinely provide access to free condoms for all GPs providing appropriate sexual health services at their surgeries. (NHS Haringey) (paragraph 5.29)
14. That all GPs should be encouraged by NHS Haringey to provide a range of sexual health services and that, as part of the re-accreditation process for GPs, it be made a contractual obligation. (NHS Haringey) (paragraph 5.31)
15. That NHS Haringey commissioners work with GP surgeries and primary care service providers to encourage them to obtain "You're Welcome" accreditation for their services and that a GP champion be appointed to promote the "You're Welcome" initiative within GP surgeries in Haringey. (NHS Haringey) (paragraph 5.33)
16. That NHS Haringey works with service providers to ensure that the importance of dealing sensitively and confidentially with patients is included as part of training for relevant reception and nursing staff in primary care and clinics. (NHS Haringey) (paragraph 5.34)
17. That the proposed introduction of a young persons health check to be offered through CoHENEL and sixth forms and undertaken by a nurse or health adviser be supported. (NHS Haringey/C&YPS) (paragraph 5.36)
18. That commissioners work with service providers to ensure that all patients are made fully aware of the specific tests that had been undertaken on them for STIs by providing appropriate written information for them. (NHS Haringey) (paragraph 5.37)

1. Background

- 1.1 The review was commissioned as sexual health in teenagers had been identified by the Haringey Strategic Partnership as an area requiring specific action. This is reflected in the fact that two LAA targets are directly relevant to this issue. These are:
- NI112; Rate of under-18 conceptions (per 1000 girls aged 15-17 as compared with the 1998 baseline rate)
 - NI113: Prevalence of Chlamydia in under 20 year olds.
- 1.2 When the review was commissioned, the most recent (2007) under 18 conception rate was 70.0 per 1000 female population, which represented an increase of 12.4% against the 1998 baseline. This compared against a London wide rate of 45.6 per 1000. Haringey had been the only borough classified by ONS data as being inner London to have shown an increase in rates since 1998, although both Lambeth (74.4) and Lewisham (70.6) still had higher overall rates of conception. Some boroughs, such as Hackney and Hammersmith and Fulham, had seen particularly large reductions – 25.9% and 26.5% respectively. However, Haringey has recently shown to have made considerable progress, with the rate showing a marked reduction.
- 1.3 In respect of the LAA target relating to chlamydia, the positivity rate for young people under 25 who were screened as part of the National Chlamydia Screening Programme (NCSP) was 8.9% in Haringey in 2007/8, which was the 23rd. highest rate in London.
- 1.4 The review focussed on what the Council and its partners currently do to promote and improve the sexual health of teenagers within the Borough including action to reduce the levels of sexually transmitted infections (STIs) and conceptions. Rather than focus on what happens to young people when they become infected with a STI or pregnant, the review concentrated instead on the issue of prevention and the promotion of good sexual health

Terms of Reference/Scope

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

“To consider actions currently undertaken by NHS Haringey, the Council and other relevant partners to prevent sexually transmitted infections and re-infection and conceptions amongst teenagers through the promotion of good sexual health within the Borough and make recommendations on how this might be improved”

- 1.6 The review considered:

- Actions being taken to achieve the relevant LAA targets
- The relationship between Sexual Health outcomes and Family Planning Services
- How the views of users are sought and responded to
- Value for money

1.7 It undertook its work through the following:

- Interviewing key stakeholders to obtain their views
- Obtaining the views of service users, both potential and actual
- Considering relevant documentary and research evidence
- Looking at best practice elsewhere

Membership of Review Panel

1.8 This was as follows:

- Cllrs Bull (Chair), Santry, Scott and Newton
- Co-opted Members: Yvonne Denny (church representative), Marcelle Jemide, Joseph Ejiofor and Sarah Marsh (parent governors), Helena Kania (LINKs)

2. Introduction

Definition of Sexual Health

2.1 The World Health Organisation definition of sexual health is as follows:

“A state of physical, emotional, mental and social well-being, related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

Overview

2.2 The second National Survey of Sexual Attitudes and Lifestyles (Natsal 2000) found that the average age at first heterosexual intercourse was 16 for both men and women. In addition, the sixth annual Gay Mens Sex Survey in 2002 found that the average age at which men first had any sexual experience with another man was 17.5 years. It is therefore clear that a significant percentage of teenagers are sexually active.

2.3 Young people aged between 16 and 24 year old have been shown to be the group most at risk of being diagnosed with a sexually transmitted infection (STI). Whilst they represent 12% of the population, they account for half of all sexually STIs diagnosed in the UK in 2007, including:

- 65% of all chlamydia
- 50% of genital warts
- 50% of gonorrhoea infections

2.4 There is evidence that rates are increasing amongst teenagers. The total number of new episodes of selected STIs in men and women aged 16–19 years seen at genitourinary medicine (GUM) clinics in the UK rose from 46,856 in 2003 to 58,133 in 2007, an increase of 24 per cent. In 2007, the highest rates of diagnoses among young people aged 16–19 were for chlamydia, genital warts and genital herpes. Rates were higher among women than men in this age group. Results from the National Chlamydia Screening Programme in England in 2006–07 showed that around one in ten men and women aged 16–19 tested positive for chlamydia during the first four years of the programme.

2.5 To compound this, the UK has the highest teenage birth and abortion rates in Western Europe. In England in 2006, there were:

- 39,003 under-18 conceptions, a rate of 40.4 per 1,000 females aged 15–17. Nearly half (49 per cent) of the pregnancies were terminated.
- 7,296 under-16 conceptions, a rate of 7.7 per 1,000 females aged 13–15. Over half (60 per cent) of these were terminated.

2.6 78,000 women aged under 16 attended family planning clinics in England in 2006–07, which represented 8.3 per cent of the resident population, which was a slight

decrease from 2006–07. 255,000 or 19.6 per cent of the resident female population aged 16–19 years of age visited a family planning clinic in 2007–08, a slight decrease from 2006.

- 2.7 In July 2001, the Government published a Sexual Health Strategy for England. This adopted a new model of working, with three levels of service provision:
- Level 1; A basic level of sexual health provision, which is likely to be carried out in GP surgeries and walk-in centres that do not wish to provide enhanced or specialist services.
 - Level 2; An enhanced level of care, which includes all of the above and some level of specialist provision.
 - Level 3; A specialist provision of sexual health care, which is likely to include most, if not all, aspects of the above plus expertise in research, education and training.
- 2.8 Sexual health outcomes are relatively poor in Haringey. Sexual health is not distributed equally amongst the population, with poorer outcomes experienced by women, gay men, teenagers, young adults and black and minority ethnic groups. A range of social, economic and cultural influences can determine the sexual well-being of individuals. There are higher levels of need in the east of the borough.
- 2.9 Haringey did not hit its target for chlamydia screening in 2007/8 but has been successful in meeting all its targets since. The latest figures, which are for the first quarter of 2009/10, continue this trend. Targets for access to GUM clinics are being achieved with 98.9% of people being offered appointments within 48 hours, including young people.
- 2.10 In terms of teenage conceptions, Haringey had the following in 2007:
- The 8th. highest teenage pregnancy rate in England (70 per 1000 women under 18); and
 - The 4th. highest rate in London
- 2.11 65% of conceptions led to abortion (2007 & 2008) and 28% were repeat abortions, including under 19s (highest regional level (2008)). Of boroughs classified as inner London, Haringey was the only borough showing an increase in teenage conceptions when compared to the 1998 baseline. However, statistics for 2008 show a marked improvement in the rates of teenage pregnancy and indicate that considerable progress has been made. The latest ONS data shows a rate of 50 per 1000 for the third quarter of 2008. This comes after figures of 51.4 per 1000 for quarter one and 56.1 for quarter two.
- 2.12 Sexual health services are commissioned and delivered in a variety of ways. There are a range of generic health services, such as GP services and pharmacies. In addition, there are also specific sexual health services which are commissioned by NHS Haringey, such as Sexual Health, Contraception and Reproductive Services which is part of NHS Haringey's provider services arm. The Children and Young People's Service (C&YPS) has a key role in this area through its strategic role in

relation to provision for young people. This includes its work supporting schools as the local education authority (LEA) as well as its work with colleges and the Youth Service.

2.13 There is also a significant amount of partnership activity. This is focussed around initiatives to address teenage pregnancy. The Teenage Pregnancy Strategic Partnership Board (TPSPB) was redeveloped in 2009 with the Teenage Pregnancy Executive Board established in September 2009. This reports to the Haringey Strategic Partnership. The Executive Board is a strategic partnership body chaired by the Cabinet Member for Children and Young People and including representatives from the Council, NHS Haringey, the College of North East London and the voluntary sector.

2.14 £272,037 was provided from within Area Based Grant (ABG) in 2009/10 to commission initiatives within the borough to reduce the level of teenage conception. This covered a range of projects including 4YP, the Teens and Toddlers programme, sex and relationship education (SRE) training and the Speakeasy programme for parents and professionals. In addition, the C&YPS has an additional amount of approximately £38,000 from ABG to fund healthy schools projects which include reference to sexual health issues. NHS Haringey fund generic sexual health services and work with C&YPS to jointly commission services funded by ABG.

2.15 Services are commissioned to achieve the following outcomes:

- Prevention of unwanted pregnancy
- Detection and treatment/management of cases of sexually transmitted infections, including HIV as a long term condition
- Prevention of onward transmission of STIs/HIV through primary and secondary prevention interventions
- Improvements in psycho-sexual well-being

2.16 A joint three year sexual health strategy was published by NHS Haringey and the Council in 2005 which set out a vision, principles, a framework for sexual health service delivery and a model for an integrated sexual health network. NHS Haringey is currently revising and updating the strategy and this process has already started with the development of an updated sexual health needs assessment.

2.17 The emerging findings of the needs assessment has shown that there are issues that need to be addressed in the following areas:

- Targeting and tailoring of services
- Access
- Integration
- Partnership
- Pathway redesign; and
- Workforce development

2.18 The Panel noted that the current review process could lead to services being moved to where the need is greatest. One key issue is trying to encourage people to access level 1 or 2 services rather than just the GUM clinics. Actions such as

ensuring that GPs have the necessary skills would assist in this process. There is a general need to ensure that all services are targeted and that access to services is available through community access points.

2.19 People generally access services in a way that suits their needs irrespective of the borough in which they are located. Commissioners therefore feel that cross border arrangements need to be reviewed. Key future challenges facing services are:

- The need to adopt a flexible commissioning approach
- Commissioning for outcomes
- Ensuring that service users are central to all developments

3. Stakeholder Views

Introduction

- 3.1 The Panel sought the views of a wide range of stakeholders in undertaking its work. Amongst other things, people were asked what they thought of current services and how they could be improved.

Perceptions of Young People

- 3.2 As potential and actual users of services, the views of young people are especially important. Various pieces of work have already been commissioned locally to determine their opinions and preferences. A survey was undertaken in summer 2008 through Haringey Youth Council on sexual health and included a number of action points. A survey was also undertaken with year 6 pupils in early 2009 on health related behaviour that included questions on sexual health. In addition to both of these, there has also been a survey undertaken by the UK Youth Parliament in 2006-7 which included the views of 21,000 young people.
- 3.3 There were some common themes in all of these surveys, which are the need for:□
- More interesting and interactive methods of teaching
 - Greater emphasis on personal relationships and emotional aspects plus managing risk
- 3.4 The general view of young people appears to be that that SRE is too little, too late, too biological and does not provide enough information on relationships.
- 3.5 As part of this review, Members of the Panel met with Haringey Youth Council's Cabinet and received some excellent feedback on local services. A number of views that were expressed were consistent across all of the young people present. There was a consensus that they preferred not to deal with older people, irrespective of whether this was their parents, GPs or older teachers. At school, they preferred to receive their information from outside groups and individuals and felt that this was better than getting it from their teachers. Embarrassment would be a key factor in deterring them from seeking advice on sexual health. They would be worried about what their parents or friends might think if they found out as well as what they might discover. They preferred to get advice and access services in places where they were not likely to come across people who they knew and where there was a degree of anonymity.
- 3.6 There were a range of views expressed about where they would go to if they had a sexual health issue. Some young people said that they would go to the 4YP bus whilst others said that they would be reluctant to go to the bus as it was very obvious and not very discreet. Very few said that they would go to their GP, as they would be worried that the doctor might know them personally and tell their parents. They would, however, consider going to a different GP or to a clinic, although it could be inconvenient to have to travel a long way. They would be more inclined to seek information from a health professional if it was part of a regular general health check-up.

- 3.7 There was a reluctance to approach teachers with problems although some said that there were certain teachers that they might talk to or that there was a nurse or counsellor at their school that they could speak to. Some were worried that if they were seen to make an appointment to see the nurse via their school office, the staff in the office might draw conclusions. It was felt that it would be better for there to be set hours when you could go and see the nurse directly about sexual health issues. At Alexandra Park school, there had been a specific week when they could see the nurse for information on sexual health and it was felt that this was a good idea.
- 3.8 It was felt important to know about sexual health services although many young people did not want anybody else to know that they knew about them. Some young people felt that it should be more widely known that sexual health services were a good source of information and were not only for when there was something wrong with you.
- 3.9 Most of the young people knew there was a sexual health clinic at St Ann's but few knew about the 4YP+ young women's clinic at Lordship Lane Neighbourhood Health Centre. St Ann's was not felt to be a welcoming or comfortable environment due to the lay out and environment.
- 3.10 The young people felt that the 4YP service needed to be open for longer hours as people did not want to miss school or college to use it, especially as they would probably be reluctant to go if the first place. It was also suggested that there could be more 4YP buses.
- 3.11 There were mixed views on how well schools were covering SRE. Some young people said that they had not received any classes on sexual health since year 6 whilst others said that their school ran classes in years 7, 9, 11 and 12. Whilst some young people felt that their schools covered the issues well, others felt their schools were not covering the subject sufficiently. In terms of the teaching of SRE, they felt that it needed to be revisited regularly and reinforced. There was a strong preference for outside agencies to be used such as theatre groups and 4YP. They could feel embarrassed when teachers who they knew well taught SRE and felt that the outside agencies were better at getting the message across.

The View of GoL

- 3.12 The Panel obtained the views of Adrian Kelly, Regional Teenage Pregnancy Co-ordinator, Government Office for London (GoL) on how he felt that Haringey could better address the issue. He stated that it was clear that economic inequality and deprivation were the principal drivers behind teenage pregnancy. There were limits to what could be done without addressing this as the relationship between it and teenage pregnancy levels was so strong. Haringey's conception rate currently exceeded its deprivation score so there was still some scope for improvement.
- 3.13 All local authorities were fulfilling the ten specific actions required by the government's teenage pregnancy strategy. It was therefore difficult to isolate any individual factors that might make a crucial difference. It was nevertheless possible to identify some associated factors, such as girls who are absent from school. Work to reduce the risk of repeat conceptions through following up and providing

appropriate contraception had appeared to be particularly valuable.

- 3.14 He had previously worked in Hackney, which had enjoyed considerable success in reducing the rates of teenage pregnancy. This could be attributed to a number of factors. Service commissioners and providers had been honest in saying what was wrong with services and schools had provided strong leadership. Peers had also been used successfully to engage with young people. Resources had been provided, with the local strategic partnership providing £1 million in extra funding. Services had also been persistent and resilient in addressing the problem.
- 3.15 He considered Haringey's commitment amongst its leadership to addressing the issue, as evidenced by the attendance that he had recently witnessed at a Teenage Pregnancy Executive Board, to be exceptionally good. There had recently been a visit by the National Support Team for teenage pregnancy and their view was that, despite recent upheavals in Haringey, the progress that had been made was remarkably good. There had been recent reductions in the quarterly teenage pregnancy rates, which were encouraging. The authority had been unlucky with the increase in teenage conceptions that had taken place in 2007 and which had been mirrored everywhere to some extent. In addition, a lot had also depended upon the year from which the baseline had been set and Haringey had also been unlucky that 1998 had been chosen as its number of conceptions had been unusually low that year.
- 3.16 The "You're Welcome" quality criteria scheme aimed to make health services, including sexual health services, more accessible to younger people and could be particularly effective in respect of GP surgeries. Hackney and City PCT had appointed a GP champion to assist in this process, which had proven to be of assistance. A number of GPs did not feel comfortable talking to young people about sex and therefore needed to be encouraged to be more proactive.
- 3.17 He felt that there were a number of general areas where there was scope for improvement. The chlamydia rate in London is the highest in the country and was showing amber on the relevant target. It was also essential to ensure that core services, such as GPs, contraception services and pharmacists, were getting it right. Particular issues of concern were the fact that chlamydia appeared to be being regarded as a rite of passage by some young people, the lack of role models for some boys and the migration to Britain of some children who had been traumatised by witnessing sexual violence in their homelands.

Views of Other Stakeholders

- 3.18 The Panel received a range of views from other stakeholders, which included a number of common themes:
- There was a widely held view that young people relied most on their peers for guidance and responded better to other young people rather than older professionals, such as teachers, or parents. The use of peer mentors was felt to be a particularly effective means of communicating with young people. However, the Panel noted evidence from commissioners that research had shown that the age of people who engaged with young people on sexual health issues was not as important as them being credible.

- A lot of young people were inhibited from seeking advice due to embarrassment and there was still a large amount of stigma attached to using sexual health services. A large number of young people therefore did not like accessing services locally for fear of meeting someone that they know. One option would be to provide services in locations which were less stigmatising. For example, people might feel less stigmatised visiting their GP then attending a special sexual health clinic.
- The role of parents was important. There was evidence that they were more effective at guiding their children on sexual issues than teachers. However, some parents found the subject difficult to approach and did not wish to explore it with their children. The involvement of parents can also be a sensitive issue for some young people.
- There were still cultural barriers in some communities against the use of contraception, which could be considered as even worse than engaging in unprotected sex. It was difficult for young people from some communities to seek advice and they therefore often felt it necessary to go to neighbouring boroughs to access services.
- Language difficulties and cultural issues were felt to be a particular barrier. Some parents and young people who had recently arrived in Britain did not have an understanding of how the health service worked including the role of GPs.
- GP services needed to be made more accessible, including the availability of appointments.

4. Education and Schools

Introduction

- 4.1 C&YPS, in its role as the local education authority (LEA), works with schools to promote sexual health and avoid teenage conceptions in a number of different ways. Some of its work is commissioned in collaboration with partners using ABG funding as part of a range of initiatives to reduce teenage pregnancies whilst other work is included as part of their mainstream work, including guidance and support on the curriculum.

Statutory Duties

- 4.2 The Panel noted that that is currently compulsory for schools to teach the biological facts of reproduction in school science lessons while personal, social and health education (PSHE) classes, at any age, are optional. The biological aspects are dealt with at key stage 3 (11 to 14 years old) and beyond as part of the national curriculum. Sex within relationships and the emotional aspects are explored as part of PSHE. From the age of seven, pupils learn about puberty and five year olds are taught about parts of the body and relationships. Secondary school pupils learn about contraception, HIV and Aids, pregnancy and different kinds of relationships. All Haringey schools have been made aware of their current duties to deliver SRE as part of the national curriculum.
- 4.3 Parents currently have the right to withdraw their children from sex and relationship education lessons taught as part of the PSHE programme. Some parents exercise their right to withdraw their children for religious reasons and it can sometimes be difficult to influence them as this can mean challenging their entire belief system. It is however very rare that this happens and schools have been successful in persuading parents that their children are better off gaining accurate information about the subject rather than from hearsay in the playground.
- 4.4 PSHE lessons, including sex and relationship education, are to be given statutory status from 2010, making compulsory what many schools are already teaching. The parental right to withdraw will also change, with parents retaining the right to withdraw their children up to age of 15, but no longer from the ages from 15 to 19 .
- 4.5 The LEA currently ties SRE in with the well being agenda as it is felt that schools are more likely to get involved with initiatives that do not refer explicitly to "sex". The subject is included within the Healthy School programme. The borough has met its government set Healthy School target of 85% of schools by December 2009. Six out of the eleven Haringey secondary schools in the Borough have now achieved healthy schools status. Three of these six are due to have their progress reviewed with a view to them achieving enhanced status.
- 4.6 The Panel noted that there is clear evidence of a correlation between raised aspirations and delaying the starting of a family. In recognition of this, the Teens and Toddlers programme has been commissioned as part of the programme of specific initiatives to address teenage pregnancy. The programme aims to raise aspirations as well as asking the question of what is needed to become a good parent. It lasts 20 weeks and involves getting at risk teenagers to work and play

with toddlers in order to develop an awareness of the implications of parenthood. There is a mentoring aspect to it, with facilitators used to assist and also access to a life coach.

4.7 The project currently operates in four hotspot schools; Hornsey Girls School, Park View Academy, Northumberland Park and Gladesmore. There is the opportunity to expand the programme but not all schools are currently enthusiastic about participating. The scheme has produced excellent results so far. 84 young people have been on the course so far and only one has become pregnant, albeit before the course had begun. The majority of young people on the course are girls.

4.8 In addition, a range of other programmes and initiatives to promote sexual health have been offered by the LEA to schools:

- Chlamydia screening sessions were offered to all secondary schools but only one school (Alexandra Park Academy) initially agreed to take part. However, since then two further schools (Highgate Wood and Hornsey School for Girls) have also agreed to participate.
- In response to the SRE in schools survey, SRE and Well Being notice boards with key messages and information on where young people can access local and national services are being developed, including an accompanying notice board for parents.
- All secondary schools have been offered free theatre performances, which have been very well received by young people where they have taken place.
- Schools have all been offered a range of training opportunities including a full day's training with supply cover on SRE, based around the SRE training pack.
- 7 secondary schools are taking part in a HIV project this year.
- Schools have been involved in a national PSHE continuing professional development programme aimed at developing excellent PSHE teaching. A total of 21 primary teachers, 4 secondary and 2 special school teachers have been awarded the HE3 level qualification.
- A lot of work has been undertaken in post 16 settings, such as the 6th form centre and the College of Haringey, Enfield and North East London (CoHENEL), as young people in this age group are considered to be at greatest risk of becoming pregnant. Initiatives have included on site clinics with a 4YP nurse, peer mentoring and the introduction of the C-card scheme, which is a condom registration and distribution scheme for young people.

4.9 Initiatives have also been introduced that are aimed at parents including:

- 300 parents have completed the Speakeasy course for parents on talking to their children about sex and relationships.

- The Changes/Choices SRE Pilot programme for Year 5 and 6 pupils at risk and their parents is currently in development with two primary schools.
- Special development sessions for parents are available on request for primary schools

4.10 The Panel was very impressed with the range of initiatives that have been developed and offered to schools by the LEA and its partners. However, it is concerned that some schools do not appear to be participating as fully as others. This appears to be due to ideological and moral considerations. Four schools have yet to achieve Healthy Schools status whilst one school has been told that its application will not be approved until it places SRE on its curriculum. In addition, some schools have not taken up offers for inclusion in the Teens and Toddlers programme or of training opportunities.

4.11 The Panel recognises that the decision to participate in programmes is the responsibility of schools and their governing bodies and that the LEA can only use its powers of persuasion to encourage more to play an active role. It is of the view that school governors have the potential to play a key role in increasing participation if they can be persuaded of its importance and potential benefits. The Panel is of the view that the LEA and strategic partners should seek to actively promote the value of its programmes to promote good sexual health and avoid teenage conceptions wherever possible, including raising awareness of the issue with school governors.

Recommendation:

That the Children's Trust be requested to specifically raise the issue of the importance and value of the involvement of all secondary schools in programmes to promote good sexual health and the avoidance of conceptions with school governing bodies.

School Nurses

4.12 The Panel noted that each school has a named school nurse, who is employed and funded by NHS Haringey. Their work is targeted because of the safeguarding children role and children in need agenda. School nurses primarily perform their public health duties of immunisation and working with specific children and young people on the child protection register or with complex medical conditions. They may have six to ten schools to deal with and therefore each nurse may only be able to visit every other week. With the current workload and priorities, there is little time for proactive sexual health work, although young people can be signposted to services.

4.13 The Panel heard evidence from the Principal of Woodside High School on her school's use of a nurse, which has proven to be an extremely effective model. It had been found that a lot of children did not have a GP and the school had therefore decided to use its own funds to bring in a nurse for three days per week, although this has since been reduced to two due to funding issues. 278 children out of the school roll of 946 used her during the last year. The nurse can help with

information, refer students to 4YP and help them to register with a GP. It was noted that other schools do not have such a facility, which requires significant investment. CoHENEL also employs a nurse, who visits the college for one day per week and is able to assist on sexual health issues.

- 4.14 The Panel is of the view that the current pressures on the health visiting services and their role with very young children are likely to have a knock on effect on schools nurses. It feels that the current role that they undertake should, at the very least, be preserved. There is potential for them to undertake a more proactive role in relation to sexual health and the benefits that have been achieved by Woodside High School in employing their own nurse demonstrate clearly the potential benefits, which may well also include reducing the pressure on other health services.
- 4.15 The Panel acknowledges that in the current financial climate, additional funding to expand services is unlikely to be made available. However, it feels that the service needs to be flagged up as a priority area when decisions on funding are made. It is also of the view that an assessment should be made of whether it might be a more effective use of resources to re-direct some of the joint funding for teenage pregnancy initiatives to the school nursing service in order to facilitate a more proactive role for them in addressing sexual health issues. One option would be to use some of the funding provided for 4YP for work in community settings and for them to instead adopt a more targeted approach, working with year 11 and 12 young people.

Recommendations:

- **That the school nurse service be flagged up as a priority area when future decisions on funding are made by NHS Haringey.**
- **That service commissioners consider the potential benefits of re-allocating some of the joint funding provided for teenage pregnancy initiatives to the school nursing service in order to facilitate a more proactive role for them in addressing sexual health issues.**

Work Undertaken by Schools, CoHENEL and the Youth Service

- 4.16 The Panel received evidence on the approach adopted within schools and colleges within the borough. It noted the view of the Principal of Woodside High School that, whilst the role of secondary schools in teaching SRE and promoting good sexual health was paramount, children needed to be introduced to it at an earlier stage. The mechanics of sexual behaviour are dealt with by the school at key stage 3 and beyond as part of the national curriculum whilst sex within relationships and the emotional aspects were explored as part of PSHE. The school promotes the message of safe and responsible sex and focusses on implications.
- 4.17 As part of this approach, the schools has used models of babies. These mimic the behaviour of babies and therefore provide young people with first hand experience of the demands of parenthood. Their use has proven to be very successful. Some children had not realised before what caring for a baby entailed and many are very relieved to hand back the dolls. The school wishes to ensure that all children got

the chance to take one home. The models had been borrowed and the school are now looking to buy some as none are currently available through the LEA.

- 4.18 The school believes in using properly trained specialist teachers to deliver sex and relationship education. However, some schools still used form tutors. The healthy schools initiative was labour intensive but the school was nevertheless pursuing enhanced status. The school felt that the most effective way of promoting good sexual health was through the use of peers and they had on occasion invited young people attending college, some of whom had babies, to come back to the school and talk to students which had proven very effective.
- 4.19 The Panel also received evidence from the Headteacher of Welbourne School. He felt that primary schools had an important role to play in educating younger children about sex and reproduction. However, they have more of a pastoral role than secondary schools. At primary school level, the teaching mainly covers the changes, physical and emotional during puberty, relationships and feelings.
- 4.20 The view was expressed that some primary schools are currently fulfilling their role well whilst others were not performing quite so effectively. It was nevertheless likely that all schools are covering the relevant issues in some way but the curriculum is crowded and it can be difficult to fit in.
- 4.21 The Panel commends the range of proactive and innovative work that has been taking place in many schools and colleges in the Borough. Of particular note is the model babies that are used at Woodside High. This is an excellent model of practice and should be encouraged. The Panel noted that the LEA are examining the possibility of extending these, subject to appropriate funding being identified. However, the cost of the babies is currently proving to be a barrier to this initiative being used elsewhere.

Recommendation:

That the proactive approach and specific initiatives to address teenage pregnancy undertaken by many schools, such as the use of models of babies at Woodside High School, be commended and, where possible, extended.

- 4.22 The Panel received evidence from CoHENEL about their approach. Due to the age group of students, sexual health is a particularly important issue for them. It is included as part of the tutorial system and as part of the enrichment programme. Amongst other things, advice on how to register with a GP is provided. The college has also held a sexual health week and undertaken collaborative work with the NHS. They have links with 4YP and have a nurse on site for one day per week. They also have a counsellor, who can make referrals to a range of services, and a dedicated youth worker. Work is undertaken with the teenage pregnancy team and the college is soon to get a Medi+vend machine. There is a high take up for tests from 4YP when they visit CoHENEL.
- 4.23 It was noted by the Panel that many ESOL students do not have a GP and do not understand the concept of one. The Panel is of the view that this issue could be addressed through engagement with students during freshers week.

Recommendation:

That NHS Haringey undertake specific work to engage with young people at CoHENEL and especially ESOL students, in order to increase awareness of local NHS services including GPs.

Peer Mentoring

- 4.28 The Panel concurs with the widely held view that peer mentoring has the potential to be an effective means of engaging with young people on sexual health issues. It noted that student/peer educators have been developed with COHENEL. Training has included specific elements relating to sexual health. It is intended that the scheme will be replicated at Haringey 6th Form Centre in the next financial year.
- 4.29 In addition, there are plans to develop a specific pilot school age mentoring scheme based on two models from Islington and Southwark. This would involve: selected/volunteer class representatives visiting a sexual health clinic armed with questions collected from peers and giving feedback on the visit plus answers and handouts to their class. There are also plans to develop a peer mentoring theatre programme with Teens and Toddlers graduates from across London. It is aimed develop a specific programme for Haringey Teens and Toddlers graduates.
- 4.30 Schools are encouraged to train mentors to deal with other PSHE related issues and the Panel noted that there are peer mentor schemes already in place at Northumberland Park and Hornsey schools although these are not explicitly concerned with sexual health. 4YP used to offer “near peer” support in the past but no longer provide this service.
- 4.31 The Panel notes and commends the work that is being undertaken to develop peer mentoring schemes within schools. They are of the view that these have the potential to be very useful and noted that there is a need to ensure that schemes are properly planned and that peers fully trained.

Publicity

- 4.32 That Panel noted evidence that it was possible that not everyone knows where Haringey’s services are based and therefore better promotion might be required. However, 4YP is well known amongst young people, as is its logo. It is also possible that not all young people are currently aware of the full range of services that are available.
- 4.33 Publicity is jointly planned by commissioners and that there is now a wide range of promotional material available in schools. The SH Haringey website, that covers sexual health services in the borough, is currently being upgraded to provide better information. It is intended to emphasise the full range of 4YP services and not just the 4YP bus. Services are also publicised via a wide range of posters and leaflets, which are placed in a range of locations around the borough including GP surgeries.
- 4.34 The Panel is of the view that the opportunities offered by new IT systems, such as

the electronic notice boards that are being used in some schools, should be fully exploited. In addition, Council and school websites should also be encouraged to cover the issue and include links to the websites of relevant services. The Panel notes that Youth Space – the Haringey website for young people – already includes information and links on sexual health and is linked into the Council's website. In order to progress promotional initiatives such as these, it considers that an information champion on sexual health should be identified from C&YPS and NHS Haringey commissioners to take the lead in ensuring that young people are well informed about services.

Recommendation:

That an information champion be identified from amongst C&YPS and NHS Haringey commissioners to take the lead in ensuring that young people are well informed about sexual health services (C&YPS/NHS Haringey).

5. Health Services

Sexual Health, Contraception and Reproductive Services

- 5.1 The Panel noted that the sexual health services that NHS Haringey commissions are now in the process of becoming fully integrated. Services (contraception, sexual health, 4YP, chlamydia screening and SHOC) are already integrated under one management and clinical governance umbrella. There are now two sexual health clinics that are fully integrated and able to provide contraception and treatment for the full range of STIs. 4YP has been remodelled to include more services and provide an integrated approach with more access to clinicians. A programme is underway which aims to complete full integration of services by the end of 2010/11. This is dependent on funding to ensure that services are fully reconfigured and requires a change in the training and deployment of the workforce.
- 5.2 The Panel noted that integration of services is proving to be a challenge for some staff who have been used to just addressing well women issues, such as smears. However, the integrated set up makes better use of the skills of all staff. It is also particularly beneficial for younger people who like to have as many services as possible located in the same place. In addition, when young people present at clinics, it is better to provide as much as possible whilst they are present as they may not attend again if referred onwards.
- 5.3 The Panel notes the benefits to young people that will arise through full integration and supports moves by commissioners to achieve this. Although funding will be required to reconfigure services, it is of the view that this may assist in achieving better value for money due to economies of scale. It requests that the PCT provide details of the action plan and a further update on progress with the integration programme for sexual health, contraception and reproductive services as part of the response to the scrutiny review.

Recommendation:

That full integration of sexual health services be supported and NHS Haringey be requested to provide an update on progress with its integration programme and an action plan as part of the response to the scrutiny review.

- 5.4 A large percentage of Haringey residents – 60% - go out of borough to access services. 50% of users of Haringey services are from within the borough and the service is trying to increase this to 60%. It is not possible to stop people from going elsewhere as the VD Act means that they have the right to go wherever they wish for services. Local commissioners are currently looking at the reasons why people go to other areas. There is a cross charging system between boroughs so payment is made irrespective of where services are accessed. However, the introduction of payment by results may have a significant impact on costs if the numbers going out of borough remain high.
- 5.5 The Panel is of the view that a proportion of service users will always travel out of borough for sexual health services because of they fear of meeting people they know when they use the service as seeking sexual health services is still

stigmatised. The Panel noted that many young people access services in Hackney as it is relatively close to Haringey and can be accessed easily by local buses. In addition, some people may prefer to access services close to their work places. Research has shown that, on average, around 60-70% of sexual health services are usually accessed locally so the numbers of Haringey residents accessing services elsewhere appears to be disproportionately high. The Panel noted that local services are currently not running to their full capacity, which is not an economic use of resources.

- 5.6 The high percentage of people accessing services in other boroughs could be due to current location of services within the borough as well as the proximity of alternative provision. Level 3 services are mainly only available in Haringey on the St Ann's site, which is poorly located with inadequate transport links and is in the middle of the borough. However, since April 2008 there has been a 4YP clinic for young women at Lordship Lane and level 2 clinic in the west of the borough at Hornsey Neighbourhood Health Centre.
- 5.7 The Panel noted the view of the London Assembly, in its 2005 review on young people's sexual health, that PCTs needed to work together strategically in commissioning services within and across geographical sectors. Such an approach would be consistent with the pattern of use of services. Commissioners in Haringey meet regularly with Islington and Camden commissioners to discuss both contraception and GUM work undertaken for Haringey residents. There are also regular meetings with Enfield to discuss termination of pregnancy and Chlamydia targets. In addition to this there are Sexual Health Commissioner networks where information and good practice are shared.
- 5.8 The Panel welcomes and commends the joint working with other boroughs that is taking place and would strongly encourage further collaboration which could provide scope for economies of scale and better value for money through more effective and strategic commissioning of services. Significant numbers of young people appear to be accessing services in Hackney so the Panel would particularly encourage stronger links to be developed with commissioners there.

Recommendation:

That joint working with sexual health commissioners in neighbouring boroughs and particularly those where significant numbers of Haringey residents access services, such as Hackney, be further developed.

- 5.9 The Panel noted that NHS Haringey spent £15.50 per head of population on sexual health services in 2007/8 and that only Waltham Forest of the borough's statistical neighbours spent less. The figure includes GP contraceptive prescribing and does not just cover services to teenagers. Spending on preventative work and, in particular, contraception has been shown to be a particularly effective use of resources - an Audit Commission report in 2003 estimated that every £1 spent on contraceptive services resulted in a net gain to the NHS of £11.
- 5.10 The Panel also noted the view of service commissioners that these spending figures may not accurately reflect actual spend as it was likely that significant amounts of

spending are hidden within other budget headings. Further work is being undertaken to clarify the position.

- 5.11 The Panel welcomes the work that is currently being undertaken by NHS Haringey to develop better information on actual spending levels as only when this can be established will it be possible to assess whether value for money is being achieved. In addition, it is of the view that, once more accurate data has been developed, a benchmarking exercise should be undertaken with other boroughs to determine whether current levels of spending are appropriate to the levels of local need, consistent with levels of statistical neighbours and providing good value for money.

Recommendation:

That current work to establish more accurate data on spending on sexual health be welcomed and that, once more accurate data is available, a benchmarking exercise be undertaken to determine whether current levels of spending are appropriate to levels of local need, consistent with levels of statistical neighbours and providing good value for money.

- 5.12 The Panel noted that the draft *Sexual Health Needs Assessment, November 2009* had shown that only 1.6% of Haringey residents use long lasting reversible contraceptives (LARC) and this was very low usage compared to other parts of London. This is a specific area where the spending level does not adequately reflect the level of local need. Chlamydia screening is one area of the sexual health budget where there is evidence of value for money being obtained. Analysis by the National Audit Office showed that Haringey is within the recommended range of spend of £33-45 per screen, which is below the national average cost of £56 per screen. The high positivity rate indicates that those most at risk of Chlamydia are being effectively targeted.

4YP

- 5.13 The Panel received evidence from the Head of Sexual Health, Contraception and Reproductive Services at NHS Haringey. 4YP is a dedicated sexual health and contraception service for young people living or visiting Haringey. It provides a range of services through the 4YP bus, the 4YP clinics and outreach sessions, which are undertaken in a range of locations. Both clinical and non clinical services are provided.
- 5.14 Best practice is being followed by increasing the amount of provision available in a range of young people's settings such as though the youth service, the 6th form Centre or at CoHENEL. Records are kept electronically so that they can be accessed irrespective of the location of the service. The 4YP service is now attracting considerably more clients than previously) – up to approximately 8,000 in 2008/09 from 4,000 previously with significantly more girls attending.
- 5.15 The 4YP bus provides sexual health advice and limited treatment in a range of locations. 26 visits are made per month to a range of sites across the borough. Some of these are regular visits whilst others are one-offs. They also run “drop in” sessions. The service also runs clinics that provide level 1 and 2 services in leisure

centres and other settings. These provide basic contraception and LARC.

- 5.16 The choice of locations for the bus is based on known hotspots and local intelligence. Word of mouth information is also used. Locations also need to be able to accommodate the bus, with sufficient parking space. Those who are not close to where the bus stops can access services through the clinics. Services are publicised via the 4YP website, posters and leaflets which are placed in a range of locations including GP surgeries.
- 5.17 There are two sexual health clinics that are specifically for younger people. One is aimed at under 19s, based at St Ann's Hospital and open from 2:30 to 5:00 during the week. More young women than men tend to access the clinic and very few young men come in for contraceptives. They are more likely to use the 4YP bus and mainly attend to obtain condoms. The other clinic – 4YP+ - is for under 20 women only and based at Lordship Lane Health Centre. This is women only due to the fact that women can find groups of young men intimidating. There is currently a special session for men who have sex with men.
- 5.18 Influencing young men is viewed as a challenge by services. 4YP was originally set up due to the fact that they were not accessing services and often feel more comfortable talking to a man. The service has some male staff and consideration has been given to setting up young mens clinics in both the east and the west of the borough in 2010 but this is dependent on funding being identified. However, this could not be staffed solely by male staff.
- 5.19 The Panel are of the view that there that there is a clear need to have a separate service for young women and notes evidence from service commissioners that, since the opening of 4YP+, more of them appear to be using contraception. However, they are also of the view that there is also a specific need for separate provision for young men and the Panel would therefore strongly support any application for funding for such a service.

Recommendation:

That the Panel supports the aspiration of service providers to develop a clinic aimed specifically at young men and requests that commissioners give consideration to the identification of funding of such provision.

- 5.20 The Panel noted that 4YP services have progressed from just being based at St Ann's and a range of services were now widely accessible, including condoms. In addition, schools are being encouraged to book the 4YP bus and for class visits to be made to it.
- 5.21 The Panel noted that St Ann's is not a popular location with young people who find the environment on the site less than welcoming. It is therefore for the view that other options, such as Tynemouth Road and the Laurels should be looked at as part of work by commissioners on how best to reach young people. Relocation of the 4YP drop in service to a neighbourhood health centre would have the additional advantage of offering the potential for later opening hours and access to other health services including GPs.

Recommendation:

That commissioners consider the relocation of the 4YP clinic to a venue which is less stigmatising, more accessible and more attractive to teenagers as part of work on how best to reach relevant young people

5.22 The Panel noted that young people often do not stick to appointments and a “one stop shop” arrangement therefore tends to work better. Patients are often late attending the 4YP afternoon clinic at St Ann’s clinic and the service acknowledges that the opening hours are not convenient for young people. It is therefore planned to change the hours to between 3:30 p.m. and 7:00 p.m. to fit in better with school times. The service for men who have sex with men (MSN) will also be moved. It is also aimed to introduce an additional session and to be open for six days per week.

5.23 The Panel noted that there are plans by service commissioners to negotiate amended opening hours as part of the 2010/11 contract with the service with a view to putting this in place for 1st April. The Panel strongly supports this move.

Recommendation:

That the proposal by service commissioners to change the opening hours of the 4YP afternoon clinic at St Ann’s so that it is more convenient for young people be strongly supported and that the Committee be provided with confirmation that this will be implemented as part of the 2010/11 commissioning process.

GP Services

5.24 The Panel noted that one of the key challenges identified for priority by the National Support Team for Sexual Health in response to its visit to Haringey PCT in 2008 was that the PCT should review the role of primary care and GP’s in the provision of sexual health services.

5.25 National statistics show that 80% of people already receive their contraception from their GP. This is mainly the pill. In addition, some GP surgeries also provide STI testing. There is clearly scope for more work in this area to be undertaken by GPs, some of whom are currently not motivated to undertake such services. This is for a variety of reasons – some are not sufficiently trained, others are singled handed practices and do not have the facilities whilst others do not feel comfortable providing such services. However, there are others who are more proactive and motivated and only one Haringey GP has opted out entirely from providing sexual health services.

5.26 The view of Dr Sally Dowler, the Haringey GP interviewed as part of the review and the lead in her GP collaborative on sexual health issues, was that sexual health services should be an integral part of the job of all GPs. She felt that GP surgeries have a number of advantages. They are anonymous so people do not know why people are attending and they are also open for a wide range of hours on numerous different sites. GP services are also available to schools and colleges. She felt that

the disadvantage that GP surgeries have is the link that they have with the rest of young people's families.

- 5.27 The Panel noted that the clear view from young people was that they do not like going to their GP to receive sexual health services. This may be due to the mistaken perception that that they will not be welcome or because they feel that their GP is more likely to be judgemental than other more specialised services. In addition, Dr Dowler felt that some young people were either unaware or did not believe that GP services are confidential and it was therefore essential that there was a clear message given out that they are completely confidential.
- 5.28 The Panel noted that it could be difficult to get GP services to work together. They are independent contractors and can feel threatened by joint initiatives. Nevertheless, it is important to get GPs involved and enthused if they are to be more proactive and engaged. From March 2010, a scheme called sexual health in practice (SHIP) is being introduced in Haringey which will encourage GPs to take a more proactive role in sexual health issues and provide an enhanced service. The scheme includes training for both practice nurses and GPs. As an incentive to participation, practices are being offered the opportunity to provide free condoms and pregnancy testing.
- 5.29 The Panel noted that GPs can currently test for chlamydia for women, gonorrhoea, hepatitis B, C and HIV. However, the PCT do not currently give GPs access to free condoms for their patients although they are provided to sexual health clinics and 4YP. Although many young people are not inclined to go to their GP for sexual health services, it was noted that some GPs are proactive in offering sexual health services and are already offering condoms, which are being taken up. In view of this, the Panel is of the view that the PCT should routinely provide access to free condoms for GPs providing appropriate sexual health services at their surgeries.

Recommendation:

That NHS Haringey routinely provide access to free condoms for all GPs providing appropriate sexual health services at their surgeries.

- 5.30 The Panel is of the view that GP services have the potential to provide a more significant role in providing services for teenagers. The majority of contraception is already provided through GP services. They also provide a wide network of services across the borough that are likely to be enhanced through the development of primary care polysystems. Opening hours are also in the process of being extended. There is therefore a substantial opportunity for primary care to take on an enhanced role and to increase the level of choice that patients have.
- 5.31 The Panel are therefore of the view that all GPs should be strongly encouraged to provide a range of sexual health services. One means of achieving this would be to contractually require GPs to provide sexual health services and the re-accreditation process for GPs should be used for this purpose.

Recommendation:

That all GPs should be encouraged by NHS Haringey to provide a range of sexual health services and that, as part of the re-accreditation process for GPs, this be made a contractual obligation.

5.32 The “You're Welcome” quality criteria sets out principles to help health services become young people friendly and covers areas to be considered by commissioners and providers of health services. The scheme has been included in the NHS Operating Framework for 2009/10 and highlighted in the DoH/DCSF strategy for children and young people’s health.

5.33 The Panel noted that all sexual health services in Haringey are in the process of applying for “You're Welcome” accreditation. In view of the reluctance of young people to go their GP for sexual health advice and services, the Panel is of the view that GP and primary care services should also be encouraged to seek accreditation. It also notes the appointment by Hackney of a specific GP to champion the scheme in GP surgeries within the borough and is of the view that a similar move would assist in Haringey.

Recommendation:

- **That NHS Haringey commissioners work with GP surgeries and primary care service providers to encourage them to obtain “You're Welcome” accreditation for their services.**
- **That a GP champion be appointed to promote the “You're Welcome” initiative within GP surgeries in Haringey.**

5.34 The Panel recognises that there has to be some sort of gateway procedure for making appointments and access to clinics and doctors and to determine who patients need to see. Many young people find the issue of sex to be a source of embarrassment and are uncomfortable talking to receptionists in clinics and surgeries as they feel that others might hear. This may deter them from seeking help when they need it. The Panel is of the view that it is important that health providers are aware and responsive to the sensitivities of people and that this should be taken into account in the design of premises. In addition, it is also of the view that the importance of dealing sensitively and confidentially with patients should be included as part of training for relevant reception and nursing staff in primary care and clinics.

Recommendation:

That NHS Haringey works with service providers to ensure that the importance of dealing sensitively and confidentially with patients is included as part of training for relevant reception and nursing staff in primary care and clinics

Young Persons Health Check

5.35 One particular suggestion that was made in the course of the review was that of the introduction of a general young persons health check at the age of 18 that covers

sexual health issues. This suggestion was received favourably by young people consulted as part of the review. It was noted that a PC based health check has already been used successfully in some schools and there had also been some discussion about changing the chlamydia check into a general health check. In addition, the Panel noted that the Leaving Care and Asylum Team have received funding for Teen Life Check.

- 5.36 The Panel noted that the introduction of health checks was being considered by commissioners and prioritised for CoHENEL and sixth forms. The checks could be undertaken effectively by a nurse or a health adviser. The Panel is of the view that this would be an effective means of promoting better sexual health amongst young people.

Recommendation:

That the proposed introduction of a young persons health check to be offered through CoHENEL and sixth forms and undertaken by a nurse or health adviser be supported.

Testing

- 5.37 The Panel noted that people who have been tested for STIs were not always aware of exactly which STIs they have been tested for. The Panel were of the view that services should notify patients of the tests that had been undertaken and ensure that they were aware of this in order to avoid them making mistaken assumptions.

Recommendation:

That commissioners work with service providers to ensure that all patients are made fully aware of the specific tests that had been undertaken on them for STIs by providing appropriate written information for them.



INVESTOR IN PEOPLE



2005-2006
Getting Closer to Communities

Appendix A

Participants in the Review

Susan Otiti, Associate Director of Public Health, NHS Haringey

Guimarin Michele, Senior Commissioning Manager, Sexual Health, NHS Haringey

Claire O'Connor, the Head of Sexual Health, Contraception and Reproductive Services, NHS Haringey.

Kavita Dass, Nurse Consultant, Sexual Health, NHS Haringey

Dr Sally Dowler, GP Collaborative Lead for Sexual Health, NE Haringey

Vivien Hannay, Teenage Pregnancy Co-ordinator, C&YPS, Haringey Council

Jude Clements, Health, Wellbeing and Sustainability Manager, C&YPS, Haringey Council

Mike Davis, PSHE, Citizenship and Participation Manager, C&YPS, Haringey Council

Joan McVittie, Vice Chair of Haringey Secondary Heads Association and Principal of Woodside High School

Jan Dunster, Assistant Director for Learner Information and Support, the College of Haringey, Enfield and North East London

Marija Sniukaite, Sexual Health Peer Mentor, the College of Haringey, Enfield and North East London

James Lane, the Chair of the Primary Heads Association and Headteacher of Welbourne Primary School

Belinda Smith, Head of Youth Service, C&YPS, Haringey Council

Mesfin Ali, Pan African and Caribbean Sexual Health Project (PACSH)

Adrian Kelly, Regional Teenage Pregnancy Coordinator, the Government Office for London

Appendix B

Documents referred to in the preparation of this review

Scrutiny Review of Teenage Pregnancy (March 2006)

Progress Report from Scrutiny Review of Teenage Pregnancy (Feb 2008)

Haringey Sexual Health Strategy, parts 1 and 2 (Sept. 2005)

Progress and priorities – working together for high quality sexual health – review of national strategy for sexual health and HIV

Profile of Sexual Health in Haringey (June 2009)

London Sexual Health Indicators – LHO/HPA (November 2008)

Sex and our City – MedFASH (November 2008)

Discussing Haringey Changes for 2006 – Discussion paper – Family Planning Service - NHS Haringey

Scrutiny Improving Sexual Health among young people – Leeds City Council (April 2009)

Teenage Conception and Sexual Health – Nottingham City Council (May 2005)

Sexual Health Services – London Borough of Hackney (Nov 2005)

Under 18 conceptions data for LAD1 and LAD2 (all LAs including county districts), 1998-00 - 2005-07

Department of Health National Support Team visit report (October 2008)

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Overview and Scrutiny Committee
On 15 March 2010

Report Title: Scrutiny Review – Support to Victims of Crime

Report of Councillor Aitken, Chair of Review Panel

Contact Officer: Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921

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 report.

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

2.1. Creating a better Haringey: cleaner, greener, safer

3. Recommendation

3.1 That the report and its recommendations be approved and referred to Cabinet for a response.

4. Reasons for recommendations

Please refer to the scrutiny review report (attached)

5. Other options considered

Please refer to the scrutiny review report (attached)

6. Chief Financial Officer Comments

6.1. The recommendations in themselves do not have any direct immediate financial implications for the Council.

6.2. As these recommendations are discussed by the Council and partners, any additional resource or significant shift in resource will need to be explored in greater detail so that informed decisions can be made.

7. Head of Legal Services Comments

7.1 The Head of Legal Services has been consulted in the preparation of this report and advises there are no legal implications arising from the recommendations contained in this report.

8. Head of Procurement Comments

N/A

9. Equalities & Community Cohesion Comments

These are considered throughout the report.

10. Consultation

10.1 The review received evidence from a wide range of stakeholders, including service commissioners and providers. It also received an indication of the views of victims and witnesses through engagement with volunteers from Victim Support and the Witness Service. The Panel explored the possibility of meeting directly with a group of victims but, after receiving advice from Victim Support, this was considered impractical as it was felt unlikely that it would be possible to get sufficient numbers of victims together who were prepared to share their experiences in the time available. Consultation was supplemented by documentary evidence on the views of victims and witnesses that was undertaken as part of a national survey of their experiences.

11. Service Financial Comments: The report focuses on strategic and policy issues arising from strategic partnership activity undertaken by the Council and its partners. The recommendations generally refer either to services that are funded by area based grant (ABG) or the Council's strategic partners. Any specific direct financial implications arising from the recommendations are referred to within the report albeit on a preliminary basis. A fuller analysis of the financial implications will be included in

the formal response to the review by the Council and its partners

12. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Report to O & S on 29 June 2009 - Overview and Scrutiny work programme

Council Plan

Sustainable Community Strategy

Haringey Local Area Agreement

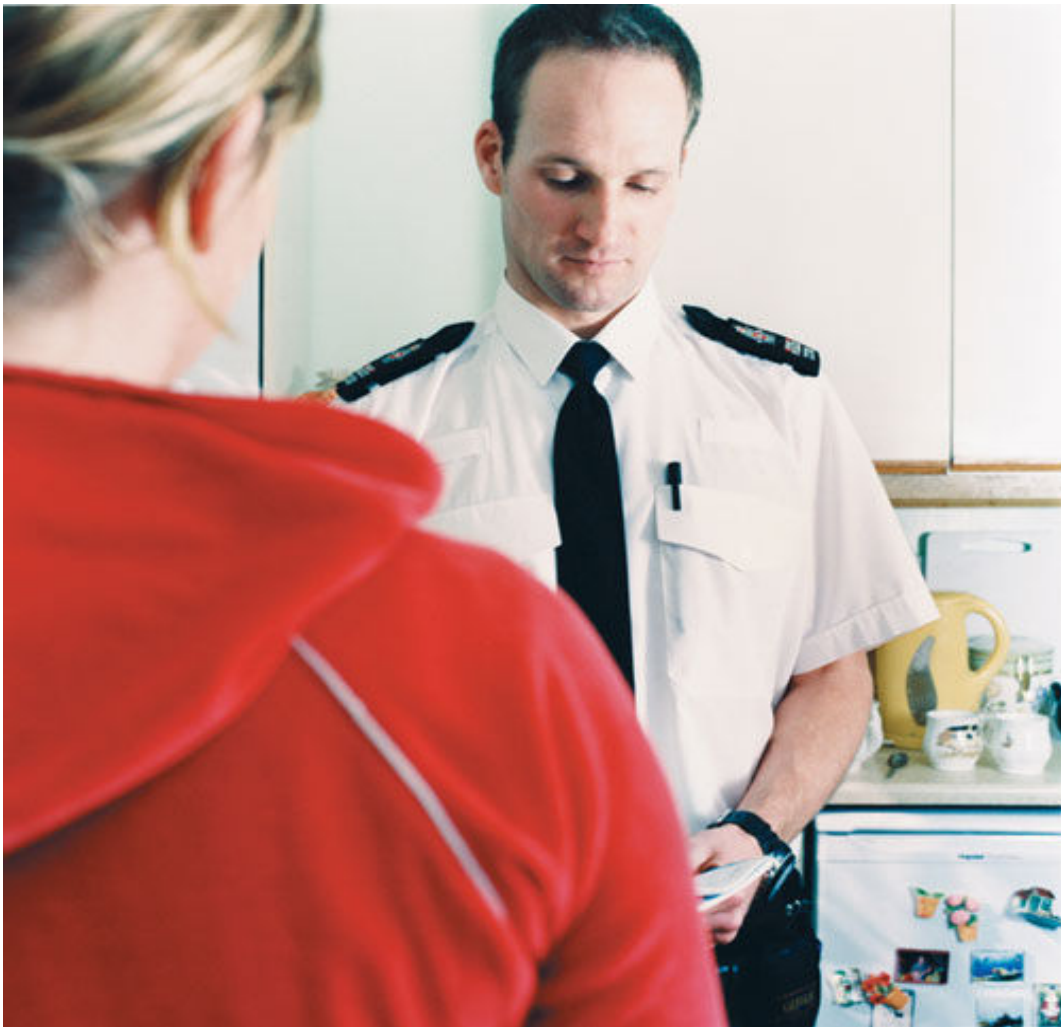
These can be obtained from Robert Mack, Principal Scrutiny Support Officer on 0208 489 2921, 7th Floor, River Park House,

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

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Scrutiny Review – Support to Victims of Crime



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

MARCH 2010

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Chair's Foreword:

Being a victim of crime is often a traumatic and frightening experience. Many people who are victims are also vulnerable and less able to cope but it is something that can nevertheless happen to anyone. Many crimes are not reported, particularly amongst young people. It is likely that one of the reasons for this are that victims feel frightened and unsure of what might happen to them if they come forward. It is crucial that people report crime and are prepared to act as witnesses as without their assistance it is very difficult to do anything about it. The knowledge that people are prepared to make a stand can also deter criminals as it reduces their chances of escaping prosecution.

The act of coming forward clearly benefits the community and such people should therefore be given all the help that they need. It is very welcome that support for victims and witnesses has improved in recent years but much of it is reliant on short term funding and the assistance of selfless volunteers, who do an excellent job for little or no reward. Victims and witnesses need to be feel confident that they will be supported if they come forward and greater stability in the arrangements to assist them as well as clarity on what is available would assist this. The review received evidence that there is currently a wide range of services now available and a lot of excellent work being undertaken. Better co-ordination will enable the benefits of these services to be maximised and improve further support to victims.

The findings of our review mirror very closely those of the joint criminal justice inspectorates' review into victim and witness experiences in criminal justice system, which was published in May 2009. This included a survey of victims and witnesses which I participated in. I therefore particularly look forward to seeing its recommendations put into action locally as well as those of the review, which should complement them.

Whilst the review covered a wide range of issues, it concentrated mainly on direct support to victims after a crime has taken place and in the criminal justice process as this would seem to be the highest priority. It was only able to briefly cover the issues of increasing the reporting of crime and of restorative justice and further work may be required on these particular issues.

On behalf of the Panel, I would like to thank all the people who came along and gave evidence or provided information for the review.



Councillor Ron Aitken
Chair of the Review Panel

Executive Summary

The Panel was pleased to note that there are now a wide range of services that provide support for victims and witnesses within the borough. It is clear that the quality of support has improved in recent years, with a far greater emphasis being placed on the needs of victims due to a succession of government initiatives. However, the number of different agencies and organisations that can potentially be involved now can be a source of confusion for victims. In addition, a significant amount of the work undertaken locally is either reliant on sources of funding that are vulnerable or the goodwill of unpaid volunteers.

The Panel received evidence from a number of individuals that there was a need for better overall co-ordination of services and the establishment of clear governance structures and strategic ownership of the issue would assist in addressing this. Once established, this should provide the opportunity to look review the full range of current provision and address any areas of overlap and duplication as well as developing a joint local plan for improving services.

Lead responsibility for taking the lead on victim and witness issues lies with the Local Criminal Justice Board (LCJB), rather than the Crime and Disorder Reduction Partnership (CDRP). Whilst many of the agencies on the CDRP are also on the LCJB, there are some key ones that are not formally represented. There are also a number of areas of overlapping responsibilities as well as some where there is an inter dependency. The Home Office encourages closer collaboration between LCJBs and CDRPs and the Panel feels that this should be fully explored.

The Panel was concerned that information on witnesses, including ones who are vulnerable and intimidated, does not appear to always be being passed onto Witness Service volunteers as well as professionals at the Magistrates Court. This can mean witnesses sometimes arriving without support agencies and the Court having prior notice of their needs. It is unclear whether this is merely due to a failure to pass on information or needs analyses not being undertaken. The Panel is of the view that such instances should be brought quickly to the attention of relevant officers at the Witness Care Unit (WCU) so that the reason can be identified. The number and cause of such instances should also be monitored so that it can be determined if these are just isolated incidents or not. The Panel noted that the same problems have not occurred at the Crown Court, which deals with the more serious crimes.

The Panel were concerned that the Witness Service appear to be currently located in accommodation at the Magistrates Court that does not meet their needs. In particular, it noted that volunteers can currently find it difficult to consult with witnesses in such surroundings and it therefore feels that partners should explore alternative options which provide surroundings more conducive to the nature of their work.

The Panel noted that some Victim Support volunteers can be traumatised by the work that they undertake, particularly those dealing with the more serious crimes. There is currently no provision for therapeutic support for them. Victim Support monitor and support their volunteers but cannot offer access to emotional support. Exposure to trauma can potentially lead to volunteers being unable to continue their valuable work. In addition, their long term welfare also needs to be considered. The Panel therefore feels that partners should explore the possibility of the provision of appropriate psychological support if and when required for volunteers.

The Panel welcomed the fact that there is now a victim support worker in the ASBAT but funding for this is time limited. Long term decisions need to be taken about the future development and sustainability of the ASBAT as the service is currently almost totally reliant on time limited grants.

The Panel noted that there may be a perception that domestic violence services are only for women. However, statistics show that there are an increasing number of male victims. It feels that they may be deterred from coming forward and seeking help by the fact that services are almost entirely staffed by women. The Panel therefore feels that domestic violence services should seek to reflect the percentage of victims who are male in their staffing structure.

Only a minority of crimes are reported to the Police and this is particularly true of younger people. The Panel welcomes the proposal to develop a project to work with young people to increase their awareness of support services for victims and, through this, encourage more of them to report crime.

The findings of this scrutiny review closely mirror those of the joint thematic review of victim and witness experiences in the criminal justice system, which was undertaken by criminal justice inspectorates and published in May 2009. An action plan in response to this has still to be developed by the local group of the LCJB. It is recommended that action arising from the scrutiny review be incorporated into this and that the plan be developed in consultation with the CDRP.

Recommendations

1. That SCEB collaborates with the LCJB group for Haringey to establish clearer strategic ownership and governance structures for the support of victims and witnesses and that closer working arrangements be developed between the two bodies on this and other areas where there is a shared interest and responsibility .(SCEB) (paragraph 3.10)
2. That the SCEB works with the local LCJB group to assist it in the development of a joint area strategy and improvement plan for the borough, as required in response to the Joint Thematic Review, and that this considers fully the overall co-ordination of services and any areas of duplication, overlap and inconsistency in services. (SCEB) (paragraph 3.10)
3. That the installation of CCTV in the vicinity of the Magistrates Court in order to deter disorder be considered when decisions are being made by the Council and its partners on the future installation of cameras. (SCEB) (paragraph 4.17)
4. That the Police Service and the CPS be requested to establish, in consultation with the Witness Service, a system for ensuring that a relevant senior WCU officer is notified immediately of any instances of the details of witnesses requiring support not being passed onto the Witness Service and especially vulnerable or intimidated witnesses and that the number of such cases and their cause be monitored. (Police/CPS) (paragraph 4.21)
5. That local strategic partners raise this issue of the accommodation needs of the Witness Service at Highgate Court House with the LCJB and jointly explore whether improved arrangements can be made. (SCEB). (paragraph 4.23)

6. That, as part of wider measures to increase awareness of the services offered by Victim Support, the Police Service be requested to reinforce the need for police personnel and, in particular, front line officers, to determine whether victims of crime wish to be referred. (Police) (paragraph 4.32)
7. That a visit to Victim Support be included as part of the training provided to probationary police officers within the borough. (Police) (paragraph 4.32)
8. That strategic partners, in liaison with Victim Support, consider the provision of access, when required, to appropriate psychological support for Victim Support volunteers. (SCEB) (paragraph 4.37)
9. That the Police Service, in consultation with Victim Support, be requested to develop a system for obtaining regular feedback from Victim Support volunteers on any relevant issues that may have arisen in their work with victims. (Police) (paragraph 4.39)
10. That the proposal to commission a review of support services for young people and, in particular, increasing their awareness of Victim Support services and encouraging the reporting of crime by them, be supported. (SCEB/C&YPS) (paragraph 5.2)
11. That the YOS be requested to follow up all letters to victims regarding restorative justice processes in order to explain the process fully and encourage a greater level of participation. (Asst. CE PPP&C) (paragraph 5.8)
12. That the Council and its partners consider the future funding arrangements and strategic role of the ASBAT with a view to establishing a sustainable service model, including access to support for victims. (SCEB) (paragraph 5.16)
13. That statistical information on the nature of abuse suffered by clients be routinely collected by Hearthstone. (Asst. CE PPP&C) (paragraph 5.21)
14. That the Council's Domestic Violence Co-ordinator be requested, in liaison with the Hearthstone Centre and Victim Support, to compile detailed statistics on the prevalence of domestic violence affecting men and that a target that is consistent with this be set for the employment of men in relevant domestic violence services. (Asst. CE PPP&C) (paragraph 5.26)
15. That the role undertaken by the IDVAs be reviewed with a view to establishing a more sustainable means of providing the support that they currently provide and addressing any overlap that there might be with other support services. (Asst. CE PPP&C) (paragraph 5.29)

1. Background

1.1 The review was commissioned as providing support and protection to victims has been identified as a local priority by the Haringey Strategic Partnership under the “Safer for All” agreed outcome. It also relates directly to two LAA targets. These are:

- LO123a (local target): Number of 1:1 appointments with young people undertaken by Victim Support. The target for this is 36 for 2008/9; and
- LO125 (local target): Repeat victimisation of domestic violence. The target for this is 176 per quarter. The last recorded quarterly figure was 273.

1.2 The review looked at the totality of support for victims of crime from its initial reporting and through the judicial process. It aimed to obtain an understanding, from the victim’s point of view, of how easy it is to access support, its effectiveness and where improvements could be made.

1.3 The terms of reference of the review were as follows:

“To consider the range, accessibility, quality and co-ordination of support provided by local partners to victims of crime and make recommendations to the responsible agencies on how this might be improved”

1.4 As part of its work, the Panel considered:

- Co-ordination of services
- How the views of users are sought and responded to
- Value for money

1.5 The review undertook its work through the following:

- Interviewing key stakeholders to obtain their views. This included representatives from the Police Service, the Crown Prosecution Service (CPS), the Court Service and Victim Support.
- Obtaining the views of people who work directly with victims and witnesses to obtain a service user perspective.
- Considering relevant documentary and research evidence, including information on the cost and funding arrangements for services provided
- Looking at best practice elsewhere
- Providing an element of external challenge

1.6 The membership of the review panel was as follows:

Cllrs Aitken (Chair), Davies, Egan and Patel.

2. Introduction

Definition

- 2.1 Victims of crime can be defined as people who have suffered harm through criminal acts. They are often also witnesses to crime. The harm suffered can be either physical or psychological and includes emotional suffering, grief and economic loss. It also includes people who have suffered harm as a result of the death of a person upon whom they are financially or psychologically dependant and/or to whom they are closely related.
- 2.2 The effects of being a victim of crime may not necessarily be proportionate to the seriousness of the crime. It may also affect others such as partners, relatives, parents and siblings. In some cases, it may have long term effects such as depression, anxiety-related illnesses and post traumatic stress disorder.

Government Policy

- 2.3 Improving the experience of victims and witnesses has been a long term government priority for the criminal justice system and a range of initiatives have been introduced. These include:
 - Special measures: The Youth Justice and Criminal Evidence Act 1999 provides a range of measures to help vulnerable or intimidated witnesses in giving evidence in criminal trials, such as allowing them to give evidence through a video link or be assisted by an intermediary.
 - Victim Personal Statements (VPS); This was introduced in 2001 and provides an opportunity for victims to make a personal statement on the impact that a crime has had on them and their family.
 - Direct Communication with Victims Scheme: This commits the Crown Prosecution Service (CPS) to provide an explanation to victims when a charge is dropped or substantially reduced or increased in gravity.
 - No Witness No Justice (NWNJ); This initiative was launched in 2003/4 and established a number of minimum requirements for the support of witnesses. It led to the introduction of witness care units (WCUs), who are responsible for providing support and information to victims and witnesses and jointly managed and staffed by the police and CPS.

Code of Practice for Victims of Crime

- 2.4 Probably the most significant initiative has been the introduction of the Code of Practice for Victims of Crime in 2006, which sets out minimum levels of service to victims and imposes obligations on organisations involved in the criminal justice system. It included an enhanced level of service for victims deemed vulnerable and/or intimidated and established the right of victims to support, privacy, physical, emotional and financial recovery and protection from offenders.
- 2.5 The code sets out the services that people should expect to receive and requires agencies to provide details of the minimum standards of service that they provide. Key requirements included the need for all victims to be offered support, enhanced support for all vulnerable or intimidated victims, rights to information about the crime

and flexibility to opt in or out of services. In cases where the alleged perpetrator of a crime is under the age of eighteen, the Police are required to pass the victim's contact details to the Youth Offending team unless the victim asks them not to. The code provides victims with the right to challenge criminal justice agencies if they feel that they are not receiving good enough service and complaints can ultimately be taken up by the Parliamentary Ombudsman.

Further Initiatives

2.6 Since the introduction of the code, two further initiatives have been introduced:

- **Quality of Service Commitment:** From November 2006, all police forces have been required to meet new service standards, including keeping victims informed of progress.
- **The Witness Charter;** This sets out core standards of service that all witnesses should receive from criminal justice agencies if they are asked to give evidence for the prosecution or the defence in a criminal court. The standards of service set out in the Witness Charter apply to all witnesses regardless of whether they may also be the victim. If they are a victim as well, they also have the rights set out in the Code of Practice for Victims of Crime.

Anti Social Behaviour

2.7 As applications for anti social behaviour orders (ASBOs) come under the civil courts, the support mechanisms for victims that exist for criminal cases have not until now been accessible. However, the government has recently announced measures to address this through providing access for victims to the Witness Service. In addition, a network of 85 victims and witness champions is to be set up in priority areas across the country. This aims to deliver practical help for victims and witnesses as well as ensuring more victims of anti social behaviour receive support.

Accountability

2.8 Increasing the satisfaction of victims and witnesses is the overall responsibility of local criminal justice boards (LCJBs), who are responsible for the delivery of a range of national targets in respect of them. There are 42 LCJBs in England and Wales and they are generally based on police force and criminal justice areas. Their membership comprises of the Police Service, Crown Prosecution Service, Court Service, Youth Offending Teams, prisons and probation. There is a LCJB for London, which deals with strategic issues, and a local group covering Haringey, which is chaired by the Borough Commander for the Police and intended to focus on operational matters.

Improvements

2.9 The London LCJB has a specific target for increasing the satisfaction levels of victims and witnesses. The target for 2009-10 is to increase the percentage of victims and witnesses that are satisfied with overall contact with the criminal justice system to 83%. The latest recorded figure for Haringey (March 2009) is currently 83%, which is above the London average of 81%.

- 2.10 A joint thematic review on the effectiveness of support to victims and witnesses was published in May 2009 by Her Majesty's Crown Prosecution Service Inspectorate, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Court Administration and Her Majesty's Inspectorate of Court Administration. It looked at whether the improved support mechanisms were improving the confidence of victims and witnesses in the criminal justice system and included a survey of their views.
- 2.11 The report found that there had been an improvement in satisfaction levels with the criminal justice system, which it felt demonstrated the positive impact of WCUs. The report also identified a number of areas where there was scope for further improvement:
- There was a need for oversight by LCJBs of arrangements to ensure that local services provided to victims and witnesses were further developed and improved. It recommended that LCJBs should take ownership for victim and witness issues and ensure that joint area strategy and improvement plans were developed and communicated effectively. These needed to be supported by effective governance and performance management arrangements.
 - There needed to be better understanding amongst front line police officers of which special measures were available to support vulnerable and intimidated witnesses. There were also weaknesses identified in the arrangements for the timely identification of the need for special measures and Police forces needed to ensure that front line police officers were able to identify vulnerable and intimidated victims and witnesses.
 - There needed to be wider understanding of Victim Personal Statements (VPS) amongst front line police officers and prosecutors.
 - The needs of victims and witnesses were not always assessed as fully as they should be.
 - Police forces needed to ensure that police personnel were fully aware of the services provided by Victim Support and that they fitted in with services provided by other support organisations.
 - Waiting times at court continued to be too long for a large proportion of witnesses.
- 2.12 The review noted that some witnesses still had concerns about their safety despite improvements that have been made. It was also of the view that WCU's had some way to go before they were able to meet all the minimum requirements set out for them and to do so on a consistent basis.

3. Strategic Issues

Overview

- 3.1 The Panel received a strategic overview of local services and how they are co-ordinated, funded and provided from Claire Kowalska, the Community Safety Strategic Manager. It noted that some residents are more likely to become victims than others. Those living in the east of the Borough, who are also more likely to be from a black and minority ethnic community, have a greater risk of becoming a victim. Whilst there is a roughly equal split between male and female victims of burglary, men are more likely to be victims of robbery whilst women are more likely to be victims of domestic violence.
- 3.2 Many victims missed out on services for a variety of reasons, including under reporting of crime and funding issues. Data showed that that only approximately 30% of adult victims of crime reported the crime to the police. It was also known that the figure for young victims was even lower. Under reporting by young victims of crime was highlighted three years ago as a concern in initial discussions about Haringey's Local Area Agreement and agreed as a local priority. It remains an ongoing problem. It had been established that there is a significant gap in awareness of Victim Support services and that this is particularly true of younger people.

Co-ordination

- 3.3 The Panel noted that there is a very wide range of services that provide support for victims and witnesses. It received evidence from a number of witnesses that there was a need for better co-ordination of services. In particular, the Panel heard from volunteers who work directly with victims that the large number of different agencies and organisations that can potentially be in contact with them can be a considerable source of confusion. This is aggravated by the similarity in names of certain of the bodies involved e.g. the Witness Care Unit and the Witness Service. In addition, there appears to be some areas of overlap. The majority of this has occurred as a consequence of successive government initiatives to improve support.
- 3.4 To compound this, there are different arrangements for support depending on the nature of what the individual has been a victim of. For example, there are differences between the support that would be available to a victim of an assault, a victim of domestic violence and a victim of anti social behaviour. The level of support should be governed by the seriousness of what has occurred in order to ensure that those most in need get the most support but this may not necessarily always be the case.
- 3.5 There are currently a number of different local strategic partnership groups who have some role in relation to victims and witnesses. However, the Local Criminal Justice Board (LCJB) and its local group for Haringey have overall responsibility area and therefore should be the most significant body. In particular, the local LCJB group is responsible for addressing the recommendations of the joint thematic review, including taking strategic ownership of victim and witness issues.
- 3.6 Although the LCJB may formally have the leading role in relation to support for victims and witnesses, the Crime and Disorder Reduction Partnership (CDRP) also

has a specific interest in the issue. Improved performance in this area will support a number of key local strategic targets, such as numbers of young people re-convicted, school performance, exclusions, health inequalities and crime reduction.

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- 3.7 In Haringey, the role of the CDRP is undertaken by the Safer Communities Executive Board (SCEB). The Panel noted that there is considerable overlap in membership between the local LCJB and SCEB. However, there are also some key stakeholders who are not formally represented on the LCJB. These include the local authority which has;
- A key strategic role in relation to the local strategic partnership (HSP) and domestic violence services such as Hearthstone.
 - Overall responsibility for Area Based Grant, which provides funding for significant local services that support victims such as Victim Support.
- 3.8 Unlike the LCJB, SCEB is linked directly into the Haringey Strategic Partnership (HSP) and its supporting infrastructure. In addition, whilst SCEB has the Community Safety team to support its work, the same support is not available for local LCJB group. The LCJB would therefore appear to be in the position of having overall responsibility over victim and witness issues but limited to the strategic resources at its disposal to facilitate improvements.
- 3.9 Support for victims and witnesses is one of a number of policy areas where there are overlapping responsibilities between LCJBs and CDRPs. Whilst there are separate responsibilities in relation to supporting victims and witnesses, there is also a shared interest and interdependency in this and on other issues. The local group of the LCJB does not, as yet, have direct links with SCEB. The Home Office encourages closer collaboration between LCJBs and CDRPs and the Panel feels that this something that should be fully explored. One key area where the Panel believes that collaboration would be of particular benefit is on the response to the joint thematic review that is being undertaken by the local LCJB group as this is a clear area where there is a shared interest.
- 3.10 The Panel is of the view that the establishment of a clearer governance structure as well as strategic ownership of the issue would facilitate better co-ordination of services. Once established, this should provide the opportunity to look strategically at current provision and address any areas of overlap and duplication as well as developing a joint local plan for improving services.

Recommendations:

- **That SCEB collaborates with the LCJB group for Haringey to establish clearer strategic ownership and governance structures for the support of victims and witnesses and that closer working arrangements be developed on this and other areas where there is a shared interest and responsibility (SCEB).**
- **That the SCEB works with the local LCJB for Haringey to assist it in the development of a joint area strategy and improvement plan for the borough, as required in response to the Joint Thematic Review, and that this considers fully the overall co-ordination of services and any areas of duplication, overlap and**

inconsistency in services.

4. Support for Victims and Witnesses

Introduction

- 4.1 The Victims' Code and the Witness Charter lay out a number of specific obligations for individual agencies.
- 4.2 The obligations of the Police Service include:
- The need to inform all victims about Victim Support and offered their services
 - Taking all reasonable steps to identify vulnerable or intimidated victims and explaining the provision of the special measures that are available to support them if they are called as a witness
 - Advising victims of whether or not there will be an investigation into the crime
 - Keeping victims updated on the progress of ongoing investigations and their outcome, including whether action is being taken against any suspect
 - Assigning family liaison officers to relatives in cases where a victim has died as a result of a crime
- 4.3 Once an individual has been charged, the WCU is the single point of contact for witnesses and co-ordinates all aspects of their care. It has a number of important obligations in keeping witnesses informed about the progress of the judicial process. Perhaps their most important role is to undertake a full needs assessment with all victims when a not guilty plea has been entered. This follows on from the initial needs assessment conducted by police officers. A witness may opt out of a needs assessment if they wish. The minimum requirements state that the needs assessment should address a range of issues, including identification of any vulnerable or intimidated witnesses, any need for special measures, whether a victim personal statement has been taken, transport issues, childcare issues, the need for a pre-court visit, referral to support agencies and any employment concerns regarding attendance.
- 4.4 In the most serious cases, specialist officers are appointed. This applies in cases of homicide, serious sexual assault and child abuse cases. Where such appointments are made, the specialist officer will take direct responsibility for victim and witness contact rather than the WCU.
- 4.5 The Crown Prosecution Service (CPS) is responsible for the decision on whether to charge in the more serious cases, as well as deciding what charge is to be brought. The CPS prosecutor is also required to consider, at an early stage, whether any of witnesses have specific needs and may require the use of special measures. Court staff have responsibilities for supporting witnesses and ensuring that they are given any assistance that they might need during trials. This includes defence witnesses when identified. The main support that is available to victims and witnesses at court is provided by the Witness Service, who provide support to witnesses at court during the course of a trial. The Witness Service is run by Victim Support and paid for via the criminal justice system.

- 4.6 The Probation Service have responsibilities in relation to the victims of offenders sentenced to 12 months or more if imprisonment for a sexual or violent offence. They are required to take all reasonable steps to establish whether a victim wishes to make representations about licence conditions or supervision arrangements the offender should be subject to on release. In addition, they must pass on any relevant information to the victim regarding conditions that the offender will be subject to in the event of release.

The Police Service

- 4.7 The Panel received evidence from Chief Inspector Pete Dickson from Haringey Police. He reported that, he led an integrated prosecution team (IPT) for the borough. IPTs involve the police and CPS teams working together to manage an integrated single file and administrative process. As well as reducing duplication and improving performance, IPTs are also intended to ensure better services for victims and witnesses by improving liaison between the police Witness Care Unit and the CPS.
- 4.8 The IPT takes over once an individual had been charged. Before this stage, it is the responsibility of the Detective Inspector to liaise with witnesses. A range of support is provided including crime prevention advice, specialist assistance and support via Victim Support Haringey. A wide range of practical assistance can also be provided, such as transport to court, taxis, childcare, hotels and even flights. It is available right through the criminal justice process and can continue afterwards.
- 4.9 The Victims Charter set time limits for keeping people informed of progress with cases and the service strives to comply with these. Victims are informed within 24 hours if an arrest is made. There are also particular timescales for informing victims if an individual is charged or pleads guilty. Efforts are made to arrange court dates that are convenient to victims and witnesses, who are informed as soon as one is set. It was sometimes the case that the IPT did not become aware that a witness was required until a comparatively late stage. The service has a good record on getting witnesses to court – only two to three backed out, on average, every month.
- 4.10 They seek to develop an ongoing relationship with victims and witnesses. One particular purpose of this is to determine whether witnesses are becoming nervous. In such circumstances, they can be put in touch with the Witness Service and special measures can be considered.
- 4.11 The Panel noted that merely attending court is a hugely important step as it is a common defence tactic to see if the prosecution are able to get their witnesses to court. This is especially common in domestic violence cases. If the defendant sees evidence that the witness has the courage to go to court, they often change their plea. However, by pleading guilty at a late stage they lose the opportunity to gain the maximum discount on their sentence.

Crown Prosecution Service (CPS)

- 4.12 The Panel received evidence from Hywel Ebsworth from the CPS. The earliest opportunity the CPS has to consider victim and witness issues is when the Police request either an early consultation for advice, which is more common in serious or complex cases, or when the Police bring a case to the CPS for a charging decision. A decision is made after reviewing the evidence and considering whether the public

interest would be served. A lesser test is applied if the case is so serious that the offender is in custody. The time that it takes to reach a decision depends on the complexity of the case. The decision is made by the prosecutor together with the investigating officer. If it is decided that there should be a prosecution, the CPS prosecutor gives authority to the Police to charge the defendant, following which the defendant is required to attend court. The decision is required to be communicated to victims/witnesses within 24 hours.

- 4.13 In the first instance, Police officers should establish whether a witness is vulnerable or intimidated. If they are, an application can be made to the court for special measures. The support process is intended to be “victim led” – they have to be asked what support they would like and the decision is theirs to take from a position of knowledge. People varied in how they respond to being a witness. Some people start off as being resilient but then become more nervous.

The Court Service

- 4.14 The Panel received evidence from Stephen Carroll from Highgate Court. It was noted 98% of cases were dealt with in magistrates courts. Of these, 73% resulted in a guilty plea. He reported that the magistrates court currently has 150 magistrates that it worked with and the Courts Service was responsible for the legal advice that they were given. It did not directly assist victims and witnesses but responded to what they were asked to do by other agencies.
- 4.15 The longest that magistrates courts cases last is a day. Waiting times are currently within LCJB targets and there have been no issues of people being dissatisfied with the length of time that they have had to wait. All magistrates are trained in case management and if it is inevitable that a case will not proceed, efforts are made to ensure that witnesses are alerted so that they do not have to attend court. Weekly case management meetings are held and strenuous efforts are made to avoid ineffective trials. The situation at Crown Court is different as they often have “floaters” – cases that had not been allocated to a specific court but were instead waiting until one became free. Crown court time is hugely expensive and therefore the use of courts has to be maximised.
- 4.16 There are separate entrances to the Magistrates Court for defendants and witnesses and security within the court building. If it is not felt that this is sufficient, the Court can inform the Police, whose presence can act as a deterrent. This is particularly useful when the Youth Court is sitting and gang members are being tried. The local Safer Neighbourhood Team has adjusted their hours to ensure a presence when the court is sitting and there is regular liaison with the police, including risk assessment.
- 4.17 The Court House wishes to improve the CCTV in operation at the Court and their estates service is currently addressing this. However, there currently is no CCTV outside the court. Additional CCTV around the vicinity of the Court House, that was linked into the local authority system, would help to deter disorder in the vicinity of the Court House and assist in ensuring that any problems were responded to quickly. The view of the Council’s Urban Environment Service was that cameras could probably be installed at or near to the location, subject to a satisfactory site visit being undertaken. The average cost of a CCTV camera, including installation, is £25,000 per camera whilst maintenance and line rental per camera is approximately £2,500 per annum. Funding for this would need to be identified but

the Panel is of the view that this should be given serious consideration when decisions are being made on the future installation of cameras.

Recommendation:

That the installation of CCTV in the vicinity of the Magistrates Court in order to deter disorder be considered when decisions are being made by the Council and its partners on the future installation of cameras.

The Witness Service

- 4.18 The Panel received evidence from a group of volunteers from the Witness Service on their work. The volunteers considered that the service from the Witness Care Unit (WCU) was variable in nature. One issue of note was that the WCU did not always provide the information that Witness Service volunteers required, leaving them with little or no information on victims and witnesses that were attending the Magistrates Court and, in particular, whether they were vulnerable or intimidated. This could include domestic violence cases. In such circumstances, it was possible that there would not be the capacity to assist them. Although the service received the list of witnesses to attend court (LWAC) documentation, this did not provide all the necessary details, such as the charge. The Panel also received evidence from the Courts Service that professionals did not always know before a trial if witnesses are vulnerable. However, it noted that the CPS could still make an application for special measures even at a comparatively late stage, although the defence has to be given notice and can object.
- 4.19 It was also noted that sometimes the Witness Service was not informed when cases were dropped. Such occurrences could cause embarrassment and de-motivate volunteers. If the Witness Service was made aware of all the necessary information in good time, they could contact witnesses in advance. However, the same problems did not exist at the Crown Court. There had been a number of meetings between volunteers and the WCU where concerns had been raised. Performance had improved but there was still some way to go. One particular problem was the high turnover of staff at the WCU.
- 4.20 The Panel is concerned that the Witness Service does not appear to always be receiving relevant information regarding witnesses attending the Magistrates Court in a timely manner as this can affect their ability to support them effectively. The Panel is particularly concerned that this appears to include vulnerable and intimidated witnesses.
- 4.21 It is unclear whether such instances are due to a failure to pass information on or the necessary needs assessments not being made and is of the view that further information is needed. Such instances should be regarded as a serious matter and flagged up with the WCU so the reason can be determined and appropriate action taken. In addition, the number of such cases and their cause should be monitored in order to assess whether these are isolated incidents or part of a longer term pattern.

Recommendation:

That the Police Service and the CPS be requested to establish, in consultation

with the Witness Service, a system for ensuring that a relevant senior WCU officer is notified immediately of any instances of the details of witnesses requiring support not being passed onto the Witness Service and especially vulnerable or intimidated witnesses and that the number of such cases and their cause be monitored.

4.22 The Panel noted the view of Witness Service volunteers that their accommodation at Highgate Magistrates Court was inadequate. They were currently located at the foot of a stairwell, in a corridor. They felt that it was difficult to have a meaningful conversation in such surroundings, as well as being cold. They had previously had good accommodation at the court but the lease had run out and they were currently located adjacent to a large unoccupied office.

4.23 The Panel is concerned that the Witness Service appear to currently be located in accommodation at the Magistrates Court that does not meet the needs of the service. As the funding for accommodation for the Witness Services comes via the criminal justice system, it is recommended that local strategic partners raise this issue with the LCJB and explore whether improved arrangements can be made.

Recommendation:

That local strategic partners raise this issue of the accommodation needs of the Witness Service at Highgate Court House with the LCJB and jointly explore whether improved arrangements can be made.

Victim Support

4.24 Victim Support Haringey provides support for victims and witnesses within the borough and is part of Victim Support's London region. It is part of a national charity that provides free and confidential help to victims and witnesses of crime in England and Wales. They can also provide help to family, friends and anyone else affected. The support provided includes information, emotional support and practical help. It is not necessary to report a crime to the Police in order to receive help and support can be given at any time, irrespective of when the crime occurred.

4.25 Victim Support works closely with the police, courts and other parts of the criminal justice system. They have a network of local offices across England and Wales which are managed by a national centre in London. The Police provide the service with the contact details of victims after a crime is reported. Victims are then contacted by the service, normally within 48 hours. The service can also be contacted directly by victims.

4.26 Victim Support is a key local strategic partner and received £72,000 this financial year from area based grant, including £38,700 from the Children's and Young People's Service. In addition, it receives funding from its central organisation. Local funding is vulnerable and uncertain and the service is very reliant on volunteers.

4.27 The Panel received evidence from Tessa Newton from Victim Support, who outlined the services that Victim Support Haringey provides. Support provided covers both practical issues and emotional support. In addition, they can also provide advocacy

and liaison. There is now also a specific anti social behaviour support worker, which has been funded as part of the Justice Seen, Justice Done scheme.

- 4.28 Most of Victim Support's work is undertaken by unpaid volunteers and their ability to provide a service can be limited by their availability. For example, during the autumn half term, only one third of the volunteers were available, which restricted services. Accommodation at Victim Support's offices in Commerce Road could also be improved as it only has two interview rooms which everyone, including staff, had to use for meetings.
- 4.29 Volunteers require six months experience of case work before they are able to take on more serious crimes. There is also quite a high turn over of volunteers. The net result of this is that volunteers who are qualified to deal with particular sorts of crime – especially the more serious offences – can get booked up very quickly and victims may have to wait. However, some other victims can be offered appointments quickly, such as those who have suffered actual bodily harm (ABH). They do not turn clients away, although some people may have to wait longer than is ideal.
- 4.30 Referrals have grown – 90% of these are from the Police. There is a mix of people who are referred. The majority of domestic violence victims are women but there are an increasing number of men. A high percentage of ABH and grievous bodily harm (GBH) victims are men. Clients are frequently frightened and a lot of personal alarms are therefore given out. Around 20% of victims wish to withdraw their case and young people were particularly likely to ask for withdrawal.
- 4.31 It was noted that a large number of referrals from the police are classified as “non crime” which they are unable to deal with. Mr Dickson, from the Police, stated that this was due to the initial investigating officer classifying the incident as a crime but it later being re-classified, after investigation, as “no crime”. If victims are to be referred in a timely manner, this will have to be before investigations are concluded and it is therefore inevitable that re-classification will take place in some cases
- 4.32 It was noted that initial referrals are dealt with centrally by Victim Support, who make three attempts to contact people. Cases are then referred onwards to the local branch. The service can be opted out of if a victim wishes and front line police officers are required to ask people if they wish to be referred but Ms Newton suspected that this did not always happen. In such cases, it was likely that the police officer would refer anyway. Mr Dickson felt that front line officers needed to be educated about the need to ask people if they wished to be referred and that this could be included in officer development. However, the Police first needed to be appraised of such issues so that they could address them. The Panel notes the recommendation of the joint thematic review that measures are taken to ensure that police personnel are aware of Victim Support and its services and is of the view that this issue should be addressed as part of this process. The Panel also feels that better awareness amongst front line Police officers of Victim Support as well as improved communication with the service could be promoted by including a visit to their offices as part of the training for probationary police officers within the Borough.

Recommendation:

- **That, as part of wider measures to increase awareness of the services offered by Victim Support, the Police Service be requested to reinforce the need for police personnel and, in particular, front line officers, to determine whether**

victims of crime wish to be referred.

- **That a visit to Victim Support be included as part of the training provided to probationary police officers within the borough.**

Views of Victim Support Volunteers

- 4.33 The Panel received evidence from a group of volunteers from Victim Support in order to obtain their views on services as well as an indication of the views of victims. The Panel had wanted to obtain the views of victims directly but, after consultation with Victim Support, it was felt that would not be not be feasible as it was unlikely that it would be possible to identify many victims prepared to share their experiences with the Panel in the time available. However, the joint thematic review included a survey of victims and witnesses. In addition, it may be possible for local partners to commission a detailed survey in due course as a monitoring the improvement of services.
- 4.34 The Panel noted that all volunteers receive comprehensive training. The hours that people put in vary enormously, from a few hours per month to several days per week. There are a number of younger volunteers, including some law students. However, many are passing through and unlikely to stay and it is felt that sometimes people merely get involved as it will look good on their CV. It was noted that there is now a contract for volunteers that requires them to assist for a minimum of 18 months.
- 4.35 The Panel noted that when Victim Support volunteers first meet with victims, they begin by establishing what sort of assistance they need and whether they require referral to other services. Practical and emotional support could be provided but volunteers were not trained counsellors. It was felt that they needed access to taking therapies so that they could refer people onwards when appropriate. Although they only saw a comparatively small percentage of victims, many were very needy and becoming the victim of a crime could sometimes be the final straw for them. They could advise victims to go to their doctor if it was felt that they needed to be referred for counselling but there is a long waiting list for this.
- 4.36 The Panel noted that some volunteers specialise in more serious crimes such as murder, manslaughter and serious sexual offences. Dealing with cases such as this can emotionally affect them. There is supervision of volunteers in order to ensure that they are coping and Victim Support was strengthening this system as part of its reorganisation. However, there is no direct access to counselling or specialist assistance.
- 4.37 Exposure to trauma can potentially lead to volunteers being unable to continue their work. In addition, their long term welfare also needs to be considered. The Panel therefore feels that partners should raise this issue with Victim Support and explore the possibility of the provision of appropriate specialist support if and when required by local volunteers. One option could be for this to be provided via the occupational health services of relevant partners.

Recommendation:

That strategic partners, in liaison with Victim Support, consider the provision of

access, when required, to appropriate psychological support for Victim Support volunteers.

4.38 The volunteers were of the view that liaison between the Police and victims could be improved, although matters had improved since the establishment of the Victim Focus Desk. It could also be difficult at times to get hold of relevant officers due to their shift patterns or them being out and about. However, it was recognised that they had considerable demands on their time.

4.39 They felt that there was a great level of variation in the quality of interactions between front line police officers and victims. It was recognised, however, that Police officers had very difficult jobs. If victims were not happy with the way that they had been treated by the Police, they were normally advised by volunteers to speak to the Citizens Advice Bureau (CAB). However, at least one victim had been given forms by the CAB to lodge a complaint with the Independent Police Complaints Commission, which appeared to be a disproportionate response. The Panel is of the view that it would be far more preferable if any issues could be resolved at an early stage. In particular, regular informal meetings between volunteers and the Police would assist in improving communications and highlighting any issues.

Recommendation:

That the Police Service, in consultation with Victim Support, be requested to develop a system for obtaining regular feedback from Victim Support volunteers on any relevant issues that may have arisen in their work with victims.

5. Specialised Support

Introduction

- 5.1 In addition to mainstream services that provide support for victims, there are also other services who have a role with particular types of victims or crimes. The Panel received evidence on work that is undertaken with young people and victims of domestic violence and anti social behaviour.

Young People

- 5.2 As mentioned previously, under reporting by young victims of crime has been highlighted as a local priority. The Panel noted that, in particular, a significant gap has been identified in awareness of Victim Support services among young people. Young people are also more likely to ask to withdraw their case. Victim Support was contracted in 2009/10 to raise awareness of their services amongst young people and run workshops in schools through a dedicated outreach worker. They had recruited two part time workers but the project had only been partially successful due, in part, to the lack of commitment to a full years funding from C&YPS. The uncertainty had led to recruitment and recruitment difficulties. In addition, the project would have benefited from better access to appropriate professionals and a more integrated approach. The Panel heard evidence from C&YPS that it is proposed to commission a review on the how to better progress this area of work. It will review the delivery of services to young victims and best value. In particular, it will look at how the service can best relate to young people. Criteria for the new service will then be jointly developed. A joined up approach across the Youth Offending Service, C&YPS and Victim Support is being aimed for.

Recommendation:

That the proposal to commission a review of support services for young people and, in particular, increasing their awareness of Victim Support services and encouraging the reporting of crime by them, be supported.

- 5.3 The Panel received evidence on the role of the Youth Offending Service (YOS). It routinely contacts the victims of the young people who are on court orders under their supervision. This is to enable victims to have access to reparation or other restorative justice initiatives. A letter is sent to victims advising of restorative justice processes and that they will be contacted to determine whether they wish to participate in this. The letter puts the onus on the victim to contact the YOS to pursue the issue, although the letter should be followed up with a phone call or home visit. However, it was noted that this has not happened with all cases due to staffing levels. This has perhaps been reflected in a lower number of victims participating.
- 5.4 In the past year, there were 123 victim contact requests. Letters went out to all victims and, where the victims were identified as young victims (i.e. 16 and under), a letter was sent to their parents. 5 people attended panels who were either victims or parents of victims. They all informed the service that they were satisfied with the process. The victims who opted not to participate in panel meetings advised the service that they were satisfied with the restorative justice processes they had been

offered.

5.5 Restorative justice can either be:

- Attendance at a referral order panel, where the victim is able to state the impact of the offence on them and their wider family and also have an opportunity to ask questions of the offender; or
- The victim can submit a written statement stating how the offence has impacted on them and or their wider family.

5.6 In addition to the above, the YOS run a three session victim awareness programme with young people that are assessed as suitable for group work programmes. The sessions cover;

- What a victim is i.e. different types of victims, different types of crime, how to report information anonymously on crimes committed.
- How different crimes have affected people, looking in particular at knife crime and the impact on victims and victims families of knife crime.

5.7 The Panel noted that the YOS are not currently working in partnership with Victim Support or any other agencies on engagement with young people, although meetings have been planned around conducting joint pieces of work. However, it notes the previously mentioned proposal to commission a review of support services for young people and, in particular, increasing their awareness of Victim Support services.

5.8 The Panel is concerned at the very low numbers of victims participating in restorative justice processes and is of the view that a more proactive approach, which involves all letters to victims being followed up as well as encouragement to them to participate, may assist in increasing the numbers taking part. In addition, it would provide the opportunity to provide reassurance if victims have any particular concerns about participating.

Recommendation:

That the YOS be requested to follow up all letters to victims regarding restorative justice processes in order to explain the process fully and encourage a greater level of participation.

Anti Social Behaviour Team

5.9 Due to the fact that the majority of anti social behaviour is sub-criminal in nature, there is currently no specific statutory requirement on agencies to support victims of it. However, assistance and support is provided as their involvement is normally essential if any action is to be taken.

5.10 The Panel received evidence from Mike Bagnall from the Anti Social Behaviour team (ASBAT). It encourages victims to report anti social behaviour. Although the service is widely publicised, some residents are unaware of its existence and how to report incidents and work is being undertaken with the Council's communications

service to further publicise it. The service is proactive and visits areas where they know that there have been problems but no reports have been received in order to encourage people to come forward. The service has a dedicated anti social behaviour telephone line and was one of the first in the country to have one.

- 5.11 It was noted that there are significant issues relating to young people. The team has links with 33 primary schools and 8 secondary schools and has provided training for teachers. However, ASB reports received from young people and schools are very low in number. It was hard to know why so few referrals were received. It was felt that many young people accepted being victimised through, for instance, robbery of mobile phones as normal.
- 5.12 Where legal action is taken, ASBAT officers do their best to support victims but have limited time. As much of the legal action that the ASBAT is involved in goes through the civil courts, there is not the same support available as there is for criminal cases. Approaches have been made to the Crown Court and the Magistrates Court about assistance with support and accessing the services of Witness Support and they have been happy to accommodate them. However, the County Court has been unable to provide the same service.
- 5.13 As part of the Justice Seen, Justice Done scheme, grant funding has been obtained from the Home Office for a witness support officer for the ASBAT. An appointment to this post has already been made. The post holder will deal exclusively with support for ASB victims and witnesses. This will include arranging pre trial visits to court and attendance at court with victims and witnesses on dates of hearings. The postholder is employed by Victim Support but located within the ASBAT. Funding is only in place until 2011.
- 5.14 If reports of anti social behaviour are individual or “one to one” issues, full details of witnesses are required. Sometimes alleged victims have subsequently been found to be perpetrators. If the issue is more general, the ASBAT team can take the initiative and seek further evidence through leafleting and knocking on doors. However, if people were not willing to take a stand, not much can be done. Efforts are made to reassure victims but no absolute guarantee of safety can be or are given.
- 5.15 The service had been provided with one additional officer from this financial year and this had made a big difference, particularly as it was Council funded. The service now has 8 ASB officers plus a CCTV officer. The vast majority of the service is funded by grants. These have not increased since 2002, which means that the service is under increasing financial pressure. The total running costs of the service was approximately £700,000 and, of this, only one post was funded by the Council. Resources for community engagement work, for which there was currently no budget, would be welcome. In addition, it is potentially unsafe for the CCTV officer to work alone and assistance for the post would therefore be very welcome.
- 5.16 The Panel welcomes the fact that there is now a victim support worker in the ASBAT but notes that funding for this is time limited. This is also the case with the ASBAT as a whole, which is currently almost entirely funded by grants. The Panel is of the view that decisions need to be taken about the long term future and sustainability of the ASBAT in order to provide stability and address the uncertainty that currently exists concerning its development. It notes that fact that addressing anti social behaviour has been identified as a specific LAA target as well as a local priority and

is therefore of the view that the resourcing of the service should reflect this.

Recommendation:

That the Council and its partners consider the future funding arrangements and strategic role of the ASBAT with a view to establishing a sustainable service model, including access to support for victims.

Domestic Violence

- 5.17 The Hearthstone Centre provides a service to victims of domestic violence within the borough. It provides them with access to a range of support with the aim on ensuring that as much as possible is accessible in one place. Hearthstone works in partnership with a range of agencies including the police service, probation and the PCT. Assistance from housing officers, Victim Support volunteers, Police community safety officers and staff from the Council's equalities and diversity unit is available. Advice on legal and health services can also be provided. In addition to this, Hearthstone also provides therapeutic solutions.
- 5.18 The Panel received evidence from Penny Rutter, the Hearthstone manager, who reported that Hearthstone was staffed by a small team of five plus a person who worked on the Sanctuary project, which provides enhanced security for victims who were considered to be at risk. In addition, there are two independent domestic violence advocate (IDVAs) who are seconded to work with them.
- 5.19 Hearthstone aims to provide a one stop service for victims of domestic violence. The Centre has recently been refurbished and demand has been growing ever since it re-opened. Current usage is approximately 400 people for the quarter and 1600-1900 for the year, with demand expected to increase to 2,000 by the end of the year. There is over representation of people from black and ethnic minority communities amongst clients of the service. In particular, there are a high number of African Caribbean, Black African, Turkish and, increasingly, white other European clients. It was noted that the breakdown was very similar to that of people presenting as homeless.
- 5.20 The service receives funding from a wide range of sources including £50,000 from Supporting People plus contributions from the Council, GoL and Ministry of Justice. Services are publicised through a range of activities. Two publications have been produced and a lot of work undertaken in building links with hard to reach groups. Presentations have been given to a wide range of groups including community centres and mosques. They have also held three annual major events, including a bus trip around the borough, with leafleting and information on services. However, the majority of publicity is by word of mouth.
- 5.21 The panel noted that 50% of people self refer. Referrals also came from the police. Physical violence was the main driver for referrals and the bulk of cases had some physical component although there currently no specific statistics kept on this. The Panel is of the view that statistical information regarding the nature of abuse would assist the service in developing its services and would therefore recommend that appropriate statistics are kept.

Recommendation:

That statistical information on the nature of abuse suffered by clients be routinely collected by Hearthstone.

- 5.22 Clients very often have concerns about their safety but the priority is to not shift them around and the Sanctuary scheme assists with this. A risk assessment was undertaken on the likelihood of injury or physical harm. Particular efforts are undertaken to protect children and the service has a very good relationship with Homes for Haringey, with whom there are established protocols and procedures. If perpetrators are made homeless, this can encourage them to attempt to return to the family home.
- 5.23 Clients are frequently scared of going to court. However, there is now a specific domestic violence court for the borough. These aim to make the victim feel as safe as possible, bringing domestic violence perpetrators to court more quickly and ensuring that all staff working within the court, including the magistrates, have had dedicated training and knowledge of the subject.
- 5.24 Hearthstone caters for men as well as women but it is difficult to persuade male victims to come forward. The Panel noted evidence from Victim Support that, whilst the majority of domestic violence referrals that it received were from women, an increasing number of men were being referred. This had amounted to approximately 20% of their domestic violence referrals in the first quarter of 2009. The Panel noted that these victims tended not to go to Hearthstone and that there are currently no male workers based at the Centre. However, any men presenting at the Centre can ask for a male support worker to be brought in from outside. It was also noted that Victim Support have low numbers of male volunteers.
- 5.25 The Panel is of the view that more robust data on the local prevalence of domestic violence amongst men should be produced and recommends that the Council's Domestic Violence Co-ordinator works with Hearthstone and Victim Support to obtain a more accurate picture.
- 5.26 In addition, it feels that there may currently be a perception that Hearthstone is only for women and that this may be why male victims are not using the service in the numbers that would be expected by such statistics that are available. This perception may be compounded by the lack of male staff at the centre. The Panel therefore feels that the domestic violence services should set a target for the employment of male staff that better reflects the percentage of domestic violence victims who are male.

Recommendation:

That the Council's Domestic Violence Co-ordinator be requested, in liaison with the Hearthstone Centre and Victim Support, to compile detailed statistics on the prevalence of domestic violence affecting men and that a target that is consistent with this be set for the employment of men in relevant domestic violence services.

- 5.27 In respect of IDVAs, the Panel noted that evaluations carried out in 2004 of the two pilot specialist domestic violence courts in Croydon and Caerphilly identified their

useful role. They have become an established tool in tackling domestic violence in Haringey in recent years. The approach of providing proactive independent support, risk assessment and safety planning as well as effective partnership working within a multi-agency setting has been shown to decrease victimisation, increase notification of children at risk, and reduce the number of victims unwilling to support a prosecution.

- 5.28 In 2006/07 the Home Office made funding available to develop IDVA services in the 64 Specialist Domestic Violence Court (SDVC) areas. This part-funding of the IDVA services in the SDVC areas will continue. One full time IDVA post has been funded jointly by the Police and the Council's Equalities and Diversity Team. The funding is part of the domestic violence budget and additional funding was also made available from LAA Budget. In addition, the Council has received further funding from Government of London office for a second part time IDVA post. Long term funding needs to be agreed and agencies and currently considering how this might be provided.
- 5.29 Both the Police Service and the CPS felt that the IDVAs fulfilled an effective role but Witness Service volunteers felt that they could potentially duplicate work already being undertaken elsewhere by other organisations and added further to the confusion caused by the plethora of individuals and organisations that can be involved in providing support. The Panel is of the view that the role undertaken by the IDVAs should be reviewed with a view to establishing a more sustainable means of providing the support currently provided by them. This should refer specifically to the range of other support for victims that is currently available in order to reduce the potential for any overlap.

Recommendation:

That the role undertaken by the IDVAs be reviewed with a view to establishing a more sustainable means of providing the support that they currently provide and addressing any overlap that there might be with other support services.

Appendix A

Participants in the Review

Claire Kowalska - Community Safety Strategic Manager, Haringey Council

Tessa Newton - Borough Manager, Victim Support Haringey

Penny Rutter - Hearthstone Manager, Hearthstone Domestic Violence Advice & Support Centre

Stephen Carroll - Deputy Justices' Clerk, Haringey and Enfield Magistrates' Courts

Hywel Ebsworth - Borough Community Prosecution Co-ordinator for Haringey, Crown Prosecution Service

Chief Inspector Pete Dickson - Metropolitan Police Haringey

Alison Rennalls - Team Manager, Haringey Youth Offending Service

Mike Bagnall – Anti Social Behaviour Manager, Haringey Council

Luciana Frederick - Service Manager Commissioning and Contracts Team, C&YPS, Haringey Council

Volunteers from Victim Support and the Witness Service

Appendix B

Documents referred to in the preparation of this review

The Witness Charter; Standards of Care for Witnesses in the Criminal Justice System – Criminal Justice System (August 2007)

The Witness Charter; Our Promise to You - Criminal Justice System

The Code of Practice for Victims of Crime - Criminal Justice System

CDRPs (CSPs) and LCJBs: How to Work Together - Criminal Justice System

No Witness, No Justice (NMNJ) Pilot Evaluation Executive Summary – Avail Consulting (October 2004)

Report of a Joint Thematic Review of Victim and Witness Experiences in the Criminal Justice System – HMCPSI/HMISA/HMIC (May 2009)

The Victim's Charter; A Statement of Service Standards for Victims of Crime - Criminal Justice System



INVESTOR IN PEOPLE



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Overview and Scrutiny Committee

On 15 March 2010

Report Title. SCRUTINY REVIEW – SUPPORT TO SMALL BUSINESSES

Report of Councillor Adje, 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:

2.1 This review links with the Sustainable Community strategy Outcomes – Economic vitality shared by all, specifically through business and inward investment.

2.2 It also links with the Council Plan priority of a thriving Haringey and to the Local Area Agreement NI 171 – number of business registrations for VAT and PAYE per 10,000 resident population aged 16 and above.

3. Recommendations

To consider the report and agree the recommendations.

4. Reasons for recommendations

Please refer to the scrutiny review report (attached)

5. Other options considered

N/A

6. Chief Financial Officer Comments

- 6.1 The recommendation of £25,000 for a business turnaround service is not presently included within the Council budget for 2010-11 and would therefore require Cabinet approval to make an allocation from Council balances or to allocate from Area Based Grant funding.
- 6.2 Additionally the recommendation around offering loan schemes would expose the Council to the financial risk of meeting the cost of loans in default.
- 6.3 Other recommendations within the report whilst having no immediately apparent cost to the Council would need to be examined further to see if the work involved can be contained within existing resources, an example being the additional audit work requested.

7. Head of Legal Services Comments

- 7.1. This review links with the Sustainable Community Strategy outcomes. It also links with the Council Plan priority of a thriving Haringey and to the Local Area Agreement NI 171.
- 7.2. There would appear to be no legal implications for the Council at this stage. However if the Council allocates any funding or enters in any partnerships in the future it may be necessary to enter into legal agreements and advice should be sought from Corporate Legal Services at the appropriate time.
- 7.3. Subject to paragraph 7.2 above the Head of Legal Services sees no legal reasons to prevent Members from approving the recommendations in the attached report.

8. Head of Procurement Comments

The Head of Procurement gave evidence to the review and his contributions form part of the main report.

9. Equalities &Community Cohesion Comments

- 9.1 Haringey is an extremely diverse borough which can make effective communication, engagement and inclusion challenging. It is important that the council is able to evidence equality of access to the support, information and services available to SME's. The Equalities service would recommend the development of appropriate equalities and diversity performance indicators, in order to assist the council and the

Enterprise Partnership Board to ensure equality and diversity issues are considered and fed into policy and practice.

9.2 Equal opportunities monitoring of the access and use of available services, information, support and resources is also recommended. This will assist with the identification of any issues of non, under and over –representation and the need for targeting of priority groups and areas.

10. Consultation

10.1 Throughout the scrutiny review process views and evidence was considered from relevant Council departments and service providers.

10.2 The attached report was circulated to all those involved in the review for consideration of the technical accuracy and feasibility of the recommendations.

11. Service Financial Comments

There are no revenue budget implications in the main report, as there is scope from within the Area Based grant to cover the proposed £25k for an external provider to assist with business turnaround.

12. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Report to O & S on 29 June 2009- Overview and Scrutiny work programme
Council Plan
Sustainable Community Strategy
Haringey Local Area Agreement
Chancellor's Pre Budget report 2010

These can be obtained from Carolyn Banks- Principal Scrutiny Support Officer on 0208 489 2965, 7th Floor, River Park House,
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Haringey Council

Scrutiny Review – Support to Small Businesses



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE
MARCH 2010

www.haringey.gov.uk

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Chair's Foreword:

Early on, during the preparatory work for this Scrutiny Review, it became apparent to the members of the Panel just how important small and medium sized businesses are to the economic life of Haringey.

A recent report indicated that there are nearly 9,000 SMEs in the Borough employing well over 60 000 people, and the number of businesses is growing.

The current recession has affected every corner of the Haringey economy. However, small businesses are more vulnerable than their larger cousins. They tend not to have the financial reserves and access to borrowing that larger, more established businesses have, nor carry the amount of spare capacity that could be cut to help them survive the downturn.

It is therefore crucial to the well being of Haringey that we ensure that this sector is given as much support as possible: it has the potential to innovate, create new jobs and create wealth.

This document looks at how Haringey and its partner agencies are supporting our small businesses and offers some recommendations that could make the borough more attractive to start up companies, help keep our existing businesses and allow expanding businesses to stay in Haringey.

My thanks and appreciation to my fellow Councillor Panel Review members for attending and adding value to the review, to the officers and all those who attended to present and provide evidence to the panel.



Councillor Charles Adje

Chair of the Review

1. Reasons for the review

1.1 It was agreed last year that the purpose of scrutiny henceforth should be:

- To assist the Haringey Strategic Partnership by providing an independent objective view which helps to improve the quality and cost effectiveness of services provided to local people.
- To contribute evidence to the Comprehensive Area assessment process.

1.2 In furtherance of these aims the Overview and Scrutiny Committee, when they approved this year's work programme, agreed that each of its members should be responsible for scrutinising and liaising with a Partnership Board. The chair of this Panel, for instance was appointed lead scrutiny member of the Enterprise Partnership Board.

1.3 Detailed consideration was given to which key areas should be scrutinised this year and it was decided that a detailed review into the support given by the Enterprise Partnership Board to small businesses would be beneficial. Although a review of this area had been carried out in 2003 it looked solely at what was done by the Council and views about the support which should be provided to small and medium size enterprises has changed considerably since then.

2. The effect of the recession on Haringey

2.1 The current recession has impacted heavily on businesses across the country with the number of voluntary company liquidations increasing by 39% since April 2008. Locally Haringey has lost several high profile names, such as Bridisco. On the positive side the Annual Business Inquiry 2008 data which was released in mid December 2009 showed that in Haringey there had been an increase in the number of businesses from 8,500 to 8,900 (rounded to the nearest 100) but the number of employees had fallen from 61,800 to 61,700. Small Medium Enterprises (SME's) account for 29% of total employment in the borough.

2.2 Despite recent improvements, worklessness remains a persistent problem in Haringey. In the year to June 2009 62.3% of Haringey's working age population was in employment, lower than both the London and England averages of 60.2% and 73.4% respectively. This employment ranks Haringey amongst the bottom 5% local authority areas in England (Norris).

2.3 There are, as of January 2009 9,705 Job Seekers Allowance (JSA) customers in Haringey representing 6.2% of the working age population. The current JSA rate in Haringey is higher than the London and England rates of 4.4% and 4.3% respectively. In the past year the number of JSA customers in the borough has increased by 27%.(Nomis).

- 2.4 At August 2009, there were 28,470 key -out of work benefit claimants in Haringey, representing 18.1% of the working age population. This is higher than the rates for London and England at 13.7% and 13.2% respectively. In the past year the number of key – out of work benefit claimants has risen by 9.4% in the last year. (Nomis).

3. Policy Context

- 3.1 One of the aims of the Council's Sustainable Community Strategy 2007-2016 is economic vitality and prosperity shared by all. This can only be achieved by working and supporting local businesses and creating employment opportunities. Such support is also in accordance with the Government's aims and objectives as expressed in Pre Budget Statements.

4. The way this review was undertaken

- 4.1 A Scrutiny Panel consisting of Councillors Adje (Chair), Allison, Thompson and Winskill was set up to undertake the review. Its terms of reference were as follows:
- How small and medium enterprises (SMEs) in the Borough and those wishing to move here are supported by Haringey's Business and Enterprise Team and other departments, in partnership with governmental and non governmental agencies operating in Haringey.
 - How the Council's regeneration strategy operates and supports small businesses and whether it meets its objectives.
 - How the Council is contributing to and influencing the London Business Support policy and Strategy.
 - How support is offered in appropriate areas, including training, staff recruitment, finding/providing suitable premises, sign posting to information including (health and safety, taxation, employment law etc), business start-ups, planning and expansion, access to funding including new Government Enterprise Loan Fund.
 - The support given by other London Boroughs to their SME's to identify best practice and value for money.
- 4.2 The Panel had three meetings to which the Chair of the Enterprise Partnership Board, relevant Council Officers, Business Link (the national government funded single point of contact for business support and advice) and other agencies in Haringey offering advice and help to small business, including the Chamber of Commerce were invited. They also met with representatives of small businesses and support agencies as identified in Appendix A.

- 4.3 Whilst there was a good level of attendance at all the Panel meetings, members were disappointed over the number of small businesses that attended and neither the Federation of Small Businesses, nor the North London Chamber of Commerce had been able to attend or to submit their views. Additionally it was not possible for the Panel to hear the views of the Chair of the Enterprise Board and the Panel was very disappointed that despite more than one invitation the Assistant Director for Planning, Regeneration and Economy was unable to appear or present a report as requested. In any future reviews within the area of the Enterprise Partnership Board the Chair of the Board would be expected to attend and give evidence as well as the officer with overall responsibility for economic regeneration in the borough.

5. Evidence and findings from the review

The following headings mirror the areas that the Panel agreed would be the key items of discussion.

Was the present mix of services the right one, were there gaps or duplications in services, was each agency's role sufficiently clarified and was the overall provision cost-effective?

- 5.1 It was clear that the Council and its partners provide a comprehensive range of support to small businesses, in particular:

General support

- 5.2 The Enterprise Partnership Board was keen to support businesses and to develop and implement enterprise, employment and skills strategies and initiatives in line with priorities set out in the Sustainable Community Strategy, Local Area Agreement and Regeneration Strategy. Regular reports on the activities of the Business and Enterprise team and updates from the Haringey Business Board are submitted to the Board. The membership of the Enterprise Board is comprehensive and includes Business Link, Greater London Enterprise, North London Business, North London Chamber of Commerce and Job Centre Plus.
- 5.3 Haringey's Business and Enterprise Team also engages with the business community to develop new initiatives and to inform policy decisions. Over the last 18 months direct business engagement has been conducted in Haringey's Town Centres and across key sectors of food and drink, retail and wholesale and creative industries. The Team has been proactive and supportive of businesses in Crouch End, Tottenham, Green Lanes and Wood Green, where there was an issue around resourcing due to the role being deleted. However, it was planned to address this by allocating some funds from the Area Based Grant (ABG) to commission a range of

services that will assist with cementing the initial work that has gone into setting up the current Wood Green Business Forum.

- 5.4 The team also plan to develop a support mechanism for businesses wishing to start up as social enterprises under a variety of business models, including co-operatives, mutuals and social firms. Evidence was given by representatives of small businesses and small businesses themselves that the support provided by the Business and Enterprise team was highly regarded and that it was valued as a Council service. The Panel were therefore surprised that the Assistant Director Planning, Regeneration and Economy is considering outsourcing the team.
- 5.5 The Panel were of the view that there was some ambiguity within the Cabinet over where responsibility lay for encouraging and supporting the small business sector. This should be addressed.

Financial Support

- 5.6 There are no Council funds or other grants available to help businesses start up. For general advice and support on access to finance, the Business and Enterprise team refer businesses to Business Link. Also the team informs SMEs of other funding opportunities, such as the loans provided by the GLE, the government's Enterprise Finance Guarantee Scheme, or bank loans.
- 5.7 In association with North London Business, the Business and Enterprise Team has brokered three meetings with retail banks. As a result of these meetings more regular dialogue has been established. The banks have agreed to provide Haringey with a contact list for money lenders and a list of business plan requirements that will enable businesses to obtain loan finance. The Panel felt that tangible benefits from this relationship should be given wide publicity.
- 5.8 Embrace UK (a body set up to provide advice to Black and Minority Ethnic (BAME) communities and businesses who were funded by Haringey through the ABG stated that many BAME businesses needed particular support in this area, especially as there could be language and cultural differences.
- 5.9 The Panel noted that there was a general reduction in funds available for business support nationally. The national policy trend was towards using Business Link as the first point of contact for business referrals to a suite of nationally defined business support products – uniformly branded, specified and delivered locally under license. This is a reason why local agencies are disappearing or no longer offering business support. This view was echoed by Embrace who felt that more general help was needed in accessing funding since much of the existing finance was out of the range of small businesses.

- 5.10 Another way the Council helps small businesses to improve their cash flow is by aiming to pay invoices within 10 working days. Current performance is 70% against a target of 75%.
- 5.11 Government funding was available through Early Growth Funds, Enterprise capital funds, growth capital funds and Enterprise Finance guarantee (which had been extended a further 12 months). Although this will enable £500m of additional bank lending to SMEs between April 2010 and March 2011 it is clear it will be targeted to support substantial growth and large businesses.
- 5.12 The Panel heard from GLE one London (the agents of the LDA) who assist businesses that were not able to secure access to mainstream finance. The majority of their loans were for sums of less than £50K for existing businesses to prevent closure and redundancy. Capital is provided both by the LDA and by London Boroughs for bespoke schemes in their respective boroughs. Although several London Boroughs had taken advantage of the scheme Haringey had not, and it was suggested that Haringey should liaise with other Boroughs on the effectiveness of the scheme. There was, however a cost to the Council in that they had to meet the cost of any defaulted loans – estimated at less than 15% of the total.
- 5.13 Also the Panel heard from GLE oneLondon on another scheme whereby they offered businesses low cost loans of up to £100,000 (secured or unsecured) and secured loans of up to £250,000 to social enterprises and other similar organisations. Both schemes require capital to be made available by the public sector.

Premises

- 5.14 The Panel were advised that information on available business premises was free of charge from North London Business. However particular issues identified were the lack of suitable available premises (particularly retail units) and market rent being too high, especially for start up businesses.
- 5.15 Property Services informed the Panel of what they did to support small businesses occupying commercial properties owned by the Council, and the additional support available during the economic downturn. With the exception of Technopark, there were not many council owned vacant premises.
- 5.16 Tenants having difficulties with paying their rent are offered:
- easy payment plans which spread the cost of any rent arrears
 - Rent free period of up to 3 months

- the opportunity to surrender leases without penalties,
 - flexible leases,
 - a reduction in the area they lease if they were able to reduce the space they required.
- 5.17 The Panel discussed the options for rent free period and whether the existing option of up to 3 months should be extended. However they concluded that this was not a viable option as the service had to achieve income targets. The Panel then went on to discuss whether the role of Property Services should be to one of property management and income maximisation or whether more emphasis should be placed on providing support space for expanding and start up businesses with the regeneration function as a priority.
- 5.18 Capital Enterprise (the membership body for deliverers of enterprise support in London.) told the Panel about the operation of pop up shops.¹. Capital Enterprise had members and partners willing to set up and manage pop up shops. Pop Up shops were virtually self-financing once set up. As mentioned previously there is no available council owned commercial space and there appeared to be little will in the private sector to turn their premises over to other use. Having said that, Embrace stated that they are keen to be involved in any future proposals for more pop up shops, which they felt should be targeted to BAME businesses.
- 5.19 The Panel received information on the statutory small business rates scheme which provides a reduction for businesses who essentially occupy just one property and where the rateable value is below £21,500. Further information on this is provided in Appendix B to this report.
- 5.20 The Panel noted that the Local Development Framework is currently being prepared and they recognised the importance Planning can have in creating an appropriate environment in which small businesses may thrive.

Signposting to Business Information

- 5.21 The Panel heard that signposting by the Council and business support agencies was generally good. However the representative from Tottenham traders explained that he considered that there was some duplication of services provided by external support agencies and that there was a need for better co-ordination.
- 5.22 The Business and Enterprise Team in collaboration with Benefits, Rates and Local Taxation included a short summary of information on available business support in the February mail out to businesses. Additionally a business guide to Council services was circulated to over 7,000

¹ . Pop Ups allow landlords with empty properties with a rentable value of over £15,000 per annum. to find a temporary use for it whilst still obtain empty property relief

businesses in the borough in May 2009. The Team also produces a weekly bulletin of national policy news and publications to support business and enterprise. The Panel felt that the Council's Business webpages whilst being comprehensive and regularly updated would benefit further by officers seeking clients' views and ideas for content and accessibility.

- 5.23 The kind of business support demanded was predominantly start up advice and business planning. This was also provided by Business Link in London. As part of the business engagement structure Business Forums have been established in Wood Green, Tottenham, Crouch End, and Harringay Green Lanes. Officers were also trying to set up a viable traders group in Muswell Hill.
- 5.24 The Business and Enterprise Team was also meeting with FinFuture and officers from Islington to discuss cross borough initiatives to support businesses in Stroud Green. Although Embrace UK stated that there should be more networking amongst businesses and more advice on funding, the Panel felt that it was important that businesses themselves were aware of their immediate environment and of local initiatives.
- 5.25 Capital Enterprise gave evidence about their Business turnaround service whereby an investment of £25k from the Council would enable around 50 businesses to receive free of charge a professionally qualified business turnaround service.

Staff and training

- 5.26 Haringey offers help with staff recruitment and training through the Haringey Guarantee Employer Zone. This initiative which is part of the Haringey Guarantee aims to link employers to the full complement of training, education and skills available plus offer a recruitment/matching service.
- 5.27 From the Council's 2009-2011 ABG budget, covering the Enterprise agenda for two years £100K has been allocated to the Employer Zone.

Procurement

- 5.28 The Head of Corporate Procurement spoke to the Panel of the opportunities available for Council procurement to support small businesses. The Council's standing orders lay down the way tenders should be sought and how contracts should be awarded, i.e. the Council mainly awards contracts based on the "most economically advantage tender" which is a balance between price and quality or in some cases, contracts are awarded based on the lowest priced tender. The basis for contract award is notified to bidders at the start of any procurement process.

- 5.30 One area where support is given is assisting small businesses to be fit to tender for local government contracts. The Business and Enterprise Team were already engaged in helping small businesses to compete for council contracts and were giving extra advice on pan-London contracts. For instance two support programmes have been funded to ensure that local businesses are fit to compete for Olympics contracts as well as supporting micro businesses in the construction sector. The Council was also working with the London Business Network to host a networking event for local businesses. In addition the Haringey Strategic Partnership, in conjunction with the Business and Enterprise Team has held three breakfast meetings with the private sector, and at the most recent event in late 2009 Corporate Procurement gave a presentation on contract opportunities.
- 5.31 Since the summer of 2009 the Council's contracts register has been published on the Council's website and this also highlights those contracts that are due to be tendered in the next 18 months; thereby giving suppliers plenty of time to prepare.
- 5.32 A "Meet the buyer" event was held in late February 2010. This brought together 20 major public sector buyers with real contract opportunities with up to 300 local businesses attending. Following the event independent support arrangements have been put in place to help targeted local businesses to prepare their tenders.
- 5.33 Additionally there may be huge opportunities for corporate hospitality and associated work from the proposed Spurs development. However it was important that liaison between the 6th Form centre and Spurs be undertaken to ensure that pupils at the 6th Form Centre received the appropriate training so that they could be considered for employment in the newly opened stadium. The Panel also considered that the Council should through its corporate procurement and section 106 negotiations, encourage the use of local labour and local SME sub- contractors in the delivery of substantial contracts.
- 5.34 The Panel was concerned to hear evidence that the LDA's proposes to let at least 25% of their contracts to organisations that have a turnover of over £10m, this would significantly affect the ability of SME's to bid for contracts. This view is supported by the Government's budget announcement that an extra £1.3m was going to be available for helping people back into work, rather than allocating money to supporting businesses. LBDC also echoed concerns over this in that it would affect their ability to support business and they sought further support from the Council. The Panel felt that a letter should go from the Leader of the Council to the Mayor of London outlining the implications of this for small businesses.

Conclusion

- 5.35 During the course of the review the Panel gathered much information about the range of business support agencies and services available to SME's in Haringey. Although the various organisations representing businesses are represented on the Enterprise Board it was not possible to obtain their views on the efficacy of the present business support provided. The panel was, therefore, unable to assess whether the services met the needs of SMEs. To address this issue the Panel propose that next year the review panel Chair together with any other members interested and available, meet all organisations representing small businesses to discuss the efficacy of the partnership services and whether anything further needed to be done.
- 5.36 Without effective and functional performance indicators, prepared by all local authorities in the same way it is not possible to reliably assess the cost effectiveness of services. There is one National Indicator in the Local Area Agreement NI171- new businesses registering for VAT/PAYE- which is considered as potentially unreliable by its sponsor government, Business, Innovation and Skills. Even then as other local authorities might have different policies and priorities, comparison is difficult. The Panel was concerned that not all agencies and businesses appeared to be aware of the extent of the services provided and are recommending that the Enterprise Partnership Board should receive a full report.

Was there a case for further pooling of budgets and what would be the advantages of doing this?

- 6.1 The Panel received no information on the possibility of pooling budgets. There is no significant opportunity amongst external organisations as the public sector has the money. Within the Council the Business and Enterprise team work with other departments, but the majority of budgets are either ring fenced or specific. However as Government spending is likely to be restricted over the next few years the Panel felt that agencies should enter into a dialogue to explore opportunities that might exist for cost savings and the reduction in duplication of services. One area where there may be scope is in employment and education and this is an aspect which the Enterprise Board should explore.
- 6.2 The Head of Procurement advised that he was currently engaged on behalf of the North London Strategic Alliance (primarily Haringey, Enfield and Waltham Forest) to look at the possibility of joint commissioning for services. This is an area where it would have been useful for the Assistant Director of Planning, Regeneration and Economy to have been present.

How effective were the financial controls over budgets etc?

- 7.1 The Council has developed structured controls over the way that the budget is spent. The total annual budget for the Enterprise and Business unit is £577k, which includes £300k spent on the ABG and the remaining £277k is spent on salaries and projects.
- 7.2 The Enterprise and Business Unit's expenditure is subject to the same robust controls as all other expenditure within the Council as part of the monthly monitoring process. Additionally any spending of ABG is subject to further scrutiny as part of the relevant partnership board. There is no capacity to over spend and spending is apparently on target. From the evidence seen the financial controls seemed to be adequate.

How did Haringey compare with other similar local areas and were any of them doing anything which was not done in Haringey

- 8.1 The Panel looked at comparisons with Waltham Forest, Redbridge and Enfield. Clearly Haringey had the highest costs but they provide considerable more support than other boroughs. This was evidenced by local businesses who all stated that the level of advice provided by the Business and Enterprise team was of good quality and effective. Additionally North London Business explained that Haringey went further than other North London Borough's in helping small business to obtain rate relief and training. However and in particular since national funding to support small businesses had been reduced the Business and Enterprise team considered that they were unable to offer enough financial support to SME's. The Panel noted that the team would like to be able to track enquires that came in and they would like to be able to offer more support to the newly established Wood Green Business Forum.

Should the Enterprise Partnership be doing more and how could it most usefully contribute toward the continual improvement in the support given?

Strategies, Policies and the Enterprise Board

Haringey City growth

- 9.1 Haringey City Growth, funded by the European Regional Development Fund, Haringey Council and North London Business was launched in 2003 and finished in 2009. It was intended to be a way of businesses having more influence over the regeneration of the borough and its vision was to create a strong competitive economy in the heart of a thriving and vibrant North London sub-region. It particularly covered the east of the borough with a particular focus on the Upper Lea Valley area. The Panel considered that this area has much to offer and that for these assets to be fully developed and exploited it is important that well funded, focussed and managed regeneration activity takes place. The Panel noted that the east of the borough had always benefited from regeneration funding. The

Panel was disappointed not to receive sufficient information on the project's objectives, achievements and legacy. They also felt that there was confusion over the funding for the project and other inconsistencies in the two reports that they received (one self evaluation and the other carried out by external consultants for the LDA). The Panel was very disappointed that the three page report which was requested to be produced was not done. In order to encourage funders for any future new schemes it is important that there is confidence in the Council's and its partners' ability to deliver desirable outcomes. Therefore a further review of the project by Grant Thornton (external auditors) may allow further lessons to be learnt to the benefit of future projects. Any issues arising such as mismanagement, lack of financial control or other project failures should result in further action being taken.

Regeneration Strategy

- 9.2 In February 2008 Haringey Council adopted 'People, Places & Prosperity', Haringey's Regeneration Strategy, setting out Haringey's regeneration priorities to 2016. The Regeneration Strategy is a principal component in the delivery of the Community Strategy objective 'economic vitality and prosperity shared by all'. The Strategy was developed through consultation and has been endorsed by the HSP.
- 9.3 The focus of the Delivery Plan reflects that of the Strategy – with a very clear focus on economic regeneration. The principle projects include developing a simple but effective single point of access for business inquiries to the council. Progress against the strategic objectives has been positive.

Enterprise Board

- 9.2 The Enterprise Partnership Board was set up in June 2007 and has met regularly on a quarterly basis since then. The Board receives regular reports on issues such as responding to the recession, tackling worklessness and the work of the business and enterprise team. It was also kept informed of the progress on this review.
- 9.3 The Chair of this review, Cllr Adje attended the Board's meetings in his role as Lead Scrutiny Member, acting as a liaison between the Board and Overview and Scrutiny.
- 9.4 The Panel felt that the Enterprise Board should strengthen its role as the focus for the co-ordination of business support and leveraging in funds for small businesses in Haringey. It would therefore be of much use, for the Board to produce a report setting out how it intends to fulfil this role over the next 18 months – 2 years. It would also be useful for the Overview and Scrutiny Committee to receive a report on how the Enterprise Board has developed its monitoring of support to small businesses.

RECOMMENDATIONS:-

- 1. That whilst the Panel consider the present mix of services to be comprehensive and continually improving, it was clear that not all agencies were aware of the extent of the services provided to SMEs and this should be addressed by the Enterprise Partnership Board receiving a report on all services provided and by whom and that once approved this should be circulated widely. The Enterprise Partnership Board should also consider its' role as the focus for business support. (Paras 5.36 and 9.4)**
- 2. That the Council's central performance team be instructed, in conjunction with the other local authorities involved, to develop effective performance indicators to assess the cost effectiveness of the support given to small businesses and the possibility of developing effective partnerships with other boroughs be explored further. (Para 5.36)**
- 3. That a further assessment be carried out to establish whether small businesses and the organisations representing them value the present mix of services and whether they consider them to be a cost effective way of encouraging enterprise in the borough. (Para 5.35)**
- 4. That, as this is a rapidly evolving area the Overview and Scrutiny Committee receive a report in 2 years time on how the Enterprise Partnership Board has developed and monitors services to small businesses. (Para 9.4)**
- 5. That the work of the Enterprise and Business team should not be outsourced as suggested in the report on Service Profile/ Efficiencies and Service development. (Para 5.4)**
- 6. That consideration be given to the investment of around £25K to enable the Council to engage the services of an external provider such as Capital Enterprise to provide a Business turnaround service. (Para 5.25)**
- 7. That consideration be given to commissioning a best value partner offering loan schemes (such as GLEone London) to work with officers in introducing a scheme in Haringey. (Para 5.12)**
- 8. That in order to ensure clear lines of responsibility, a single Cabinet member should assume the brief to act as champion for all aspects of support to small businesses. (Para 5.5)**

9. That the role of Property Services be clarified in respect of providing space for expanding and start up companies with the emphasis moved to a regeneration function and less of a simple property management role. (Para 5.17)
10. That lessons learnt from previous attempts to set up Pop Up shops across the Borough be disseminated corporately and any new options be pursued. (Para 5.18)
11. That the Council should, through its corporate procurement and section 106 negotiations, encourage the use of local labour and local SME sub- contractors in the delivery of substantial contracts and major projects. (Para 5.33)
12. That a clear commitment to maximise the amount of space available to business start ups and expansions should be made in the Local Development Framework, with appropriate protection given to the remaining retail, industrial, craft and other spaces in the borough.(Para 5.20)
13. That the nascent relationship Haringey is developing with local banks be consolidated and expanded and the tangible benefits for Haringey's business community be widely publicised. (Para 5.7)
14. That in order to ensure that the Haringey Business Support web pages are meeting the needs of clients, research should be done with a range of users to canvass their views, opinion and ideas for content and accessibility.(Para 5.22)
15. That Grant Thornton (external auditors) be appointed carry out an in depth review of the Haringey City growth project to provide assurance to future funders and to look at a) how better systems can be put in place for proper accountability and b) legacy issues. (para 9.1)

APPENDIX A

Contributors to the Review

The Scrutiny Review Panel wish to thank the following who gave advice and help during the course of this review.

Name	Organisation or Title
Gary Ince	North London Business
Bob Austin	London Youth Support Project
Effiong Akpan	London Business Development Corporation
Dennis Handal Sam	Business Link
John Splinder	Capital Enterprise
Claire Richmond	Crouch End project
Nicky Price	Tottenham Traders
Alem Gebrehiwot	Embrace UK
Yosias Negarth	Embrace UK
Nick Nicolaou	GLE
Juneed Asad	Business and Enterprise Manager
Patrick Jones	Business and Enterprise Policy officer
Nicholas Schlittner	Projects and Policy Officer
Martin Tucker	Regeneration Manager
Michael Wood	Head of Corporate Procurement
Steve Hart	Benefits and Local Taxation Officer
Oluyinka Awofisayo	Commercial Property Manager

APPENDIX B

The Small Business Rate Relief provides a reduction for businesses who essentially occupy just one property and where the rateable value of that property is below £21,500.

The scheme was introduced in 2005 and benefits those mostly with properties with a rateable value below £5,000, in which case the relief is 50% of the full rate liability. For those businesses with a rateable value between £5,000 and £9,999 the value of the relief decreases by approximately 1% for every £100 above £5,000, for example the relief would be 49% for a value of £5,100, 48% if the value was £5,200 etc, reducing to just 1% on a value of £9,900.

Those entitled to the above also pay their rates at a slightly lower rate multiplier than those who do not qualify. This is equal to 0.004p in the £. Not a massive saving I accept, equal to £40 a year on a property with a rateable value of £10,000.

For those qualifying businesses with a rateable between £10,000 and £21,499, a % reduction is not applicable, however they receive the benefit of paying at the lower multiplier mentioned above, i.e. 0.004p in the £ lower. For example this would save £80 a year for a business with a rateable value of £20,000.

The above parameters are changing slightly from April 2010 to accommodate the re-valuation. The re-valuation will see an increase in rateable value for many properties and the Small Business Rate Relief scheme will be adapted to ensure that the majority of those currently benefiting will not lose out as a result. If you require further detail in this respect please ask me.

In terms of other help available, upon request the Council can extend instalment plans by two additional months thus reducing the monthly liability. Legislation requires that business rate demands are paid over a period of ten monthly instalments from April to January. By offering an additional instalment in February and March the monthly liability is thus reduced.

There have also been recent changes to empty property rules which may benefit those businesses that have property but are unable to use it for some reason. Empty properties with a rateable value below £15,000 are not subject to business rates in 2009/10. This will be extended to properties with rateable values below £18,000 from April 2010, although the exemption is only intended to run until March 2011. For all other empty properties the Council can offer the first 3 months rate free, or 6 months rate free if the property is classified for Industrial use.

The Government introduced a deferral scheme this year. This allows a business to defer 3% of the 2009/10 rate liability and pay half that amount back in 2010/11 and the other half in 2011/12. Although we received about 650 applications from businesses to request this, most withdrew their application when we spelt out the very limited benefits of it. The companies that have benefited most from this are the multi-nationals/chains who have several stores across the country, whereby

the combined savings can be substantial. There is little point in many cases for a small independent business to defer a small amount of money only to pay it back later.



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Overview and Scrutiny Committee

On 15th March 2010

Report Title: **Scrutiny Review of Support to Carers**

Report of: **Councillor Adamou, Chair of the review panel**

Contact Officer : Melanie Ponomarenko, Principal Scrutiny Support Officer

Email: Melanie.Ponomarenko@haringey.gov.uk

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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 Strategy Outcomes of:

- Economic vitality shared by all, specifically:
 - Maximise income
 - Increase skills and educational achievement.
- Healthier people with a better quality of life, specifically:
 - Tackle health inequalities
 - Give greater opportunities to live a healthier lifestyle
 - Promote independence and provide high quality support and care for those in greatest need.

3.2. This review links with the Council Plan priorities of:

- A Thriving Haringey
- A Caring Haringey
- Driving Change, Improving Quality

3.3. This review links with the following Local Area Agreement:

- NI 135 – Carers receiving needs assessment or review and a specific care's service, or advice and information

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

7. Summary

7.1. The Overview and Scrutiny Committee commissioned a review into the support given to adult carers of adults as part of it's 2009/10 work plan. The terms of reference for the review was:

“To assess the support provided to adult carers of adults in Haringey specifically to provide an objective view of these services and whether they provide value for money”

7.2. The Partnership has recently agreed a Carers Strategy and associated Delivery Plan, it is hoped that the recommendations within this report contribute to the work being carried out.

7.3. Key findings of the review:

- Carers are estimated to save Haringey £236million per annum.
- There is a strategic commitment across the partnership to improving the support given to carers in Haringey.
- Carers highly value the support given to them by the Voluntary and Community Sector organisations and consider these services as a 'life line'.

- The Carers Partnership Board has a strategic input and is an effective forum for discussions and developments.
- Carers feel that access to flexible carers breaks/respite would help them to fulfil their caring role for longer.

8. Chief Financial Officer Comments

8.1. There are no specific financial implications arising from the recommendations following this review. However as the service follows up on this review and puts in place specific actions to address the recommendations it must ensure that any cost implications are met from within the existing resources for 2010/11.

9. Head of Legal Services Comments

9.1. No legal implications are raised by this report.

10. Service Financial comments

10.1. The report focuses on strategic and policy issues arising from partnership activity with regards to supporting adult carers of adults in Haringey.

10.2. Any specific direct financial implications arising from the recommendations will be included in the formal response to the review by the Council and its partners.

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

11.1. N/A

12. Equalities & Community Cohesion Comments

12.1. According to the 2001 Census 15,967 people identified themselves as carers' in Haringey.

12.2. Equalities issues as identified in the Haringey Carers Strategy Equalities Impact Assessment¹ along the six equalities strands are as follows:

- Age – under-support of young adult carers aged 18-34 years.
- Disability - Improved support for carers as a whole population has potential to benefit carers with a disability

¹ Haringey Adult Carers Strategy, Equalities Impact Assessment, Haringey Strategic Partnership, 2009

- Ethnicity – there is under-representation of Pakistani, Bengali and Chinese Carers in provided services, each of which are identified as growing populations in Haringey.
- Gender – under representation of male carers in services and in consultations.
- Religion – lack of data available on religion or belief whilst available information points to an under-representation of muslim carers in both services and consultations.
- Carers from Charedi community not separately identified as faith group and not directly represented in service development
- Sexual orientation - Lack of information about needs of lesbian, gay, bi-sexual and transgender carers to make an evidence-based assessment of impact.

11 Consultation

11.2 Throughout the scrutiny review process views and evidence was considered from Council departments, NHS Haringey, Barnet, Enfield and Haringey Mental Health Trust, Mental Health Carers Support Association, Haringey Carers centre, BME Carers, Asian Carers Support Group, HAVCO well-being theme group, Carers Partnership Board and a number of carers.

11.3 The attached report has been submitted to the relevant officers across Council and other relevant agencies for consideration of the technical accuracy of the report and feasibility of the recommendations.

12 Use of appendices /Tables and photographs

12.2 Please see Contents page in main report for appendices

13 Local Government (Access to Information) Act 1985

- National Carers strategy: Carers at the heart of 21st Century families and communities, Department of Health, 2008
- Haringey Adult Carers Strategy 2009-2014, Haringey Strategic Partnership, 2009
- Haringey Adult Carers Strategy Delivery Plan 2009-2011, Haringey Strategic Partnership, 2009
- Comprehensive Area Assessment Framework, Audit Commission, February 2009
- Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006
- Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

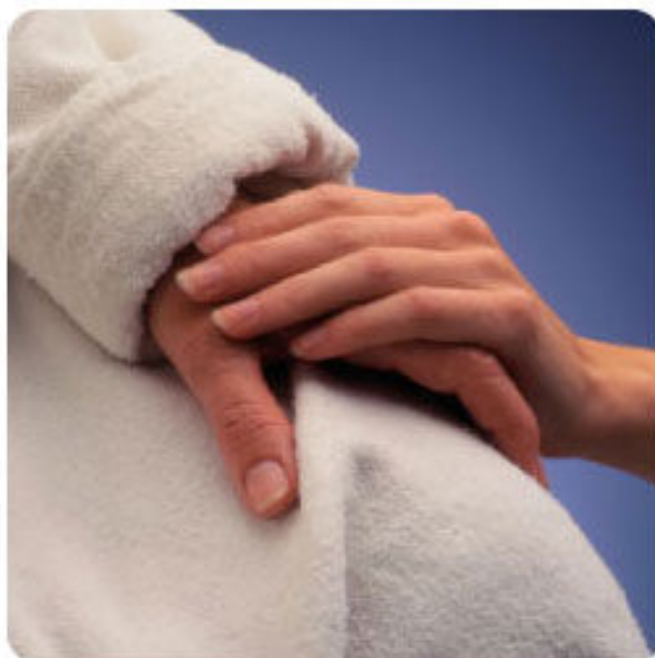
- Employment support for carers (research report 597), Department for Work and Pensions, 2009
- Local Government Information Unit, Health and Social Care Round up briefing, 2009
- Carers (Equal Opportunities) Act 2004, Office of Public Sector Information
- Work and Families Act 2006, Office of Public Sector Information
- Commissioning for Carers, Improvement and Development Agency
- Equalities Bill 2009
- Supporting Carers to Care, Commons Public Accounts Committee, 2009
- Haringey Adult Carers Strategy, Equalities Impact Assessment, 2009
- Haringey Independence, Well-being and Choice, Safeguarding Adults Inspection, Care Quality Commission, January 2009
- High Quality Care, NHS Operating Framework for the NHS in England 2009/10, Department of Health, 2008
- Carers Grant 2008-2011 Guidance, Department of Health, 2008
- Sustainable Community Strategy, Haringey Strategic Partnership, 2007-2016
- Council Plan, Haringey Council, 2009-2010

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Haringey Council

Scrutiny Review of Support to Carers



A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

March 2010

www.haringey.gov.uk

Chair's Foreword

Carers provide an invaluable service to the people that they care for as well as on behalf of Haringey Council and its partners. It is crucial that the structures and services are in place to support them in this role, and to allow them to have a life of their own alongside their caring role.

I would like to thank staff at Haringey Council, NHS Haringey and Barnet, Enfield and Haringey Mental Health Service, Mental Health Carers Support Association, BME Carers, Asian Carers Support Group, Haringey Carers Centre and fellow Councillors for their time and support to this very important review. I would also like to give a special thank you to all of the carers that came along to the both the formal and informal review meetings and discussions. Listening to their experiences was not only informative but also very humbling.



Cllr Gina Adamou

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Executive Summary

The Overview and Scrutiny Committee commissioned a review into the support given to adult carers of adults as part of its 2009/10 work plan. The terms of reference for the review were:

“To assess the support provided to adult carers of adults in Haringey specifically to provide an objective view of these services and whether they provide value for money”

The Partnership has recently agreed a Carers Strategy and associated Delivery Plan, it is hoped that the recommendations within this report contribute to the work being carried out.

Key findings of the review:

- Carers are estimated to save Haringey £236million per annum.
- There is a strategic commitment across the partnership to improving the support given to carers in Haringey.
- Carers highly value the support given to them by the Voluntary and Community Sector organisations and consider these services as a ‘life line’.
- The Carers Partnership Board has a strategic input and is an effective forum for discussions and developments.
- Carers feel that access to flexible carers breaks/respice would help them to fulfil their caring role for longer.

Recommendations

Recommendation	Link to Carers Strategy Delivery Plan
<p>1. Recognition</p> <p>That Full Council recognises:</p> <ul style="list-style-type: none"> ○ The invaluable role that unpaid carers employed in, those living in and caring for people in Haringey play. ○ The impact that caring has on a person's life. ○ The new Carers strategy <p>and;</p> <ul style="list-style-type: none"> ○ Members commit to supporting carers in their role as a carer and their right to have a life outside of their caring role. 	<p>Outcome 1: Being respected and supported</p> <p>'To promote recognition and respect for carers'</p>
<p>2. Identification of carers</p> <p>Systems should be put in place to ensure that carers are routinely identified and offered assessment and support across the partnership.</p> <ul style="list-style-type: none"> ○ Staff awareness raising of carers in the care setting to enable them to identify carers and refer accordingly. 	<p>Outcome 1: Being respected and supported</p> <p>'To promote recognition and respect for carers'</p>
<p>3. Assessment</p> <p>Carer's assessment processes across the partnership should be reviewed to ensure consistency.</p> <ul style="list-style-type: none"> ○ With the involvement of the Carers Partnership Board 	<p>Outcome 2: Balancing caring with a life apart from caring</p> <p>'Ensure access to separate carer's assessment and flexible carer's service for eligible carers'</p>
<p>4. Signposting</p> <p>a) That robust systems are put in place across the partnership to ensure that even where carers do not want an assessment/do not meet assessment criteria they are signposted for advice and information.</p> <p>b) That where a carer does not want assessment/does not meet the assessment criteria:</p> <ul style="list-style-type: none"> ○ This is recorded. ○ They are invited to go on the carers register, with benefits explained. ○ Regular engagement takes place in order for support to be provided should their situation change. <p>c) That a carers information pack is compiled which</p>	<p>Outcome 4: Carers Well-being</p> <p>'Carers can access a specialised carers' service or resource centre'</p>

<p>includes information on services across the partnership and:</p> <ul style="list-style-type: none"> ○ Sent to all current and new carers who come into contact with carers services; ○ A copy given to all Councillors; ○ Be available at key sites across the borough including voluntary sector centres. ○ An electronic version be sent to all staff who may come into contact with carers e.g. customer service centre, switchboard. <p>d) Staff who are likely to come into contact with carers should be trained to identify and signpost carers appropriately (Libraries, adult and children’s social care staff, call centres, receptionists, GP surgery staff, local A&E department staff, discharge staff).</p>	
<p>5. Information, Advice and Support</p> <p>a) Establishment of a single point of contact for Carers in Haringey</p> <p>b) Update the “Essential Guide for Carers” taking into account service mapping exercise and ensure that this is available in a range of community languages.</p> <ul style="list-style-type: none"> ○ A copy should be given to Members ○ Electronic copies should be sent to front line staff e.g. Libraries and Customer Service centres. <p>c) Ensure the effective coordination of all information dissemination for carers taking into account the variety of different services carers need to access e.g. housing and benefits advice.</p> <p>d) Explore options for increased internet access for carers.</p>	<p>Outcome 4: Carers Well-being</p> <p>‘Carers can access a specialised carers’ service or resource centre’</p>
<p>6. Emergency Planning</p> <p>a) Carers receiving a service should be systematically contacted and arrangements made to put an emergency plan in place to ensure all carers have peace of mind in the event of an emergency.</p> <ul style="list-style-type: none"> ○ This plan should link to both the Carers care plan (where one is in place) and to the care plan of the cared for person <p>b) An emergency contact number should be included in all care plans to ensure Carers can easily contact the relevant team in the event of an emergency.</p> <p>c) Plans put in place with the consultation of the carer</p>	<p>Outcome 2: Balancing caring with a life apart from caring</p> <p>‘Carers have confidence that they can be supported when they have an emergency’</p>

<p>and where appropriate the cared for person to ensure the smooth transition of care if their informed carer dies.</p> <ul style="list-style-type: none"> ○ Use of Voluntary and Community Sector organisations to provide advocacy and support. <p>d) A regular seminar/event should be convened to explore issues associated with the death of a carer. These seminars should include:</p> <ul style="list-style-type: none"> ○ Legal aspects ○ Practice aspects e.g. putting a plan in place ○ Support and advocacy available 	
<p>7. Respite/Carers Breaks</p> <p>a) A review of respite provision across client groups to ensure consistency and clarity across all service areas.</p> <p>b) NHS Haringey and Haringey Council should jointly address the need for greater provision of carers breaks (including respite).</p>	<p>Outcome 2: Balancing caring with a life apart from caring</p> <p>‘Increased number and availability of carer’s breaks’</p>
<p>8. Personalisation</p> <p>a) The way in which information is provided to carers about the forthcoming changes should be reviewed to ensure that the language used is accessible to carers.</p> <ul style="list-style-type: none"> ○ This should be done in conjunction with the Carers Partnership Board, Carers organisations and where possible carers who attend support groups. <p>b) Next steps towards implementation and options available for carers and the cared for person need to be clarified and messages need to be consistent across all organisations.</p>	<p>Outcome 1: Being respected and supported</p> <p>‘To enable carers to access integrated and personalised services’</p>
<p>9. Strategic Planning and Partnership Working</p> <p>a) Support to be given to the development of a Carers Provider forum and to ensure that this feeds into the Carers Strategy and Delivery Plan.</p> <p>b) A full service mapping exercise should be undertaken across the partnership to gauge what services are available and where duplication exists.</p> <ul style="list-style-type: none"> ○ This should include a full gap analysis including assessing equity of access to all services for all carers. <p>c) Resources for carers across the partnership should</p>	<p>Outcome 1: Being respected and supported</p> <p>‘To enable carers to access integrated and personalised services’</p>

<p>be reviewed to ensure that services provided are linked to the priorities outlined in the Carers Strategy Delivery Plan.</p> <ul style="list-style-type: none"> ○ Consideration should be given to the use of joint commissioning of services. 	
<p>10. Carers registers</p> <p>a) Information held on Haringey Council's Carers Register and information held on the GP Registers should be shared where possible</p> <ul style="list-style-type: none"> ○ Options for sharing information between the Council's register and the GP register with carers permission should be fully explored. ○ Information held by other NHS Trusts should also be included in this exercise. 	
<p>11. Access to Personal information</p> <p>a) A carer/ cared for person information sharing protocol recognised by organisations across the borough signed by cared for person saying they give permission to carer to have access to their information should be established in consultation with carers, services users and carers organisations.</p>	<p>Outcome 4: Carers well-being</p> <p>'Carers are recognised and supported in primary care'</p>
<p>12. Carers wider well-being</p> <p>a) There should be nominated representatives from Leisure, Libraries/Adult Learning and Economic Regeneration on the Carers Partnership Board.</p> <ul style="list-style-type: none"> ○ Where relevant the nominated representatives should also be present at any associated sub-groups of the Carers Partnership Board. <p>b) Consideration should be given to increase the variety of ways in order for people to uptake discounts/benefits.</p>	<p>Outcome 3: Carers Financial security</p> <p>'Carers supported with information and advice to maximise their income'</p> <p>'Carers supported to remain in or return to work'</p> <p>Outcome 4: Carers Well-being</p> <p>'Carers can access health and well-being services'</p>
<p>13. Future review topics</p> <p>a) A short, sharp scrutiny review of support provided to parent carers of disabled children and young carers should be undertaken when resources come available.</p>	

1. Background

Haringey Carer's Population

1.1. According to the 2001 Census 15,967 people identified themselves as carers' in Haringey. As the Haringey Adult Carers strategy notes, this is likely to be an underestimate due to some people not identifying themselves as a carer. (NB these are the most up to date figures available).

1.2. The Haringey carers register had 1355 carers registered in September 2009. These are people who have identified themselves as carers and asked to go onto the register. This does not mean that this is the number of people receiving a carer's support service by the council, nor does it mean that they have had a carer's assessment; they may have requested not to do so.

1.3. According to the 2001 census the key demographics of the carer population in Haringey are:

- Gender profile
 - Men make up 41% of carers and women 59% compared with a male to female ratio of 48:52 for all people in the borough¹.
 - Women undertake more hours of caring than men.
 - Of those who care 1-19 hours, 57% are women and 43% are men
 - Of those who care 20-49 hours, 60% are women and 40% are men
 - Of those who care 50 or more hours, 66% are women and 34% are men².
- Age profile
 - The peak age for caring in Haringey is between 35-49 years.
 - Haringey has the most young adult carers aged 18-34 years.
- Ethnic profile
 - Ethnic groups over-represented as carers (by more than 1%) compared with their profile in the local population:

Ethnic group	Ethnic profile all residents	Ethnic profile of carers
White British	45.3%	47%
Indian	2.9%	5%

- Ethnic groups under-represented as carers (by more than 1%) compared with their profile in the local population:

Ethnic group	Ethnic profile all residents	Ethnic profile of carers
White Other	16.1%	14%
Black African	9.2%	7%

- Further information on all of the above can be found in the Haringey Adult Carers Strategy Equalities Impact Assessment.

¹ Since 2001 the gender difference has reduced and by 2007 Mid Year estimates -224,700 people in total- there are roughly equal numbers of men and women resident in Haringey

² Haringey Adult Carers Strategy, Draft Equalities Impact Assessment, 2009

2. Introduction

2.1. The Overview and Scrutiny Committee commissioned a review into the support provided for adult carers of adults as part of its 2009/10 work programme. This followed a recommendation in a previous review and that it was felt it was an opportune time for the review.

2.2. Due to the scope of the piece of work it was felt that young carers (under 18 years of age) and parent carers of disabled children would not be included at this time.

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

“To assess the support provided to adult carers of adults in Haringey specifically to provide an objective view of these services and whether they provide value for money”

2.4. Members of the review panel:

- Cllr Adamou (Chair)
- Cllr Alexander
- Cllr Wilson
- Cllr Dodds

3. Policy Context

3.1. Haringey Carers Strategy’s vision is...*“that by 2018 carers will have a place in “a caring system on your side, a life of your own” and that “carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balanced between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and able citizen”.*³

3.2. The Strategy has four outcomes and is underpinned by a delivery plan for 2009-2012.

- The four outcomes are as follows:
 - “Outcome 1 - Being respected and supported: Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
 - Outcome 2 – Balancing caring with a life apart from caring: Carers will be able to have a life of their own alongside their caring role.
 - Outcome 3 – Carers financial security: Carers will be supported so that they are not force into financial hardship by their caring role.
 - Outcome 4 – Carers well-being: Carers will be supported to stay mentally and physically well and treated with dignity.”⁴

3.3. It is estimated that by providing unpaid care, carers in Haringey save the borough £236.5 million per year⁵.

Definition of a Carer

³ Haringey Adult Carers Strategy 2009-2014, Haringey Strategic Partnership, 2009

⁴ Haringey Carers Strategy – Haringey’s strategy for supporting unpaid adult carers, Delivery Plan 2009-2012, Haringey strategic Partnership, 2009

⁵ As noted in the Haringey adult carers strategy, source: Carers UK

3.4. For the purpose of this review the definition of a carer is taken from the National Carers Strategy, this is also the definition used in the Haringey Adult Carers Strategy.

*“A carer spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems”.*⁶

National Context

3.5. Comprehensive Area Assessment Framework⁷ document states that scrutiny reviews carried out locally will provide valuable evidence that can feed into the CAA and may help inspectors understand issues without having to carry out additional work. The three key area assessment questions are as follows:

- How well do local priorities express community needs and aspirations?
- How well outcomes and improvements needed being delivered?
- What are the prospects for future improvement?

3.6. The **National Carers Strategy**⁸ sets out to raise the profile of carers and sets out the Governments short and longer term commitment and vision for carers. The vision by 2018:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- carers will be able to have a life of their own alongside their caring role;
- carers will be supported so that they are not forced into financial hardship by their caring role;
- carers will be supported to stay mentally and physically well and treated with dignity⁹.
- “The carers’ strategy is underpinned by £255 million to implement some immediate steps alongside with medium and long-term plans.
 - New commitments in the carers’ strategy include:
 - £150 million towards planned short breaks for carers;
 - £38 million towards supporting carers to enter or re-enter the job market; and
 - £6 million towards improving support for young carers.
- Other schemes associated with the strategy include the piloting of annual health checks for carers to help them stay well and training for GPs to recognise and support carers”¹⁰.

The Personalisation agenda

3.7. The 2005 Green Paper (Independence, Well-being and Choice) and the Our Health, Our Care, Our Say white paper both proposed the vision of a ‘personalisation’ of services. Personalisation being: “the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”¹¹. This transformation in the way that services are shaped and provided is being compared with the changes which occurred with the introduction of the NHS and Community Care Act 1990.

⁶ National Carers Strategy: Carers at the heart of 21st Century families and communities, Department of Health, 2008

⁷ Comprehensive Area Assessment Framework, Audit Commission, February 2009

⁸ National Carers Strategy, as above

⁹ National Carers Strategy, as above

¹⁰ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

¹¹ Our Health, Our Care, Our Say: a new direction for community services, Department of Health, 2006

- In December 2007 the Department of Health published a Ministerial concordat 'Putting People First'¹² which set out the shared aims and values to drive the transformation of adult social care, by working across sectors and agendas.

3.8. **Commissioning for Carers** guidance has been produced by the Improvement and Development Agency in consultation with carers and local authorities. The aim of this guidance is to help authorities to realise the vision of the National Carers Strategy (as above). This guide covers:

- Strategic Planning
- Commissioning Services
- Developing a provider market

3.9. The **Carers (Equal Opportunities) Act 2004** places a duty on:

- Local Authorities to ensure that carers know that they are entitled to an assessment of their needs.
- Councils to consider carers outside interests when carrying out an assessment e.g. leisure, education and work.
- Gives Local Authorities powers to enlist the help of housing, health and education to ensure that support is delivered coherently¹³.

3.10. The **Work and Families Act 2006** gives carers the right to request flexible working. This can only be refused if the change in working pattern would damage the business or impact on other employees.

3.11. The **Equalities Bill 2009** sets out to replace a number of laws with one single Act to make it easier for people to understand their legal right and for employers to understand their legal obligations. This Bill is expected to come into force in the Autumn of 2010. It is the first time that carers are included in a Bill in this way and will protect carers from discrimination and harassment by association to the person they care for and will apply in employment, as well as in the provision of services.

- 4.7.1. The Bill in effect implements the Coleman Judgement of the European Court of Justice in 2008. The Coleman judgement means that people now have rights not to be subjected to direct discrimination or harassment on grounds of their association with a disabled person¹⁴.

3.12. The **Employment support for carers**¹⁵ explores how caring responsibilities affect people's decisions about employment. The study came to the following conclusions:

- Job seeking and benefits rules were viewed by carers as complicated and inflexible.
- A single point of access where carers' needs were understood was seen as important.
- Removing barriers to employment requires action from a range of stakeholders. Legislative rights would not by themselves promote flexible work opportunities.
- More clarity about benefits and entitlements is needed,
- Care packages are rarely constructed with reference to the carers need to work¹⁶.

3.13. **Supporting Carers to Care**¹⁷ recommends making benefits clearer and simpler to access and that the Department for Work and Pensions (DWP) should improve the

¹² Putting People First; a shared vision and commitment to the transformation of adult social care, Department of Health, 2007

¹³ www.direct.gov

¹⁴ www.equalityhumanrights.com

¹⁵ Employment support for carers (research report 597), Department for Work and Pensions, 2009

¹⁶ Local Government Information Unit, Health and Social Care Roundup briefing, 2009

effectiveness of its employment support to carers at Jobcentre Plus and share good practice in supporting carers across its new Care Partnership Managers. Findings of the report include:

- Benefits for carers are unnecessarily complex and cause confusion, including understanding information and requirements from the Department for Work and Pensions (DWP).
- Carers receive insufficient support to combine employment with caring responsibilities.

4. Methodology

4.1. The review held six panel meetings to consider evidence presented by both voluntary and community and statutory organisations as well as attending further formal and informal meetings to gather evidence for the review.

4.2. A Coffee morning was hosted by the Chair of the review panel in an informal setting, at the Winkfield Resource centre, to speak to carers about the support that they receive and any issues they felt the review could add value to. Seven carers attended allowing the panel to have in-depth conversations about carers experiences.

4.3. Panel Members were invited to attend a support group at BME carers to discuss the review and allow carers to feed directly into the review process. There was approximately thirty carers in attendance which enabled an interesting discussion on areas where carers felt frustrated, the improvement which they have felt over recent years as well as where they felt further improvements could be made.

4.4. The review was also discussed at a Carers Partnership Board meeting and a HAVCO Well-being Group meeting to allow further input into the review.

5. Main Report

Recognition

5.1. Carers provide an extremely valuable service, not only to the person(s) that they care for but also to public services who would otherwise need to support the person who is being cared for. A number of carers throughout the course of the review expressed a desire for greater recognition for the role that they play and to be recognised as experts in the needs of the cared for person.

1.

- That Full Council recognises:
 - The invaluable role that unpaid carers employed in, those living in and caring for people in Haringey play.
 - The impact that caring has on a person's life.
 - The new Carers strategy
- and;
 - Members commit to supporting carers in their role as a carer and their right to have a life outside of their caring role.

Identification of carers

5.2. The panel heard of work being done to identify carers across the partnership. This includes work done by the carers organisations in Haringey which is 08/09 identified over 150 new carers¹⁸. The panel also heard about work being done at the Mental Health Trust who have a full time Carers Assessment post who works across the mental health services to identify and assess carers.

5.3. The Mental Health Trust aims to identify carers in a range of ways that include:

- 'Point of referral to services information regarding carers/family members is requested through the completion of a referral form and in the manner in which an initial assessment of need is required to engage with the views and opinions of carers.
- In meetings with service users, care coordinators are expected to engage with the broader social network surrounding the service user. For example the model of 'home treatment' is to arrange a 'social systems' meeting with the service user and their carer/family/friends to explore together the origins of the mental health crisis, to ensure the 'triggers' to the crisis are understood and can be avoided in the future.
- A recent initiative has required all care coordinators within the community teams to audit their case load and identify the carer(s) for each service user, and provide a date for the

¹⁸ Adult Services & Commissioning - work with informal carers, ACCS, 2010

completion of the carer's assessment or when it is scheduled to take place. The audit is being supervised by the team managers.

- Within the acute care service carers are actively identified and invited to an inpatient carer's group that operates on a weekly basis facilitated by a senior Mental Health Trust director and clinical psychologist¹⁹.

5.4. The Mental Health Trust acknowledged that there is more work to be done in identifying and subsequently supporting carers and is committed to making improvements. Recent initiatives include the setting up of a support group at St Ann's to support carers when the cared for person has been admitted.

5.5. The panel also heard from carers who spoke of taking a long time to identify themselves as carers. This included a carer who talked about how through word of mouth and beginning to attend support groups in the borough she began to understand that she was carer and could subsequently begin to access the services available and get a carers assessment. As mentioned above, according to the last census there are approximately 16,000 unpaid carers in Haringey, it is unknown how many of these do not consider themselves as a carer and are therefore not accessing services.

2.

- Systems should be put in place to ensure that carers are routinely identified and offered assessment and support across the partnership.
 - Staff awareness raising of carers in the care setting to enable them to identify carers and refer accordingly.

Assessment and signposting of Carers

5.6. Informal carers are entitled²⁰ to an assessment independent of the person they are caring for. If eligible they are then entitled to services to meet their individual needs. In Adult Services carers assessments are completed by either a social worker or care manager, and it is aimed to complete these assessments within 28 days. However this may vary dependent on the individual circumstance. Their needs are then reviewed at least annually or more frequently if appropriate and required²¹. Adult Services also contract with the voluntary sector carers organisations to complete 'delegated' carers assessments on their behalf.

5.7. The Mental Health Trust offers assessments to carers which it identifies. This information is then loaded onto Frameworki²². Information on those carers who don't want to have an assessment is also recorded, however there is more to be done in terms of tightening up the system and following up on this information at a later date to ensure that the carer still does not want an assessment and ensuring that the carer does not reach crisis point at a later date. This view is also held by the Mental Health Carers Association who acknowledge that there are examples of best practice but feels that the process Support needs to be more systematic and consistent overall and across the partnership.

¹⁹ Barnet, Enfield and Haringey Mental Health Trust submission, December 2009

²⁰ Carers (Recognition and Services) Act 1995

²¹ ACCS submission, January 2010

²² Social Care Record System

5.8. The panel stressed that where a carer is known and either does not meet the assessment criteria, or does not want an assessment then they should be signposted appropriately so that they are able to get support and advice should the need arise.

5.9. Adult Services have acknowledged that carer process will need to be reviewed as part of the implementation of personalised support for carers as this will include giving carers the opportunity to complete a supported self assessment, leading to provision of carer specific services where the carer is eligible²³.

Recommendations

3. Assessment

- Carer's assessment processes across the partnership should be reviewed by the Carers Partnership Board to ensure consistency.

4. Signposting

- a) That robust systems are put in place across the partnership to ensure that even where carers do not want an assessment/do not meet assessment criteria they are signposted for advice and information.
- b) That where a carer does not want assessment/does not meet the assessment criteria:
 - This is recorded.
 - They are invited to go on the carers register, with benefits explained.
 - Regular engagement takes place in order for support to be provided should their situation change.
- c) That a carers information pack is compiled which includes information on services across the partnership and:
 - Sent to all current and new carers who come into contact with carers services;
 - A copy given to all Councillors;
 - Be available at key sites across the borough including voluntary sector centres.
 - An electronic version be sent to all staff who may come into contact with carers e.g. customer service centre, switchboard.
- d) Staff who are likely to come into contact with carers should be trained to identify and signpost carers appropriately (Libraries, adult and children's social care staff, call centres, receptionists, GP surgery staff, local A&E department staff, discharge staff).

Information, advice and support

5.10. It is important that information and advice is easily accessible to carers to assist them in their caring role. The panel heard from carers of the importance of the advice and support given by the voluntary and community sector and how carers often view these services as a life line and a second home where 'everyone is in the same boat'.

²³ ACCS evidence submission

- 5.11. The panel heard that the Carers Partnership Board has a Information and Advice sub-group which aims to look at the information available to carers and ensure that it is in the right places and easily accessible to them. The panel welcomes and supports this piece of work.
- 5.12. The panel felt that it is important for carers to have access to a printed guide with accessible information in and also welcomes the reviewing of the 2007 [Essential Guide for Carers](#).
- 5.13. The panel discussed the benefits of a single point of contact for carers to ensure that they are easily able to access help and advice. This was also discussed at the Carers Partnership Board and in consultation with carers. The panel acknowledges that this is an aspiration for statutory and voluntary agencies and support the action in the Carers Strategy Delivery Plan²⁴.

5.

- a) Establishment of a single point of contact for Carers in Haringey (also in delivery plan)
- b) Update the “Essential Guide for Carers” taking into account service mapping exercise and ensure that this is available in a range of community languages.
- A copy should be given to Members
 - Electronic copies should be sent to front line staff e.g. Libraries and Customer Service centres.
- c) Ensure the effective coordination of all information dissemination for carers taking into account the variety of different services carers need to access e.g. housing and benefits advice.
- d) Explore options for increased internet access for carers.

Emergency Planning

- 5.14. Carers expressed concerns about what would happen to the cared for person in the event of an emergency or death. This was a particular concern for older carers, who told of staying awake at night worrying about what would happen.
- 5.15. A number of carers also raised queries about their properties and whether they would be able to leave them to the Council, in return for the cared for person receiving supported living or being able to stay in the property with support for the duration of their lives.
- 5.16. An [Emergency Alert Card](#) scheme has been running since 2006. This card is wallet sized and identifies a carer, as such, in the event of a emergency and links in with cared for persons emergency support plans held by the Council. The scheme currently holds plans for 64 carers²⁵ and in 2009/10²⁶ had six contacts to the service. Adults

²⁴ Carers Strategy delivery plan, Outcome 4, point 4.1(i), page 12

²⁵ As at January 2010.

²⁶ To January 2010

recognises that there is more work to do to get more people signed up to this scheme and to raise awareness of its existence amongst health and social care staff. This has begun with its inclusion on a newsletter sent to all carers on the Carers register in November 2009 and it due to continue with the development of an action plan to promote the scheme.

- 5.17. The panel heard that regardless of whether a carer has an Emergency Alert card, there is access to emergency 24hr home based respite and designated in-house emergency beds to avoid inappropriate admission of the cared for person.
- 5.18. For older parent carers, the importance of having an emergency plan in place is also recognised and is a key priority for 2010 in the Learning Disabilities service. The panel heard that work has begun in the service to work with older carers to plan for the future care and support needs of their cared for person. The panel recognises that this may be a difficult conversation for carers to have and that not all carers may be ready or willing to talk about it.
- 5.19. The panel also notes that the mainstreaming of emergency care planning is an action in the Carers Strategy Delivery plan²⁷. Whilst the panel welcomes this, it also feels that all care plans should have an emergency plan attached to them and so there is a need to work through the care plans already in place and ensure that these are put in place to ensure all carers have peace of mind in the event of an emergency.
- 5.20. The Mental Health Trust also recognises the importance of clarity in the event of an emergency. If an emergency arises within normal working hours it is generally appropriate to make contact with the service user's care coordinator who will be able to coordinate an appropriate response to the emergency. Outside of normal working hours the emergency reception centre at St Ann's is available 24 hours 7 days a week. Within Care Programme Approach meetings (CPA) a crisis and contingency plan is expected to be completed by the care team, in partnership with the service user and carer.
- 5.21. For service users who have previously worked with the Home Treatment Team it is possible to contact them directly for support and advice regarding the nature of the emergency and how to manage it. The outcome of this may be an assessment by the Home Treatment Team depending on the situation and nature of the emergency²⁸.

²⁷ Carers Strategy Delivery Plan 2009-2012, Outcome 2, point 2.3(i), page 8

²⁸ Barnet, Enfield and Haringey Mental Health Trust, review submission, December 2009

6.

- a) Carers receiving a service should be systematically contacted and arrangements made to put an emergency plan in place to ensure all carers have peace of mind in the event of an emergency.
 - This plan should link to both the Carers care plan (where one is in place) and to the care plan of the cared for person
- b) An emergency contact number should be included in all care plans to ensure Carers can easily contact the relevant team in the event of an emergency.
- c) Plans put in place with the consultation of the carer and where appropriate the cared for person to ensure the smooth transition of care if their informed carer dies.
 - Use of Voluntary and Community Sector organisations to provide advocacy and support.
- d) A regular seminar/event should be convened to explore issues associated with the death of a carer. These seminars should include:
 - Legal aspects
 - Practice aspects e.g. putting a plan in place
 - Support and advocacy available

Respite/Carers Breaks

5.22. The availability and flexibility of respite and carers breaks was raised by the majority of carers to whom the panel spoke. It was the top of carers 'wish list' and what would be most likely to help them to maintain their caring role. Carers would like small, flexible chunks of respite/breaks which they are able to plan in advance for.

5.23. The panel heard that there is a limited amount of in house respite available and to arrange respite on a spot contract basis would result in high costs.

5.24. The panel heard that the 2009/10 Investment plan for NHS Haringey suggested allocating £50,000 for short breaks for carers of disabled patients, and a similar sum in 10/11. However, financial difficulties led this allocation to be invested in other prioritised areas. At the time of writing NHS Haringey had yet to finalise the 10/11 budget, but the panel were informed of a provisional allocation to carers' breaks²⁹.

5.25. The panel hopes that in future years there will be funding available specifically for carers breaks in acknowledgement of the importance carers place on this in enabling them to continue in their caring role and to address the current limited availability.

²⁹ NHS Haringey evidence submission, December 2009

7.

- a) A review of respite provision across client groups to ensure consistency and clarity across all service areas
- b) NHS Haringey and Haringey Council should jointly address the need for greater provision of carers breaks (including respite).

Personalisation

5.26. The Personalisation agenda is, in brief, the move towards a person being able to decide what type of support they need to address their need, who from, where and when. This is also described as Self Directed Care.

5.27. There are two ways this agenda is expected to impact carers:

- Personalisation should impact on the support provided to cared for person, which may help both the carer and the cared for person.
- Personalisation should affect the support provided for the carer, after a carer's assessment³⁰.

5.28. Each social service department needs to be in a position to offer this self directed care by April 2011 and Haringey is currently running a number of pilots as well as working to ensure that all service users understand what the new system will entail and what their choices are.

5.29. Throughout the course of this review carers were found to be very anxious about the changes and also confused about the implications and options, even though they may have received information on the changes. Whether this was through a presentation at one of the support groups or contact with social care staff (this does not include the carers on the Carers Partnership Board who did have a good understanding of the changes). The main anxieties which carers have in respect to the forthcoming changes are:

- A number of carers were of the view that they had no option but to manage the budget for their own support (where relevant) and the cared for person's budget themselves.
- Carers were generally confused about the changes and expressed feelings of the situation being taken out of their hands.
- There was concerns about what would happen to the cared for person should they die or be unable to care any longer e.g. 'who will run their life then?'³¹,
- That they will have to deal with an additional responsibility.
- Many carers commented that they had heard conflicting information across both statutory and voluntary sector organisations.

5.30. Carers felt that they needed the changes to be explained to them in plain English and not in 'local government language'.

5.31. At the same time the panel heard of the work being done in Adults and the work planned in order to communicate with carers and involve them in the changes which are taking place. This includes the Transforming Social Care Board (on which user/carer representatives now sit), which the Cabinet Member for Adult Social Care and Well-

³⁰ <http://www.scie.org.uk/publications/atagance/atagance10.pdf>

³¹ Comment from a carer at a consultation session

being chairs as well as a planned sub-group of the Carers Partnership Board which will address the concerns of carers and also practical aspects such as ensuring that carers are adequately trained to enable them to deal with the changes. Each of the pilots being run in Adult Services have User Reference Groups which also offer opportunities for carers to be involved.

- 5.32. Whilst the panel recognises the work that is being done to ensure all carers are informed of the changes, it feels that the language used when communicating these changes to carers and the way in which information is disseminated should be reviewed with the active involvement of the Carers Partnership Board, Carers and the statutory and voluntary sector, not only to ensure that the information is going out in the correct format but also to ensure there is a consistent understanding of what exactly the changes mean by all organisations.

8.

- a) The way in which information is provided to carers about the forthcoming changes should be reviewed to ensure that the language used is accessible to carers.
- This should be done in conjunction with the Carers Partnership Board, Carers organisations and where possible carers who attend support groups.
- b) Next steps towards implementation and options available for carers and the cared for person need to be clarified and messages need to be consistent across all organisations.

Strategic Planning and Partnership working

- 5.33. At a strategic level there is a commitment to improving the support given to carers and there is recognition amongst partners that there is more to be done to ensure that there is a continuum of support for carers right across the organisations. The panel also heard of structures in place to facilitate this, for example the Joint Leadership Team which has representatives from NHS Haringey and the Council.

- 5.34. The Carers Partnership Board was re-established in September 2008 and has representatives from across the partnership, including the Voluntary and Community Sector. It is chaired by a Councillor who is also the Carers Champion and has nineteen carer representatives on the board. The panel felt that the Carers Partnership Board provides a forum for open and honest dialogue about the issues faced by carers as well as in taking an active role in strategic development, for example in the development of the Carers Strategy. The Carers Partnership Board has/is setting up a number of sub-groups including:

- Information & Communication
- Working and caring
- Access to Education and Employment
- Personalisation
- Carers and current services (including transition) – developing a framework for carers to evaluate services and contribute to future modelling of services³².

- 5.35. The Voluntary and Community sector organisations carry out an array of support functions for carers and are invaluable to the carers well-being. However, there is some duplication in the work carried out and examples of events held on the same day, which mean that carers are not able to attend everything they would like to. The panel also felt

³² ACCS review submission, January 2010

that the Voluntary and Community Sector organisations could benefit from sharing their expertise and resources to prevent any duplication e.g. one newsletter as opposed to individual newsletters. To this end the panel felt that it would be beneficial to carers if a Carers Provider Forum were to be set up to help facilitate coordination across the organisations. The panel understands that this has now been set up, with the first meeting planned for March 2010, and supports this development.

5.36. The panel also felt that it would be beneficial, particularly in light of the forthcoming changes through personalisation, if resources across the partnership were explored identifying areas of duplication and the services carers would like to see and then to ensure that this aligns with the Carers Strategy Delivery Plan. This would also be an opportune time to ensure equity of access across the partnership, and should include a review of organisations contract specifications to ensure that these reflect priorities in the Carers Strategy Delivery Plan.

9.

- a) Support to be given to the development of a Carers Provider forum and to ensure that this feeds into the Carers Strategy and Delivery Plan.
- b) A full service mapping exercise should be undertaken across the partnership to gauge what services are available and where duplication exists.
 - This should include a full gap analysis including assessing equity of access to all services for all carers.
- c) Resources for carers across the partnership should be reviewed to ensure that services provided are linked to the priorities outlined in the Carers Delivery Plan.
 - Consideration should be given to the use of joint commissioning of services.

Carers Registers

5.37. Haringey Council has a Carers register which currently has over 1200³³ carers registered. Carers do not need to be in receipt of a care package in order to go on the carers register and carers do not automatically go on the carers register when they are in receipt of a care package. Carers on the carers register are entitled to a number of benefits in Haringey on presentation of the letter provided once they are registered. These benefits include discounted leisure pass and discounts on adult learning courses.

5.38. There is also a GP carers register requirement as part of the Quality and Outcomes Framework. Within this GP practices are required to have “a protocol for the identification of carers and a mechanism for the referral of carers for social services assessment”³⁴. All Haringey GP practices apart from one are meeting this requirement. The practice not meeting this requirement is currently receiving additional NHS Haringey support.

- NHS Haringey have spoken to Clinicians about access to information held on these registers. NHS Haringey would be able to ask GPs practices for the number of carers on this register; however any further breakdown e.g. demographics may require patient permission and options would therefore need to be explored further.

³³ As at November 2009

³⁴ NHS Information centre, Quality and Outcomes Framework, <http://www.qof.ic.nhs.uk/search.asp>

10.

- Information held on Haringey Council's Carers Register and information held on the GP Registers should be shared where possible
 - Options for sharing information between the Council's register and the GP register with carer's permission should be fully explored.
 - Information held by other NHS Trust should also be included in this exercise.

Access to personal information

5.39. Queries were raised about the information given to carers on the cared for person and the impact that not having access to information can have. This was particularly in relation to mental health services and GP's. The panel heard of the frustrations carers sometimes have at not being allowed to discuss the treatment and needs of the cared for person with their GP or other relevant professional, particularly where the cared for person has mental health needs and may be going through or heading towards crisis.

5.40. These issues were raised with NHS Haringey who subsequently looked into the matter with local clinicians. Clinicians felt that wherever possible there is always value in them seeing the patient and being able to make an objective assessment and that this is in accordance with General Medical Council good practice guidelines. This also ensures that the patients confidentiality is respected and takes into account the legalities of decisions being made on behalf of the cared for person. Clinicians believe that the view of the carer is extremely important and practitioners in primary care should offer support to carers. Clinicians believe the carers' role should be clearly defined and boundaries need to be established³⁵.

5.41. At the same time carers feel that they know the cared for person best and are an expert in their care and the symptoms that may be associated. Below are some points raised:

- "Sometimes a carer will see things starting to happen, which need help. If the patient is not seen by the doctor from one year to the next, for a 1 yearly review, then how can the doctor possibly know how the patient is? The only person, in that case, who can see any changes in the person with a mental illness, is the carer.
- If the patient with a mental illness is not prepared to visit the doctor, but is getting worse with the illness, then the only person who can speak to the doctor about any concerns, will be the carer. If the doctor will not listen to the carer, because of confidentiality, then who is going to be there to help the patient!
- If the carer was able to speak to the doctor, the doctor could then give any advice to the carer - either to re-assure the carer that things are OK, or whether or not to try to get the carer to encourage the patient, slightly more, to visit the doctor. How can the carer fully care for the person, without knowing how to do so?
- Some people with mental/physical illnesses will listen to the carers' advice. But if others do not want to listen, then the carer will need to have an outlet of speaking to the doctor,

³⁵ NHS Haringey written submission in response to queries raised. February 2010

to know what to do. Maybe the doctor can give advice to the carer of how to help the person they are caring for, at home.

- There's a lot I don't know about other people with other kinds of mental illnesses, or with physical illnesses, but I'm sure that when the carers don't know what to do for the best, that they need to be able to speak to someone medical - their own GP about what to do about these things. The carers could be able to stop something worse happening to the person they are caring for, just by being able to be a 'plug in the gap' to help the person being cared for.
- Also - if the carer knew he/she was able to talk to the doctor about their concerns about the person they are caring for, from time to time, it would take a lot of pressure off the carer, and therefore prevent extra stress and the physical effects from stress, happening to the carer. It could alleviate stress and depression from the carer. As the 'saying' goes, "a trouble shared, is a trouble halved".³⁶

11.

- A carer/ cared for person information sharing protocol recognised by organisations across the borough signed by cared for person saying they give permission to carer to have access to their information should be established in consultation with carers, services users and carers organisations.

Carers wider Well-being

5.42. Carers registered on the Council Carers Register are entitled to free leisure Active Card Carers pass on presentation of the letter confirming that they are on the register. The pass entitles the carer to free access to the leisure centre when they attend the leisure centre with the person they care for. The pass also entitles the carer to reduced price entry (a discount of 25%) to the leisure centre when they attend on their own. The carers pass lasts nominally for one year and can be renewed, for free, on the production of evidence that they remain on the Haringey's Carers' Register. The panel heard that this scheme has been in place for a number of years and currently 47³⁷ people are registered on the scheme out of the approximately 1200 eligible carers on the Carer register. However, the panel notes that those aged 65 years of age and above are entitled to a leisure pass in their own right and therefore the number of carers in this group would not necessarily be known.

- The panel felt that more promotion of this benefit through support groups, GP surgeries etc would enable more carers to take advantage of this benefit, particularly as it could also contribute to the carers wider well-being, not just in their physical fitness.

5.43. Haringey Adult Learning Service (HALS) offers a number of benefits for carers including:

- Carers in receipt of benefits can already claim a 50% discount on fee-charging courses. Many courses, including Skills for Life, Work-based learning and Family Learning are free of charge to all learners and many of these courses can offer free crèche places.

³⁶ Written as part of an email submitted to the review by a mental health carer. February 2010

³⁷ As per evidence received by the panel in October 2009

- An additional discount of 10% is offered to all registered Haringey carers accessing HALS provision. Day, evening & weekend provision offers a degree of choice to carers on points of access.
 - 'Learn direct' in HALS provides flexible online learning options on ways to improve literacy and numeracy skills and gain recognised national qualifications. Courses can be partially accessed from home.
 - HALS, in partnership with Libraries, acts as an information point for carers of people with dementia. Staff are currently being trained to promote a DVD, 'Life with Two Hats' supported by Millennium Awards, Carers UK & Alzheimer's society, which gives a wealth of information on how to access help as a carer.
- 5.44. The panel also heard of a number of options being explored by the Adult Learning Service to further support carers and in line with the personalisation agenda, which the panel supports. For example by applying a further subsidy to courses that carers wish to attend so that they can be offered completely free of charge, distance learning courses. HALS plan to consult with carers and carers organisations on further developments³⁸.
- 5.45. A number of carers throughout the review raised issues around employment and wanting help to return to work, whether full time or on a flexible basis so that they are able to continue in their caring role. The panel heard evidence from Economic Regeneration on the Haringey Guarantee Scheme. The Haringey Guarantees aims to help residents return to work providing information on unemployment benefits and Working Tax Credits on returning to work. Carers wishing to return to work can be considered under this scheme, however there are no specific targets associated with carers as part of this scheme. Carers organisations also did not know about carers being part of this scheme.
- 5.46. The panel felt that to further all of the above areas linked to carers well-being there should be a named representative from each service who attended the Carers Partnership Board as well as any sub-groups associated with their service area.

12.

- a) There should be nominated representatives from Leisure, Libraries/Adult Learning and Economic Regeneration on the Carers Partnership Board.
 - Where relevant the nominated representatives should also be present at any associated sub-groups of the Carers Partnership Board.
- b) Consideration should be given to increase the variety of ways in order for people to uptake discounts/benefits.

6. Suggested future review topics

- 6.1. The panel felt that it would be beneficial for a short, sharp review to be done into support for carers of children and children carers based on issues raised amongst carers at the groups that the panel attended as well as by the voluntary and community organisations who would also welcome a review into this area.

³⁸ Haringey Adult Learning Service submission, October 2009

13.

- A short, sharp review of support provided to adult carers of children and children carers should be undertaken when resources come available.

7. Value for Money

- 7.1. NI 135 (Carers receiving needs assessment or review and a specific carer's service, or advice and information) forms part of Haringey's Local Area Agreement. Haringey is just below the top quartile for performance for London, and above the London median (please see Appendix A).
- 7.2. The majority of Council funding for carers comes from the Area Based Grant which since 2008 subsumed the former Carers Grant and emergency respite funding. The Area Based Grant is managed by the Council on behalf of the Haringey Strategic Partnership, with all performance management arrangements agreed through the Performance Management Group, including agreement for continuation of funding.
- 7.3. The organisations who are commissioned to provide services to carers are monitored quarterly through ACCS's Governance and Partnerships Team on behalf of the Well-being Partnership Board. This includes robust monitoring of outcomes for users of services, both quantity and quality, as well as reviewing whether the service(s) provide value for money.
- 7.4. Services are also monitored by Contracts officers, with quarterly monitoring returns required for all organisations where there is a contract in place. The current commissioned services with internal and external organisations have now been in place for a number of years (beginning in 1999/2000). All funding was agreed at Procurement Committee in November 2008 until 31st March 2011³⁹. The panel was assured that where an organisation is not meeting its contractual targets they are provided with on-going support and monitoring on a quarterly basis to enable them to meet the targets.
- 7.5. Given that the majority of carers who receive support from organisations commissioned by the Council and its partners are not necessarily in receipt of a care plan and that the same carer may receive support from a number of different organisations it is difficult to quantify the number of carers who receive support. The Mental Health Carers Association estimates that approximately 80% of the carers who receive support from them are not in receipt of a care plan and are more likely to access services through non formal routes.
- 7.6. Amongst other things the Council funds the four main carers voluntary organisations: Mental Health Carers Association, BME Carers, Haringey Carers Centre and Asian Carers Support Service. NHS Haringey also provides funding for a number of carer organisations, including Mental Health Carers Association and Haringey Carers Centre. Discussions are in place for NHS Haringey to provide free accommodation at Hornsey Central for the Haringey Carers Centre. The panel heard of high levels of satisfaction from the carers who receive support from the carers organisations who consider these

³⁹ ACCS evidence submission, December 2009

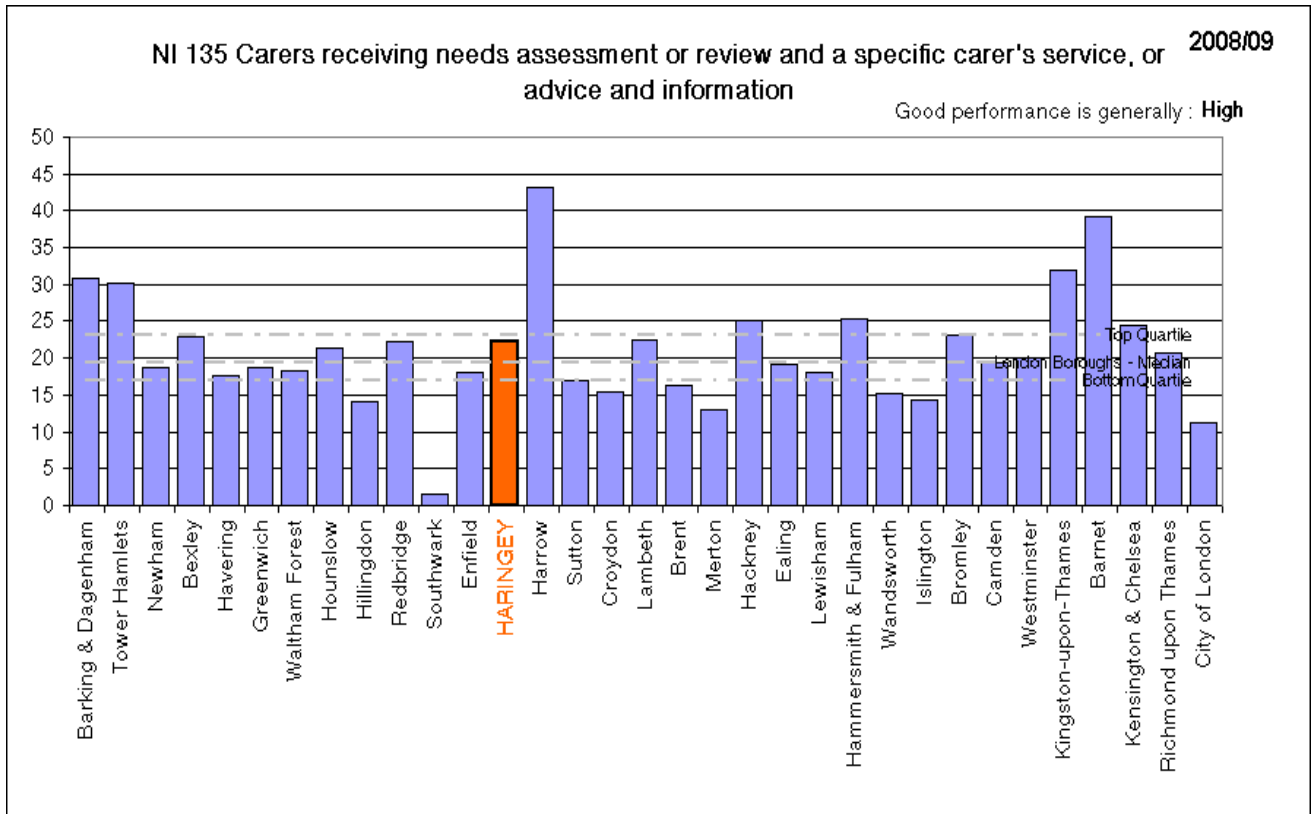
services like a 'second home' and 'support blanket' and stated that the support they receive is invaluable.

7.7. For further information on NHS Haringey and Adult Services funding for carers please see Appendix B and Appendix C.

APPENDICES

APPENDIX A – NI 135

NI 135 Carers receiving needs assessment or review and a specific carer's service, or advice and information



APPENDIX B – Summary of NHS Haringey investment

Area of Investment	Extent of investment
Adults with physical disabilities	Total of > £2m, with an increase of £445k in 09/10. up to 10% will benefit carers
Elderly patients with special needs (including end of life care)	Total of > £2m, with an increase of £593k in 09/10. up to 10% will benefit carers
Mental Health Carers Support Association	£57k
The Carers Centre	£46.5k
Stroke club	£40k
Dementia Day care centre	Currently under discussion

Total investment for carers: up to £ 543k

4.1 Areas of increased investment

Area	Adult with physical disabilities
budget	>£2m
2009/10 increase:	£445k
What the increase in budget has translated to:	<ul style="list-style-type: none"> • New beds and equipment • Additional physiotherapy time • Additional nursing time • Increased quantity of neuro rehab packages • 10-15% increase in number of patients included in the services
How this service benefits carers	<ul style="list-style-type: none"> • Increased level of care means more time freed up for carers to have breaks (outcome 2) • More patients identified by the services means carers for these patients will now have access to carers' services and recognised as carers (outcome 1)

Area	Elderly patients with special needs (including end of life care)
budget	>£2m
2009/10 increase:	£593k
What the increase in budget has translated to:	<ul style="list-style-type: none"> • Increased nursing hours • Increased capacity for palliative care (more packages) • 10-15% increase in number of patients included in the services
How this service benefits carers	<ul style="list-style-type: none"> • Increased level of care means more time freed up for carers to have breaks (outcome 2) • More patients identified by the services means carers for these patients will now have access to carers' services and recognised as carers (outcome 1)

4.2 PCT supported schemes

NHS Haringey continues to support and has increased funding to a wide variety of schemes benefiting carers.

Name	Mental Health Carers Support Association
Extent of PCT contribution	£57k per year
Numbers of carers supported:	Around 300/year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome 1 Outcome 2 Outcome 3
Services provided:	<ul style="list-style-type: none"> ▪ Advocacy – helping negotiate with teams caring for the person with the mental health problem ▪ Helping with carer's rights ▪ Members of various partnership boards including Acute care forum, Supporting people, clinical governance (community care) committee ▪ Provide respite care and counselling service for carers ▪ Peer support ▪ Produce a newsletter ▪ Hold monthly meetings ▪ Tried to introduce training e.g. developing skills in CBT, but the resourcing became difficult ▪ Host a group for carers of in-patients ▪ Will be introducing a befriending service – funding just been approved.

Name	The Carers Centre
Extent of PCT contribution	£39k per year (increased to £46.5k this year). Discussions in place for the PCT to provide free accommodation at Hornsey Central.
Numbers of carers supported:	1000 per year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome 1 Outcome 2 Outcome 3 Outcome 4
Services provided:	<p>Service available to all unpaid carers over the age of 18 years who look after a relative or friend for generally over 20 hours a week.</p> <ul style="list-style-type: none"> • Advocacy • Carer information • Sign posting • Support groups, older carers and learning disabilities, coffee break, • Welfare benefits, advice • Carers assessments • Events • Respite breaks • Case work, involving issues relating to the carer and the cared for such as housing or o/t assessments

Name	Stroke club
Extent of PCT contribution	£40k per year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome 2
Services provided:	<ul style="list-style-type: none"> • The groups meet 40 weeks per year (term-time only) from 12-2pm, transport is provided. • We offer social interaction, a programme of activities and outings, and light refreshments.

Name	Haringey Young Carers Project
Extent of PCT contribution	£31.5k per year
Outcomes met (as outlined by National carer strategy/Haringey carer strategy)	Outcome1 Outcome 2 Outcome 3 Outcome 4 improving services for young carers
Services provided:	<p>Service for children and young people aged 5 to 18 years, whose lives are restricted because of caring for someone with a long-term illness or disability. Services include one to one support, family support, advocacy, therapeutic work, social and recreational respite and a befriending service.</p> <p>There are five full time workers, including a Schools Outreach Worker and six volunteer befrienders who have been screened and trained.</p> <p>The project offers:</p> <ul style="list-style-type: none"> • someone to listen to carers • advice and support • the chance to meet other young carers • trips and activities • people who are trained to act on carers' behalf • help with money • guidance on what to do in an emergency • information about how to cope with illness and disability • the opportunity to discuss needs and available support

APPENDIX C – Summary of Adult Social Care funding

Please note that this includes both direct and indirect carers services.

Funding Source	Organisation funded	Value of funding in 2009/10
Area Based Grant (was Carers Grant)	Mental Health Carers Support Association – providing breaks, pre-vocational training, and counselling services, as well as advocacy, advice and support groups	£29,500
Area Based Grant (was Carers Grant)	Carers Centre - providing information, advice and practical support for carers who live or work in the borough and care for a Haringey resident. Offering a programme of social activities, support groups, training, consultations and carer involvement in the service.	£60,000
Area Based Grant (was Carers Grant)	Asian Carers Support Group - providing culturally appropriate support to Asian Carers through advice and information-giving, advocacy, and activities. The service identifies 'hidden' carers, promotes registration with the local authority, undertakes carers' assessments and makes recommendations for carers' services.	£26,900
Area Based Grant (was Carers Grant)	BME Carers Support Association - provides a culturally appropriate sitting service to Black and Minority Ethnic Carers averaging 4 hours per carer per week.	£102,400
Area Based Grant (was Carers Grant)	Commissioning Service	£72,900
Area Based Grant (was Carers Grant)	The Grange - weekend opening – providing a dementia day opportunities service on Saturdays and Sundays.	£45,000
Area Based Grant (was Carers Grant)	Flexible carers services (Direct payments for carers)	£250,000
Area Based Grant (was Carers Grant)	Respite care services (including emergency respite)	£340,500
Area Based Grant (was Mental Health Grant)	Alexandra Road Crisis Unit (emergency respite for people with mental health problems, including carer breakdown)	£128,200
Area Based Grant (was Mental Health Grant)	Open Door – provides a range of specialist projects to provide emotional and therapeutic support to young people and their parents and	£25,000

Funding Source	Organisation funded	Value of funding in 2009/10
	carers	
Area Based Grant (was Working Neighbourhood Fund)	BME Carers Support Association – monthly support group for carers	£19,500
Area Based Grant (was Working Neighbourhood Fund)	BME Carers Support Association – benefits advice to people who use services and their carers	£31,500
Area Based Grant (was Learning Disabilities Development Fund)	Carers Centre (LD carers support group)	£2,000
Older People's Commissioning Budget	Alzheimers Society	£10,000
Older People's Commissioning Budget	Provision of respite for older people and their carers	£182,435
Physical Disabilities Commissioning Budget	Provision of respite for people with physical disabilities and their carers	£59,100
Learning Disabilities Commissioning Budget	Provision of respite for people with learning disabilities and their carers	£84,480
Mental Health Commissioning Budget	Provision of respite for people with mental health issues and their carers	£40,000
Older people's Commissioning Budget	Day services – external providers	£255,600
Physical Disabilities Commissioning Budget	Day services – external providers	£74,000
Learning Disabilities Commissioning Budget	Day services internal and external	£1,188,230
Mental Health Commissioning Budget	Day services	£46,500
Older People's Provider Budget	Provision of day opportunities for older people, providing respite to carers; including day services and drop-ins	£1,748,000

APPENDIX D – Contributors to the review

Cllr Catherine Harris Chair of the Carers Partnership Board	
Cllr Toni Mallett	Carer
Jeremy Walsh Assistant Director (Interim) East Haringey - Acute and Community Services	Barnet, Enfield and Haringey Mental Health Trust
Andrew Wright Director of Strategic Development	Barnet, Enfield and Haringey Mental Health Trust
Susan Otit Interim Joint Director of Public Health	NHS Haringey/Haringey Council
Duncan Stroud Associate Director - Communications, Engagement and Partnerships	NHS Haringey
Anne Daley Assistant Director - Commissioning	NHS Haringey
Michael Edelstein SpR Public Health	NHS Haringey
Nick Bishop	Mental Health Carers Support Association
Barbara Nicholls Head of Commissioning & Strategy Planning	Haringey Council
Lisa Redfern Assistant Director, Adult Services and Commissioning	Haringey Council
Carmel Keeley Strategic Planning and Policy Officer	Haringey Council
Eve Featherstone Principal Equalities & Diversity Officer	Haringey Council
Graham Oliver Head of Finance - ACCS	Haringey Council
Colleen Fiffie	Haringey Carers Centre
Faiza Rizvi	BME Carers
Cenk Orhan	BME Carers

Mina Patel	Asian Carers Support Group
Celia Bower	Haringey Local Involvement Network
Brudunnisha Mansoor	Carer/Representative of the Carers Partnership Board
Marylyn Duncan	Carer/Representative of the Carers Partnership Board
Regina Fleming	Carer/Representative of the Carers Partnership Board
Gabriel Lock	Carer/Representative of the Carers Partnership Board
Freda Wilson	Carer/Representative of the Carers Partnership Board
Ifeoma Akubue	Carer/Representative of the Carers Partnership Board
Mazin Zeki	Carer
Theresa Wilson	Carer
Jurina Ikoloh	Carer
Diana Hindle	Carer
Jill Darnborough	Carer/Representative of the Learning Disabilities Partnership Board
Robert Edmonds Director	Age Concern Haringey
Simon Farrow Business Development & Engagement Manager Leisure Services	Haringey Council
Steve Davies Head of Human Resources	Haringey Council
Paul Clarke Programme Manager - Employment & Skills	Haringey Council
Pat Duffy Head of Adult Learning Service	Haringey Council
Representatives at the HAVCO Well-being Theme Group	
Carers at the BME Carers Support Group	
Carers attending the carers coffee morning	



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Overview and Scrutiny Committee

On 15th March 2010

Report Title: **Scrutiny Review of Engaging with hard to reach communities**

Report of: **Councillor Bull, Chair of the 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 Strategy Outcomes of:

- People at the heart of change
 - Promote community cohesion
- Be people and customer focused
 - Provide greater opportunity for civic engagement and participation

3.2. This review links with the Council Plan priority of “driving change, improving quality”.

- Engaging Citizens
- Support communities to influence and shape the quality of services in their neighbourhoods

3.3. This review links with the following Local Area Agreements:

- NI 4 - % of people who feel that they can influence decisions in their locality
- NI140 – Fair treatment by local services

3.4. Priority stated in the CAA self assessment:

- Enhance community engagement and partnership working

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

7. Summary

The Overview and Scrutiny Committee commissioned a review into what is being done to engage with hard to reach groups across the partnership.

The review had a number of aims:

- Identify Haringey's hard to reach groups
- Identify barriers which prevent these groups engaging with organisations
- Identify improvements which can be made
- Share best practice

Key findings of the review:

- The 'hard to reach' group can be very dependent on the service area which you are focusing on.
- Barriers to engagement include:
 - Lack of contact points across the partnership
 - Staff not necessarily being aware of dual need and cultural aspects
 - Practicalities e.g. the timing of events.
 - Information provision e.g. language used.
- There is a wide range of good data and knowledge across the partnership which should be built on and more widely used.
- There is a strong commitment to improving engagement with hard to reach groups

across the partnership.

- Partners are actively looking at ways in which to improve the co-ordination of engagement with hard to reach groups and progress is being made.
- Greater communication of events and consultations would be beneficial, however this is acknowledged and steps are being taken to address this.

8. Chief Financial Officer Comments

8.1. The Chief Financial Officer concurs that the recommendations set out in the attached report should be able to be contained within existing partnership budgets.

9. Head of Legal Services Comments

9.1. No legal implications are raised by this report.

10. Service Financial comments

10.1. The report focuses on strategic and policy issues arising from partnership activity with regards to engaging with hard to reach communities.

10.2. The recommendations in the report have been consulted on by the panel and it is felt that they can be covered within existing resources as part of the work and work planning processes of the partnership.

10.3. Any specific direct financial implications arising from the recommendations will be included in the formal response to the review by the Council and its partners.

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

11.1. N/A

12. Equalities & Community Cohesion Comments

12.1. Under various equal opportunities legislation, public authorities have a duty to also consult and involve minority groups when making decisions about services and issues that may affect their lives.

12.2. The Council Equal Opportunities Policy adopted in 2008 commits the Council to ensuring equal access to services by all residents and to providing services in a manner that is sensitive to the individual whatever their background.

12.3. In the Equality Opportunity policy statement, the Council also commits itself

to identifying and removing unnecessary barriers which prevent equal access to what the Council has to offer.

12.4. In its Community Cohesion Framework first adopted in 2007, the Council agreed to a number of principles which includes building a borough where everyone, regardless of background, belief or circumstances feels part of the wider Haringey community, is respected and valued and has the opportunity to contribute to the life of the community.

12.5. For a variety of reasons identified in paragraph 7 of this covering report, there are groups in Haringey that face barriers to communication and contact with the Council and other public agency partners, which may impact on their ability to access the services the Council and the partner agency offer. Those barriers in many respects could also be preventing those groups from interactions with the wider Haringey community through civic engagement, thus impacting negatively on the Council's commitment to building a cohesive Haringey community.

12.6. This Scrutiny review has been about identifying those groups (commonly described as 'hard-to-reach', the barriers that render them 'hard-to-reach, and how those barriers could be removed.

12.7. The actions recommended in this report should help removed those barriers and enable better communication between the partnership and those 'hard-to-reach groups', enhance their access to services; improve their capacity for greater interaction with the wider community and contribute to greater cohesion in Haringey.

11 Consultation

11.2 Throughout the scrutiny review process views and evidence was considered from Council departments, NHS Haringey, North Middlesex University Hospital, Whittington Hospital, Borough Police and a number of voluntary and community sector organisations.

11.3 The attached report has been submitted to the relevant officers across Council and other relevant agencies for consideration of the technical accuracy of the report and feasibility of the recommendations.

12 Use of appendices /Tables and photographs

12.2 Please see Contents page in main report for appendices

13 Local Government (Access to Information) Act 1985

- Council Plan - Year 3, 2009-10, Haringey Council
- Sustainable Community Strategy, Haringey Strategic Partnership
- Haringey Community Engagement Framework, Haringey Strategic Partnership, 2009
- Use of Resources, Auditor Guidance, Audit Commission, June 2009
- World Class Commissioning Competencies, Department of Health, December 2007
- Strengthening Local Democracy, Department for Communities and Local Government, July 2009
- Real Involvement, Working with people to improve health services, Department of Health, 2008
- Creating Strong and Prosperous Communities, Statutory Guidance, Department for Communities and Local Government, July 2008
- Communities in Control: Real People Real Power, Department for Communities and Local Government, July 2008
- Haringey Borough Profile, www.haringey.gov.uk
- Mid-year Population estimates – 2008, Office of National Statistics August 2009
- 2001 Census, Office for National Statistics
- Haringey Local Area Agreement Refresh, 2009-2011, Haringey Strategic Partnership
- Community Engagement Framework, Haringey Strategic Partnership, 2009
- Community Engagement Framework Equalities Impact Assessment, Haringey Strategic Partnership, 2009

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Scrutiny Review of Engaging with 'Hard to Reach Communities'



Empowering

Collaborating

Involving

Consulting

Listening

Informing

A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE
March 2010

www.haringey.gov.uk

Chair's Foreword



Cllr Gideon Bull

There is an increasing government agenda to ensure that all residents have a say in the services which they receive. In the Local Government and Public Involvement in Health Act 2007 this includes a duty placed on local authorities and health trusts to ensure that people are able to have their say.

Haringey is one of the most diverse boroughs in London with nearly half of its population from ethnic minorities. Within this there are a number of communities and groups which do not engage with organisations whether this is because they do not feel empowered to do so or because they do not know how to access the organisations.

This review has looked at who in Haringey is considered hard to reach and what we, as a partnership, can do to ensure that these groups have an input into the services they receive and are able to access the services which they are entitled to. Without a coherent and partnership approach we are missing out on valuable knowledge and the ability to ensure that people are able to fully participate and make the most of the services available.

By improving our engagement with hard to reach groups we are also ensuring that the people in our community are able to fully participate in the borough in which they live. I hope that the recommendations within this report build on the progress which is already being made in the borough.

I have found this review not only extremely interesting in subject but have also been fascinated by the input which voluntary and community groups and members of the public have made and the work they carry out with hard to reach groups in Haringey.

I would like to thank all of those who participated in this review; BUBIC, SHOC, BME Carers, Caris Haringey, Afrikcare, Crucial Steps, North Middlesex University Hospital Trust, Whittington NHS Trust, Haringey Borough Police, LGBT Network, Haringey Council departments, HAVCO, Young people and members of the public

A handwritten signature in black ink that reads "Gideon Bull".

Gideon Bull

For further information:

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Executive Summary

The Overview and Scrutiny Committee commissioned a review into what is being done to engage with hard to reach groups across the partnership.

The review had a number of aims:

- Identify Haringey's hard to reach groups
- Identify barriers which prevent these groups engaging with organisations
- Identify improvements which can be made
- Share best practice

Key findings of the review:

- The 'hard to reach' group can be very dependent on the service area which you are focusing on.
- Barriers to engagement include:
 - Lack of contact points across the partnership
 - Staff not necessarily being aware of dual need and cultural aspects
 - Practicalities e.g. the timing of events.
 - Information provision e.g. language used.
- There is a wide range of good data and knowledge across the partnership which should be built on and more widely used.
- There is a strong commitment to improving engagement with hard to reach groups across the partnership.
- Partners are actively looking at ways in which to improve the co-ordination of engagement with hard to reach groups and progress is being made.
- Greater communication of events and consultations would be beneficial, however this is acknowledged and steps are being taken to address this.

Recommendations

Recommendation	Link to the Community Engagement Framework ¹ (where relevant)
<p>1. A multi-agency consultation network should be set up and include the following pieces of work in its work programme.</p> <ul style="list-style-type: none"> ○ The Consultation calendar should be further developed to include information on consultations being carried out by partners. ○ Consideration should be given to an events calendar which would be accessible to all partners. ○ An exercise going into the community and talking to specific groups identified in section 4.2 of this review report to establish how they prefer to be engaged with. ○ Share good practice ○ Ongoing review of who Hard to reach groups are ○ Ensuring appropriate people on network from all levels of the partnership organisations. 	<p>Priority 2: Promote inclusive community engagement processes</p> <p>Undertake review of how different communities (including businesses) prefer to engage and support required</p> <p>Priority 4: Share community engagement good practice</p> <p>Build on existing Council consultation management system to establish a partnership management system to:</p> <ul style="list-style-type: none"> • Record details of upcoming engagement activities (for use by HSP partners and the public) • Record results and analysis of engagement activities • Undertake Equalities Impact Assessments
<p>2. A customer journey mapping exercise to be undertaken for specific service user groups e.g. sex workers and personalisation agenda pathways. This should identify contact points with service providers and ways of overcoming barriers e.g. lack of Identification.</p> <ul style="list-style-type: none"> ○ Following on from this the information should be widely disseminated to both front line staff and elected Members; and ○ Reviewed and updated regularly. 	
<p>3. That the Haringey Strategic Partnership consider how the</p>	

¹ Haringey Community Engagement Framework, 2009

<p>borough is divided to ensure area boundaries are consistent and coherent across the partnership agencies, enabling localised joint working to engage with residents and communities.</p>	
<p>4. All consultation training provided should include specific sections on:</p> <ul style="list-style-type: none"> • Cultural awareness • How to engage with 'hard to reach groups' • Inclusive engagement e.g. not just consulting LGBT on sexual health or Drug users on drug services. 	<p>Priority 3: Increase community engagement capacity</p> <p>Establish a cross-sector engagement development programme (that can be undertaken by staff, community groups and community representatives)</p>
<p>5. Raising awareness of Dual Needs should be incorporated into the review of the Haringey Compact (please see recommendation below).</p>	
<p>6. That the Haringey Compact is reviewed to ensure that all HSP organisations work to it.</p> <ul style="list-style-type: none"> • All elected Members should receive a copy of this renewed Compact. 	<p>Priority 4: Share community engagement good practice</p> <p>Ensure community engagement awareness and COMPACT way of working included in staff induction programmes across HSP partners</p>
<p>7. That the Council Consultation Charter, Plain English Protocol and Community Engagement Framework Principles are adhered to and enforced.</p> <ul style="list-style-type: none"> • That awareness raising of the use of plain English be carried out across all HSP partners. The Council could raise awareness through All Users emails, use of Team Brief and internal websites. • That the Overview and Scrutiny Committee, Cabinet, Haringey Strategic Partnership and Theme Groups ensure appropriate language is used on all documents that each body considers. 	
<p>8. Support available to voluntary and community sector organisations in terms of capacity building and application/bid writing assistance should be mapped across the partnership and the information consolidated and widely publicised in a range of community languages.</p>	
<p>9. All organisations commissioned by the Council and its statutory partners are clear in their publicity about who can</p>	

access their services.	
10. The as part of the Information Governance work Business Units explore with IT Services the options to enable accessibility data to be shared between the services.	
11. That the Haringey Strategic Partnership work with HAVCO to create and maintain a voluntary and community sector database as part of the action plan leading from the Third Sector Mapping exercise. This should: <ul style="list-style-type: none"> • User friendly • Publicly accessible • Categorised <i>(this has since been agreed at HSP)</i>	
12. The existing population needs assessment approach should be extended to include the following: <ul style="list-style-type: none"> • Increased use of complaints and feedback information. • Effective equalities monitoring of services and use of information to inform service planning. • Systematic use of data from Equalities Impact Assessments. • Use of Neighbourhood Managers as experts in the local communities they serve. • Further use of MOSAIC data. • Further use of borough profile data available on the web-pages. <p>With this in mind the panel supports the implementation of the Local Information System for the partnership.</p>	
13. That “Access to Service” days continue to run and that further possibilities of working more closely with partner agencies should be investigated to maximise resources. <ul style="list-style-type: none"> • The co-ordination of Access to Service days should be linked with the above population needs assessment approach to ensure that all communities, including new communities, are considered in each cycle. 	
14. That the Overview and Scrutiny Committee commission a review into the services and resources that prevent children and young people (aged up to 14 years of age) becoming involved in youth crime.	
15. That the Overview and Scrutiny Committee commission a review into Drug and Alcohol abuse.	

1. Background

1.1. The Overview and Scrutiny Committee commissioned a review into Engaging with Hard to reach communities as part of its 2009/10 work programme based on a view that there may be more that could be done in Haringey to engage with these groups and to query whether we knew who these groups are.

1.2. The review was conducted by a panel of Councillors:

- Cllr Gideon Bull (Chair)
- Cllr Ron Aitken
- Cllr Gina Adamou

With the support of a range of statutory and voluntary organisations. Including; Adults, Neighbourhood Management, Safer Communities, Borough Police, North Middlesex Hospital, Whittington Hospital, NHS Haringey, BME Carers, Haringey LINK, Crucial Steps, Caris Haringey, Afrikcare, Sexual Health on Call, Bringing Unity Back into the Community, Lesbian, Gay, Bi-sexual and Transgender Network, Young people in conflict with the law.

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

“To identify who the hard to reach groups in Haringey are with a view to gaining a shared understanding of ideas and best practice to remove, avoid or reduce barriers to engagement and participation.”

1.4. The panel discussed whether the term ‘hard to reach’ was the most appropriate but agreed that as this is a recognisable term it should be used.

2. Introduction

2.1. For the purpose of this review the definition of the term ‘engagement’ is based on the agreed definition in the Haringey Community Engagement Framework which includes the following activities:

- Informing
- Listening
- Consulting
- Involving
- Collaborating
- Empowering²

2.2. For the purpose of this review the term ‘hard to reach’ is defined as:

“Those groups which are difficult to engage with from an organisational perspective because they do not feel empowered to do so, or due to barriers which may be overcome.”

2.3. It is important to note at this stage that the review has two streams which are intertwined. These are engagement, in terms of consulting with hard to reach

² Haringey Community Engagement Framework, 2009

groups, and also in terms of enabling hard to reach groups to access services/information.

2.4. The panel is aware of the financial constraints currently faced by organisations and anticipates that the recommendations included in this report can be covered within existing resources.

2.5. **Haringey Population** - Key factors of the Haringey population are as follows (further details can be found in the Borough Profile³):

- Haringey's population is estimated to be 226,200⁴.

Diversity

- Haringey's is the 5th most diverse borough in London.
- Over 50% of our population overall, and three-quarters of our young people, have a non white British ethnic group.
- Almost 50% of residents born outside the UK are from Asia and Africa.
- The most prevalent countries for new national insurance registrations are Poland, Turkey, Italy, France, Australia, Hungary and Lithuania.

Deprivation

- Haringey is the 18th most deprived authority nationally and the 5th most deprived in London⁵.
- 27% of Haringey Super Output Areas are amongst the most deprived in the country.

Age

- Over half of the Haringey population is under 35 years of age.

Age group	2008 Mid Year Estimate	Age group	2008 Mid Year Estimate	Age group	2008 Mid Year Estimate	Age group	2008 Mid Year Estimate
0	4200	20-24	16300	45-49	15600	70-74	5600
1-4	13900	25-29	24300	50-54	11300	75-79	4300
5-9	12700	30-34	24900	55-59	9300	80-84	2600
10-14	11200	35-39	21800	60-64	7800	85-89	1500
15-19	12200	40-44	20000	65-69	6200	90+	900

Religion⁶

- 11.3% of Haringey residents stated their religion as Muslim,
- 2.1% of residents stated their religion as Hindu,
- 20% of Haringey residents stated that they did not have a religion.

Other

- 13.6% of households are lone parents.

³ Haringey Borough Profile, www.haringey.gov.uk

⁴ Office of National Statistics, Mid-year Population estimates – 2008, August 2009

⁵ Haringey Council, www.haringey.gov.uk, Key Facts

⁶ 2001 Census

3. Policy Context

3.1. Local Context

- The Use of Resources Assessment forms part of the Comprehensive Area Assessment and has a number of Key Lines of Enquiry (KLOE) to assist auditors in making judgements. KLOE 2.1 asks whether the “organisation commission[s] and procure[s] quality services and supplies, tailored to local needs, to deliver sustainable outcomes and value for money⁷”. Specifically with regards to Involvement in Commissioning Local Authorities and Police Forces are expected to show that they are “engaging with a range of stakeholders and people who use services, including those groups who are difficult to engage with...”⁸
- The draft feedback from the 2008/09 Use of Resources self evaluation from auditors, states that Haringey should “improve arrangements for understanding minority or ‘seldom heard’ groups and use this to inform service planning and commissioning”.
 - KLOE 2.1 does not currently include Primary Care Trusts in order to avoid duplication with the World Class Commissioning assessment.
- The World Class Commissioning programme aims to will deliver a more strategic and long-term approach to commissioning services. There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework⁹. These competencies include ‘engaging with public and patients’ where Primary Care Trusts are expected to show “proactive listening and communication...to seek and engage the voice of those who are seldom heard”¹⁰.
- A Community Engagement Framework¹¹ was agreed by the Haringey Strategic Partnership (HSP) in April 2009. This Framework outlines key principles to be used when organisations carry out community engagement activities in Haringey and aims to enable the HSP “to engage with local communities and empower them to shape policies, strategies and services that affect their lives”. The principles as laid out in the framework are:
 - “Work in partnership to join up our engagement activities
 - Engage when it will make a difference
 - Be clear about what we are asking
 - Be inclusive and aim to engage with all communities
 - Communicate the results of our engagement activities
 - Build capacity of communities to take part in engagement activities”

⁷ Use of Resources, Auditor Guidance, Audit Commission, June 2009

⁸ Use of Resources, Auditor Guidance, Audit Commission, June 2009

⁹ <http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning>

¹⁰ World Class Commissioning Competencies, Department of Health, December 2007

¹¹ Haringey’s Community Engagement Framework, Haringey Strategic Partnership, April 2009

- The Framework also has a list of defined methods of community engagement:
 - Informing
 - Listening
 - Consulting
 - Involving
 - Collaborating
 - Empowering

3.2. National Context

- Comprehensive Area Assessment Framework¹² document states that scrutiny reviews carried out locally will provide valuable evidence that can feed into the CAA and may help inspectors understand issues without having to carry out additional work. The three key area assessment questions are as follows:
 - How well do local priorities express community needs and aspirations?
 - How well outcomes and improvements needed being delivered?
 - What are the prospects for future improvement?
 - Specific to this review is the question “How well do local priorities express community needs and aspirations?” as this question considers how well local partners understand their communities and listen and respond to local people.
- The Strengthening Local Democracy¹³ consultation document was published in July 2009 and further builds on the principle of empowering local communities. The consultation document states that the “founding principle of local government is that citizens have the right to influence the decisions that affect their lives and their communities”¹⁴. This principle is also highly relevant to the other organisations in the partnership and is key to ensuring that the services provided reflect the needs and wishes of the community which they serve, particularly alongside the drive for more personalised service provision.
- Section 242 of the NHS Act 2006 (as amended by the Local Government and Public Involvement in Health Act 2007) places a duty on NHS trusts, primary care trusts and strategic health authorities to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes. This duty is supported by the guidance Real involvement: working with people to improve health services¹⁵.
 - With regards to hard to reach groups this guidance states that “it is easy to overlook these [groups], and it will help to make sure that you involve the right people if you are clear from the outset exactly who you need to involve in the work you are planning”¹⁶.

¹² Comprehensive Area Assessment Framework, Audit Commission, February 2009

¹³ Strengthening Local Democracy, Department for Communities and Local Government, July 2009

¹⁴ Strengthening Local Democracy, Point 2

¹⁵ Real Involvement, Working with people to improve health services, Department of Health, 2008

¹⁶ Real Involvement, Working with people to improve health services, page 66

- Section 138 of the Local Government and Public Involvement in Health Act 2007 (LGPIH Act 2007) places a duty of involvement mainly on Local Authorities which came into force on 1st April 2009. This duty aims to ensure that “people have greater opportunities to have their say.....[and] embed a culture of engagement and empowerment”¹⁷. The guidance also states that this engagement should include those who can be seen as hard to reach and that ‘consultation and involvement opportunities are not limited to those with the loudest voice’¹⁸.

¹⁷ Creating Strong and Prosperous Communities, Statutory Guidance, Department for Communities and Local Government, July 2008

¹⁸ Creating Strong and Prosperous Communities, Statutory Guidance, Page 23

4. Main Report

4.1. The panel spoke to a range of organisations, both voluntary and statutory, with a view to identifying those groups which are seen as 'hard to reach'. However, on speaking with various organisations the panel concluded that there is no single set of groups and that it depends on which services are trying to engage and what they were engaging for. For a full list of all those groups identified during the review please see Appendix C.

4.2. At the same time there were a number of groups which were mentioned by more than one organisation. These were:

- Drug users
- Alcohol users
- Sex workers
- Lesbian, Gay, Bi-sexual and Trans-gender
- Young people, particularly young white males
- Young people in conflict with the law
- Those with dual diagnosis
- Carers
- Those who are limited in free time e.g. young professionals with families
- Those not registered with a GP
- Newly arrived communities/Economic migrants
- Somali
- Charedi Jewish
- Faith Groups

4.3. As mentioned above the panel heard from a variety of organisations, both statutory and voluntary and identified a number of barriers to engagement.

4.4. Partnership Working

- There was agreement by all involved in the review that good partnership working is key to successfully engaging with 'hard to reach' groups. Both in terms of consulting and in enabling access to services. It was felt that when there are good partnerships at all levels of organisations information can, and often will be, shared more widely.
- Whilst examples of strong and effective partnership working were shared throughout the review it was felt that more could be done in areas such as information sharing, particularly about consultation and engagement events, information on communities and best practice. The panel heard that there is a consultation network in the council and that there are plans to develop this to include partner organisations. The panel feels that it is important that this network includes the most appropriate players for it to be effective e.g. both at strategic level and at a front line level.

- The panel also heard of the consultation calendar which includes council consultations and felt that this would be an extremely useful tool on a partnership level if all information across the partnership was on this calendar. Not only would this ensure that the information is easily accessible to all in one place but also that organisations could ‘tag on’ to consultations to prevent duplication and maximise resources.
- The panel also discussed the benefits of having a partnership community engagement calendar events/activities e.g. the Access to Service days run by Neighbourhood Management which would again enable other organisations to access the information and possibly become involved had they not already been.
 - The panel has recently heard that the Well-being HAVCO group is also considering this.
- It was also noted that for partnerships to be effective they should be ‘equal’ with no one partner holding the ‘power’ in the partnership even when the organisation may be providing the majority of the funding. Some voluntary and community sector organisations do not necessarily understand the benefits of partnership working. This may be because they feel that they hold specialist knowledge and are more effective alone, they are concerned that another organisation may ‘take over’ and there is mistrust of statutory organisations. The panel felt that the benefits of partnership working and joining together of organisations under a consortium or umbrella were beneficial, not just to the service users but also to the organisations, in terms of sharing skills but also their ability to lever in funding and maximise resources.
- A recurring issue throughout the review was the lack of contact points in different organisations which can make it very difficult for outcomes to be achieved for service users. The panel heard of a number of examples where a service user or an organisation trying to help them had not been able to contact the right person/team to get assistance. This led to delays or to the person in question slipping through the net and not receiving any help. As this type of situation can often arise in times of crisis, the panel felt that a customer journey mapping exercise should be undertaken for a number of client groups, for example sex workers including examples of dual need for example, sex workers who are also homeless.
 - The exercise should include simple steps like:
 - What happens when a person in this situation reaches crisis point?
 - What do they need e.g. housing, identification?
 - Who do they speak to and where for each need?
 - What happens next?

RECOMMENDATIONS:

1. A multi-agency consultation network should be set up and include the following pieces of work in its work programme.

- The Consultation calendar should be further developed to include information on consultations being carried out by partners.
- Consideration should be given to an events calendar which would be accessible to all partners.
- An exercise going into the community and talking to specific groups identified in this review to establish how they prefer to be engaged with.
- Share good practice
- Ongoing review of who Hard to reach groups are
- Ensuring appropriate people on network from all levels of the partnership organisations.

2. A customer journey mapping exercise to be undertaken for specific service user groups e.g. sex workers. This should identify contact points with service providers and ways of overcoming barriers e.g. lack of Identification.

- Following on from this the information should be widely disseminated to both front line staff and elected Members; and
- Reviewed and updated regularly.

3. That the Haringey Strategic Partnership consider how the borough is divided to ensure area boundaries are consistent and coherent across the partnership agencies, enabling localised joint working to engage with residents and communities.

4.5. Staff Awareness

- The panel heard how important it is for staff at all levels to have an understanding of the community that they are working with and the needs that they have, for example cultural, service and dual needs as well as hearing examples of highly skilled staff across all organisations.
- The panel heard from BUBIC (Bringing Unity Back into the Community) and SHOC (Sexual Health on Call) examples where service users with dual needs had difficulty with accessing services due to a lack of understanding of these needs, for example a sex worker who is also a drug user or victim of domestic violence.
- Whilst this in part should be improved through the customer journey mapping exercise the panel felt that there could be more done to raise awareness amongst those who may come into regular contact with people with dual needs, both at an officer level and at a Member level to ensure that people are appropriately sign-posted and able to access services. The panel felt that this was also the case in respect of cultural needs.
 - The panel felt that community engagement and consultation training for staff should include cultural needs awareness information on consulting with hard to reach groups.

- The panel heard evidence on the need for 'inclusive engagement' and for recognition that all service user groups should be consulted on all mainstream council and partnership policy and not just on the areas which may be associated with their service need. For example, representatives from the Lesbian, Gay, Bi-sexual and Transgender (LGBT) Network, Sexual Health on Call, Bringing Unity Back into the Community (BUBIC) and the Drug and Alcohol Service, all spoke of not being consulted on mainstream issues. The LGBT Network felt they were only consulted about sexual health, BUBIC service users about drugs etc.

RECOMMENDATIONS:

4. All consultation training provided should include specific sections on:

- **Cultural awareness**
- **How to engage with 'hard to reach groups'**
- **Inclusive engagement e.g. not just consulting LGBT on sexual health or Drug users on drug services.**

5. Raising awareness of Dual Needs should be incorporated into the review of the Haringey Compact (please see recommendation below).

4.6. Practicalities

- Haringey Council and its partners have a Community Engagement framework setting out the principles for engagement. The partnership also has 'Haringey Compact' which was launched in 2005 and sets out principles for organisations, both statutory and voluntary, working together. The barriers identified in this section are, on the whole, covered within these two documents and therefore the panel feels that the Compact should be re-launched and embed the Community Engagement Framework principles and its accompanying action plan.
- Practical barriers which were identified during this review included:
 - Cases where people do not have time to engage - The panel heard of successful methods for engaging with the 'time poor' which included phone surveys and drop-in sessions which enable people to engage at a time which suits them.
 - Timing of events should be considered to ensure those you are trying to target can actually attend the consultation/engagement event.
 - Language barriers.
 - The panel heard examples where the use of phrases may prevent people from understanding, for example the phrase 'income maximisation' is not necessarily clear to everyone. A better phrase for this may be 'getting all the money you are entitled to'. The panel

therefore felt that the use of plain and simple English, both when speaking to groups and in writing, would be more appropriate.

- Some people may feel they do not have a real say in the topic they are being asked about and therefore the panel strongly supports the principal laid out in the Community Engagement Framework of 'engaging when it makes a difference', and not when there is a foregone conclusion.
- Targeting – the panel felt that it is important to know from the out-set who you want to engage with so that the consultation/engagement can be tailored accordingly. With this in mind it is important to remember to be inclusive at the planning stage for engagement and consultation and to remember that service users have a life outside of their perceived 'need' e.g. a person with a disability also has views and needs outside of their disability.

RECOMMENDATIONS:

6. That the Haringey Compact is reviewed to ensure that all HSP organisations work to it.

- **All elected Members should receive a copy of this renewed Compact.**

7. That the Council Consultation Charter, Plain English Protocol and Community Engagement Framework Principles are adhered to and enforced.

- **That awareness raising of the use of plain English be carried out across all HSP partners. The Council could raise awareness through All Users emails, use of Team Brief and internal websites.**
- **That the Overview and Scrutiny Committee, Cabinet, Haringey Strategic Partnership and Theme Groups ensure appropriate language is used on all documents that each body considers.**

4.7. Capacity building

- The panel heard that some voluntary and community sector organisations, particularly as they become formalised or reach a stage where they would like to bid for funding, may not necessarily understand the accountability structures or responsibilities associated. Also, they may not be versed in the 'local government' language of 'outcomes' and 'objectives' which may increase their ability to gain funding. The panel heard of a number of initiatives and staff posts across organisations which are able to assist in bid writing and understanding governance information, including HAVCO run courses. The panel felt that it would be beneficial to map this information across the partnership and to publicise it, particularly to the organisations which were newly identified by the HAVCO third sector mapping exercise.

- The panel noted the importance of practical help which can be given to organisations e.g. in terms of office space. The panel heard a number of examples relating to this, for example the Selby Centre has a number of voluntary and community organisations which use the building for office space and this is provided by the council as part of a circular grant¹⁹. The panel also heard the example of the Haringey Carers Centre which has recently moved to Hornsey Neighbourhood Health Centre.

RECOMMENDATIONS

8. Support available to voluntary and community sector organisations in terms of capacity building and application/bid writing assistance should be mapped across the partnership and the information consolidated and widely publicised in a range of community languages.

4.8. Information

- The way in which information was presented was a recurring barrier. Whilst there were examples of excellent information provision, whether in leaflets, websites or signage, it was felt there were improvements which could be made overall. This includes the language which is used which the panel felt should be clear, concise and plain English to allow people to access it, preferably with accompanying diagrams.
- The panel also felt that there is a need for clarity on who can access particular services and felt that those services run and commissioned by the Council and other partners should be clear in their publicity material to prevent any confusion or prevent people from accessing the service.
- The use of the voluntary and community sector as an access point for information and advice was also noted.
- The Panel discussed the possibility of information held by one service on a service user who needed letters in large print or who can not speak English, being shared with other services. For example, if Adults knows that a service user needs letters in large print and has this on their system, would it be possible for Housing Benefits to access this information to ensure that letters they send out are also in large print?
 - Panels felt that the possible benefits would include:
 - Better customer experience
 - Reduced duplication
 - Increased value for money

¹⁹ Cabinet Member evidence submission, November 2009

RECOMMENDATIONS

9. All organisations commissioned by the Council and its statutory partners are clear in their publicity about who can access their services.

10. That Business Units explore with IT Services the options to enable accessibility data be shared between the services

4.9. Use of Data/Research/Methodology

- The panel compared demographic data from the Place survey with the Mid Year population estimates/2001 census data to try to ascertain whether there was any groups not responding to the survey or over representation of any groups. Nothing of significance came up during this exercise. An example of this comparison work can be found in the Appendices.
- The panel heard of a number of data/information sources available and/or currently being developed:
 - [‘The Joint Strategic Needs Assessment](#) (JSNA). The JSNA is a continuous process of gathering information about the current and future health, care and well-being needs of the population. The JSNA will be used to inform service planning and commissioning strategies, by looking at the ‘big picture’ of the local population and specifically groups whose needs are not being met.
 - The [Borough Profile](#) draws upon a wide variety of information and data to build a detailed and comprehensive picture of Haringey. It provides statistical data and analysis on demographics and socio-economic factors within the borough’.²⁰
 - MOSAIC is a community profiling database which brings together a variety of data sources and can be used for targeted information provision.
 - Maps can be created using [Geographical Information Systems](#) to show the geographical location of data groups e.g. age groups, ethnicity, deprivation indices, income etc. The panel heard how useful these systems can be in ensuring that hard to reach groups can be targeted for information provision as well as for consultation and engagement exercises. It felt that increased use of MOSAIC, particularly as a starting point for engaging/consulting with hard to reach groups would be beneficial.
 - [Equalities Impact Assessments](#) (EIA’s) look at the effects that a policy, strategy or function may have and are a requirement of the Public

²⁰ Adult, Culture and Community Services evidence submission

Duties outlined under Race, Gender and Disability Legislation. They consider the policy/strategy/function along the lines of the six equalities strands (Ethnicity, Disability, Age, Sexuality, Gender and Religion). The panel was presented with the Equalities Impact Assessment for the Community Engagement Framework which identified possible barriers for engagement along the above equalities strands and was a very useful source of data for the review.

- The panel agreed that EIA's are an extremely useful tool, not only for looking at the effects of the policy/strategy/function but also as a data source which can be used when considering consulting with hard to reach groups.
- The panel was extremely impressed with the work carried out by the Voluntary and Community Sector organisations and other volunteers which contributed to the review and noted from the HAVCO third sector mapping exercise that there are over 1000 voluntary and community sector organisations operating in Haringey. The panel felt that information on these organisations should be widely available and allow access to information to facilitate work with the organisations when consulting and engaging. This would be particularly beneficial when consulting and engaging with hard to reach groups who may be linked up with smaller organisations which can be used as an access point.
- Other information sources, like complaints data and feedback information are invaluable, as is the knowledge and expertise of the Neighbourhood Managers and Community Development Officers. The panel felt that increased use of this intelligence would be highly beneficial to hard to reach groups, as well as for planning and delivering services effectively according to the needs and wishes of the communities in Haringey.
- The panel heard that Haringey is planning to implement a **Local Information System** (LIS). The primary purpose of the Local Information System will be to enable sharing and presenting of non identifying information by all HSP partners in an accessible format from one place. The LIS has a number of benefits for the partnership:
 - Reduction of duplication.
 - Resources needed to produce data and reports will be reduced.
 - Costs incurred for research such as: the Borough Profile; the Mental Health Needs assessment and the Sexual Health Needs assessment will be minimised in the future.
 - A reduction in the time and effort needed to source, disseminate and present this data to users who may not have the skill and time to access the information.
 - With this in mind the panel supports the implementation of the Local Information System for the partnership.

RECOMMENDATIONS:

11. That the Haringey Strategic Partnership work with HAVCO to create and maintain a voluntary and community sector database as part of the action plan leading from the Third Sector Mapping exercise. This should:

- **User friendly**
- **Publicly accessible**
- **Categorised**

(this has since been agreed at HSP)

12. The existing population needs assessment approach should be extended to include the following:

- **Increased use of complaints and feedback information.**
- **Effective equalities monitoring of services and use of information to inform service planning.**
- **Systematic use of data from Equalities Impact Assessments.**
- **Use of Neighbourhood Managers as experts in the local communities they serve.**
- **Further use of MOSAIC data.**
- **Further use of borough profile data available on the web-pages.**

With this in mind the panel supports the implementation of the Local Information System for the partnership.

4.10. Partnership Approach

- The panel heard from seventeen organisations/individuals/groups as part of the evidence gathering for this review and was impressed with the range of ways in which organisations are reaching out to the community and to hard to reach groups, both in terms of formal and informal mechanisms.
- All organisations/groups/individuals that the panel heard from were actively committed to improving engagement and consultation with hard to reach groups, whether this was through Partnership Boards for service users, Community representatives on Trust Boards, availability of interpreters in acute trusts or Area Assemblies etc. Due to the wealth of information received on this by the panel and the agreed objective of the review of sharing information, the panel has included submissions to the review as part of the appendices so that all information is available alongside this report.

5. Best Practice

5.1. Below is a selection of best practice examples which the panel has identified throughout the review as well as some key messages/tips which the panel felt are important considerations when engaging with hard to reach groups.

Cultural awareness community events

- Haven Day Centre- a Turkish breakfast to celebrate the last day of Ramazan Byrami, Diwali celebration and a two day Black History celebration.
- Abyssinia Court Drop-in Centre Black History Month celebration

These celebrations linked in with the Council's values of working together, offering choice, life long learning and the opportunity to socialise to service users, in the wider context of the Well-being Strategy for Adults 2007-10.

Contact:

Len Weir

Service Manager, Adults

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Carers Survey 2008/09

150 carers who have been assessed since April 2008 were selected through using Department of Health techniques for picking random samples.

Translated surveys were provided when required, at the service user's request and support was offered in completing the survey if a disability/ language barriers prove completion difficult at the service user's request.

Contact:

Camille Tyser

Performance & Quality Assurance Officer

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Claim-It

In September 2008 officers from across the Council, in partnership with staff from Haringey Citizens Advice Bureau, Haringey Carer's Centre, Haringey Age Concern and the Department for Works and Pensions, ran a week long awareness campaign in Wood Green High Road to promote the uptake of benefits. Members of the public were given leaflets as they passed on the street and invited to a benefits check in the Wood Green Library. 500 people were provided with advice through the Claim It initiative and 200 people were identified as likely to be entitled to some additional benefits.

Contact:

Bernard Lanigan

Service Manager, Adults

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Carers Partnership Board

We have revitalised our Carers' Partnership Board; it is now chaired by the dignity in care champion, a councillor who is herself a carer, and has 19 other carers as members, with a high representation from BME communities.

Contact:

Renee Harrison

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Carers Commissioning Manager

Borough Police Diversity Project

Each new probationary Officer, as part of their initial Borough familiarisation training, undertakes a Diversity Project to find out about another section of the community and their issues. They are assigned one of the Borough's communities to research, make contact and links with. Towards the end of their initial training on the Borough, they give a presentation sharing their research with their colleagues. Community Leaders and members are invited to the presentations. At the half way stage of their probation, 12 months from joining, building on their links they give another presentation updating colleagues. Towards the end of their probationary period, at about 1 year 11 months, they give a final report of their community activity. Officers are encouraged to maintain and strengthen these links throughout their Service on the Borough.

Contact:

Paul Cooper

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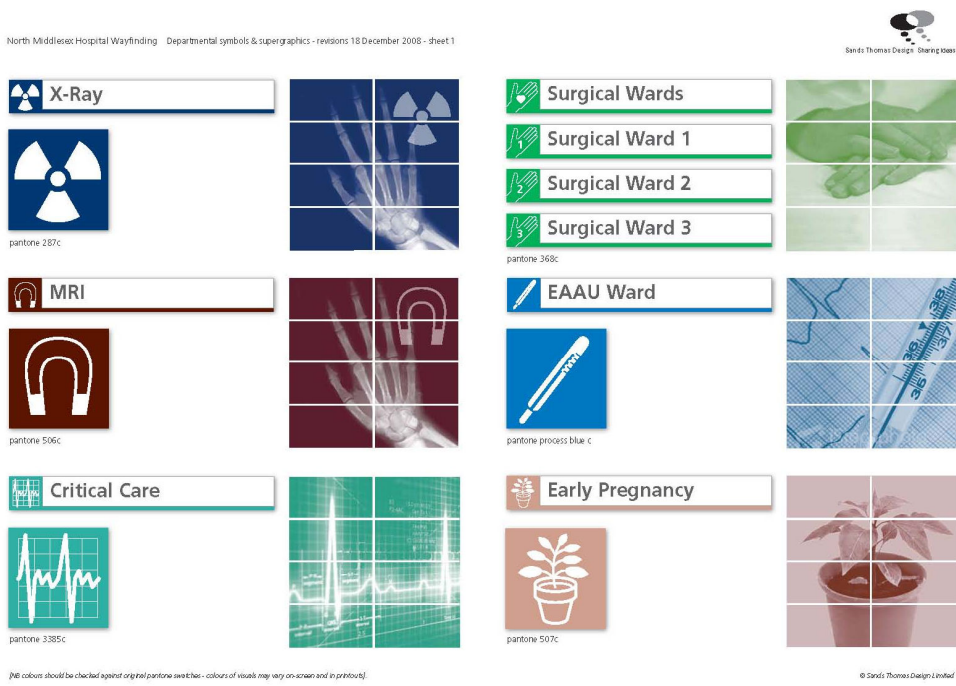
North Middlesex Hospital Way-finding

As part of the North Middlesex redevelopment new signage has been created with pictorial images associated with departments to make it easier for people to identify where they are meant to be going.

Contact:

Richard Milner

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DAAT Integrated Care Pathways

The DAAT Integrated Care Pathway (ICP) is a multi-disciplinary outline of anticipated care, placed in an appropriate timeframe in order to help a client move progressively through a clinical experience to a positive outcome. They are flexible to allow for client choice and clinical freedom. They help reduce unnecessary variations and help manage expectations in client care and outcomes.

Contact:

Kelvin O'Mard

Kelvin@bubic.org.uk

Treatment Pathway Vision Document

Through the Haringey DAAT Communities and Availabilities Strategy and in partnership with BUBIC a series of Drug and Alcohol overview sessions were provided for front line housing staff (tenancy management) in January 2010. The 2 hour sessions are designed to give participants a greater understanding of drugs and their effects and the effects of alcohol abuse: The desired outcome is to support tenancy management strategies such as rent recovery and ensure tenancies are not lost.

Contact:

Kelvin O'Mard

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Young People: Haringey's **Youth Council** and the **Young Advisors to the Council** provide young people with the opportunity to influence their services. However, we are very aware that many young people do not wish to engage through meetings or through coming to see us. The Haringey [Youthspace](#) website has a special 'have your say' section where young people can give us their views on a range of services. The Children and Young People's Service runs parents forums for Somali, Kurdish and Turkish parents to enable them to engage with and understand the different services provided for their children.

Contact:

Alexandra Russell

Youth Council Development Officer

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Neighbourhood Management Access to Service days

Access to Service Days are targeted at different communities in the borough, and aim to increase awareness and take up of local services and enable them to influence service provision. Although the Council organises these events, partner input is essential to ensure that communities are aware of all the services available to them. Each event is advertised in the local press appropriate to the community being targeted. Flyers and posters are developed in English and the appropriate community language. Interpretation services are also available. Where possible, consultation has taken place with the community prior to the event. Events have so far attracted between 150 and 300 attendees, and have been held for the following communities:

- Polish
- Charedi Jewish
- Kurdish
- Greek Elders
- Somali

Contact:

Patrick Lee

Strategic Manager, Neighbourhood Management

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Recommendation:

13. That Access to Service days continue to run and that further possibilities of working more closely with partner agencies should be investigated to maximise resources.

- **The co-ordination of Access to Service days should be linked with the above population needs assessment approach to ensure that all communities, including new communities, are considered in each cycle.**

Margaret Fowler – teaching English with the use of leaflets

A volunteer working on my own initiative in Haringey teaching ESOL to small groups of African and Asian women. Many of these women are not literate in their own language and find it very difficult to cope in integrating into their environment. As their husbands, children and relatives who often act as translators for them are away from the house during the day, the women are left unable to cope with daily activities. They do not know how to find information, read instructions or travel in their neighbourhood.

I collect brochures, leaflets, flyers and posters from the libraries and other information points in the borough and construct English language lessons around the contents. We concentrate mainly on reading and discussion so that the women learn the language and also how to find a Doctor, Hospital, Advice Centre, ask for items in the supermarket, talk to their children's teachers, read the bus timetable, speak to their neighbours, know what activities are happening in the local parks and community centres etc.

They enjoy the discussions and gain a lot of confidence in being able to express themselves and can find their way when out travelling. We also collect forms which they need to fill in for benefits and other applications and practice filling in their personal information and details in the fields which all forms require. We hope to get round to writing small life stories in the future.

Some of the younger participants have gained sufficient language skills and confidence to approach the local college for information about future courses.

Contact:

Margaret Fowler

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Homes for Haringey Youth film project

Two years ago, we found that we had almost no engagement with young people. We decided to fund a year's contract for one full time equivalent youth worker, in practice two half time posts, and we set out to find out what this section of the community thought of our services.

Initial attempts were largely failures. Young people have more interesting things to do than to commit to a long term formal group. Attempts to bribe them into discussion with pizza or to offer MP3 players in prize draws for completing surveys gave us very little real insight. Schools are not only for the children of Council tenants so it was difficult to address their issues in classes from mixed tenures.

Our workers kept saying that the national thinking is that something must be in it for young people; in other words, payment, pizza and so on. When we turned to video, we finally found something. It turns out that, given the right approaches, some young people are perfectly happy to spend some time telling us about where they live through video, with a professional film crew making it and teaching young people about the process.

On four estates we collected some really clear points about issues that affected young people there. Not all, or even most, were about housing. We were able to test the films with the wider communities to see if they agreed, and largely they did. It was then possible to take the issues out to service providers and try to provide solutions.

Contact:

Simon Godfrey

Involvement & Equalities Manager

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Useful tips for engagement as identified throughout the course of the review:

- Ensuring that all hard to reach groups are proactively consulted where relevant.
- Remember that groups have a life outside of their classified 'need'
- Use existing networks when consulting e.g. faith groups, community leaders, cultural groups, voluntary groups.
- Utilise knowledge and data already in existence e.g. Neighbourhood Management, MOSAIC and Equalities Impact Assessments.
- Be aware of the more vocal groups who may take the attention away from smaller groups/individuals.
- Use Plan English and pictures where possible.

- Remember the practicalities e.g. timing.
- Refer to the Community Engagement Framework, Haringey Compact and Consultation Management system.
- Remember that it can often be officers who are the hard to reach!

6. Suggestions for future reviews

6.1. The panel visited a Youth reparation programme session where it spoke to a group of low level offenders to gain their insight into the review. The panel found this an extremely interesting session.

- When asked about how they would like to be engaged with the panel was told that mechanisms like Facebook would be useful but only if branded in the correct way. No one present would join a group which clearly identified as being Haringey Council. This was due partly to mistrust of the Council and partly due to their perceptions of the Council (and other statutory organisations) as 'boring' and not relevant to their lives. The panel was interested to hear that they are however, happy to talk to Police Community Support Officers and they may therefore be a useful route to get information out to young people. Young people also commented on posters in buses which they have read whilst travelling around the borough, thereby being another way of communicating with young people.
- The panel was particularly impressed with the work carried out by the youth offending service and stressed its view of the importance of this service and the excellent work which it carries out.
- The panel was interested to hear the reasons why young people were involved in crime in the first place. The recurring theme for everyone present was that it was because they were 'bored'. Each individual present expressed aspirations for the future as well as a profound frustration that they were unable to get a job even in the supermarket 'just to keep them busy' and they were also interested in opportunities for work experience.
- Another recurring theme was the desire for youth centre provision and facilities such as pool and table tennis in these facilities, as opposed to computer games which 'stop people talking to each other'. The young people felt if they had more structured ways of spending their time it would prevent them getting into trouble in the first place.

Recommendation:

14. That the Overview and Scrutiny Committee commission a review into the services and resources that prevent children and young people (aged up to 14 years of age) becoming involved in youth crime.

6.2. The panel heard from a number of representatives about funding concerns post 2011, when the funding becomes part of the Area Based Grant as opposed to being ring fenced.

- The panel supports the view that in addressing the cross cutting nature of substance misuse also means that priorities of the Community Strategy will also be addressed and recognises that drug and alcohol users are marginalised groups. Also that there is a direct link to the health inequalities agenda and wider determinants of health.
- The panel therefore recommends that a review in drug and alcohol abuse be undertaken. Which considers:
 - Partnerships working both internal to the council and across the partnership;
 - The contribution of the public health agenda; and
 - Feasibility of mainstreaming.

Recommendation:

15. That the Overview and Scrutiny Committee commission a review into Drug and Alcohol abuse which includes the points mentioned above.



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Appendices

Scrutiny Review – Engaging with hard to reach communities

APPENDIX A – Contributors to the review

Name	Organisation	Email	Website
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APPENDIX B – Review submissions**AFRIKCARE**

Presented by: Ibi Campbell (Volunteer, AFRIKCARE)

WHO WE ARE:

Afrikcare was set up in 2006 as a Befriending service to the Sierra Leonean (West African) Community many of whom were Refugees fleeing the 15 year brutal civil war in Sierra Leone between 1990 and 2005. Immigration advice and support to enable Refugees settle in Haringey and neighbouring Boroughs were originally provided by Sierra Leone Family Welfare Association. The project's objectives were achieved successfully but was time limited and ended in 2007. Afrikcare then took over and continued to provide Befriending, advocacy and culture specific counselling services for this group of people. We are not funded by the council, we relied on members voluntary contributions because we support people living in Hackney, Islington, Enfield as and when needed. Determined to make sure people from our community do not suffer in silence, we were later able to identify more older Sierra Leonean people in need of support and others of West African origin, who were found to be isolated, lonely, some of whom have lost contact with families and friends and lack understanding of the social system.

HOW WE DID IT:

Many of the people we found were through:

- 'word-of-mouth' – talking to other compatriots
- network with other groups in the South East/West London – asking if they know who has arrived and whether they live in Haringey or surrounding boroughs
- attending social functions and events
- attend local Churches/Faith groups or,
- by hearing one of the Country's ethnic language spoken in local markets and shops.

We try to first establish a dialogue and rapport, to build confidence. (Many Africans are friendly and tend to trust all and sundry, however, because of the decades of war which has affected some parts of that continent, there is lack of trust, suspicion and apathy amongst those who manage to escape to a safe place. Therefore, we use certain skills based on our culture to attract these people in order to befriend and find out what their issues are, in order to signpost to other services if need be or provide direct support to the individual or families.

BARRIERS TO PARTICIPATION:

Many Older African people tend not to seek assistance because they are not aware that they could benefit from services.

- Services are usually labelled as BME, but when accessed found that they are either for Caribbean or Asian people
- Perceptions that Africans are economic migrants therefore isolate themselves from mainstream services.
- Some older African people living here felt because they have not contributed to tax and national insurance they are not entitled to benefits

- Older family members who are invited to come over as childminders and later become ordinary resident do not understand the social system , and when they fall ill or there is a family rift, they are immediately send back home because families here cannot cope with looking after them. They have limited time to engage with the Council if they are full-time childminders.
- The stigma of HIV/AIDS prevent many African sufferers not to discuss/disclose their issues, but secretly attend private clinics
- BME classification does not always provide a solution for all Africans because of the different customs/cultures/language and values.

WHERE IMPROVEMENTS CAN BE MADE

We recognise that there are limited resources, however, effort should be made to reach out to all communities. This will enable the local authority to learn and understand that we are all unique in different ways as well as contribute to the welfare of our individual communities.

- A recognition/celebrating the diversity of the Boroughs Communities by organising events for and with the different community groups.
- Advertise and promote the services available, eg. Pensions, Disability Allowance, Community Transport, Mental Health Awareness; Dementia, Sicklecell, Prostate Cancer, etc; etc at community events.
- Support the development of culture specific services
- Encourage more partnership/consortia working to manage resources
- Engage with more African led churches as they provide a vehicle for reaching out to those who would not engage with mainstream.
- Ensure that older parents who are child minders do not become vulnerable to abuse.



BME Carers

Presentation by Cenk Orhan
(Project Officer – Black & Minority Ethnic Carers Support Service)

Who are the 'Hard-to-Reach'?

Black and Minority Ethnic Groups

Younger and Older People

People with disabilities

Lone parents

Lesbian, gay, bisexual and transsexual people

Homeless people

Carers

Common difficulties

1. Written information

General measures for providing accessible written information:

The following tips will ensure your documentation is accessible:

- Text should be 12pt, preferable 14pt and in 'Arial' – Times New Roman can be difficult for those with dyslexia
- Checked for Plain English and proof read
- Avoid use of italicised fonts
- Use an even type spacing
- Justify left margins and leave right margins ragged
- Avoid printing over a background image

2. Intimated or alienated by approach

There may be a number of reasons that prevent people from confident participation. The following measure should be considered:

- Consider using telephone or face-to-face methods of consultation
- Go along to support group meetings

Staff

- Ensure that staff involved in carrying out consultation work are adequately trained in equalities issues and avoid the use of stereotypes, assumptions on behaviour or any approach, which may appear patronising or discriminatory
- There are many regular Diversity Awareness courses to assist with this

Negative Connotations with the 'Council'

- It may be appropriate to engage a consultant or other specialist organisation that can provide consultation services.
- Some voluntary organisations are very good at providing services in this field of work, as are community workers.

Lack of confidence or self-esteem 'my opinion is worthless or won't be listened to'

- Engaging with people in situations and environments that they are familiar with can break down numerous barriers, so may help in situations such as this
- Emphasise that there are no right or wrong answers

3. Etiquette

The Council's Etiquette Guide includes good practice tips on meeting and addressing people from a diverse range of backgrounds.

4. Venue Accessibility

Transport Issues

- Consider whether the venue is easily accessible or whether alternatives can be provided for people that cannot get to the venue e.g. weblinks.
- What about parking, bus fares and the cost of attending? Will they be barriers to hard-to-reach groups who may want to attend?

People with Disabilities

- Is it DDA compliant?
- Is a hearing loop already available and do you know how to use it? If there isn't one already available, can you provide one?
- Do you need a sign language translator for the meeting or focus group?
- Are there disabled parking bays available or can you provide transport to the meeting?

5. Timing and resources

- Does it clash with school holidays?
- Does it clash with the 'school-run'?
- Will the meeting be held during dark nights (a real consideration during winter)
- Does it coincide with any major religious festivals?
- If it is held during the day, have you considered those that are working?
- If you are involving other groups or organisations, does it allow sufficient time for consideration during their cycle of meetings?

Lack of time or resources

- If you are engaging with busy working families and parents, would it be better to go to them directly? Schools, after school clubs, pre-school groups etc

People unable to respond within the period for consultation

- The government usually allows around six weeks for major consultations to allow for those individuals or groups that may be busy for periods of time and may be unwittingly excluded from engaging
- With regards to the voluntary sector involvement, you may wish to refer to the Haringey Compact

6. Rarely reached by publicity material

Publicity material is in an inappropriate format

- Take advice from the Communications team on this - use their expertise and experience
- Do you need to use specialist media to engage with some groups?
- What other innovative ways can you use? Religious meeting points, Local Organisations, doctors' surgeries, schools, libraries, local food shops?

No access to internet

- Research suggests that internet-only consultation exercise may engage young people but almost certainly will not enable services to engage with all hard-to-reach groups
- Consider who is likely not to have access to the internet and those who are most likely to respond the online consultations. Will they distort the results?

Consultation Overload

Hard-to-reach groups tend to be small in numbers. We have to be aware that there is always a risk of consultation overload. Always refer to the earlier question: **will the information that I gather from this consultation enable the service to improve as a result?**

Speak to your colleagues and Organisations that know your client group well and keep everyone aware of what you are intending to do. It is likely that others' input can greatly enhance the quality of your consultation and enable a more successful path to engaging hard-to-reach groups.

Providing Incentives

The issue of paying or providing other incentives for those participating is a complex one. Options include:

- Vouchers or cash sums for focus groups
- Meals
- Childcare facilities
- Respite
- 'goodie' bags
- Discounts
- Entry to competitions

However, remember to ask yourself the following questions:

- Is it ethical? (always seek advice if in any doubt)
- Is it appropriate to the type of consultation that you are undertaking?
- Can we supply the rewards speedily?
- Can we meet a potential increase in demand that may be created by the incentive?

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NHS Haringey

What do patients want?

- information, communication and involvement in decision-making about care
- being treated as an individual
- choice where it makes a difference
- predictable and convenient access
- equitable care and health outcomes
- being safe and protected in healthcare settings.

Findings

- better provision of information to and communication with patients
- engagement of the patient in shared decision-making about treatment options
- geographic convenience and ease of transport to health services
- improvements in patient safety.

Patient Feedback

Qualitative:

- Complaints
- PALS /PPI/ LiNKs
- Local Consultation
- Qualitative Surveys
- Informal conversations
- Setting staff KPI's to include Patient Experience training
- Working with the Hard to Reach groups

Quantitative:

- Patient Surveys
- Staff surveys
- Real time Patient surveys
- Web based polling

Reaching patients and Hard to Reach Groups

Exhibitions

Exhibitions aim to convey information in a primarily visual form, with the support of one or more members of staff to distribute written information and respond to immediate questions.

Surveys and questionnaires

Surveys and questionnaires can help to generate information from a large number of respondents.

One-to-one interviews

One-to-one interviews can be conducted face-to-face or on the 'phone. Semi-structured interviews allow for more qualitative information, and aim to get feedback or explore and issue and enable interviewees to express their own feelings and concerns.

Patient diaries

Patients or carers follow a set of guide questions to keep a personal written record of their treatment and care over a period of time. This method can be used as an alternative to in-depth face-to-face interviews. In planning a patient diary exercise, involve service users in designing the guide questions to ensure they cover the areas you are interested in and areas of concern for service users.

Mystery shoppers

'Mystery shoppers' are volunteers who audit services by pretending to be service users, and then report on what they find. Mystery shopping has been used most commonly with young people to assess services such as those providing sexual health advice.

Citizens' panels

Citizens' panels are generally used to build a picture of a community's priorities, or to get a measure of public opinion on a specific issue a health organisation is working on.

Health Panels

Health panels are primarily used for exploring local people's views on policy issues and the allocation of NHS resources. Panels are usually made up of 8 to 12 people drawn from patients and the public to reflect local demographics. Each panel member has a fixed term and is then replaced by a new member.

Citizens' Juries

Citizens' Juries are particularly appropriate for involving the wider public in decision-making, about setting priorities and strategic planning choices. NHS organisations can pose difficult questions, for example on the prioritisation of services, which involve value judgements in reaching a decision. The jury consists of 12 to 16 members of the public, and members are drawn from a cross-section of the local population.

Open space events

Open space events are a large group event (15 people upwards), where participants themselves create their own programme around a pre-determined theme. Apart from the theme, there are no speakers and no set agenda, so participants decide exactly what is discussed and when. Open space events are generally run over one to three days, although it is possible to run shorter versions.

Working with lay representatives

Lay reps generally bring some experience or expertise in the issues. Because lay reps attend meetings on an on-going basis, you can build a positive relationship with them and as they are involved on an on-going basis, they can develop additional expertise in the issues. – A trial User Payments policy project is being led by Age Concern Haringey.

Service User Forums/Patient Groups

User forums are groups to 10 to 20 service users who meet on a regular basis to discuss topics of concern to them as users of a project or service.

People with cognitive and learning disabilities

A key issue for this group is the assumption that they are unable to understand the issues and make choices. It is important to explore the best ways of communicating with individuals, particularly people with more than one impairment. They may need advocacy support to prepare for and participate in meetings or discussions-but do not just talk to the advocate. Engage the service user and talk to them, even if the advocate needs to answer on their behalf. Families trying to protect those they see as vulnerable can restrict their participation so work with advocacy and self-advocacy groups.

Older people

Work with existing older people's groups and voluntary organisations, such as Age Concern. When you gather people together, always ensure the venue is accessible, offer travel expenses and provide refreshment. Be aware that technology-based systems of communication and engagement, such as email and the internet, may not be effective at reaching older people.



The Homes for Haringey approach – a briefing note

Simon Godfrey, Involvement & Equalities Manager

“People say we are hard to reach, but young black men don’t seem hard to reach when the Police want to find us”.

Reaching people is not the issue, but engaging with them is. A fairly sure way to get people to make their views known is to give them a terrible service, but of course we don’t want to do that. Otherwise, our attempts to engage people competes with the many other things they want and need to do with their time.

In Homes for Haringey, we run checks each year on the demographics of people who have worked with us more formally over the last 12 months.

Two years ago, we found that we had almost no engagement with young people. We decided to fund a year’s contract for one full time equivalent youth worker, in practice two half time posts, and we set out to find out what this section of the community thought of our services.

Initial attempts were largely failures. Young people have more interesting things to do than to commit to a long term formal group. Attempts to bribe them into discussion with pizza or to offer MP3 players in prize draws for completing surveys gave us very little real insight. Schools are not only for the children of Council tenants so it was difficult to address their issues in classes from mixed tenures.

Our workers kept saying that the national thinking is that something must be in it for young people; in other words, payment, pizza and so on. When we turned to video, we finally found something. It turns out that, given the right approaches, some young people are perfectly happy to spend some time telling us about where they live through video, with a professional film crew making it and teaching young people about the process.

On four estates we collected some really clear points about issues that affected young people there. Not all, or even most, were about housing. We were able to test the films with the wider communities to see if they agreed, and largely they did. It was then possible to take the issues out to service providers and try to provide solutions.

Neither the making of the videos nor the solutions would have been possible without the partnership and trust of colleagues from other services, especially Neighbourhoods and the Youth Service, but others too. Collectively, we can open doors to reach communities that might have been shut to any of us working alone. Here is an area for further development: if we have even quite fuzzy objectives such as ‘engage young people’, we can put our heads together to find out how, and the results are likely to be far better.

The biggest gap that we have demographically is in the age group between 26 and 55, which is unsurprising considering the demands on people at this time of life. They don’t tend to commit to established forums, but many are quite willing to give us feedback in other ways. Recent examples have been:

- The door knocking exercise in which staff knocked on the door of every property we manage and had surveys back from 4,500 as well as picking up lot of other issues
- Our Aspirations project used 25 focus groups and a series of web-based surveys
- Analysis of complaints and satisfaction surveys have identified common problems
- Running an open day instead of a conference in 2008 increased attendance from 70 to 500 across 18 ethnicity categories compared with the previous 11
- Telephone surveys were used to check residents' views on the repairs service

Increasingly we are having to broaden our view of who our 'customers' are. Where once we thought along the lines of those with whom there is a contractual relationship (tenants and leaseholders), there is a growing understanding that estates are also inhabited by their partners, children, extended families and so on. One third of leasehold properties are now sublet to people we do not provide services to directly, and we may not even know who they are, yet they are part of those communities. The kids who hang out there may live somewhere else, yet still see our housing as their patch.

Residents' associations can be tremendously useful for communities, and we do our best to support them, including providing training and funding. Yet overall, the numbers stay relatively constant – as new ones arise, old ones die out. We have added estate advocates and we are introducing 'key leaseholders' who will scrutinise the cost of communal services. All these act as conduits through which we can gather information on local issues, though obviously residents' associations can go far beyond that.

Hopefully, it goes without saying that we offer interpreters, alternative formats, accessible venues, childcare and travel support and induction loops – all the usual methods to overcome the barriers that individuals may face.

Finally, it is all about results. They don't always come, and we don't always get it right. But the one thing that makes it worth engaging is that something happens as a result and that people know something has happened. Engagement for the sake of ticking boxes is very short term. Once experienced by residents, they are very unlikely to want to engage ever again.



THE HARD TO REACH Groups:
A Crucialsteps' Perspective





A brief Profile

Crucialsteps established in 2001

Worked on the following projects:

1. New Deal (2001/02)
2. Learning support projects to NEET young people at local learning centres;(2004/06
3. Specialist Appropriate Adult (AA) Volunteers training.(2006 to date)

Local Strategic P/Ship Involvement

1. CLF (Comm. Link Forum) Board member:
2. CLF Representative on Children's Trust Board (formerly Children & Young People Partnership Board)
3. Safeguarding Adults working group member
4. Hard-To-Reach Scrutiny Review Panel

WHO ARE OUR CLIENTS / BENEFICIARIES

1. Juveniles: (10 – 16yrs olds) and Vulnerable Adults 17+
 - PACE requests from local police stations.
2. people 18+ years and live / work locally
 - Trained as Appropriate Adult (AA) Volunteers

Appropriate Adult Volunteers make welfare representations for Juveniles and Vulnerable Adults in police custody

Our Success Stories to date....

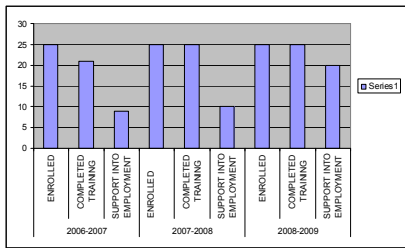
New Deal initiative: moved over 1000 long term unemployed into sustainable employment in Haringey 2001/2002.

NEET young people: a third participants retained in self development/employment goals (2004 / 2006). For more on their progress to date, visit www.myspace.com/frisco;jme;skept;shorty;maximum; to mention but a few

Appropriate Adult (AA) Volunteers training: AA volunteers' retention in the borough to date

Our Success Stories Cont'd....

AA TRAINING PROJECT PERFORMANCE (2006 – 2009)



Year	ENROLLED	COMPLETED TRAINING	SUPPORT INTO EMPLOYMENT
2006-2007	25	20	10
2007-2008	25	25	10
2008-2009	25	25	20

Who are the 'hard to reach' (HTR) groups in our work environment?

Our HTR Groups are the already identified groups of varied -

- 1. religious,*
- 2. social and economic and;*
- 3. gender backgrounds.*

What are we doing to engage them?

- Continued 121 After-Care support to monitor and sustain individual's progression;
- Sharing our experiences with others
- Seeking closer partnership framework with other strategic partners
- Keeping our trainees aware of HSP's agenda for developing the borough and its community members

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www.crucialsteps.org.uk

*WORKING WITH LOCAL COMMUNITIES TO
PROMOTE SOCIAL INCLUSION FOR EVERYONE*

REGISTERED IN ENGLAND NO: 4265696



Engaging Hard to Reach Groups North Middlesex University Hospital Trust

Director of Service Development

November 2009

North Middlesex University Hospital 

Background to the Trust

- Income around £155m a year
- Diverse patient population of c.500k (Haringey, Enfield & Waltham Forest),
- Employ almost 2500 staff, most living locally
- Activity split is 70% emergency and 30% elective
- Bed base of 280 - 330
- One of London's busiest A&Es c.130k patients a year
- Around 35,000 inpatient and day cases a year

North Middlesex University Hospital 

The services we provide



North Middlesex University Hospital 

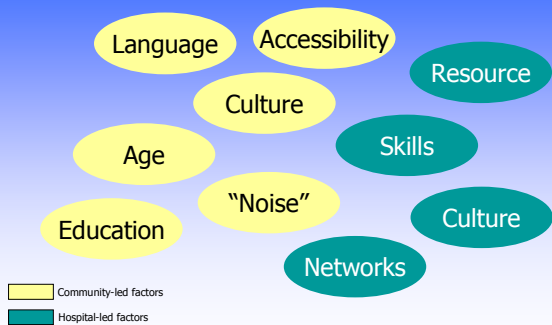
Taking "HtR" seriously

Plays a key role across our organisational objectives

1		That the patient experience is improved
DNI	1A	Provide patients with a safe environment through the introduction of the Safer Patient Initiative
	1B	Implement improved system for gaining patient feedback and acting on results
	1C	Introduce methods to improve staff attitude/behaviour when dealing with patients and relatives (person care)
5		That we become the hospital of choice for local people, providing access to the full range of health services
DSD	5A	Develop relationships with Primary Care and General Practitioners
	5B	Establish a focused approach to marketing
	5C	Develop cultural awareness across the organisation
10		That the Trust's role as a socially responsible "corporate citizen" is improved
DCEO	10A	Establish NMUHT as a focal point in the community
	10B	Continue to develop the Foundation Trust agenda
	10C	Minimise the carbon footprint of the Trust

North Middlesex University Hospital 

What makes a patient "HtR" for us?



North Middlesex University Hospital 

What are we doing about it?

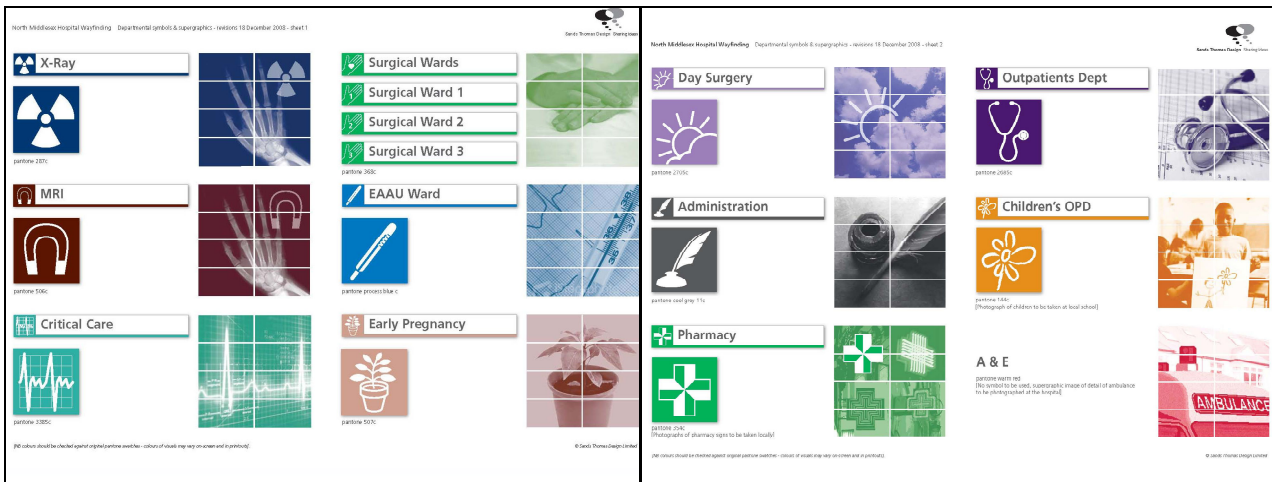
- Accessibility**
 - Way-finding Group
 - Better signage
- Language**
 - Interpreting
 - Translation
- Culture**
 - Interpreting
 - Translation
- Age**
 - League of Friends
 - Third sector
- Noise**
 - Building and borrowing networks
- Education**
 - SEN groups
 - HAVCO
- Resource**
 - Investing in communications
- Skills**
 - Training staff in relevant competencies
- Culture**
 - Setting standards
 - Managing performance
- Networks**
 - Building and borrowing networks

North Middlesex University Hospital 

Where we still need to improve


- Working out who/where the silent groups are
- Ensuring services are as accessible as possible for all (meeting a wide-ranging set of needs)
- Increasing satisfaction across our diverse users

One improvement example: Wayfinding

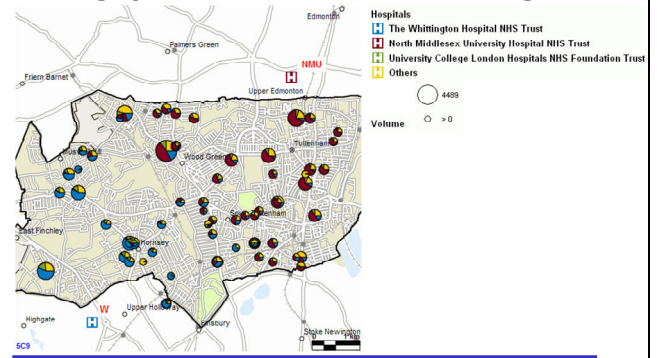



Engaging with hard to reach communities

Chris Giles
Development Manager

...the hospital of choice for local people 

Haringey Patients at the Whittington



...the hospital of choice for local people 

Haringey Patients at the Whittington Inpatients

Haringey Inpatient ethnic group split Apr 2008 - Mar 2009

Ethnic Group	Percentage	Age Group	Percentage	Gender	Percentage
A. White British	34%	0-15	16%	Female	63%
B. White Irish	3%	16-24	7%	Male	37%
C. Any other White background	15%	25-34	19%	Total	17819
D. White and Black Caribbean	1%	35-44	16%		
E. White and Black African	0%	45-59	16%		
F. White and Asian	0%	60+	28%		
G. Any other mixed background	1%	Total	17819		
H. Indian	2%				
J. Pakistani	1%				
K. Bangladeshi	1%				
L. Any other Asian background	2%				
M. Black Caribbean	8%				
N. Black African	7%				
P. Any other Black background	2%				
R. Chinese	1%				
S. Any other ethnic group	11%				
Z. Not stated	13%				
Total	17819				

...the hospital of choice for local people 


Haringey Patients at the Whittington Emergency (ED) Attendances

Ethnic Group	08/09 Haringey ED Attendances %
White: British	34%
White: Irish	3%
White: Other White	15%
Mixed: White and Black Caribbean	1%
Mixed: White and Black African	0%
Mixed: White and Asian	0%
Mixed: Other Mixed	2%
Asian or Asian British: Indian	2%
Asian or Asian British: Pakistani	0%
Asian or Asian British: Bangladeshi	1%
Asian or Asian British: Other Asian	2%
Black or Black British: Black Caribbean	8%
Black or Black British: Black African	6%
Black or Black British: Other Black	4%
Chinese or Other Ethnic Group: Chinese	1%
Chinese or Other Ethnic Group: Other	17%
Not Recorded/Not Stated	6%

...the hospital of choice for local people 


Patient Engagement

- PPI (Patient Public Involvement)
- Improving the Patient Experience
- Patient Interviews
- Focus Groups
- Community Based Services
- Complaints
- Trust Membership

...the hospital of choice for local people 

Engaging Hard to Reach Groups

- Interpreters/Advocates
- Minority Group Engagement
- Clinically Focussed Engagement
- Community Representation
- Schools/Further Education
- Press/Advertorial

...the hospital of choice for local people 

Engaging Hard To Reach Communities

Neighbourhood Management

Neighbourhood Management Supporting resident involvement

- Overall aim to increase resident involvement, participation and community cohesion.
- Neighbourhood Management Teams act as intermediaries between service providers and residents
- Neighbourhood Management Teams work with residents, services and partners to identify and define local needs and priorities

Supporting Community Groups

- Fundraising – developing bids, identifying funders
- Capacity building and Access to Services
- Mentoring and training programmes
- Project Development
- Small project grants
- Involvement in Neighbourhood Management activities
- Access to resources (publicity, meeting space)

Identified Hard To Reach Groups

- Refugees and Asylum Seekers
- Kurdish, Somali, Congolese, Angolan, Turkish etc
- Polish, Romanian and other Eastern European Countries
- Haredi Jewish
- Elderly and Disabled
- Young people
- Gay, Lesbian and Transsexual communities

What NM is Doing to Identify and Engage 'Hard to Reach' Groups

- Working in Partnership e.g. Children's Centres, Resident Associations, multi-faith working
- Communication and information share with HAVCO & Voluntary Sector
- Research Community Groups, Internet, HAVCO, Schools/ Children Centre, GP Surgeries and Community Organisations

The Barriers To Engaging Hard To Reach Communities

Partnerships

- Lack of resources and capacity within community to actively participate
- Community groups do not understand the benefits of partnership working
- Unequal partnerships
- Lack of understanding of needs and priorities, culture

Individuals

- People distrust the council and the services
- Communication, Jargon, language distribution format and sites
- Services are not tailored to community needs and there can sometimes be a 'one size fits all'
- Not enough resources (financial & Human)
- Perception that nothing changes 'powerlessness'

Where Improvements Could Be Made

- Improved strategic planning
- Joined Up working - operational
- Targeted Outreach In the Neighbourhoods
- Resources and Funding to Empower Individuals and Community Groups
- Capacity Building local groups

Engaging with hard to reach groups

Adult Services, ACCS

1.0 Who are our hard to reach groups?

Who is considered hard to reach can vary greatly within adult social care. There are however there are a number of common groups considered hard to reach in relation to adult services including:

- Older people from some community groups
- Asylum seekers
- Gypsy/travellers
- LGBT communities
- BME communities
- Some informal carers
- Vulnerable adults
- Some single parents

2.0 Why are these groups hard to reach/barriers to engagement?

- May have misgivings about contacting the local authority when in need
- Language barriers
- Physical disabilities
- Mental health
- Lack of time to engage
- Lack of interest in engaging

3.0 Policy context in Adult Social Care

Engaging with hard to reach communities is a critical success factor within adult social care services, to ensure that we are delivering quality services to our whole community. One key area that adult social care must ensure we do well is facilitate people to make a positive contribution; including:

- Support to take part in community life, by continuing to engage with hard-to-reach and minority groups
- Facilitate active voluntary sector engagement and contribution in improving services for people of all communities
- Take on board all community experiences and views (people who use services, carers and residents) in how service improvements are shaped.

Transforming Social Care is another important policy driver in working with hard to reach communities, with a much higher emphasis placed on local authorities to facilitate all communities having access to appropriate preventative, universal services; more choice and control over the assessment and service planning/delivery processed; and facilitating the growth of 'social capital'¹ across community groups. The key deliverables of Transforming Social Care are represented in the diagram below:

¹ **Social Capital** describes the pattern and intensity of networks among people and the shared values which arise from those networks. Greater interaction between people generates a greater sense of community spirit

<http://www.statistics.gov.uk/CCI/nugget.asp?ID=314>



Figure 1 – the four quadrants of transforming social care

4.0 What we are doing to reach these groups?

4.1 Use of evidence - Needs Assessments

- The [Borough Profile](#) draws upon a wide variety of information and data to build a detailed and comprehensive picture of Haringey. It provides statistical data and analysis on demographics and socio-economic factors within the borough.
- **Case Recording** We collect information on the equality strands of Age, Gender, Disability, Religion & Ethnicity. This is reported upon quarterly and measured against the demographic profile of the borough. This information is reported into the ACCS equalities forum and to DMT. It has also influenced the business plans with projects such as free swimming for over 65s.
- **Research Governance Framework**
In April 2008 we implemented the Research Governance Framework for social care, an ethics framework, to protect the rights and interests of social care service users in any research and consultation that involves them, their personally identifiable data, or the staff who work with them. As research is completed and the results analysed, the resulting knowledge will be available to inform strategic planning.
- The [Joint Strategic Needs Assessment \(JSNA\)](#) is a continuous process of gathering information about the current and future health, care and well-being needs of the population. The JSNA will be used to inform service planning and commissioning strategies, by looking at the 'big picture' of the local population, specifically groups whose needs are not being met. To address some of the knowledge gaps further needs assessments are being undertaken in relation to:
 - Older People (phase 1 complete)
 - Sexual health (led by NHS Haringey)
 - Mental Health
 - Vulnerable children and young people

- Population change and growth
- Autistic Spectrum Disorder
- Learning Disabilities
- Alcohol
- Turkish/Kurdish Community

These assessments will identify needs of particular groups but may also identify groups with needs of which we were unaware. For example the Mental Health Needs Assessment looks at BME access to mental health services, cultural barriers to accessing mental health care such as stigma and discrimination and ways to overcome this.

Consultation will be completed as part of each assessment. For example as part of the Mental Health Needs Assessment, stakeholder interviews were undertaken with health and mental health services and service users were engaged through a consultation day.

The development of the JSNA is overseen by a Steering Group with members from Haringey Council, NHS Haringey, HAVCO and Homes for Haringey. A new shared data platform for population needs assessment or Haringey: Our place, Local Information System, is currently being developed. The JSNA data along with the borough profile and other needs assessment information will form part of the evidence base available to partners to use to target resources and services more effectively.

5.0 Examples of what we are doing to reach these groups?

5.1 Consultation

5.1.1 [Experience Still Counts](#)

Older people living in Haringey have been fully involved in developing Haringey's strategy for older people, Experience Still Counts by helping to plan the consultation, participating in a one-day event and focus group meetings throughout autumn 2008. The information feedback to us by Older People was used to inform the priorities of the strategy. Pre-consultation, HSP reps from council, health and the voluntary sector met with older people from the Older People's Partnership Board and the Haringey Forum for Older People to discuss how the event should be organised and what factors needed to be considered to make this engagement with older people work effectively.

This included:

- Offering transport or help with travel
- Ensuring the event started at an appropriate time for older people, e.g. giving them time to travel there using bus passes (at the date of the consultation, freedom passes could be used only after 9.30am).
- Providing refreshments and, if the day included food, ensuring that choices were culturally appropriate with options for special dietary needs.
- Using the invitation to ask about requirements for hearing loops, translation needs, food and travel.

Feedback was provided to all those who influenced the development of the strategy through consultation:

- The strategy, delivery plan, equalities impact assessment and information on how community views influenced its development can be viewed on Haringey Council's website.
- Paper copies of the strategy and delivery plan have been distributed to all older people who participated in the development of Experience Still Counts 2009-2012.
- Older people will continue to be engaged in the implementation of the strategy as the Older People's Partnership Board has the responsibility for monitoring the delivery of the strategy.

5.1.2 Haringey Adult Carers Strategy consultation

The following groups were key stakeholders involved in shaping the revised Strategy (January-April 2009):

- Unpaid adult carers of adults living in the borough of Haringey (via Carers Register)
- Voluntary sector and community organisations
- Health partners
- Council partners

The main methods of consultation were a questionnaire survey of carers views and a carers consultation event. A Carers Strategy sub-group, of eight carers, was involved from the outset in developing the Strategy including consultation.

5.2 Cultural awareness community events

- Haven Day Centre- a Turkish breakfast to celebrate the last day of Ramazan Byrami, Diwali celebration and a two day Black History celebration.
- Abyssinia Court Drop-in Centre Black History Month celebration

These celebrations linked in with the Council's values of working together, offering choice, life long learning and the opportunity to socialise to service users, in the wider context of the Well-being Strategy for Adults 2007-10.

5.3 Surveys and Campaigns

5.3.1 Carers Survey 2008/09

150 carers who have been assessed since April 2008 were selected through using Department of Health techniques for picking random samples. Translated surveys were provided when required, at the service user's request and support was offered in completing the survey if a disability/language barriers prove completion difficult at the service user's request.

5.3.2 Claim-It

In September 2008 officers from across the Council, in partnership with staff from Haringey Citizens Advice Bureau, Haringey Carer's Centre, Haringey Age Concern and the Department for Works and Pensions, ran a week long awareness campaign in Wood Green High Road to promote the uptake of benefits. Members of the public were given leaflets as they passed on the street and invited to a benefits check in the Wood Green Library. 500 people were provided with advice through the Claim It initiative and 200 people were identified as likely to be entitled to some additional benefits.

5.4 Partnerships

We have revitalised our Carers' Partnership Board; it is now chaired by the dignity in care champion, a councillor who is herself a carer, and has 19 other carers as members, with a high representation from BME communities.

There are a number of other forums that are designed to meet the special needs of particular groups, all of which have strong representation from a cross section of community groups – for example: the Learning Disabilities Partnership Board; Haringey Forum for Older People; and Mental Health User Forums. This engagement takes place on an ongoing basis, and in many different forms.

Haringey Forum for Older People (HFOP) have a successful and innovative 'reaching out' programme of visits, which enables peer-to-peer conversations between older residents to capture the views that need to inform commissioning arrangements. The Forum reports back regularly to the Older People's Partnership Board regards the outcomes of their programme visits. This has for example included:

- Visits to for example, the Phoenix Group, Nigerian Organisation of Women, African Women's Welfare Group, Mitelee Centre, various Sheltered Housing,
- Reviewing how to get more older men actively involved in the forum itself

Additional engagement includes the following:

- Dignity in Care Champion
- Older People's Champions
- [Public Forums for Leisure Centres](#)
- Haringey Mobility Forum
- [Mental Health User Forums](#)
- Learning Disabilities Outcomes Survey
- User Outcomes Survey
- [Haringey LINK](#)
- Patient representatives' input into customer care standards
- Expert patient programme
- Patient representative on procurement panel for diabetes service users
- BME Mental Health Network
- BME Mental Health Carers Network
- Making a positive contribution sub-group
- Haringey Advisory Group On Alcohol – client forum
- [Haringey Learning Disability Partnership Board](#)
- [Haringey Learning Disability Partnership Carers Forums](#)
- Drug and Alcohol Action Team service user involvement
- Drug and Alcohol Action Team carer involvement

6.0 Where improvements can be made?

- Increased use of complaints information to improve services
- Improved equalities monitoring of services, to inform strategic planning and service delivery, to ensure services are being accessed by a wider range of community groups.
- Better use of existing data to inform service delivery.
- Using 'Transforming Social Care' as a lever to enable hard to reach groups gain access to services where appropriate, and support the growth of 'social capital', including social enterprise.
- Developing other innovative approaches to building 'social capital', including strengthening volunteering arrangements, and working with groups such as 'Participle', who have approached the Council to be a strategic partner in launching their 'Get Together' service (successfully piloted in Westminster in 2009.) This is a people matching, telephone based service, using technology to match isolated older people with one another, offering: individual introductions between people who have similar interests and hobbies; phone groups of up to 7 members to discuss specific topics, using teleconferencing technology; trips with group members, including transport and access to mobility scooter hire; and, activities at home.

From: MARGARET FOWLER [mailto:margaretfowler638@btinternet.com]
Sent: 18 January 2010 21:46
To: Ponomarenko Melanie
Subject: RE: Engaging with hard to reach communities

Melanie,

When I came back from 12 years voluntary work overseas I couldn't get back into work with CONEL or HALS because I was past retirement age and didn't have a PGCE. I have ESOL and TEFL and Literacy qualifications but you now need a PGCE as well.

I was very conscious from meeting friends I have and from my family's friends that there are many people out there who do not understand enough English language to manage their lives, especially women. In my experience, educate the women and you educate the world! My daughter is married to a Turkish man and my son to a Nigerian girl.

I tried to contact HAVCO about linking up as a volunteer but they weren't very responsive so I wrote to BME women's groups in the Borough offering basic English lessons, conversation, form filling, letter writing etc. I used to do this type of work in the Borough in 1980- as part of the Literacy Scheme which ran in Mattison Rd.

I received more responses than I could cope with and started at The Mitalee Centre and The African Child. PHASCA offered some time for lessons to Mums who take their children to their Homework Club and often need to fill in forms and discuss issues of health and education as well as have a social chat in English. I have since changed The African Child for AWWG. The Directors of these Groups have persuaded their members to come and regard it as an opportunity to get the women to discuss and chat in English as well as filling in forms etc. I encourage them to bring forms and letters they need to respond to and we do some general reading and comprehension and discuss issues arising around their family's health and education and life in general. I take along leaflets on current issues which I pick up in the library and other places where information is on show. This is the only way some of them get any idea of what is happening around them. Their husbands are not always very informative and often don't encourage English speaking. Many of the women are not literate in their own language let alone English so fall out of the present areas of education. All ages are included. I encourage discussion and asking and providing of information. They often realise they can support one another's needs. The sessions are for 2 or 4 hours a week.

I would like to be able to produce an annotated list of where to find basic information and support ,perhaps on a Ward basis as part of the Community Engagement Framework in Haringey.

The background for all this actually stems from my younger son telling me in 1980 that he had to tell his friends off at the Drayton School (now the Gladesmore) for making fun of their mums in shops because they couldn't read the instructions on the produce in English.

Best Wishes
Margaret

Engaging with Hard To Reach Groups
Drug & Alcohol Action Team

1.0 Introduction

- Drug/and or alcohol users are one of the most marginalised groups within Haringey
- Within this group there are those who are arguably even more vulnerable/difficult to engage, namely
- BME drug and alcohol users
- sex workers
- economic migrants
- those with a Dual Diagnosis
- parents – particularly single parents
- those who ‘care’ for people with drug and alcohol problems
- women experiencing DV
- LBGT

2.0 What are the issues

This group face a wide range of health/public health and social problems for different reasons:

- Housing/employment issues – key drivers for migrant street drinker’s alcohol use and factor in preventing drug/alcohol users re-integrate following treatment.
- Lack of recourse to public funds (cannot access specialist alcohol treatment.
- Language Barriers
- Non registration with GP (many Drug users will not have a GP).
- TB in Haringey’s Somali Community – through the use of Khat in Mafrishes
- Violence from ‘punters’ to female sex workers (often unreported to the Police).
- Fear of loosing children if disclose drug/alcohol use
- Stigma/shame of being drug users and ‘victim’ of DV
- Carers of people with D & A problems hidden and their needs not recognised within wider carer field
- Dual Diagnosis clients being balanced between mental health and drug/alcohol services.

3.0 What are the DAAT doing to address this

Migrant Impact Funds Monies

Haringey Drug & Alcohol Action Team were successful in securing time limited monies from Home office to:

Do three projects

1. **Migrant Street Drinkers Project** – Research and action planning into developing longer term approach to street drinkers, in particular migrant street drinkers (interim report available) – actions will be carried forward into next years Alcohol; Strategy Action Plan.
2. **Migrant Sex Workers Project** – bolt onto SHOC’s existing provision. Aim to better understand needs of migrant sex workers and get a handle on how many may be ‘trafficked – evaluation/research built into this so we can share best practice across London and develop appropriate model.

3. **TB in the Somali Community** – monies to raise awareness of spread of TB through the chewing of Khat and encourage more people to come forward for screening/ treatment if necessary.

The original proposals and PIDS are available upon request.

Building Unity Back into the Community (BUBIC)

The DAAT have worked alongside BUBIC in supporting the development of a user led service, set up by predominantly ex BME crack users. The service has been commissioned since 2005 as a key means of accessing BME communities into drug/alcohol treatment. The service won the 2008 Home Office London Drug Awards and plays an important part in providing a 'whole family' culturally specific service to people with drug and alcohol problems in the borough. It is co-located with EBAN (see below).

EBAN

The need for a crack/poly drug service that was relevant to people from the African Caribbean community, the homeless and sex workers was identified in the DAAT 2005 annual Needs Assessment. The service was tendered for and operates out of premises in Bruce Grove – with BUBIC. The National Treatment Agency For Substance Misuse - at a recent celebration event (Nov 09) recognised the service as 'being years ahead and what we want drug services to look like'.

SHOC

Sexual Health on Call have been commissioned for several years by the DAAT and NHS Haringey to provide a much needed outreach/flat based service to female sex workers.

Chrysalis – Carers Project

A small project offering support/group work to family members (usually mothers) caring for someone with a drug or alcohol problem.

DUAL Diagnosis Service

A service commissioned to meet the dual needs of those with substance misuse and mental health problems –works in the community and on the wards at St Anns. The contract for this service will be reduced due to reduction in the PTB in 2010/11.

3.0 How we Engage/listen

User Involvement Strategy

The DAAT developed a User Involvement strategy in 2005 which spelt out to service users how they could get involved in the planning and commissioning of services. User involvement operates at a service level and strategic level with user reps on the DAAT, JCG and TTG Boards/Groups. Appropriate remuneration has been key to the continued involvement and success of the strategy. The Wellbeing Board have used this as a model for developing payment system for service user involvement across the partnership.

Carer Involvement

The involvement of carers in the planning and commissioning of services is not so well developed as User involvement – however, carers are represented on the DAAT Partnership Board, Joint commissioning Group and Treatment Task Group. As mentioned above the DAAT have commissioned a separate carers support group in recognition of the unique needs of these carers who do not feel ‘comfortable’ in main steam’ carer services.

Annual Needs Assessment

The annual Needs Assessment informs the planning and commissioning of drug/alcohol services in the coming year. A key part of the assessment is hearing the views of existing service users and trying to access that not in treatment to hear what the gaps are and how we can improve services.

4.0 How could things be improved?

All of the services/projects described above are reliant on external funding/grants e.g. the Pooled Drug Treatment Budget/and or time limited e.g. the Migrant Impact Fund.

Year on year reductions to the Pooled Drug Treatment Budget has resulted in the DAAT having to decommission services that are not strictly focused on meeting the key National Drug Indicator (NI40) – which aims to maximise the number of crack/heroin users (exclusively) entering and being retained in structured drug treatment. This leaves little room for innovation and the ability to respond to the diverse needs of Haringey’s drug/alcohol population. It also makes it more difficult to continue to commission lower threshold (tier 2) services.

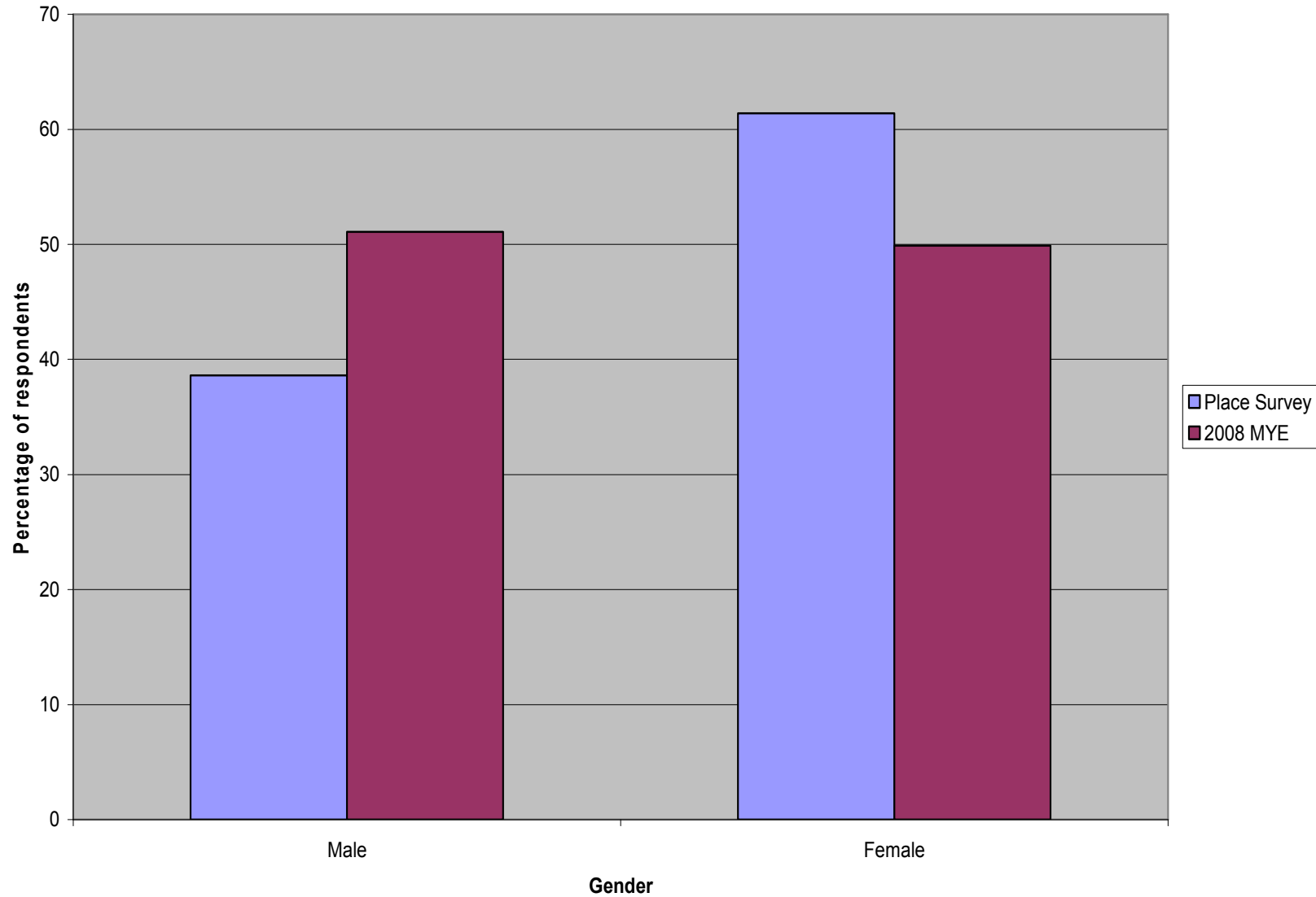
Improvements could be made by:

- mainstreaming some of this work - so that is not solely reliant on external funds - with exception of limited PCT funding into SHOC all other services are commissioned out of DoH PTB monies.
- recognising that drug and alcohol issues are multi-faceted and cut across all of the key priorities of the Community Strategy and many of our chosen NI from worklessness through to crime (particularly acquisitive crime) – so by addressing drug and alcohol issues the partnerships also meets the wider targets.
- Better joining up of the public health agenda with the drug/alcohol agenda – this has partly been helped by having DAAT representation on Wellbeing Board
- Better joining up with ACCS – particularly in terms of commissioning and the Personalisation Agenda
- Developing greater awareness of the hidden harm agenda in relation to child protection – again recently improved by addition to DAAT to LSCB.

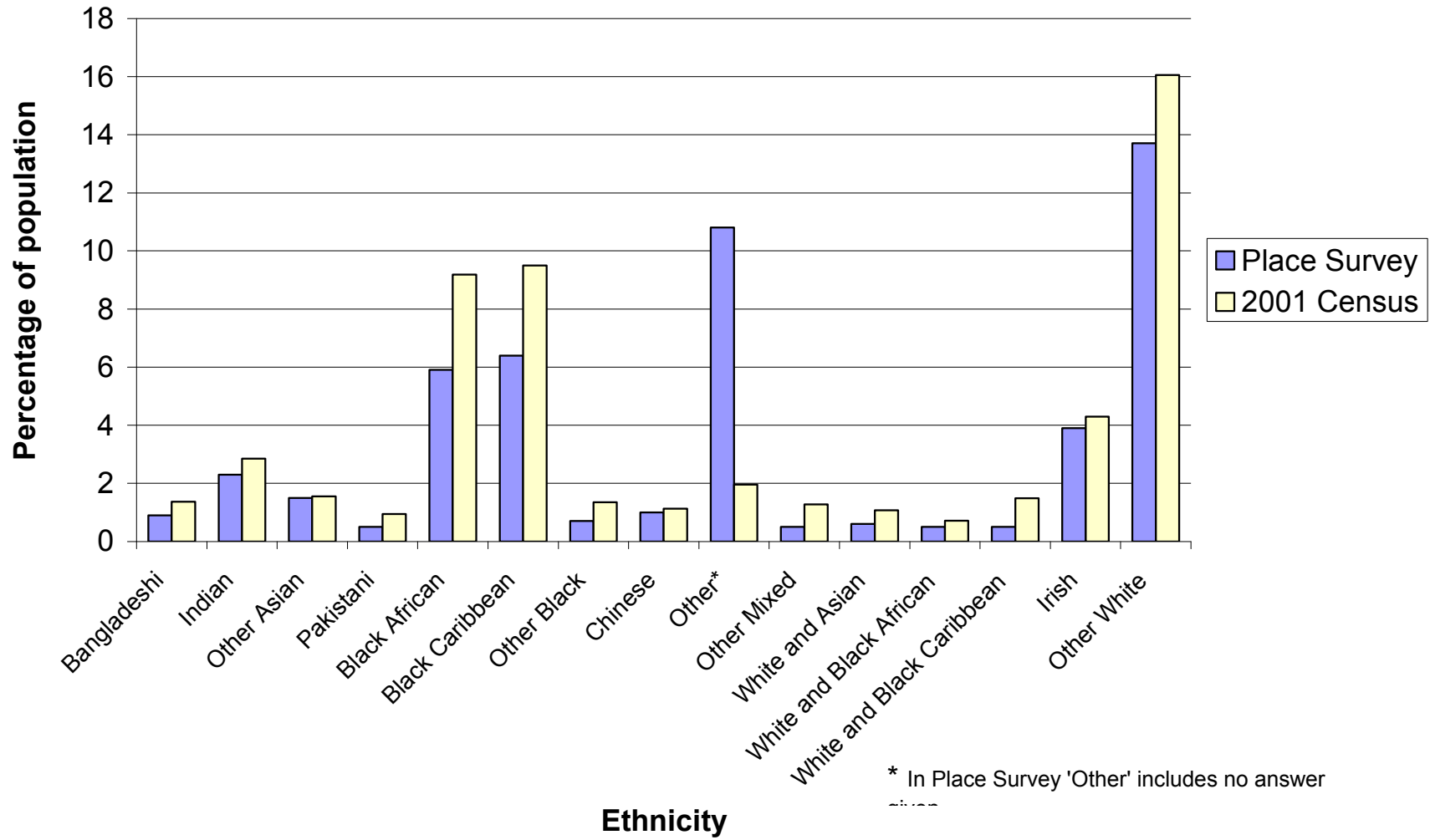
The following groups were identified as 'hard to reach' during the course of the review, in submissions, discussions or at panel meetings.

Bulgarian
Romanian
Illegal workers
New communities
Eastern European – e.g. Lithuanian and Albanian
25-34/40 Yr olds (time poor people)
Older Black
Tenants
Orthodox Jews
Drug users
Sex workers
Lone Parents
Muslim Women
Homeless (both those in Temporary Accommodation and rough sleepers)
Those not registered with a General Practitioner
Ex-Offenders
Older people with dementia
Lesbian Gay Bi-sexual and Transgender
Charedi Jews
Congolese
The Somalian Community
The Romanian Gypsy Community
The Irish Travellers Community
Elderly/Vulnerable
Persons with disabilities
Teenagers particularly young white males
Full time professional people
Landlords
Travellers
Turkish
Polish
Black and Minority Ethnic Groups
Older People
People with disabilities (outside of partner structure)
Lone parents
Homeless people
Carers
Dual diagnosis
Young people at conflict with the law
Faith Groups

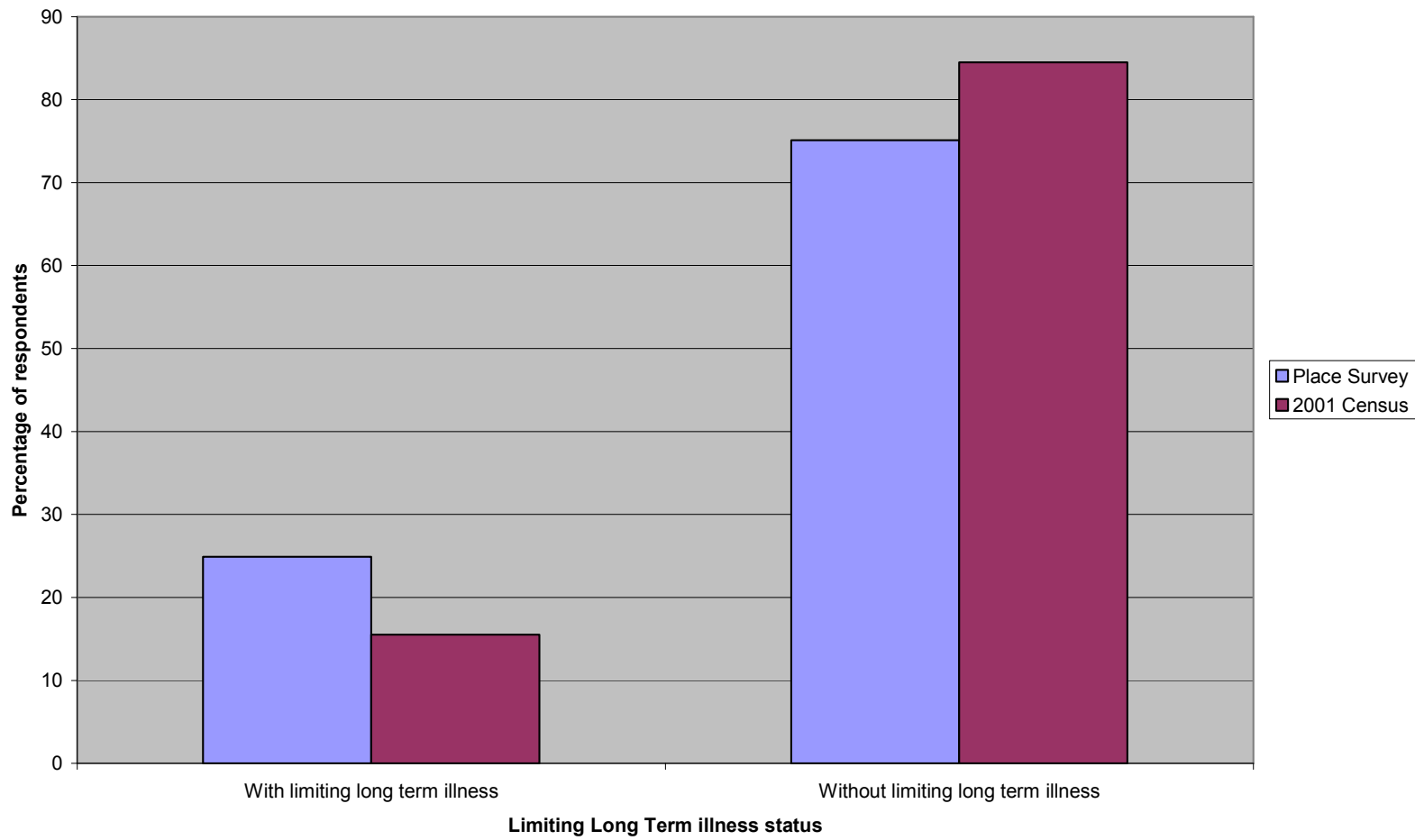
Percentage of Place Survey respondents by gender compared with percentage of population by gender according the Greater London Authority Mid Year Estimates



Percentage of Place Survey respondents by ethnicity compared with percentage of population by ethnicity based on the 2001 census



Percentage of Place Survey respondents with/without limiting long term illness compared with percentage of population With/without limiting long term illness based on the 2001 census




Overview and Scrutiny Committee
On 15th March 2010

Report Title: **Scrutiny Review of Sustainable Transport**

Report of: **Councillor Mallett, Chair of the review panel**

Contact Officer : Martin Bradford

Email: Martin.bradford@haringey.gov.uk

Tel: 0208 489 6950

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 Strategy Outcomes and relevant LAA targets:

- Environmentally sustainable future
 - NI 175 – Access to services and facilities by public transport (and other specified modes)
 - R186 – Per capita CO2 emissions in the LA area.
- Healthier people with a better quality of life
 - NI 119 – Self reported measure of people overall health and well being.

3.2. The current self-assessment has highlighted key challenges for Haringey:

- is to meet a local target of 0% traffic growth
- encourage more sustainable methods of travel

3.3 Priorities stated in the Council Plan 2009/10

- Promoting sustainable transport
- Reducing traffic congestion

3.4 Greenest Borough Strategy (2008/18) -

- Priority 6 Promoting Sustainable Transport

4. Recommendations

4.1. Review recommendations are laid out in section 2 of 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

7. Summary

In June 2009, the Overview and Scrutiny Committee commissioned a review sustainable transport in Haringey.

The review had a number of key aims:

- Assess the barriers to improved uptake of sustainable transport
- Assess the role of smarter travel initiatives in promoting in encouraging greater take up of sustainable transport
- Identify areas for more aligned working, shared learning and good practice across the HSP

Key findings of the review:

- There is a need to establish a partnership subgroup to support the delivery of sustainable transport in Haringey
- That existing initiatives to promote sustainable transport should be coordinated through a branded programme overseen by a local stakeholder group
- Smarter travel initiatives (travel planning, travel information, car clubs) offer an effective and cost efficient tool for promoting sustainable travel
- Travel planning should be a key component of sustainable travel initiatives and these should be focused on those activities or organisations which are significant

trip generators in the borough (e.g. schools, workplaces)

- There are evidently a number of interventions locally which have been very successful in delivering modal shift (school travel planning and car clubs)
- Given the number of shared policy objectives (reducing carbon emissions, reducing pollution, improving health and well being) sustainable transport offers a number of opportunities to further align work programmes across the HSP.

8. Chief Financial Officer Comments

'In general the recommendations within this report can be actioned without a need for additional funding to be allocated. However, due to the number of recommendations this may require a re-prioritisation of existing resources.

It should be noted that not all recommendations are within the Council's direct control, either because the main funding source lies elsewhere (such as Transport for London for 20 mph zones) or because the policy decision lies elsewhere such as the changing of operational hours for bus lanes. In these instances the Council's direct influence may be restricted to lobbying the appropriate bodies.

If in exploring any of the recommendations further actions are suggested that have a significant cost, it will be necessary to get Cabinet agreement for funding before such work should progress. An example here might be the review of Parking policy.'

9. Head of Legal Services Comments

'The Head of Legal Services notes the contents of this report. There are no legal implications arising from the review at this stage, however implementation of many of the recommendations will require statutory consultation and the Council must keep in mind any relevant statutory duties (for example consider any equalities issues that may be arise) during the decision making process. Any specific legal implications can be addressed as the recommendations are moved forward and implemented.'

10. Service Financial comments

10.1. The report focuses on strategic and policy issues arising from partnership activity with regards to sustainable transport.

10.2. The recommendations in the report have been consulted on by the panel and it is felt that they can be covered within existing resources as part of the work and work planning processes of the partnership.

10.3. Any specific direct financial implications arising from the recommendations will be included in the formal response to the review by the Council and its partners.

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

11.1. N/A

12. Equalities & Community Cohesion Comments

12.1 The ultimate purpose of transport is access to work, education, goods, services, friends and family. A challenge for the sustainable transport strategy is to identify equitable initiatives that will maintain and improve access for all sections of the diverse community, especially those individuals and groups who are traditionally under-represented, or socially excluded for reasons such as worklessness, gender, age, disabilities and impairments.

12.2 It is important that there is a diverse representation of individuals and groups in all engagement, consultation and working group arrangements. It is recommended equal opportunities monitoring is included in all monitoring arrangements so that progress in increasing the participation and involvement of under-represented individuals and groups can be measured.

13 Consultation

13.1 Throughout the scrutiny review process views and evidence was considered from council departments (sustainable transport, planning, Greenest Borough Strategy) partners (NHS Haringey), transport groups (Transport for London, Sustrans, London Cycling Campaign, Campaign for Better Transport) and other local authorities (Peterborough City Council, Sutton Council, Hackney Council).

13.2 The review has involved local transport and community groups including Haringey Cycling Campaign, Sustainable Haringey and Haringey Living Streets, Haringey Disability First Consortium. One of the scheduled panel meetings was held jointly with the Haringey Transport Forum, a consultative group for local transport issues.

13.3 As part of the review process, a survey with key partners within the HSP was undertaken to ascertain the nature and level of sustainable transport provision across the partnership.

14. Use of appendices /Tables and photographs

14.1 Please see contents page in main report for appendices.

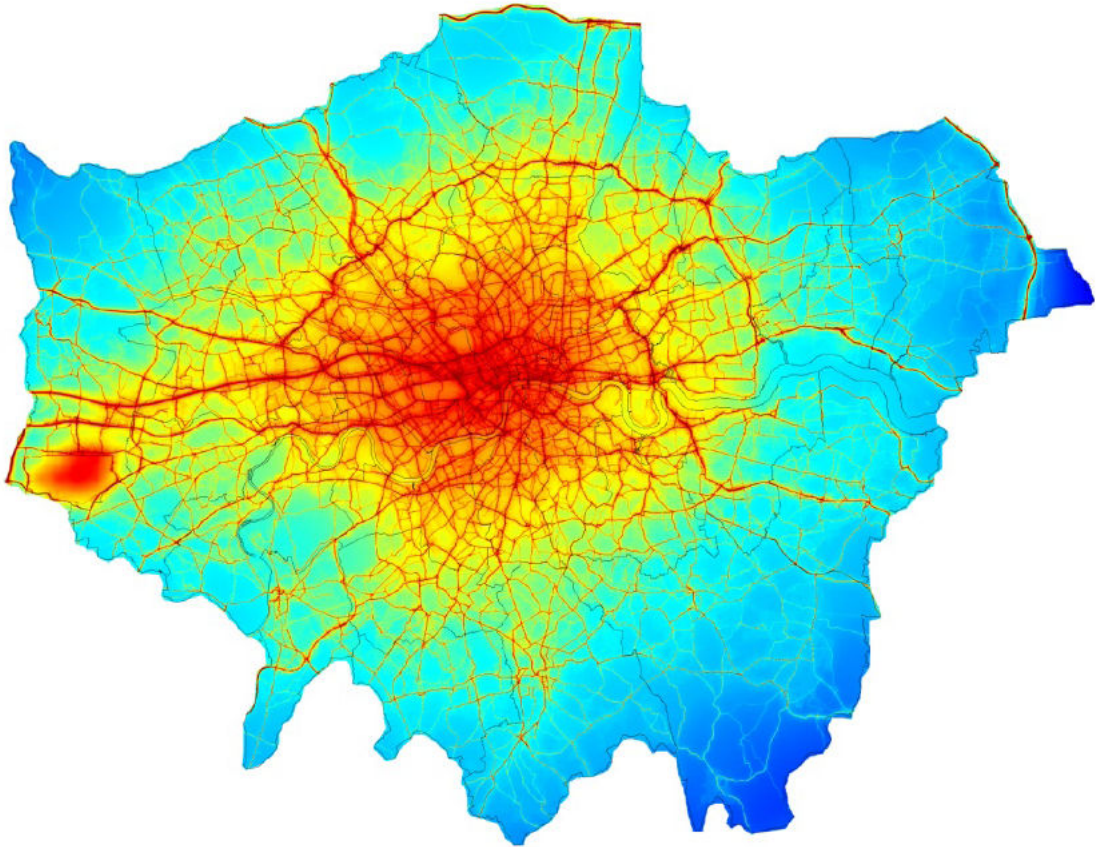
15. Local Government (Access to Information) Act 1985

15.1 A full list of all data sources are fully referenced in the body of the attached report.

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Scrutiny Review of Sustainable Transport in Haringey



www.haringey.gov.uk

**A REVIEW BY THE OVERVIEW AND SCRUTINY
COMMITTEE**

March 2010

For further information:

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Foreword

It has been a great pleasure to conduct this review, supported by Cllrs Santry, Beacham and Weber, as well as numerous enthusiastic community members and representatives of local interest groups.

The private car is a major contributor to CO2 emissions, which we in Haringey have a target to reduce considerably. We are helped in this by a relatively good public transport network, although routes across the borough could do with some improvement.

However, the car remains an aspirational good for many of our residents, which is one of the reasons why we have a number of recommendations to build on and extend the success of the local car club scheme.

There are major health gains to be reaped by having more people walking or cycling to work, school, or college. These need to be emphasised when asking people to change their behaviour. There is considerable room to encourage people to use their cars less, particularly for short journeys, where fuel consumption and emissions are high per mile travelled. We learned that we have access to MOSAIC data which should enable us to identify people who are more apt to change their mode of travel.

In some cases, we learned that our partners in the Strategic Partnership would stand to gain if we were successful in persuading people to take up more active forms of transport, e.g. walk to work. It would be helpful to have a unified approach so we could all 'lead by example'. The new member champion for cycling could help with this role.

Much good work is going on already in Haringey, but our impression was that it tended to be in isolated 'pockets', and in order to have an impact, it needs to be brought together as a package and branded. This does not necessarily have to be an expensive undertaking, and we should be able to gain from experience in other boroughs where this has been effective. One suggestion

was a travel information pack for people moving into the borough to be given out by estate agents.

The committee was heartened by the receptiveness of the Sustainable Transport department to our suggestions, so much so that some of our recommendations were taken up before the review was even completed, e.g. Biking Borough.

Lastly, I think all members would like to express our heartfelt thanks to Martin Bradford for his support, commitment and hard work on this review. It would not have been possible without him. I trust that our recommendations will be taken up and will make a considerable contribution to an improved environment and help achieve our target of a 40% reduction in CO2 emissions by 2020.



Cllr Mallett (Chair of the review panel)

Members of the sustainable transport scrutiny review panel:

Cllr Beacham

Cllr Mallett (Chair)

Cllr Santry

Cllr Weber

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1. Executive Summary

- 1.1 Safe, efficient and reliable transport systems are integral to the way society functions. It has increasingly become evident however, that some elements of these transport systems have a detrimental impact on the environment, the communities in which people live and on people's individual health and well being.
- 1.2 The dominance of the car and other motor vehicles within transport systems is very apparent: a car is used for 63% of all journeys and accounts for 80% of the total distance travelled. Furthermore, it is noted that nationally, car ownership is becoming more widespread. The dominance of the car in peoples travel choices has had a detrimental impact on traffic congestion, carbon dioxide emissions, air quality and adult physical activity.
- 1.3 In this context, the need to promote more sustainable modes of travel such as walking, cycling and public transport is self evident. As local data demonstrates, there is significant potential for people to make the switch from car usage to other more sustainable forms of transport: in Haringey, 60% of all trips are less than 3km and 48% of all trips made by car are less than 3km.¹ Many of these car journeys could be undertaken by more sustainable modes of transport.
- 1.4 Whilst there is little contention about the potential for modal shift, the effectiveness of those processes through which it can be achieved has been less certain. Policymakers have however begun to make use of a number of tools to encourage greater use of sustainable modes of transport which have included influencing peoples travel behaviour, measures to limit the demand for car usage and technological advances.
- 1.5 Whilst this scrutiny review has sought to assess the contribution of many of these policy tools to the uptake of sustainable transport, the focus has been on how modal shift can be achieved through encouraging people to change their travel behaviour, or so called 'smarter travel' measures. The panel heard substantive evidence from independent experts, transport organisations and other local authorities to the effect that this approach can offer an effective and cost efficient approach to promoting sustainable transport.
- 1.6 The review has however been wide-ranging, and has undertaken a comprehensive assessment of broader sustainable transport issues. It should be emphasised that whilst the review has focussed on how more people can be encouraged to walk and cycle or use other forms of sustainable transport, it was not the intention to be anti-car. Indeed, it has looked at ways in which people could be encouraged to use their cars differently such as car share, or even to switch from car ownership to joining the local car club. The following provides a summary of the main conclusions made within the review.

Building sustainable transport partnerships

¹ Haringey borough profile (www.haringey.gov.uk)

- 1.7 Throughout the review process, it was evident that the promotion of sustainable transport offered further opportunities for partnership working within the HSP. Encouraging people to use their cars less and use more active forms of travel, such as walking and cycling, has helped to identify shared policy objectives within the HSP including reducing carbon emissions, encouraging sustainable development, improving health and promoting social cohesion. The panel felt that by linking these priorities across the HSP a more strategic and effective approach to promoting sustainable transport could be developed in Haringey.
- 1.8 In this context, the panel concluded that new partnerships with health agencies would be particularly important as the improved health and well being message was critical in encouraging greater uptake of active travel. The panel heard of a number of innovative projects which illustrated the significant benefits that transport and health partnerships can bring and concluded that there was potential to further align the priorities and work programmes of these two local agencies.
- 1.9 As part of this review, an audit of sustainable transport initiatives undertaken by partners within the HSP was undertaken. The audit highlighted the potential for local partners to share learning and expertise (e.g. travel planning, green fuel technology) and helped to identify ways in which partners could work together to promote sustainable transport. To this end, the panel strongly recommend that an individual partnership sub-group be established to support the delivery of sustainable transport in Haringey.

Local Implementation Plan (LIP)

- 1.10 The Mayors Transport Strategy was published in 2009, which has triggered the development of new LIP in each London authority. These are, in effect, local transport strategies which will run for 3 years from 2011/12. In this context, the review of sustainable transport has been opportune, as it is expected that the review process and conclusions and recommendations contained within this report, will help shape and influence transport objectives developed within the LIP.
- 1.11 Given the importance of the LIP in determining local policy and strategy, the panel made a number of recommendations to inform the development of the LIP. The panel concluded that a robust programme of local consultation should underpin LIP development, it should clearly link to Council and HSP priorities and contain explicit commitments to achieving modal shift.

Smarter Travel

- 1.12 The panel concluded that smarter travel initiatives, which focus on encouraging people to change their travel behaviour (e.g. travel planning, travel information, car clubs), offer an effective process through which to achieve modal shift. The panel noted that such interventions, when delivered as part of a coordinated programme and targeted at those most likely to change their behaviour, have been very successful in encouraging people to use their car less and take up more active forms of transport. Furthermore, the panel heard evidence to suggest that smarter travel measures were more

cost effective at delivering modal shift, when compared against other hard measures (i.e. installation of cycle highways).

1.13 The panel was pleased to record that the Council was already undertaking a number of smarter travel initiatives, many of which have been introduced with considerable success, such as school travel plans and the car club scheme. Whilst there may be a small number of smarter travel initiatives that the panel wished to see developed further (i.e. workplace travel planning) the panel believed that the kernel of a smarter travel programme was firmly established in Haringey.

1.14 From visits to other local authorities, the panel concluded that critical elements in the successful delivery of a smarter travel programme were that initiatives were delivered as part of coordinated package of smarter travel initiatives, were branded for public recognition and offered a balanced programme of activities (i.e. travel planning, travel awareness, promotion). This forms a key recommendation within the review.

Travel Planning

1.15 The panel noted that travel planning is a key activity in the development of smarter travel, as this process seeks to identify barriers to the uptake of sustainable transport in specific settings (i.e. schools) and suggest strategies in which these can be overcome. Furthermore, the panel concluded that travel planning offers a cost effective approach to promoting sustainable travel, as such initiatives focus on major trip generators (e.g. schools, workplaces, stations).

1.16 Whilst the panel concluded that that the principle of travel planning was well established in Haringey, further key developments were identified by the panel to support its more widespread application across the borough which included:

- the need to develop hierarchy of travel planning interventions which prioritise and target major trip generators
- the need to refresh and renew school engagement with school travel planning
- the need to extend support for work place travel planning.

Promoting the use of sustainable transport

1.17 The panel noted that the Haringey has a good public transport network providing access to rail, underground and tube services. The panel noted the importance of the local bus network not only in terms of the volume of passenger journeys (more than rail and underground combined), but also in supporting the mobility of older people, people with a disability and people on low incomes. To this end, the panel recommended that the Council work with other boroughs to support the extension of the bus network, particularly on east-west routes across the borough.

1.18 Creating a safe and desirable walking environment is important as most journeys start or end on foot. Furthermore, walking is not only the most sustainable form of travel, but also helps people to keep active, healthy and

maintain contacts with others within communities in which they live. The panel noted that the Council was investing in new street lighting and improved footways, to help improve the walking environment. It was suggested however, that a unified system for reporting footway and lighting repairs across the Council and Home for Haringey would be beneficial to local residents.

- 1.19 The panel heard evidence from a wide range of cycling and walking organisations, which helped the panel to prioritise a number of suggested developments. The availability of safe and secure cycle parking at stations, in shopping centres and on local housing estates was felt to be a significant barrier to cycling, and as such the panel have made a number of recommendations to ensure that planning proposals ensure that there is adequate cycle stand provision and that audits are undertaken in each ward so that cycle stand provision can be improved across the borough.

Demand management

- 1.20 The panel also looked at ways in which demand management tools could be used to influence local residents travel decisions. The panel heard evidence from many review participants which suggested that a reduction in traffic speeds was critical in encouraging people to cycle more and in helping to make the streets feel safer and more 'walkable'. To this end, perhaps one of the most important conclusions that the panel has drawn, is that, in line with some neighboring boroughs, the council move swiftly to consider the development of a 20mph speed limit on residential roads throughout the borough.

- 1.21 The panel also looked at parking policies, traffic calming and planning guidelines which were also noted to influence peoples travel behaviour. The panel felt that planning and land use guidelines were particularly important, as these can reduce the need to travel and influence travel behaviour in the longer term. The panel noted that Supplementary Planning Guidance for both travel access and was available to support planning decisions.

Accessibility of transport network

- 1.22 Not all local residents are able to access the transport network and sustainable transport options may not be appropriate for all Haringey residents. The panel heard from a number of older and disabled peoples groups which underlined member's reliance on door-to-door transport services. It was noted that there were ongoing accessibility and coordination issues with door-to-door transport, which the panel agreed, would benefit from further scrutiny involvement.

- 1.23 The panel was equally keen to ensure that local transport strategies and efforts to promote sustainable transport addressed the evident inequalities in transport use. The panel was also keen to ensure that the appeal of sustainable modes of transport issues was broadened to encompass underrepresented groups, particularly women, minority ethnic communities and those on low incomes. The panel also hoped that the Equalities Impact Assessment to be undertaken as part of the development of the local

transport strategy (LIP) would assist in meeting the transport and travel needs of these communities.

Finance and value for money

- 1.24 The panel noted that smarter travel, being a relatively new tool for transport planners, accounts for a relatively small part of Council spend on transport, accounting for approximately 5% of the transport budget in Haringey. The development of smarter travel in the borough is in part dependent upon Transport for London as such local initiatives are predominantly funded through this regional transport body.
- 1.25 The panel identified a number of opportunities for greater partner involvement in the delivery of sustainable transport (e.g. cycle training in schools, promoting walking and cycling). The panel felt that this offered the potential to align work programmes and of course, pool resources. At a time of financial constraint, the panel felt that closer partnership working may help to maintain a strategic overview of sustainable transport provision and help to use scarce resources more effectively.
- 1.26 The panel concluded however that investment in sustainable transport represents significant value for the Council given that modal shift can contribute to a number of broader policy objectives including, reducing carbon emissions, improving local air quality and improving health and well being.

Stakeholder involvement

- 1.27 During the course of the review, the panel heard evidence from a 20 travel and transport organisations (including Transport for London and made visits to other authorities to identify good practice. Furthermore, there has been strong continued support and involvement in the review from the sustainable transport service in Haringey, as well as active involvement from a number of local transport group representatives. The panel felt that the involvement of key local stakeholders greatly added to review process and was beneficial to in helping to form conclusions and recommendations that have been made within the review.

2. Recommendations

Local Policy and strategy (section 8.1-8.16)

2.1 In support of the Haringey Strategic Partnership and Better Places Board, the panel recommended that an individual partnership sub-group be established to support the delivery of sustainable transport priorities within the Greenest Borough Strategy and more broadly, to identify ways in which local agencies can work together to promote sustainable transport in Haringey.

2.2 The panel recommended that conclusions and recommendations of the review are reported to relevant strategic bodies (Haringey Strategic Partnership, Better Places Partnership Board, Well Being Theme Group, Greenest Borough Programme Board).

Local Implementation Plan 2011/12 (section 8.1-8.7)

2.3 The panel noted the importance of the development of the Local Implementation Plan in setting local transport strategy, and as such the panel recommended that the plan:

- Is supported by a comprehensive programme of local consultation to include (among others) Local Area Assemblies, Haringey Transport Forum and Haringey Disability First Consortium.
- Contains explicit targets for modal shift (to be developed with Transport for London)
- Clearly links to Council and HSP strategies and which clearly spell out the wider benefits of sustainable travel.
- Commits to a comprehensive package of smarter travel measures to reduce car dependency and encourage active forms of travel
- Details how local inequalities in sustainable transport uptake will be addressed
- Provide a clear strategy for locking in the benefits of modal shift

2.4 The panel noted the successful development of the Haringey Transport Forum. The panel recommended that this group should be consolidated and expanded to help consultative processes through Local Implementation Plan.

Smarter travel (sections 9.1-9.10)

2.5 The panel recommended that sustainable transport initiatives should be coordinated through a dedicated programme which is branded (to promote resident recognition), contains clear travel objectives, offers a balanced programme of activities (smarter travel, walking, cycling) and is overseen by a local stakeholder group.

Travel Planning (sections 9.11-9.12)

2.6 The panel strongly endorsed the principle of travel planning as a cost effective approach to achieve modal shift and the broader development of sustainable transport objectives. It recommended that a hierarchy of travel planning interventions are developed which prioritise and target significant trip generating organisations in Haringey (schools, workplaces, events, individuals).

Workplace Travel Planning (sections 9.13-9.17)

- 2.7 The panel recommended that options to develop workplace travel planning in Haringey should be explored further.
- 2.8 The panel recommended that a sustainable travel award should be included in the local Business Awards Scheme.

School travel planning (sections 9.18-9.22)

- 2.9 To incentivise further participation and engagement in the school travel plan programme, the panel recommend that:
- Schools should be encouraged to work together on a cluster basis to maximise resources, share learning and expertise in developing travel plans and encouraging sustainable travel
 - The school travel team should explore opportunities for partnership work within the HSP where there are shared policy objectives (i.e. active travel and obesity)
 - The Director of Children's services to write to all Headteachers and Governors to encourage schools to continue to engage and further develop school travel plans
 - All 6th forms and colleges are encouraged to develop travel plans.

Personal Travel Planning (sections 9.23-9.28)

- 2.10 The Panel recommended that the use of the individual marketing approach to be adopted within the Muswell Hill Low Carbon Project should be assessed and evaluated to ascertain:
- Whether travel planning advice can be appropriately provided alongside other sustainability issues
 - Further opportunities to incorporate wider participation from the HSP in the development of individual travel planning.
- 2.11 The panel recommended that individual travel packs should be developed for distribution by local estate and letting agents.
- 2.12 The panel recommended that London Travelwatch mobile unit be invited to Haringey to provide individual travel planning advice to local residents.

Travel Planning for trip generators (section 9.29)

- 2.13 The panel recommended that travel planning arrangements for the new Spurs ground should be exemplary in establishing sustainable travel options.

Car clubs (sections 9.30-9.35)

- 2.14 In view of its initial success, the panel recommend that the Council assess ways to accelerate the development of the car club scheme without further cost to the borough to include:
- that Homes for Haringey and other Registered Social Landlords be approached to identify potential car club bays on land managed by them
 - consultations for Traffic Management Orders for car club bays should be submitted collectively in advance and which acknowledge that not all applications may be successful

- opportunities for local residents to nominate sites for car club bays.

2.15 The panel recommend that to guide and inform the future spatial development of the car club scheme, a borough wide audit should be undertaken to identify and prioritise potential car club locations.

2.16 The panel recommended that within future contracting with car club providers, there should be provision to:

- offer electric cars and those that use green fuel technology
- offer concessionary rates for unpaid carers
- promote access to disabled people through the adapted vehicles.

Public transport – bus services (sections 10.3-10.6)

2.17 The panel recommended that there should be further cooperation across boroughs to support the development of the bus network in Haringey, particularly those routes that offer east-west access.

2.18 The panel recommended that the operational hours of bus lanes should be extended, with a view to developing greater harmonisation across the borough as a whole to ensure better bus journey times in the evenings and at weekends.

Public transport – rail services (sections 10.7-10.9)

2.19 The panel recommended that the borough work with network rail, Train Operating Companies and TfL to develop travel plans for main line and tube stations in Haringey specifically to address:

- the barriers passengers face in accessing station by environmentally friendly means
- what prevents non-passengers from getting to the station at all
- the most cost-effective and environmentally friendly package of measures to improve station access.

2.20 The panel was supportive of the electrification of the Barking – Gospel Oak line and for improvements for passenger services on this service and recommended that the borough continue to work with the North London Strategic Alliance in support of these objectives.

Walking (sections 10.11- 10.17)

2.21 The panel recommended that Area Assemblies should be consulted in the development of the annual footway repair or renewal programme.

2.22 The panel recommended that there should be a singular process for reporting repairs or maintenance across Haringey Council, Homes for Haringey and RSL's for:

- footways
- highways
- lighting

2.23 The panel recommended that the Council should aim to improve the priority for walkers at major junctions and roads through improved signage, removal of barriers and more convenient crossing points.

2.24 That the council consider a method to which the gritting of pavements can be applied in residential streets.

Cycling (sections 10.18-10.30)

2.25 The panel recommended that development of the local cycle network should complement and develop access to the planned cycle superhighways.

2.26 The panel recommended that a Member Champion for cycling in Haringey be established through the Cycling England programme.

2.27 The panel recommended that the cycle plan produced through the Biking Borough scheme should be shared across the HSP to establish joint priorities and to ensure that coordinated approach is developed for its implementation.

2.28 The panel recommended that cycle stand provision be improved through:

- conducting an audit in all ward to assist in the development of a local database cycle stands which should subsequently inform and prioritise provision across the borough
- Ensure that cycle stand provision is included within the Homes for Haringey environmental improvement plan
- Ensuring that appropriate guidelines / standards are in place within Supplementary Planning Guidance for cycle stand provision within all new residential and business development.

2.29 The panel recommended that to develop a more strategic approach, the Council should aim to align existing school cycle training provision across the HSP and identify further partners to coordinate service provision.

2.30 Whilst the panel acknowledged the need to move toward a multi-skilled transport team, the panel recommended that a cycling lead for the borough be retained (for expertise and specialist input in to road traffic schemes and planning applications).

2.31 The panel recommend that a cycle design panel should be developed to consult on development of the local cycle network, transport infrastructure and other cycling improvements which:

- should incorporate local cycling groups and other relevant outside bodies
- should encourage early consultation within the design process.

Sustainable town centres (sections 11.13-11.16)

2.32 The panel was in agreement that an area based approach offered the best solution to transport issues at local shopping centres, where a holistic assessment of travel needs would engender an integrated transport response. This should also incorporate further research on:

- the modes of travel used to access local shopping centres

- initiatives to incentivise local people to shop locally by using sustainable modes of transport.

Controlled Parking Zones (sections 11.8-11.12)

- 2.33 The panel recommended that a review of parking policy is undertaken to investigate the possibility that a more strategic approach is adopted within the development of Controlled Parking Zones in the borough.

Traffic calming (sections 11.2-11.7)

- 2.34 The panel recommended that the council develop a borough wide 20mph speed limit to be operational in all residential areas and where appropriate is reinforced by traffic calming measures.

- 2.35 The panel recommended the range of traffic calming measures currently in development (i.e. DIY Streets, Psychological Traffic Calming) are evaluated with a view to developing a low-cost package of measures which can be deployed across the borough as assessed to be needed.

Land use and planning (sections 11-17-11.22)

- 2.36 The panel recommended that Supplementary Planning Guidance for Transport Assessment (SPG7c) and Travel Plans (SPG7b) should be updated and refreshed to reflect both national and local sustainable transport objectives.

- 2.37 The panel recommended that members of the planning committee should receive further training and support in the application of sustainable transport planning guidance (in light of updated SPG above).

Accessibility issues for sustainable transport (sections 12.1-12.5)

- 2.38 The panel recommended that the Overview & Scrutiny Committee should commission a review of transport provision for elderly and disabled residents which should encompass door-to-door transport, community transport and hospital transport services.

- 2.39 The panel noted that financial pressures will most likely lead to a rationalisation of TfL programme to improve disabled access to the tube network. The panel recommended that TfL should consult the borough on appropriate stations to focus development (i.e. Turnpike Lane rather than Wood Green).

- 2.40 The panel recommended that work programmes which aim to promote active travel across the HSP should be aligned to help coordinate and prioritise work and help to target access to under represented groups (i.e. women, BME groups and older people).

3. Introduction

- 3.1 Transport is an integral factor in the way that society functions. It provides people with the mobility to access employment, education and leisure

opportunities. It also supports businesses to reach new labour markets or identify new customers for products or services. In short, transport systems underpin the complex social and economic networks which are characteristic of the society in which we live.

- 3.2 The dominance of private car use within UK transport systems is very apparent. In 2008, travel by car accounted for 2/3 of all journeys and for 4/5 of the total distance traveled.² In total, over 400 billion kilometers were traveled on UK roads by car. With expected population growth and continued drive for economic development, it is likely that demand for travel, and car usage in particular, will increase still further.
- 3.3 The dominance of car use within the UK transport system has however been shown to have a number of negative impacts. In particular, car use and the traffic congestion this causes is associated poor air quality, road accidents, noise pollution, physical inactivity and general environmental degradation. The financial impact of these adverse effects is estimated to cost the UK in the region £40billion each year.³
- 3.4 This represents a fundamental challenge to policy makers at all levels, how to develop an effective transport system that maintains access to work, education, goods and services, friends and family while simultaneously controlling traffic congestion and reducing its environmental and social impacts. To this end, it is recognised encouraging the use of more sustainable forms of transport, such as walking, cycling and public transport will be integral to this challenge.
- 3.5 In June 2009, a panel of local councilors was commissioned by the Overview and Scrutiny Committee to assess how the use of sustainable modes of transport could be promoted further in Haringey. Within this process, the panel has heard evidence from transport organisations, local community groups and undertaken visits to other authorities. It is hoped that the the conclusions and recommendations developed by the panel in this report will guide and inform future sustainable transport policy and provision in Haringey.

4. Background

Environmental impact of transport

- 4.1 Transport is known to have a significant impact on the environment. Not only does transport consume between 20-25% of worlds energy, it is known to have considerable harmful effects through the discharge of carbon dioxide (CO₂) and other air pollutants.⁴ Road transport in particular is a major contributor to air pollution, specifically PM₁₀ (from diesel engines) and nitrous dioxide (from petrol engines), which can have a detrimental affect on peoples health.⁵

² Transport Statistics Bulletin: The National travel Survey (2008)

³ An analysis of urban transport. Cabinet Office 2009

⁴ Transport Technologies and Policy Scenarios. World Energy Council (2007)

⁵ Haringey Borough Profile (haringey.gov.uk)

- 4.2 Transport is a significant contributor to carbon dioxide emissions, gases which can contribute to climate change.⁶ In the UK, transport accounts for approximately 50% of carbon dioxide emissions, of which the single most important contributor is private car use: private car use is responsible for 55% all greenhouse gas emissions in the transport sector (**Figure 1**).⁷
- 4.3 Other forms of petrol and diesel vehicles such as heavy good vehicles (19%) and light goods vehicles (15%) are also significant contributors to carbon dioxide emissions. Public transport as a whole (rail and buses) is relatively less polluting, and accounts for less than 6% of carbon dioxide emissions within the transport sector. Other common forms of transport, such as walking and cycling have a minimal impact on the environment.
- 4.4 In Haringey, air quality indicators suggest particulate matter 10 (PM10) from petrol diesel engines and nitrous dioxide NO2 (from petrol engines) are problematic within the borough. High levels of these air pollutants are found adjacent to main road arteries (especially in Tottenham Hale). In 2005, Haringey emitted 1118 kilo tonnes of CO2, of which 290 kilo tonnes (26%) were attributable to transport usage. Haringey is the fifth lowest London borough in terms of per capita emissions (tonnes per capita) and the eleventh lowest of road transport emissions in London.⁸
- 4.5 Despite these environmental concerns, and reductions recorded in other sectors, carbon dioxide emissions associated with transport have continued to rise: emissions from the transport sector rose by 47% in the period 1990-2002.⁹ In this context, there is a widespread acknowledgement that there is a need to encourage people to switch from private car use to other more sustainable modes of transport at international,¹⁰ national¹¹ and regional policy levels.¹²
- Health & social impact of transport
- 4.6 Transport, and the congestion this causes, gives has a number of health and social consequences. Road transport can directly impact on health not only through air pollution but also as a result of physical injuries incurred through accidents: in 2007, there were approximately 250,000 road casualties of whom almost 3,000 incurred fatal injuries.¹³
- 4.7 The growth of so called urban sprawl is associated with increasing levels of car usage which has subsequently created a dependency in the car as the main mode of transport in some communities. The dominance of car culture in the latter half of the 20th century and has also led to a long term decline in the use of active forms of travel such as walking and cycling.¹⁴ What has is

⁶ Woodcock et al (2007) Energy and Transport The Lancet V:370; 9592 pp1078-1088

⁷ Towards a sustainable Transport System, Department of Transport, 2007.

⁸ Haringey borough profile (haringey.gov.uk)

⁹ National Statistics – Transport and the environment (statistics.gov.uk)

¹⁰ Europe at the crossroads: the need for sustainable transport. European Commission

¹¹ Towards a sustainable Transport System, Department of Transport, 2007.

¹² Mayors Transport Strategy (Statement of Intent) 2009

¹³ Road casualties in Great Britain 2007 DfT

¹⁴ National Travel Survey 2006

apparent is that dominance of car culture has contributed to higher levels of adult physical inactivity and obesity.

4.8 Car use and traffic also affects the communities in which people live. Aside from pollution and accidents, road traffic and congestion can affect the physical attractiveness of an area and limit the degree to which people utilise different spaces in their community. Traffic congestion can also undermine the social networks which underpin many communities; recent research has suggested that individual community contacts may be 75% less in those streets with heavy traffic compared to nearby streets with less traffic.¹⁵ This would imply that through controlling traffic congestion, social and community cohesion could be enhanced.

Economic impact of transport and traffic congestion

4.9 Whilst an efficient transport system is undoubtedly an important factor in economic prosperity, increasing road traffic volumes within these transport systems may have an economic downside. High traffic volumes have led to increased congestion on roads, particularly in main urban centres. This has led to a decline in the efficiency of the transport network with a decline in average speeds and an increase in average journey times.¹⁶

4.10 Traffic congestion has direct and indirect costs for those using the transport system which is estimated to cost £11 billion in urban areas alone. When related costs of pollution, accidents, physical inactivity and noise are also considered, the annual cost of traffic congestion is estimated to be over £40 billion each year.

National, regional and local transport and travel data

4.11 Nationally car ownership and access to a car has grown significantly to the point that 75% of all households have access to a car. The existence of more developed transport systems in London and other urban centres has reduced the need for car travel, though 57% of London households still have access to a car. In Haringey, household access to a car is slightly lower than the London average at 54%.

4.12 Multiple car ownership has also risen: in the period 1971-2007 the proportion of households with access to two cars has trebled.¹⁷ As with data on household access to one car, there are national and regional variations for multiple car access: nationally 32% of households have access to two or more cars, compared to just 16% of all London households and 12% of Haringey households.¹⁸

4.13 Household access to a car is important as this strongly influences the number of trips people make. Those households with access to a car generally made up to 40% more trips than those without access to a car.¹⁹

¹⁵ Driven to Excess: Living Streets

¹⁶ Road Statistics 2008: Traffic, speeds and Congestion - Statistical Bulletin Department of Transport

¹⁷ National statistics (car access) www.statistics.gov.uk

¹⁸ Transport Statistics Bulletin: The National Travel Survey (2008)

¹⁹ National Travel Survey 2009

- 4.14 Analysis of national travel data reveals contrasting patterns in the uptake of public transport and other more sustainable modes of transport and the potential to increase uptake;
- Although bus use is the most common mode of public transport, just 28% of respondents use a bus at least weekly
 - Although 58% of respondents walked for more than 20 minutes once a week, 25% indicated that they did this less than once a year or never
 - Although 14% of respondents cycled at least once a week, this was far higher among u15s (45%) than adults (10%); cycle ownership falls from 89% among u15s to 49% among adults.
- 4.15 Although car ownership and access to a car maybe lower in London compared to other regions, the dominance of the car as the main mode of transport in the capital remains apparent. There is however a strong spatial variation between private car use and distance from the city centre: car use in outer London constitutes 56% of all trips, compared to 33% in inner London and just 13% in central London (**Figure 2**). Conversely, the use of both public transport and sustainable transport (walking and cycling) increases as journeys commence nearer to the city centre.
- 4.16 Data on the share of modes of transport used for journeys starting in Haringey reflect these spatial patterns: the further journeys originate outside of the city centre the greater reliance on private car usage. Further detail finds that car usage for journeys originating in Haringey accounts for 31% of trips which is significantly lower than the outer London average (51%) but slightly higher than the inner London average (27%). Both bus (20%) and underground (12%) usage is higher for journeys originating in Haringey than either the inner or outer London average for these different modes. The full modal share of trips made in Haringey in comparison to inner and outer London boroughs is contained in **Figure 3**.
- 4.17 In London, the number of cyclists on the road has increased by 91% in the period 2000-2007, however, cycling still accounts for a relatively small proportion of all trips (2%). Cycle patterns also vary widely across London: in inner London cycling accounts for 3% of all trips though in outer London the comparative figure is just 1%. There is also a wide variation in the modal share of cycling across individual London boroughs: the highest modal share is in Hackney, which is ten times greater than the borough with the lowest modal share for cycling.
- 4.18 Haringey performs less well for cycling than its statistical neighbours: the proportion of people who have cycled for more than 30 minutes within a 4 week period was 10.2% in Haringey, lower than Southwark 13.4%, Hackney 14.8% and Lambeth 16.2%.²⁰
- 4.19 Similar trends are seen for other sustainable methods of transport, such as walking, for whilst the absolute number of walking trips has increased across

²⁰ Haringey borough profile (haringey.gov.uk)

the capital, these still account for the same modal share of all trips (31%). In the period from 2005-2008, walking accounted for 36% of all trips in inner London, though in outer London this was just 28%. There is a strong relationship between distance travelled and walking as the main mode of transport in London: whilst 82% of all trips under 0.5km were made on foot, this fell to just 29% for trips between 0.5km and 2.0km.²¹

- 4.20 Haringey has the third lowest number of people that walk to work and the third highest number of people that travel to work by public transport. Furthermore, just under 1/3 (31%) of all trips in Haringey are on foot, which is equal to those trips made by car. In Haringey, 97% of walking trips are less than 3km, though 48% of journeys made by car are also less than 3km: this highlights the potential to switch to more sustainable modes in Haringey.

5. Legislative and policy framework

National legislative & policy framework

- 5.1 There are a number of strands to the legislative and policy framework which support the development of sustainable transport. These policy drivers include the need to reduce carbon emissions and other air pollutants which contribute to climate change, improved management of the transport network and delivering modal shift (to sustainable modes of transport).

Climate Change/ Air Quality

- 5.2 The UK is a signatory to the 1997 Kyoto Agreement which aims to secure a worldwide reduction in greenhouse gases. Nationally the government has agreed to reduce greenhouse gas emissions by 60% (from 1990 levels) by 2050, which is over and above the minimum requirement of the Kyoto agreement. In London, policy ambitions are yet higher with the Mayor aiming to reduce greenhouse emissions in the capital 60% by 2025.²²

- 5.3 Under the GLA Act (1999), the Mayor is required to publish a Statement on the Environment Report which must include data on air quality, air emissions and particular emissions from road traffic, road traffic levels and the emission of substances which contribute to climate change. The Transport Act (2000) also requires Local Authorities to provide a local transport plan which must consider national climate change objectives.

Managing the Transport Network

- 5.5 There is also legislation which places a responsibility on Local Authorities to manage local transport networks. Under the Traffic Management Act (2004) Local Authorities have a *new network management duty* in which they are required to proactively manage the national and local road network in their area. Similarly, the Transport Act (2008) provides Local Authorities with greater powers to tackle congestion and improve local transport provision.

Developing sustainable transport

²¹Walking in London, Transport for London (2008)

²² Environment Report, Transport for London, (2008)

5.6 More specific guidance for sustainable transport provision is provided through national policy documents *Towards a Sustainable Transport Strategy (2007)* and its implementation plan, *Delivering a Sustainable Transport Strategy (2008)*. The former was published in response to the Stern Review²³ and the Eddington Study²⁴ and provides a national framework for local and regional transport authorities to guide planning and delivery of sustainable transport programmes.

5.7 The national strategy highlights five goals which should underpin sustainable transport developments, which include:

- National competitiveness and growth: reliability, connectivity and resilience of the transport network
- Climate change: reduce greenhouse gas emissions, carbon dioxide and other harmful pollutants
- Safety, security and health: reducing the risk of death or injury from transport and promoting modes of transport which are beneficial to health
- Equality of opportunity: ensure participation for a fairer society
- Improved quality of life and promote a healthy natural environment.

Mayors Transport Strategy and Local Implementation Plans

5.8 Under the GLA Act (1999), responsibility for London's transport system was transferred to the Mayor of London. Whilst the Mayor retains strategic control, day to day management of the transport system rests with Transport for London (TfL). It is also the duty of the Mayor to produce an overarching plan for London (The London Plan) and a specific transport strategy, where implementation of the latter is delegated to TfL.

5.9 A new transport strategy is currently open for consultation but will be concluded in the spring of 2010. The strategy highlights key challenges for London's transport system and proposes 5 high level outcomes:

- **Economic development and growth** – supporting population and employment growth and the need for sub-regional development
- **Improved quality of life** – improve journey experience, improve air quality, reduce noise, connect communities and promote health.
- **Improved safety and security** – remove barriers in use of more sustainable methods of transport such as walking and cycling.
- **Improved transport opportunities for all** – improve transport networks to enhance opportunities for economic, educational or social development.
- **Tackle climate change** - to reduce emissions by 60% from 1990 levels where ground transport emissions account for 22% of emissions.

5.10 In respect of sustainable transport provision the Statement of Intent makes a number of high profile commitments which include:

- **Improving passenger information:** fleet wide introduction of iBus technology (next station announcer, countdown etc)

²³ The Stern Review was to assess the nature of the economic challenges of climate change and how they can be met, both in the UK and globally.

²⁴ The Eddington study was to examine the links between transport and the UK's economic productivity, growth and stability, within the context of the UK's commitment to sustainable development.

- **Improving uptake of cycling:** develop London cycle hire scheme, develop 12 cycle superhighways, increase bike security and prioritising of bikes on high volume routes.
- **Improving uptake of walking:** establish key walking routes with boroughs, make crossings easier, conduct street audits and provide better information.
- **Improving uptake of electric vehicles:** 25,000 charging points by 2015, fleet conversion, 100% discount from congestion charge.

5.11 The process through which implementation of the Mayors Transport Strategy is achieved at the borough level is through the production of Local Implementation Plans (LIP). Under the Greater London Authority Act (1999) each London borough must produce a LIP, which details how it intends to put the Mayors Transport Strategy in to effect. The LIP must be consistent with the aims and objectives of the Mayors Transport Strategy and reflect local priorities established within local Sustainable Community Strategies. The publication of the new Mayors Transport Strategy has triggered the development of new LIPs for 2011/12.

5.12 There have been a number of reforms for the LIP in 2010/2011 and the funding streams which underpin it, these are designed to reduce bureaucracy, increase local flexibility as to how funds are spent and provide greater certainty of future funding. Most significantly, the current 21 funding streams will be simplified to 5 broader programmes: maintenance (road renewal), corridors (e.g. bus priority, cycle network), neighbourhoods (e.g. 20mph zones, regeneration) smarter travel (e.g. travel plans, travel awareness) and major schemes (e.g. station access, town centres). Approximately £160m is allocated through the LIP each year by TfL.

Local policy framework

5.13 The Sustainable Community Strategy (SCS) is the overarching plan of the Haringey Strategic Partnership which details how the Council and its partners will tackle broad community wide issues. The SCS is based on a wide community consultation process and provides a ten year vision for Haringey. Key priorities embedded within the SCS include the need for local action to tackle climate change and ensure that Haringey has an 'environmentally sustainable future'.²⁵

5.14 The SCS acknowledges that encouraging the use of more sustainable forms of transport, such cycling and walking, will be an important factor to help achieve these priorities. In addition to improving the transport infrastructure and local transport services, the SCS contains an explicit commitment to promote sustainable transport through improving local bus routes, extending cycle lane provision and promoting on street car-clubs.

5.15 The **Local Area Agreement** (LAA) sets out a range of targets for the Council and its partners in delivering the key priorities and objectives of the SCS.

²⁵ Haringey's Sustainable Community Strategy. Haringey Strategic Partnership

There are three targets within the LAA which, directly or indirectly, relate to improved sustainable transport provision:

- an environmentally sustainable future:-
 - NI 175 – Access to services and facilities by public transport
 - R186 – Per capita CO2 emissions in the LA area.
- healthier people with a better quality of life
 - NI 119 – Self reported measure of overall health and well being.

5.16 The **Greenest Borough Strategy** sets out the priorities of the HSP to tackle climate change, protect the natural environment and develop more sustainable approaches for the use of local resources. One of the key priorities within this strategy is the promotion of sustainable travel which has the following objectives:

- Reduce car and lorry travel in the borough
- Improve public and community transport
- Encourage more people to walk and cycle
- Reduce the environmental impact of transport

5.17 **Comprehensive Area Assessment** (CAA) is the process through which local public services are assessed. As part of the assessment process, the local strategic partnership is required to submit an annual self assessment of its performance against agreed local priorities. The current self-assessment has highlighted that one of the key challenges for Haringey is to meet a local target of 0% traffic growth and encourage more sustainable methods of travel.

5.18 A number of consultations have been undertaken with local residents which provide further insight in to local perceptions of transport, traffic congestion and sustainable transport issues. The place survey assesses those issues which are of most concern to local people, the top three for Haringey residents being the level of crime (66%), clean streets (52%) and public transport (42%). Traffic congestion was cited to be of most concern to 17% of respondents, whilst both road & pavement repairs and the level of pollution was named by 13% as an issue of most concern.

5.19 When considering those issues which need most improvement, the top three issues cited by respondents were clean streets (43%), the level of crime (42%) and traffic congestion (38%). Road and pavement repairs (36%) also figured prominently among issues which respondents felt needed most improvement. Interestingly, whilst public transport was a significant local concern (42%), far fewer respondents (12%) felt this area needed most improvement.

5.20 The above data is useful as it provides an indicator of the comparative priority of transport related issues against other community concerns. Also, by mapping those issues which are of most concern against those which need most improvement; this indicates that clean streets and the level of crime are significant priorities over and above other issues (**Figure 4**). It is noted that

traffic congestion and public transport also figure prominently in this same assessment.

6. Aims of the review

6.1 The panel agreed the following overarching aim for the review:

'To ascertain how the Council and its partners may encourage greater use of sustainable modes of transport in Haringey.'

6.2 Within the overarching, the panel agreed a number of components objectives which would be addressed within the review. These are summarised below:

1. Describe and assess the nature and level sustainable transport provision in Haringey.
2. Assess barriers to improved take up of sustainable modes of transport in Haringey and consider ways in which these can be overcome.
3. Consider the effectiveness of current sustainable transport service in relation to meeting local strategic and policy objectives.
4. Assess the role of smarter travel initiatives (behavioural change) in encouraging greater uptake of sustainable transport.
5. Ascertain how sustainable transport supports the policies of the Haringey Strategic Partnership, and assess how local partners can support the delivery of sustainable travel objectives.
6. Evaluate data from other authorities to identify good practice which can be used to promote sustainable transport options in Haringey.
7. Examine how the development of sustainable travel initiatives impact on local communities, businesses and equalities groups.
8. Ensure that the scrutiny review process and subsequent recommendations guide and inform commitments to sustainable transport within the Local Implementation Plan.
9. Assess whether the sustainable transport service achieves value for money where costs are commensurate with performance, outcomes and delivery and compare well against other boroughs.
10. Ensure that the scrutiny review process generates appropriate evidence that will support ongoing assessments within the Comprehensive Area Assessment process.

7. Review methods

Panel meetings

7.1 The Overview & Scrutiny Committee commissioned a review panel to undertake this review. The panel consisted of Councillors Beacham, Mallett (Chair), Santry and Weber.

- 7.2 The review incorporated a range of investigative methods to ensure that the panel had access to information to meet the review objectives (as set out above). A series (n=7) of panel meetings were held to approve the aims of the review, receive oral and written evidence, oversee project progression and formulate conclusions and recommendations.

Evidence sessions

- 7.3 A number of organisations gave evidence to support the review process, including relevant council officers and representatives from a number of transport organisations including Transport for London, Sustrans, London Cycling Campaign and Campaign for Better Transport. In total, evidence was heard from 20 representatives of 15 organisations. A full list of all those who gave evidence to the panel is contained in Appendix B.

Assessment of internal & external data

- 7.4 The panel assessed how the Sustainable Community Strategy, Greenest Borough Strategy, Council Plan and the Core Strategy contributed to the development of sustainable transport. In addition, the panel commissioned reports and ad hoc briefings from the Sustainable Transport Service (Haringey Council) to provide operational, performance and financial data to help assessments of local sustainable transport provision.

- 7.5 The panel also assessed external data (research, policies and practice) from regional government and other transport organisations assist the review process. This included (among others) the Mayors Transport Strategy, data from the National Travel Survey and a report from the Greater London Assembly (*Stand and Deliver: Bike Stand Review*).

Panel visits

- 7.6 The panel undertook a number of planned visits to assess sustainable travel policies and programmes which had been developed by other local authorities. It was anticipated that data gathered from such visits would help to identify good practice and inform local priorities for service improvement.

- 7.7 The panel visited two authorities both of which had an established programme of sustainable travel initiatives: the London Borough of Sutton (funded by TfL) and Peterborough City Council (a DfT funded sustainable travel demonstration town). Both sustainable travel programmes had been established for a number of years for which full evaluation data was made available to the panel.

Community / public involvement

- 7.8 Community and public involvement is an integral part of the scrutiny process as this helps to maintain local accountability. To this end, all meetings of the review panel was held in public and according to local government regulations, all agendas were published in advance.

- 7.9 Although no local organisations were formally co-opted on to the panel, a number of local groups (Sustainable Haringey, Haringey Living Streets, Haringey Cycling Network and West Green Residents Association) were

invited by the panel to participate in the review process. It was noted that representatives were regular attendees and active contributors to the review process.

- 7.10 To facilitate further community involvement, one of the panel meetings was held to coincide with the Haringey Transport Forum: a consultative group made up of local community groups and local residents. This provided a further opportunity for local community group representatives and local residents to discuss sustainable transport issues with the panel.

Independent expert advice

- 7.11 The panel also sought independent expert advice on central issues within the review process, in particular, the behaviour change models that underpin many of the sustainable travel programmes assessed by the panel. Sophie Tyler, a Research Fellow at the Department of Transport Studies, University of Westminster) assisted the panel by impartially evaluating current practice, and through providing advice on successful approaches and strategies for sustainable travel programmes.

Survey data

- 7.12 The panel also commissioned a short survey of sustainable transport provision to be conducted among partners within the Haringey Strategic Partnership. The survey sought to assess current provision for sustainable transport among partners and to identify ways in which the partnership can work together to promote sustainable transport across the borough.

Part 2

Key findings from the review

8. Local strategy for sustainable transport in Haringey

Local Implementation Plan

- 8.1 The Panel heard evidence from Transport for London (TfL), which detailed the key priorities of the Mayors Transport Strategy (MTS). The panel noted that this strategy would be highly influential to local transport policy as this would guide and inform the development of Local Implementation Plans (LIP). It was noted that the LIP developed for 2011/2012 would detail how the MTS is to be put in to effect, operate as a local transport strategy and would be operational for 3 years.
- 8.2 The panel heard that the LIP in Haringey would be determined through guidance issued through TfL. It was noted that the Local Authorities would begin to develop LIP's in the spring of 2010 and would be expected to consult widely with local stakeholders and other local interest groups. The panel also understood that a Strategic Environmental Assessment (SEA) and Equalities Impact Assessment (EIA) would be required for proposals detailed within the LIP.
- 8.3 The panel heard evidence from TfL which outlined how funding streams would be rationalised within the LIP where 23 funding streams would be reduced to 5. The panel noted that the sustainable transport service within the Council planned to respond to these changes by aligning organisational structures to these funding streams. It was hoped that this would encourage more integrated working across the organisation.
- 8.4 The panel noted from many review informants, including TfL, Greater London Assembly and the Campaign for Better Transport, that the timing of this scrutiny review was opportune, as the conclusions and recommendations developed within it can inform proposals developed in the LIP and with this, influence local transport policy. In this context, the panel noted that the LIP should clearly explain how it links to strategies within the Council and the wider HSP.
- 8.5 Given the significance of the LIP in local transport policy, the panel indicated that a full and robust consultation process should underpin its development. In particular, the panel suggested that proposals developed in the LIP should go to Area Assemblies and local transport/ community groups.
- 8.6 The panel noted the development of the Haringey Transport Forum in 2009, a consultative group for local transport issues, which involves a number of local partners and local community groups. The panel was pleased to work with this group during the course of the review and hoped that the work of this group will be consolidated in the year ahead as it will undoubtedly play a role in the consultation of the LIP.
- 8.7 The panel heard from the sustainable transport service that in consultation with TfL, targets and other performance measures would be developed to

support the LIP. The panel hoped that these would contain explicit goals for achieving modal shift in Haringey.

Greenest Borough Strategy

8.8 The panel heard evidence from the Programme Manager for the Greenest Borough Strategy (GBS). One of the key objectives of the GBS is to promote sustainable transport. It was noted that a programme board oversees the GBS with quarterly progress reports being submitted to the Better Places Partnership Board. These reports map out the activities and performance against the agreed GBS targets.

8.9 The panel noted that a gap analysis had been undertaken to ensure that there were sufficient actions to deliver on key objectives of the GBS and a prioritisation process to ensure that what actions were being undertaken were those which had most impact. In terms of sustainable transport, these were identified as School Travel Plans, Community and Local Transport & Car Clubs.

Partnership working

8.10 The panel noted that review had highlighted a number of opportunities to work with partners within the Haringey Strategic Partnership. The panel felt that there were a number of shared policy objectives for both the council and health partners that offered a number of development routes (promoting cycling and walking). The panel heard that partnerships would be critical for local authorities to enable them successfully deliver the MTS, the Local Implementation plan and sustainable travel goals (i.e. modal shift).

8.11 Evidence presented to the panel by NHS Haringey suggested that through the treatment of diseases which may otherwise be prevented through regular physical activity was estimated to cost local NHS services between £3-4million annually. It was noted that this could provide an avenue for dual investment by the council and its health partners. Indeed, it was felt that the health benefits could be an important message to convey to local residents to further encourage greater uptake of active forms of transport.

8.12 The panel conducted an audit of sustainable transport provision by partners within the HSP. The aim of this audit was to ascertain what sustainable transport services were being provided, identify shared priorities and objectives and ways partners could work together to promote sustainable transport in Haringey.

8.13 In total, nine local partners responded to the audit including local NHS Trusts, police service, fire service, housing authorities and colleges of further and higher education. Responses covered almost 4,000 employees, which underlined the potential that further partnership work may have in promoting sustainable transport and reduce traffic congestion/ pollution. Key findings from the audit of sustainable transport provision included:

- 5 out of 9 partners had a carbon reduction plan
- 5 have a sustainable transport strategy and 6 have a staff travel plan

- 8.14 The audit concluded that whilst sustainability and sustainable transport were firmly on the agenda of local partners, there was potential for further development work within the HSP to support sustainable transport provision in Haringey. The audit highlighted areas for potential collaboration across the partnership to support sustainable travel:
- Developing local strategies and plan (i.e. travel plans)
 - Sharing best practice (i.e. green fuel technology and contracting for sustainable transport)
- 8.15 The panel acknowledged that as an individual borough, it would be difficult to address traffic volumes that passed through the borough on radial routes in and out of central London. The panel felt that this underlined the need to work in partnership with other neighbouring boroughs, and of course TfL, to identify ways in which greater use of sustainable travel methods beyond borough boundaries.
- 8.16 Similarly, it was noted that individual boroughs would find it difficult to influence public transport provision, especially the train and bus network. The panel heard evidence to suggest that that it would be important to develop strategic alliances with other north London boroughs, to influence service provision on rail, bus and tube networks. The panel noted the existence of the North London Transport Forum at which a number of neighbouring Local Authorities discuss strategic transport issues of relevance to the sub region.

9. Smarter Travel (behaviour change)

The benefits of smarter travel

- 9.1 The panel sought assess how smarter travel initiatives (e.g. travel planning, travel information, car clubs) achieve modal shift through encouraging people to change their travel behaviour. To assist in these deliberations the panel heard evidence from an independent expert from the University of Westminster, the Smarter Travel Unit at TfL and visited other local authorities which had developed smarter travel programmes.
- 9.2 From this evidence, the panel concluded that the main components of a smarter travel programme included the following initiatives:
- Travel planning: for schools, workplaces, trip-generators and individuals
 - Travel awareness and travel marketing information
 - Car club and car sharing schemes
- 9.3 The panel noted that national studies undertaken by the Department of Transport (DT) suggest that the application of smarter travel initiatives (to best practice) could achieve significant reductions in traffic volumes: peak urban traffic of about 21% (off peak 13%) and a nationwide reduction in all traffic of about 11%.²⁶

²⁶ Smarter choices: changing the way we travel(the influence of soft travel measures on traffic demand) Cairns et al Dept. of Transport (2004)

- 9.4 This evidence also suggested that smarter travel also presented a cost effective option for achieving modal shift. DT study data would suggest that for every £1 spent on soft measures would realise £10 benefit in the form of reduced congestion. Furthermore, this is likely to be an understatement of the total benefits, as this investment does not include other health and environmental benefits derived from reduced traffic.
- 9.5 The panel also heard evidence from an independent expert (University of Westminster) who confirmed these findings through research that had been undertaken in the UK and overseas. The adviser confirmed that influencing travel behaviour was an effective process in delivering improved uptake of sustainable travel, was cost effective in delivering modal shift (especially compared to hard infrastructure measures) and helped to target scarce resources more efficiently.
- 9.6 The panel noted the development of sustainable travel towns (in Peterborough, Darlington and Worcester) all of which had a smarter travel programme to support modal shift. A national evaluation of this programme by the DT noted a significant shift in travel behaviour, which included:²⁷
- A decrease in average trips taken per capita
 - A decrease of >10% in car travel
 - A approximate 9% increase in walking
 - An increase of between 1-5% in cycling.
- 9.7 Of critical importance, the panel noted that the evaluation of the sustainable travel demonstration towns also helped to meet other health and environmental objectives. Here it was recorded that the implementation of smarter travel initiatives which had helped to achieve modal shift had also contributed to:
- Reduced traffic congestion by 7-8%
 - A reduction in annual carbon emissions of 50kg of carbon per capita
 - An 11% increase in the levels of physical activity.

Developing a smarter travel programme

- 9.8 The panel visited one of the national sustainable travel demonstration towns (Peterborough) and Sutton Council, which was the first authority in London to develop a borough wide smarter travel programme. It was apparent from these visits that the development of a coordinated programme of smarter travel initiatives was critical to success.
- 9.9 The panel heard evidence that the Council was already undertaking a number of smarter travel initiatives within the borough, including travel planning, travel awareness campaigns and car clubs. These smarter travel initiatives were at varying stages of implementation from firmly established programmes (i.e. school based travel planning) to more recent developments (car clubs). On the evidence of panel visits, it was concluded that these activities would benefit from further coordination and programme management.

²⁷ The effects of smarter choices programmes in the sustainable travel towns. Sloman et al Department of Transport (2010)

- 9.10 The panel identified a number of common themes in the successful delivery of these smarter travel programmes in both Peterborough and Sutton, which included which could inform local service improvements in Haringey. These were:
- Preliminary research to identify travel behaviours
 - Establish clear objectives (i.e. modal shift)
 - Supported by a multi-agency stakeholder board
 - Developed a balanced programme of initiatives
 - Targeting of interventions at those most likely to change travel behaviour
 - Initiatives delivered within a branded programme which is recognisable to local residents²⁸

Travel planning

- 9.11 The panel heard that the most efficient tool in a programme of smarter travel initiatives was the use of travel planning. This entails providing targeted travel advice, information, resources and incentives to make people more aware of their travel choices and help them change their travel behaviour. This can occur in a range of settings including businesses, schools or the homes of individuals.
- 9.12 The panel heard from TfL that there was a need to prioritise travel planning provision, aiming at those organisations or events where there is the largest travel footprint, such as workplaces, colleges, schools and large entertainment venues. The panel understood that targeting these organisations would be the most cost effective way in delivering successful sustainable transport programmes and achieving modal shift.

Workplace travel plans

- 9.13 The panel heard that work place travel planning is particularly important as this accounted for 1/3 of all trips. The panel understood that a reduction in operating costs would be a prime motivator for businesses and this should frame engagement and subsequent sustainable travel planning initiatives in this sector.
- 9.14 The panel noted that Haringey there are approximately 8,900 businesses, together employing some 61,700 people (based on 2008 figures). The majority of the businesses in Haringey are small: 94.2% of firms employ fewer than 24 people. These small businesses account for 39.3% of total employment in the borough.
- 9.15 Larger businesses (over 250+ employees) in London can be supported directly by TfL which has its own travel planning team. It was noted that the Haringey shared a Workplace Travel Advisor with five boroughs to support sustainable travel. This work is done through an enterprise company and thus most work is performed 'at arms length'. It was understood that from April

²⁸ The panel noted the striking imagery used to brand and promote the sustainable travel programme in Sutton, and suggested that the borough be contacted to ascertain if the Council can utilise these images for its own sustainable transport programme.

2010, workplace travel planning will be developed to focus more on outer London boroughs in the group (Haringey included).

- 9.16 The panel noted that the Council will support travel planning where this is specified in planning requirements and will also consider match funding or contributing to the cost of workplace travel plan up to a value of £2000 (i.e. towards the installation of secure cycle parking facilities, lockers or shower facilities). The panel noted that funding had been secured from TfL until March 2011.
- 9.17 The panel agreed that workplace travel planning in the borough was of vital importance and cost effective approach to promoting sustainable travel. The panel also agreed that opportunities to expand this service, possibly with partners should be explored further. It was noted that a scheme to incentivise work place participation in travel planning processes could be assist local business engagement.

School Travel Plans

- 9.18 The panel heard evidence from TfL that schools and colleges are also significant trip generators and therefore an important target for dedicated travel planning interventions (i.e. school travel plans). The panel noted that the aim of developing a school travel plan (STP) was to reduce the number of car trips to and from the school, remove barriers to sustainable modes of transport, promote active travel and to develop a community response to transport / traffic problems in the school location.
- 9.19 The panel noted that there is an established programme of travel planning with schools in Haringey. The panel heard that Haringey performs well with school travel planning: all schools have an approved travel plan and that 83/99 schools had an updated travel plan. The panel noted that there were a number of successes within this programme, for example, Devonshire Hill Primary School achieved a 13% increase in walking. It was also noted by TfL, that Moselle School is regularly cited at a model of STP best practice.
- 9.20 The panel hear that the STP was funded (£340k per annum) and monitored through Transport for London. The panel heard that STP in Haringey had a achieved considerable modal shift: there was a 21% reduction in car usage amongst staff and 7% reduction amongst pupils. More pupils now cycled (+4%) and walked to school (+1%). More staff now walked to school (+11%) or got the bus (+6%).
- 9.21 The panel concluded that school travel planning should be a priority for the Council, not only in terms of its importance as a trip generator but also because of its educative function and the potential to influence travel behaviour of residents over the longer term.
- 9.22 Although STP coverage was good, the panel heard that the travel benefits would begin to tail off as individual circumstances / travel behaviour changed (children change school, school leads move on, parents change job). In this context, the most pressing challenge was keeping schools motivated and

engaged to the travel planning process. The panel was pleased to note the success of this project and keen to ensure that project momentum was maintained.

Personal Travel Planning

- 9.23 Individual travel planning was developed on an Individual Travel Marketing approach (developed by Sustrans), which targets particular segments of the population who may be most likely to change their travel behaviour. This approach aims to save time and money for participants as well as improve their health and well being (via active travel methods). The panel noted that this approach was integral to smarter travel programmes developed in these authorities.
- 9.24 The panel noted that, although not as cost effective as other more collective forms of travel planning (e.g. schools and workplaces), personal travel planning was effective in delivering modal shift. The panel noted that Sutton had developed a more cost effective model personal travel planning through the employment of temporary staff who could be employed periodically in targeted campaigns.
- 9.25 Of particular interest to the panel was the evidence received by Sustrans which indicated that it was working in areas of social deprivation in Tower Hamlets, where it was aiming to increase use of modes sustainable travel by 10%. The panel also noted that that the personal contact developed with residents through individual travel marketing approach could be invaluable in identifying local travel concerns and barriers to the uptake of sustainable transport.²⁹
- 9.26 In Haringey it was noted that the individual travel planning process was to be included within the recently announced Muswell Hill low carbon zone project. In this project, travel marketing would occur alongside other broader sustainability issues (i.e. recycling, reducing energy consumption) to reduce carbon emissions across the community.
- 9.27 The panel heard that London Travelwatch undertake outreach work through a mobile unit in London Boroughs. It was noted that at a recent excursion to Croydon, staff had conducted over 2000 individual travel surveys with local residents (to promote public transport options). It was suggested that the mobile unit be invited to Haringey (Wood Green).
- 9.28 The panel supported the idea of individual travel planning, though this process should be carefully targeted at those most likely to be receptive to changing their travel behaviour or where travel opportunities arose (e.g. extensions to bus, tube or rail network and using MOSAIC). The panel also indicated that the face-to-face approach of personal travel planning also opened up further opportunities to work with partners where there were shared policy objectives which should be explored locally (i.e. sustainability and health).

²⁹ Leading the way in travel behaviour change. Sustrans (FF36)

Travel planning for events and trip generators

- 9.29 The panel also heard evidence significant trip generators in the borough should be supported with travel plans (i.e. festivals, football matches or local hospitals). The panel noted that TfL had supported travel planning at hospital sites in other boroughs which in some instances had given rise to a 9% uplift in bus usage.

Car clubs

- 9.30 Car clubs were seen as an important component of encouraging modal shift, as this gave car users continued access to a car, without the overheads associated with actual car ownership. TfL noted that car clubs have grown rapidly in London: there currently being over 1,600 vehicles and 89,000 members across 23 boroughs. The panel noted that audits had shown benefits for sustainable transport as it was estimated that 20% of members sold their car and an even higher proportion decided not to buy a new vehicle as a result of joining a car club.
- 9.31 The panel noted that the Council has a 3-5 year exclusive contract with Streetcar for car club provision in Haringey. Under this exclusive contract, the Council will undertake all establishment costs (planning consent, local consultation, marking of bays and signs) whilst the provider will operate the car club scheme. The panel noted that the Council (and other neighbouring boroughs which operate the scheme) do not derive any income from car club scheme.
- 9.32 The panel heard that a car club scheme has been successfully developed in Haringey and currently operated 14 bays (for 27 cars). Local audits have shown that membership had doubled to 2,000 local residents and a high usage of car club cars of an average of approximately 15 hours per day.
- 9.33 It was noted that additional investment was planned through TfL for 2010/11 which would see an additional 66 vehicles available from 48 locations. The panel noted that the focus of future car club work was to have 80 local bays across the borough by the end of 2011 with residents being no more than 5 minutes distant from a bay.
- 9.34 The panel was keen to ensure that the Council built on the early successes of this project and that forward momentum was maintained. The panel noted that a significant barrier to local development of local car club scheme was the availability of sites for car club bays. The panel noted that an audit of potential sites may help strategic development of car club bays and other partners could be approached to develop car club sites.
- 9.35 The panel also heard from local older people and disability group representatives concerning the accessibility of the current car club pool. The panel felt that there was an opportunity to extend such provision when contracts were renegotiated with Street Car.

Car Share

- 9.36 To help reduce individual car journeys, a car share programme offers local residents the opportunity to register journeys and search for a match. The panel heard evidence from both visits to Peterborough and Sutton that both commuting and leisure journeys could be matched in such a scheme, as too can regular or one-off journeys. In Peterborough, both cycle and walking journeys could also be matched to support the uptake of sustainable travel methods (i.e. for further confidence).
- 9.37 The panel noted that the Council operates a car share scheme within the Council's own travel plan. The Council is also signed up to Liftshare, a national organisation offering a travel match service for journeys by car, bike or foot. The panel suggested that this could be promoted through the website.

10. Promoting sustainable transport

- 10.1 The panel heard that Haringey is quite well-served by public transport services, with a network of rail, bus and tube services spanning the borough. The Panel noted that whilst radial connections were good (Moorgate-Hertford/Liverpool St-Enfield and Victoria line and Piccadilly line) east-west access across the borough remained underdeveloped. The panel noted that there were:
- 6 underground stations
 - 3 overland rail lines (Barking-Gospel Oak/Moorgate-Hertford/Liverpool St-Enfield)
 - 40 bus routes, almost all of which are high frequency.
- 10.2 The panel received evidence which indicated that both bus and underground use among Haringey residents was higher than inner and outer London borough averages (**Figure 3**). Rail use by Haringey residents is slightly below inner and outer London averages.
- Bus Services
- 10.3 The panel heard that the bus service was particularly important to Haringey residents as the bus network supports far more passenger journeys than rail or tube combined. Further more, the panel heard evidence that the bus network is crucial in supporting the mobility of older people, people with a disability and those on lower incomes. As a result, both the Campaign for Better Transport and London Travelwatch suggested that, where possible, it would be important for the Council to work to develop and extend this network.
- 10.4 The panel noted from the Place Survey that on the whole bus usage by Haringey residents was high with 44% of residents recording that they were daily users of the bus network and 29% were weekly users of the bus network (**Figure 6**). Similarly, the panel also noted that satisfaction with local bus services were also very high among local residents, where 77% were fairly satisfied or very satisfied with local bus services (**Figure 7**).
- 10.5 The panel heard that targeted interventions to improve public transport uptake can achieve modal shift. The panel heard evidence from the University of

Westminster that bus uptake can be significantly improved when operational developments (i.e. route extensions) are accompanied by travel information and awareness campaigns. The panel noted that in Hertfordshire, 9% uplift in bus usage had been achieved through targeted marketing for bus services (i.e. information and sample passes).

- 10.6 The panel also heard from the Campaign for Better Transport and from the Haringey Transport Forum, that long bus journey times were a deterrent to use of the bus network, especially at evenings and weekends when bus lanes were not in operation. The panel heard that greater harmonisation of the operation of bus lanes may speed up bus journey times across the borough and facilitate more widespread usage.

Rail Services

- 10.7 Representatives from the Barking to Gospel Oak Users Group and London Travelwatch highlighted that the electrification of the Barking-Gospel Oak line was of paramount importance in developing orbital capacity, not just for Haringey but for many other north London boroughs. It was also noted that electrification may also bring greater service reliability.

- 10.8 The panel noted that Haringey was a member of two collectives that focus on the development of rail services in the region: North London Strategic Alliance and the North London Orbital Rail Partnership. It was noted that these partnerships would be essential to influence commissioners for improved rail services (DT/TfL/Network Rail).

- 10.9 The panel heard evidence to suggest that the rail and tube line stations situated in the borough were subject to increased commuter traffic, where a number of stations were used by commuters' access the transport network and travel in to central London. The panel noted that both London Travelwatch and other local community groups recommended that travel plans should be developed for all Haringey stations:

Tube services

- 10.10 The panel heard from TfL that the cost of developing capacity on tube lines was prohibitive, and that it was far more cost effective to support initiatives which reduced the passenger trips or supported other modes of travel. The panel noted that there were planned improvements for both tube lines that run through the borough. It was noted that capacity on the Victoria line would be increased by up to 20% by 2012 and that capacity on the Piccadilly line would be increased by 25% by 2018.

Walking

- 10.11 A number of informants to the review provided evidence to the panel of the importance of walking in developing sustainable transport in the borough. It was noted that as most journeys start and finish on foot, attention needs to be paid to improving the walking environment to help make walking more practicable and desirable choice for local residents.

- 10.12 In evidence received by the panel from NHS Haringey, it was noted that walking (and cycling) had the potential to reduce local health costs and wider economic losses (estimated to be between £3-4million per annum). It was also noted that walking (and cycling) also has a positive preventative and therapeutic effect on a range of diseases (especially CHD, diabetes and osteoporosis).
- 10.13 Although walking accounts for 31% of all journeys in Haringey (**Figure 3**), it was felt that through a number of identified actions there was scope to improve the modal share of walking further. The panel heard evidence from a number of local community groups at the local transport forum which suggested walking uptake could be improved through:
- Harmonised reporting structures across the Council and Homes for Haringey (to offer 24/7 cover).
 - Improved footway maintenance
 - Improved lighting
 - Removing obstacles (and improving permeability)
 - Improved signage
- 10.14 The panel noted that footway repairs were planned 18 months in advance and were determined by a range of criteria including; condition of footway, proximity to a school or other public amenity, whether it was a popular shopping route and the desire to spread investment across the borough. The panel noted that Area Assemblies should be consulted in development of the footway renewal programme.
- 10.15 The Panel heard that footway maintenance was a significant area of investment for the Council (footway renewal and reactive maintenance). The panel noted that the Council now has a robust system of inspection in place where roads and footpaths were inspected twice annually. This has reduced the Council's insurance premiums by one third. It was noted that in 2009/10 the council:
- spent £2million on footways (81 identified footpaths across the borough)
 - spent £145k on walking projects and 70k on Local Area Accessibility (such as dropped kerbs)
- 10.16 The panel also noted that the Council was in the middle of 7 year programme to renew street lighting across the borough. Within this programme, 40% (6440) of lighting columns are being replaced. It was noted that total street lighting investment in 2009/10 totalled £2.005 million. It was hoped that improved lighting programme would improve the night time environment, reduce the fear of crime and help people feel safer in walking streets within the borough.
- 10.17 The panel heard that there had been some recent successes in developing walking and cycling Greenways, in particular Parkland Walk. £175k has been granted from TfL to maintain access through this route which runs through the borough (Alexandra Park to Finsbury Park) and is used by both walkers and cyclists. The proposed new Wood Green multiple crossing system would also be an example of greater walking permeability.

Cycling

- 10.18 The panel noted that planned Cycle Superhighways (as specified in the Mayors Transport Strategy) would cross through Haringey: route 1 in the east (Tottenham to Liverpool Street) and route 12 in the west (East Finchley to Angel). Although there was an expected delay to final implementation (2012) the panel indicated that the Council should plan and prepare for this addition within plans for the local cycle network.
- 10.19 The panel supported the Council's successful application for Biking Borough status. Within this scheme, 12 outer London boroughs have each been allocated £25k to conduct a study to identify and prioritise ways in which cycling can be developed. Additional logistical support will be provided from TfL in the form cycling/travel data and advice.
- 10.20 The panel noted that the borough's cycling strategy would be renewed through both the Biking Borough process in which a cycling plan for the borough would be submitted to TfL for consideration and approval. The panel indicated that the cycling plan developed within the Biking Borough programme should be shared across the HSP to develop a coordinated approach to its implementation.
- 10.21 The panel heard evidence from Joanne McCartney (GLA Member) who had led a review on the availability cycle stand provision in London. The panel noted that the lack cycle parking capacity and paucity of safety and security at established bike stands was a significant barrier to potential cyclists. In particular the panel heard that:
- There is a major under capacity of about 100,000 stands
 - About 70,000 bikes are stolen each year in London
 - There is no standards design
- 10.22 The panel heard that the Council had fitted over 40 bike stands across the borough in the past year. The panel heard evidence that there should be a more systematic approach to improving cycle stand provision to ensure that stands were developed where they are most needed. The panel noted from evidence received from the GLS and London Cycling Campaign, that local ward audits were a useful tool in planning cycle stand development.
- 10.23 The provision of cycle stands in social housing was known to be problematic as bikes left in communal hallways presented obvious health and safety issues (i.e. emergency access). The panel noted cycle sheds had been developed at three pilot estates in Haringey, but with limited success. The London Cycling Campaign highlighted a number of factors for the success of stand provision on housing development: develop partnerships to fund provision (council, TfL and social housing providers), ensure community involvement (local residents associations) and improve management regimes (i.e. key handling).
- 10.24 The panel heard from the school travel planning officer that because of budgetary pressures, there would need to be some adaptation to cycle

training provision in schools. Primarily, this would involve teachers being trained to deliver cycle training. The panel noted that there were a number of cycle training initiatives in schools including local police service, community safety and dedicated schemes (i.e. Bike It provide through Sustrans). It was suggested that a more strategic approach to cycle training in schools could be developed through aligning HSP resources and work programmes.

- 10.25 That panel noted that local cycling groups were regularly consulted in the local cycle network and infrastructure. Local cycling representatives noted that whilst they were pleased to be involved, consultation needed to take place at an earlier point in the design process. It was suggested to members, that a design panel could be established which involved both officers and external groups.
- 10.26 The panel noted that the Mayors Transport Strategy has prompted the reorganisation of local transport services, where work is to become more aligned to new funding streams (corridors, neighbourhoods etc.). The panel and local cycling groups were concerned that this may see the local cycling officer post subsumed in to more generalist work. Whilst felt that some degree of specialism should be retained for expert cycling input in to local traffic schemes and development.
- 10.27 The panel also noted from evidence it received that there were notable inequalities in the uptake of cycling. Data from the cycle demonstration towns indicates that there is a clear correlation between age and cycling where cycling declines with age. Furthermore, cycling is much less common among women than men: just 17% of women sometimes cycle as compared to 29% of men. The panel also heard from other boroughs that cycling take up among black and other minority ethnic groups was low, although there was no substantive data to support this.
- 10.28 The panel heard considerable evidence from a range of informants on how more people could be encouraged to cycle in Haringey. From the evidence submitted by London Cycling Campaign, Hackney Council and local cycling groups it was clear that there were a number of distinct priorities to encourage uptake:
- Reduce traffic volumes
 - Reduce traffic speeds
 - Hazard reduction at junctions (filtered permeability)
 - Reallocation of carriageway
 - Cycle tracks away from roads (connecting green spaces)
- 10.30 The Panel noted the briefing from Cycling England concerning the appointment of a Member Champion for Cycling. The panel thought that this was initiative should be supported within the Council as this would provide leadership for the promotion of cycling in the borough.

11. Demand management

11.1 It is widely recognised that demand management techniques, such as parking control, traffic calming and interventions made at the planning level can influence travel behaviour and more specifically, car usage. The following section highlights areas considered by the panel which could encourage local car users to change their travel behaviour,

Traffic calming

11.2 Reducing traffic speed is critical to encourage further use of sustainable transport as well as helping to reduce accidents and casualties. The panel heard evidence from Living Streets which underlined how heavy traffic and speeding traffic blights local communities and that traffic calming was a useful tool in helping develop social and community networks. In this context, it was felt that traffic calming measures could help foster community spirit and cohesion.

11.3 The panel also heard evidence walking and cycling groups identifying the need to reduce traffic speeds to encourage more people to use more active forms of transport. The panel also noted from visits to other authorities, that traffic calming was an essential process in locking in the benefits of modal shift.

11.4 The panel noted that a number of authorities had developed borough wide 20mph speed limits. It was noted that the interim evaluation of the Portsmouth scheme demonstrated a 0.9mph reduction in vehicle speeds city wide, a reduction of 7mph where prior average speeds were above 24mph, a reduction in road accidents and road casualties (13% / 15% respectively).³⁰

11.5 The panel noted that the current Council policy was that a number of 20 mph zones were in place (n=18) but enforcement processes needed to be in place before the installation of a borough wide 20 MPH speed limit. The panel noted that both Islington and Hackney have a borough wide 20 mph speed limit which was not enforced, though this was expected to help create a cultural change in road usage, to make roads safer, more accessible and more attractive to other less polluting forms of transport and to pedestrians alike.

11.6 The panel was pleased to record that the Council was undertaking a number of initiatives to help reduce traffic speed and volume which included 20mph zones, DIY Streets (with Sustrans), Psychological Traffic Calming (the strategic planting of trees to influence driving behaviour) and home zones (developing roads as shared space between cars, pedestrians and other road users. The panel noted that many of these projects were in their infancy and would be assessed for their impact on traffic speeds and volumes.

11.7 The panel was keen to understand how these traffic calming measures could accompany a borough wide 20mph speed limit to help reduce traffic speeds and volume. The panel was also mindful of the cost of such projects, and suggested that these projects also be assessed with a view to developing low-cost options for traffic calming, which could for example, be developed within

³⁰ Interim Evaluation of the Implementation of 20 mph Speed Limits in Portsmouth DfT / Atkins, (2009)

the Making the Difference Scheme. It was also noted that there may be opportunities to develop some traffic calming schemes (i.e. Psychological Traffic Calming) alongside other Council programmes (i.e. tree planting).

Parking policy

- 11.8 The Panel heard evidence which suggested that local parking policy was important tool in influencing travel behaviour. The panel heard evidence from a number of sources (Friends of the Earth, Sustainable Haringey) which noted that the availability of parking was a key determinant of local traffic congestion and broader influence in the uptake of other sustainable modes of travel.
- 11.9 The panel noted that parking policy, including Controlled Parking Zones (CPZ), low parking standards for new developments, charging, use of workplace parking levies can be used to influence travel behaviour. The panel heard that parking policy is clearly an important demand management tool in controlling local traffic congestion and determining choice of transport.
- 11.10 The introduction of Controlled Parking Zones has been shown to influence travel behaviour, particularly inward commutes and local choices of mode of travel.³¹ The panel noted that there are currently 13 CPZ in Haringey and more are currently under consultation. The panel supported the principle of local consent for the introduction of CPZ's. It was noted however, that within this approach, CPZ's were established incrementally where there was local demand and consent for their introduction. The panel felt that this approach was very resource intensive and resulted in wide variations in the hours which individual CPZ operated and presented a number of anomalies.
- 11.11 CPZ's and parking policy in general were noted by the panel to be a particular sensitive issue which ultimately required community consent for successful implementation. The panel heard conflicting evidence on approaches to the development of CPZ:
- should CPZ's be allowed to develop incrementally across the borough as local needs demand it and communities agree to their installation or,
 - should CPZ's be developed in a planned and proactive response to broader transport objectives i.e. designating all areas around railway stations to be CPZ?
- 11.12 The panel noted that whilst there is clearly a case for arguing for a borough wide CPZ (as exist in other boroughs), the panel was mindful that the broad application of charges may be unfair. The panel also noted that in many cases, there was strong local opposition to CPZ proposals. The panel was of the view that a more planned approach to the development of CPZ would offer a more strategic oversight to parking policy and traffic management across the borough.
- 11.13 The panel discussed the provision of parking at local shopping centres, its impact on local congestion, its appeal as a shopping destination and the

³¹ Expansion of a Controlled Parking Zone (CPZ) and its Influence on Modal Split: The Case of Edinburgh Rye et al Transportation Planning and Technology 29 (1) 75-89 (2006)

broader impact on the economic vitality of that area. The panel noted that a delicate balance needed to be achieved in meeting these objectives.

- 11.14 The panel heard evidence from the evaluation of the 'stop and shop' scheme in two local shopping centres (Crouch End and Muswell Hill). The main findings from this evaluation were that the parking periods should be extended, that improved signage would be helpful and that there was scope for further pay and display bays in the main shopping areas.
- 11.15 The panel heard that whilst the car was clearly important mode of travel to access local shopping centres, convenient parking and with it large numbers of cars did not necessarily make these areas more attractive area to shop. The panel noted that encouraging people to shop local was an important process in encouraging sustainable transport use. During its visit to Sutton, the panel noted schemes which incentivised residents to shop locally using sustainable transport.
- 11.16 The panel agreed that an area based approach offered the best solution to travel issues at local shopping centres. This approach would offer a holistic assessment of local travel needs and help to provide an integrated transport response. The panel suggested that such an approach should be supported through further local investigation of modes of travel used to access local shopping centres and ways to incentivise local people to use sustainable transport to access local shopping centres.

Land Use and Planning

- 11.17 The panel noted that planning and land use in developing sustainable transport options was recognised through national planning guidance: Planning Policy Guidance 13. Planning can shape the nature, level, density and pattern of development which may influence travel and patterns and behaviour. The guidance stipulates that there needs to be
- More sustainable choices for moving people and freight
 - Promoting accessibility of jobs and leisure via public transport, walking and cycling
 - Developing measures that reduce the need to travel (especially by car).
- 11.18 The panel heard evidence from a range of informants which suggested that local land use and planning guidance was a critical factor in influencing use of sustainable modes of transport. Through the Local Development Framework and other planning guidance, the Council could actively shape transport development and influence subsequent travel behaviour.
- 11.19 The recently developed core strategy provides a number of planning policy guidelines which should support economic regeneration, reduce car dependency, combat climate change and improve environmental quality. Proposals will commit the Council to:
- Promote public transport, cycling and walking
 - Integrate transport planning and land use planning to reduce the need to travel
 - Promote improvements to public transport interchanges

- Locate trip generating developments (i.e. supermarkets) in locations with good public transport
 - Support measure to influence behavioral change.
- 11.20 The panel heard evidence to suggest that local planning guidance should be assessed to ascertain how this may help to:
- Reduce the need to travel – promotion of sustainable town centre
 - Encourage place led design – where traffic schemes designed on what a place needs rather than how much motor traffic needs to pass through.
 - Deter car use – through minimizing parking provision in new development and extension of car free developments
- 11.21 The panel noted that Supplementary Planning Guidance (SPG) had been developed for Transport (7c) and Travel Plans (7B) to inform local planning and land use decisions. The guidance in these documents reflects national and regional policy objectives (i.e. London Plan) and local policy and land use (e.g. Unitary Development Plan). Guidance is provided on:
- Parking provision at new development
 - Cycle standards
 - Car free zones
- 11.22 Given the critical importance of these documents in shaping guiding local planning decisions it was suggested that these be updated to reflect new regional policy and land use (London Plan) and local sustainable transport objectives as specified in the core strategy. This process could be supported further by the provision of members training to help raise the profile of sustainable transport in the planning system.

12. Accessibility issues for sustainable transport

- 12.1 During the course of the review, evidence was presented to the panel which suggested that the accessibility of sustainable modes of travel by a number of community groups was not proportionate. It has already been noted in the report that take up of sustainable transport (such as cycling) varied by age, gender and ethnicity. Further still, it was clear that some community groups (such as those people with a disability) could not access the main public transport network. The panel indicated that such variations in access should be acknowledged in local transport policy and plans.
- 12.2 A number of key issues accessibility issues for sustainable transport provision were highlighted to the panel in the evidence it received. These included the need to:
- commission more accessible car club vehicles
 - make streets safer for older people through improved lighting and footways repairs
 - improve bus timetables to make bus journeys safer for older people
 - broaden the appeal of cycling to women, older people and black and other minority ethnic groups
 - extend rail and tube access for disabled people
 - develop parking options for carers.

- 12.3 The panel heard evidence from representatives of local disability and older peoples groups which highlighted the problems they experienced with door-to-door transport services (i.e. Dial-a-Ride). The panel heard evidence which suggested that local door-to-door transport services (Dial-a-ride, Taxicard, Community Transport and Hospital Transport) were unreliable, can be expensive and were not fully integrated. As this was outside the main scope of the review, it was suggested that this would be an area where further scrutiny involvement would be beneficial.
- 12.4 The panel was keen to ensure that travel advice and travel planning initiatives should not just focus on car users, as other residents in the borough who are not car users or do not have access to a car, may equally benefit from travel advice and information. The panel felt that the mobility of less well off people could be improved which may help to develop access to local services.
- 12.5 The panel noted that an Equalities Impact Assessment will be undertaken on proposals developed within the Local Implementation Plan (local transport strategy). The panel hoped that this would acknowledge disparities in which different community groups have access to modes of sustainable transport and the broader transport network. It was hoped that consultation processes employed in the development of the LIP would encompass representatives from established equality strands to ensure that strategies to improve uptake are developed within the LIOP.

13. Finance and value for money

- 13.1 The panel noted that the Council budget for the transport service in 2009/10 was approximately £10m which was received through a number of funding streams, most notably through Transport for London (about £4.1m), investment from Haringey Council (about £5.7m) and section 106 money (£340k). The panel noted that transport budgets for 2010/2011 are broadly the same.
- 13.2 The panel noted that the public sector financial settlement for 2011/2012 had yet to be agreed, which if consistent with general opinion, a period of financial constraint or reduction could be expected. Furthermore, it is expected that funding total for London boroughs will face similar pressures which may further limit local transport spends.
- 13.3 In this context, the panel have been mindful to ensure that the recommendations emanating from this review are cost neutral or could be met from existing resources.
- 13.4 The panel noted that the distribution of the overall transport budget as set out below. The panel noted that smarter travel initiatives account for less than 5% of the sustainable travel budget and these projects are exclusively funded through TfL.

Works	Amount (£ 000s)	Funding source
Footways	2,000	Council
Non-principal road resurfacing	800	Council
Principal road resurfacing	435	TfL
Street Lighting	2,000	Council
Road safety improvements	100	Council
Parking schemes	600	Council
Bridges and Highways structure	240	Council
Local Safety Schemes	935	TfL
Cycling schemes	495	TfL
Cycle training and parking	113	TfL
Bus stop accessibility	119	TfL and s106
Bus Priority	605	TfL and s106
Wood Green Town Centre	680	TfL and s106
School Travel Plans	346	TfL
Education, Training and Publicity	25	TfL
Travel Awareness	24	TfL
Environment	70	TfL
Workplace Travel Plans	10	TfL
TOTAL	9,597	

N.B. There is a slight difference due to only major amounts being included

- 13.5 In assessing value for money for the local provision of sustainable transport services, the panel noted that the Council is a low spend authority (the lower quartile) yet performance against key transport indicators performs above levels of investment. The basis for this assessment is:
- Nationally, Haringey is among the lowest quartile in spend on transport (per head)
 - CPA assessment for the environment service (which includes transport) was rated as a 3 (performing well and consistently above average)
 - In terms of performance assessed under Comprehensive performance Assessment (2008)
 - 2 performance indicators above threshold
 - Reducing killed and slightly injured road casualties
 - Reducing slightly injured road casualties
 - 4 performance indicators were between thresholds
 - Condition of non principal roads
 - Percentage of pedestrian crossings with facilities for disabled people
 - Condition of surface footways
 - Intervention of Secretary of State (Traffic Management Act)
 - 0 (zero) highways or transport indicators were below the lower threshold.
 - All capital contracts are required to go through the agreed procurement process to help obtain best value for the service.
- 13.6 The panel noted that investment in sustainable transport initiatives represent value for the Council and the broader HSP given the multiple strategic policy objectives that this work supports across the borough. It has been made apparent to the panel (and documented in this report) that work to promote sustainable transport not only helps the Council to achieve modal shift, but

also contributes to carbon reduction strategies, improved local air quality, improved health and well being and enhanced community cohesion.

- 13.7 In terms of transport policy, the review received evidence to suggest that smarter travel initiatives offer a cost effective way to achieve sustainable transport goals (in 9.4). Whilst acknowledging that smarter travel initiatives account for a relatively small proportion of overall transport budgets at present, their success would imply that greater consideration of such proposal is given in future investment plans.
- 13.8 A number of opportunities to develop partnership work in the delivery of sustainable transport initiatives have been highlighted within the review (e.g. cycle training in schools, promoting walking and cycling). These provide opportunities to align work programmes and of course, pool resources. At a time of financial constraint, such closer partnership working may help to maintain a strategic overview of sustainable transport provision and help to use scarce resources more effectively.
- 13.9 The panel heard evidence from the independent expert from the University of Westminster who emphasised that financial planning to support smarter travel initiatives should be undertaken over the longer term given that the behaviour change models that underpin this approach are equally long term processes.

Appendix A – Figures and charts

Figure 1 - National contribution of greenhouse gas emissions from domestic transport use (Towards a sustainable Transport System, DT, 2007).

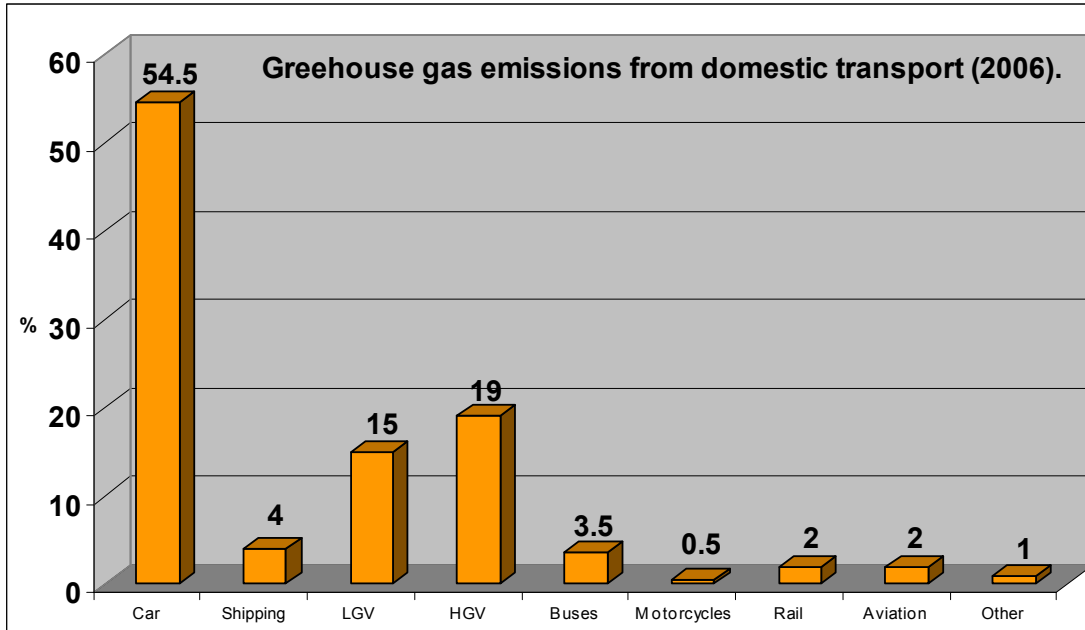


Figure 2 – Mode of transport across London regions (2008) (source: tfl.gov.uk)

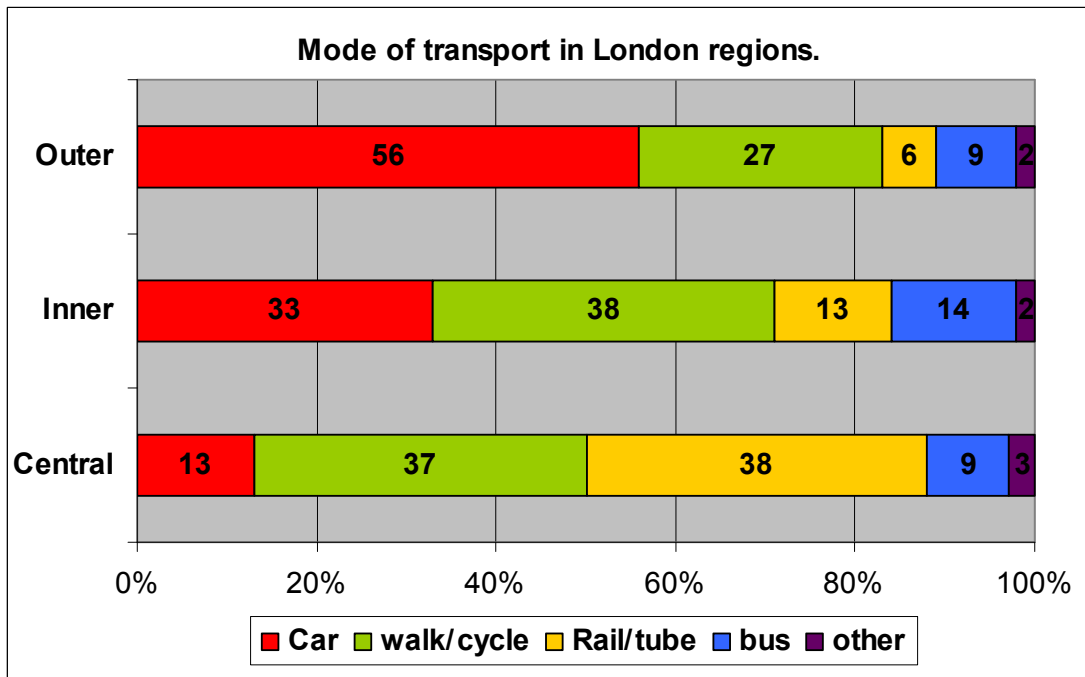


Figure 3 – Modal share of transport for trips originating in Haringey and other inner and outer London boroughs.

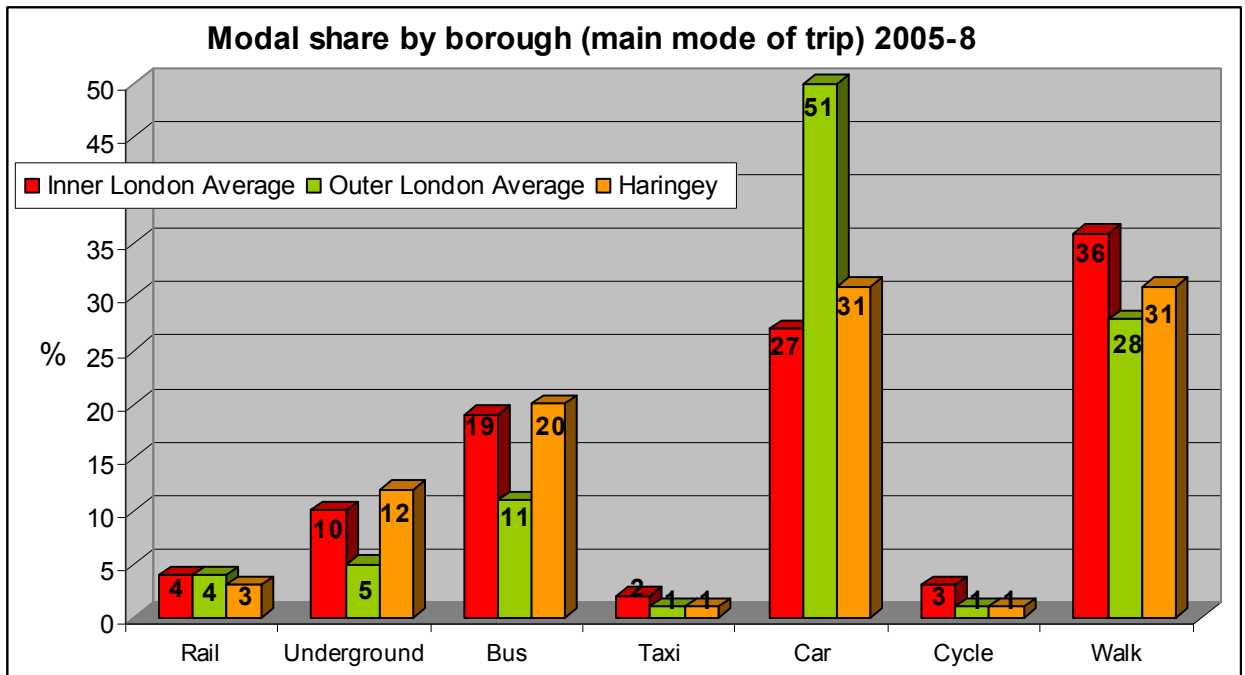


Figure 4 – Relative priorities of traffic congestion and public transport from the place survey (2008)

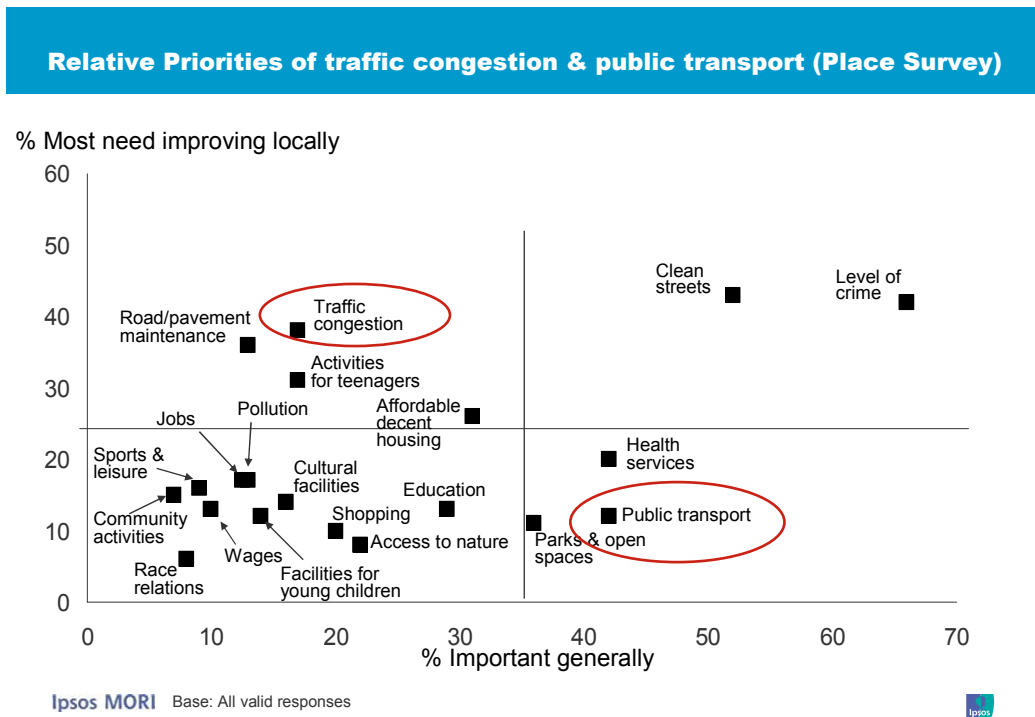


Figure 5 – Audit of sustainable transport provision within the Haringey Strategic Partnership

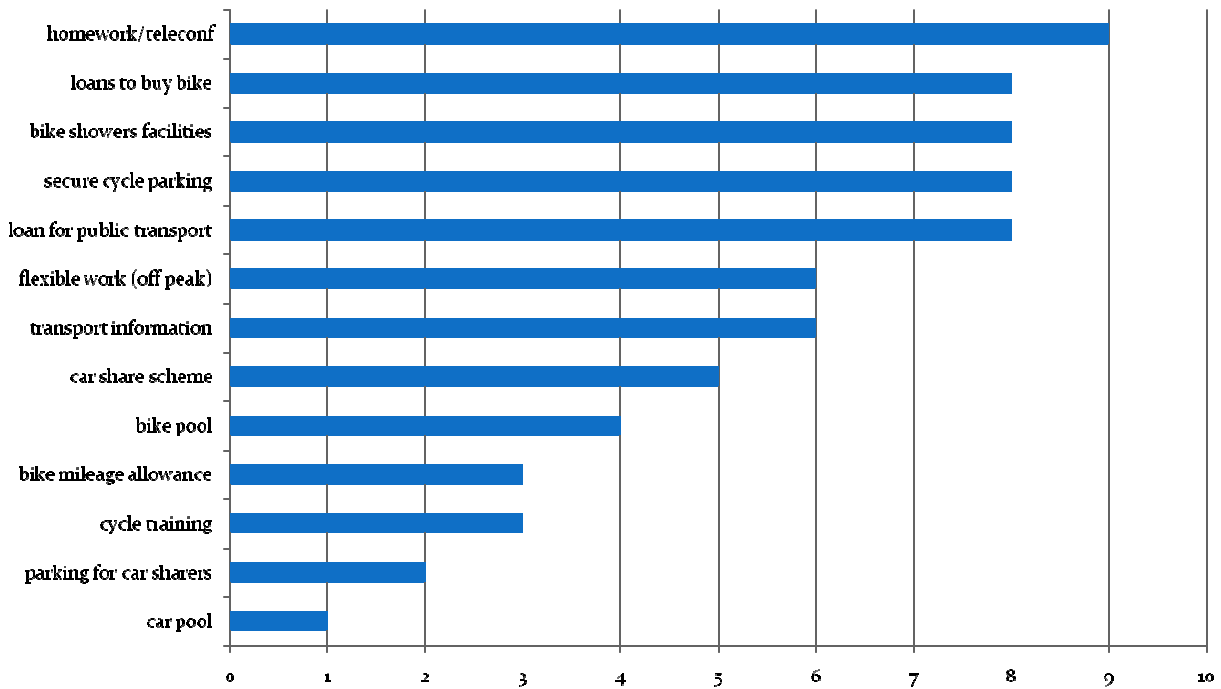


Figure 6- Haringey residents use of local bus services

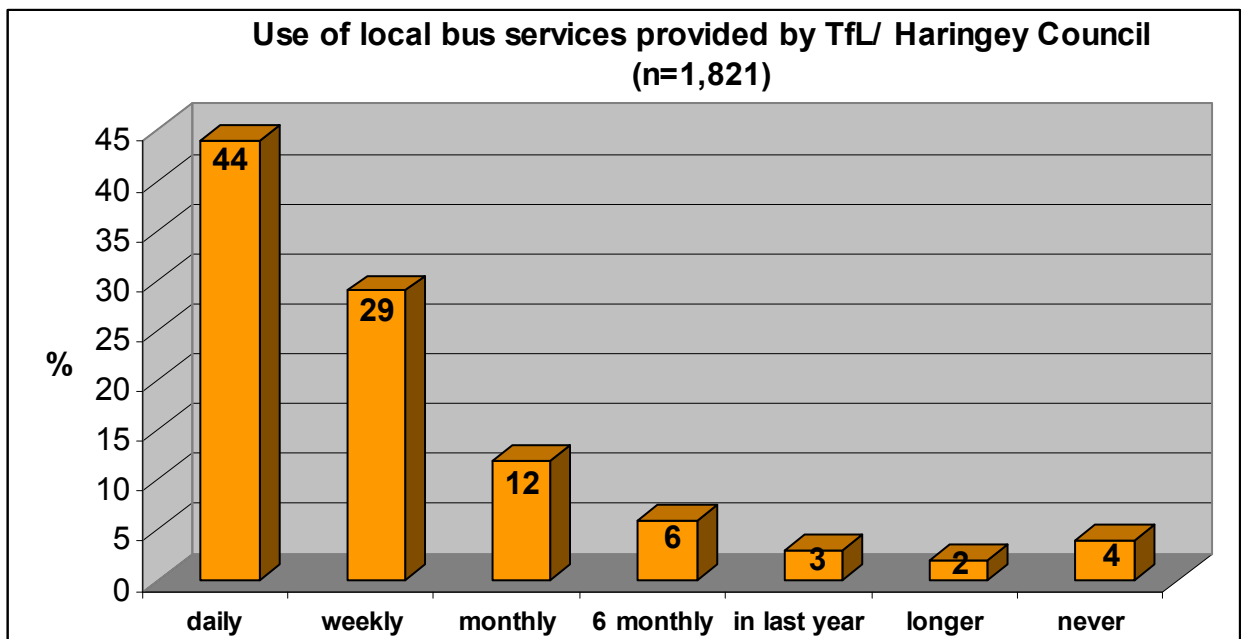


Figure 7 – Haringey resident’s satisfaction with local bus services.

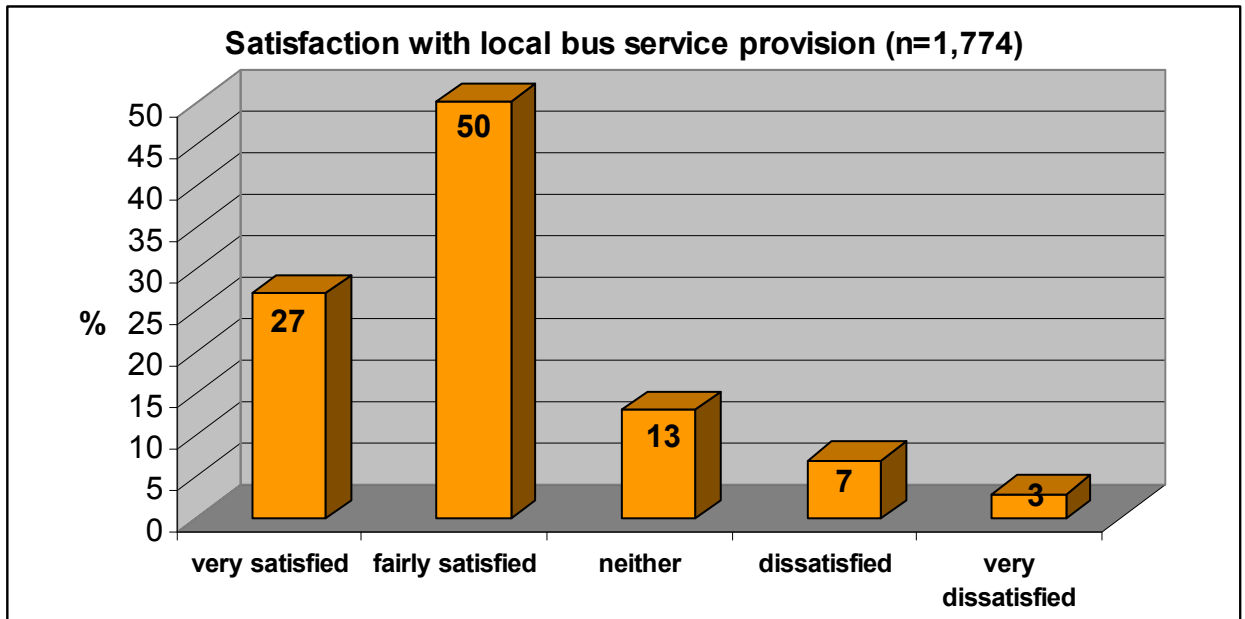
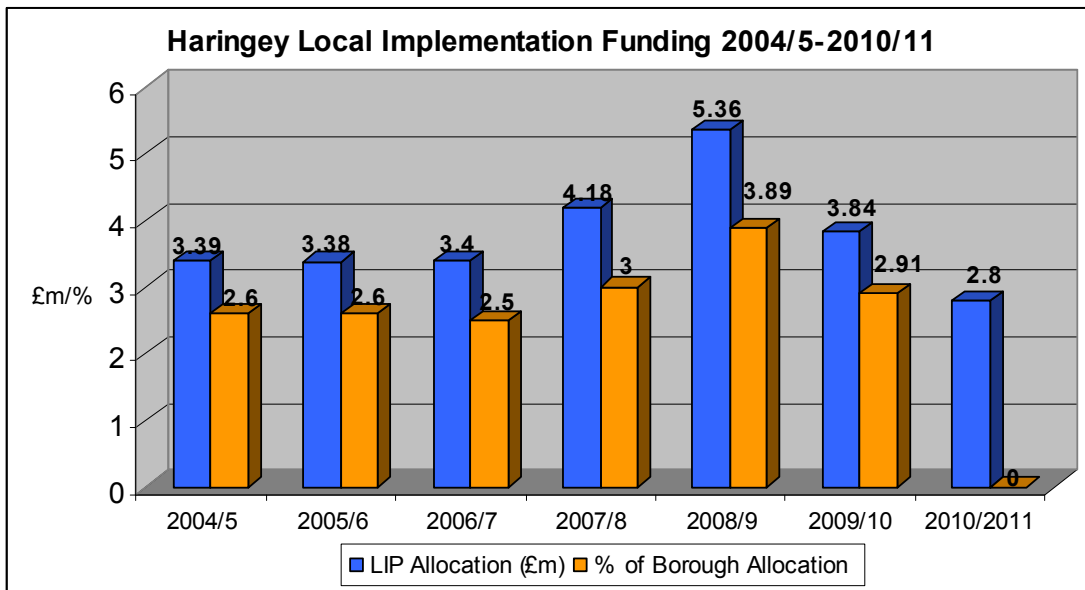


Figure 8 - Haringey Local Implementation funding 2004/5 – 2010/11



Appendix B – List of informants to the review process

- Joan Hancox, Head of Sustainable Transport, Haringey Council
- Alex Grear, Programme Manager, Greenest Borough Strategy, Haringey Council
- Malcolm Smith, Transport Policy, Haringey Council
- Ismail Mohammed, Planning Group Manager, Haringey Council
- David Rowe, Smarter Travel Unit, Transport for London
- Joanne McCartney, Member of Greater London Assembly
- Matt Winfield, Greenways Manager, Sustrans
- Nicola Francis, Travelchoice Team Manager, Peterborough City Council
- Lee Parker, Project Manager, Smarter Travel Sutton, Sutton Council
- Sophie Tyler, Research Fellow, University of Westminster
- Andy Cunningham, Head of Streetscene, Hackney Council
- Oliver Schick, London Cycling Campaign
- Pamela Moffatt, Haringey Disability Forum
- Quentin Given, Friends of the Earth
- Richard Bourn, Campaign for Better Transport
- Tim Bellenger, London Travelwatch
- Chris Barker, Sue Penny & Adam Coffman, Sustainable Haringey/
Haringey Living Streets, Haringey Cycling Campaign
- Duncan Stroud, AD Communications, NHS Haringey
- Tajinder Kaur Nijjar, School Travel Planning, Haringey Council
- Haringey Transport Forum

Appendix C – Survey of HSP of sustainable transport provision

About your organisation

1. What is the name of your organisation? _____
2. Approximately how many people are employed within your organisation (in Haringey)? _____
3. Does your organisation have:

(i) a carbon reduction strategy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) sustainable transport strategy	Yes <input type="checkbox"/>	No <input type="checkbox"/>

About your staff

4. (i) Does your organisation have a staff travel plan? Yes No
- (ii) If yes, how long has this been set up? _____ years

5. (i) Has your organisation audited how your employees travel to work?
Yes No
- (ii) If yes, what proportion of your employees use private transport to get to work? _____ %

6. Do you provide any of the following sustainable transport facilities for staff within your organisation?

Interest free loans for annual public transport tickets	<input type="checkbox"/>	Showers/lockers/changing facilities for cyclists	<input type="checkbox"/>
Public transport information to staff	<input type="checkbox"/>	Flexible working arrangements (off peak travel)	<input type="checkbox"/>
Secure cycle parking	<input type="checkbox"/>	Interest free loans for cycle purchase	<input type="checkbox"/>
Staff car sharing scheme	<input type="checkbox"/>	Designated parking for car sharers	<input type="checkbox"/>
Cycle training	<input type="checkbox"/>	Car pool for staff use	<input type="checkbox"/>
Mileage allowance for bicycles	<input type="checkbox"/>	Bike pool for staff use	<input type="checkbox"/>
Teleconferencing / home working	<input type="checkbox"/>	Other (please describe): _____	

Fleet vehicles

7. (i) Does your organisation operate a vehicle fleet?
Yes No (If no, go to Q11)
- (ii) If yes, how many? _____
8. (i) Does any of your fleet vehicles operate with green fuel technology (e.g. hydrogen fuel cell, electric or hybrid electric, bio-fuels or catalytic reduction systems)?
Yes No
- (ii) If yes, please describe:

(iii) If yes, how many? _____ (no. of vehicles) _____ (% of fleet)

9. Can you describe any other initiatives to reduce emissions from your vehicle fleet in your organisation (i.e. driver training, route planning)?

10. (i) Does your organisation stipulate any sustainable travel/ green transport specifications with contractors that use fleet vehicles?

Yes No

(ii) If yes, can you provide a brief description? _____

Improving sustainable transport in your organisation

11. How does your organisation encourage people that use your service to use more sustainable modes of travel (i.e. walking, cycling or public transport)?

12. (i) Have you received any specialist support in developing sustainable transport options for staff or service users within your organisation (i.e. from Transport for London)?

Yes No

(ii) If yes, can you provide a brief description? _____

13. Would you like any support in developing sustainable transport options within your organisation (i.e. developing staff travel plans, health benefits of active travel, specialist travel planning advice, green fuel technology)?

14. Additional space is given below for you to provide any further information about sustainable travel provision in your organisation which you feel may be relevant to the review.

15. **Contact for further information:**

Name: _____ Tel: _____

**Thank you for completing this audit – please return to:
Martin Bradford, Overview & Scrutiny, 7th Floor River Park House,
225 High Road, Wood Green. N22 8HQ
martin.bradford@haringey.gov.uk**



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Overview and Scrutiny Committee

On 15th March 2010

Report Title: **Transition from Children's Services to Adult Services**

Report of: **Councillor Martin Newton, Chair of the review panel**

Contact Officer : Sharon Miller

Email: Sharon.Miller@haringey.gov.uk

Tel: 0208 489 2928

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 Strategy Outcome:

- healthier people with a better quality of life

3.2. This review links with the Council Plan priorities of:-

- **A Thriving Haringey** encouraging lifetime well-being at home, work, play and learning
- **A Caring Haringey** promoting independent living while supporting adults and children when needed.

3.3. This review links with the following Local Area Agreements:

- NI 54- parental satisfaction survey which is a new indicator capturing the information for the first time in 2009.
- 3.4. The Council have agreed a local response to Valuing People (2001) and Valuing People Now (2007) which required services to be planned to enable people with learning disabilities to lead full and purposeful lives;
 - 3.5. Local commitments to developing services which are geared towards maintaining People's independence stemming from Our Health Our Care Our Say (2006);
 - 3.6. Children and Young People's Service Plan 2009-12 prioritises the need for an integrated approach to transition for vulnerable young people and those with learning difficulties and disabilities including mental health;
 - 3.7. The Haringey Youth Strategy identifies the need to support young people with disabilities in transition;
 - 3.8. National Transition Support Programme (2008) has been established by the Government to raise the standards of transition in all local areas; and
 - 3.9. Aiming High: Better Support for Disabled Children and their Families (May 2007) is the Government's transformation programme for disabled children services. Transition support is one of the identified work streams in the programme and emphasises the importance of joined up working and services centred on children and their families.

4. Recommendations

4.1. Review recommendations are laid out in section 2 of 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

7. Summary

In June 2009, the Overview and Scrutiny Committee commissioned a review of Transition from Children's Services to Adult Services in Haringey.

The review had a number of key aims:

- To assist the Council and Haringey Strategic Partnership by providing an independent objective view which helped to improve the quality and cost effectiveness of services provided to local people.
- To contribute evidence to the Comprehensive Area Assessment process.

8. Chief Financial Officer Comments

Any additional costs incurred as a result of the implementation the reviews recommendations will need to be met from within the existing resources available to both Children’s and Adults services. If additional resources are required they will have to be bid for as part of the Council's budget setting process for the 2011/12 budget.

9. Head of Legal Services Comments

"The report reflects accurately the statutory regime in place to deal with transition when considering the requirements for school students with statements of special educational needs. Generally the recommendations are ones that would assist the Council in complying with its statutory duties as a public authority to promote equality of opportunity between people with disabilities and others and to take steps to meet the needs of people with disabilities. Recommendation 9 regarding the consideration by HR of an employment quota system within the Council for young people with learning difficulties, mental health issues and with physical disabilities will require further legal advice in the course of such consideration."

Service Financial comments - See 8 above.

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

10.1. N/A

11. Equalities & Community Cohesion Comments

Please see the attached report

14. Use of appendices /Tables and photographs

14.1 Please see contents page in main report for appendices

15. Local Government (Access to Information) Act 1985

15.1 All data sources are fully referenced in the body of the attached report.



Scrutiny Review of Transition from Children's Services to Adult Services



WWW.HARINGEY.GOV.UK

A Review By the Overview and Scrutiny
Committee
March 2010



Foreword

Haringey's Children's and Young People and Adults' Services and its partners are providing an invaluable service to children transferring from Children's Services to Adult Services. It is vital that the structures and services are in place to support young people who are going through this process, allowing them to achieve their full potential and lead fulfilling lives.



Councillor Martin Newton (Chair of the Review Panel)

Members of the Transition from Children's Services to Adult Services review panel:

Councillor Adje
Councillor Allison
Councillor Newton (Chair)

For further information contact:

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London N22 4HQ
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Email: Sharon.miller@haringey.gov.uk

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- 6. Personalisation**
- 7. Employment & Training**
- 8. Connexions Service**
- 9. Haringey Strategic & Community Housing Services**
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- 11. Conclusion**

1.0 EXECUTIVE SUMMARY

- 1.1 Transition from Children's to Adult Services has become an important issue in recent years. The National Service Framework for Children, Young People and Maternity Services highlighted the importance of ensuring safe and effective transition throughout children's services but also dedicates a standard to growing up into adulthood. Government policy emphasises that this is not solely a matter for healthcare professionals, since long-term conditions also have important educational, social and financial implications.
- 1.2 Successful transition planning and programmes are crucially dependent on collaboration between children's and adult services. Well planned transition improves clinical, educational and social outcomes for young people. Transition should be viewed as a procession and not as a single event.
- 1.3 Implementing improved transition involves: recognition of the importance of the process; adequate consultation with professionals and users; flexibility in the timing of transition; a period of preparation for the young person and family; information transfer; monitoring of attendance until the young person is established in the appropriate adult oriented service.
- 1.4 Haringey has a well established multi-agency approach to transition planning involving young people and their parents/carers, education and health professionals, Connexions (Personal Advisors) the Disabilities team and many others. The transition plan is initiated at the young persons 14+ transition review as outlined in the Special Educational Needs (SEN) Code of Practice. The Transition Plan identifies the steps to be taken to address the young person's needs on leaving school and is updated and amended at each subsequent review meeting until such time as the young person leaves school.
- 1.5 Haringey's Children and Young People and Adults' Services have identified the need to further improve transition for young people with Additional Needs, Learning Difficulties and Disabilities, including young people with special educational needs but without a statement, young people with mental health difficulties and young people leaving care. There is also a need to ensure all planning reflects the National Transition Programme to raise standards and to learn from best practice identified through this process and also the Personalisation agenda. Greater emphasis also needs to be placed on the key roles young people and their families, separately and jointly have in this agenda.

2.0 RECOMMENDATIONS

The Learning and Skills Council proposed changes to funding arrangements

The Panel was made aware that the Government has accounted, as part of the machinery of government changes, that 16-18 funding for sixth forms and colleges will be delivered through local authorities in the future, subject to consultation and the passing of the necessary legislation. In the interim, the Learning and Skills Council will remain responsible in law and practice for the allocation of funds to all forms of post 16 education and training together with other higher education. The panel made the following recommendations:

Recommendation 1

The Council should take the lead and control on the way in which the money is spent especially if this is not ring-fenced.

Recommendation 2

The Council should lobby central government to ensure ring fencing of funds especially as this could have an adverse impact on adult social care in terms of day service provisions.

Recommendation 3

My service at 18

My Service at 18 has now been established as a joint strategic transition planning group between the Children and Young People's Service and the Adults Learning Disability Partnership. The new strategic group comprises wide representatives from Statutory and voluntary services, parents and providers. The panel **recommend** that the Adult Outreach Team (Connexions Service) and Youth Offending Teams should be included in the list of key agencies.

Recommendation 4

Work with Health

The panel recommends that the work with health is further developed with particular emphasis on pathways for young people with mental health issues.

Recommendation 5

Linking services

The panel learned of the difficulties experienced by some families in understanding the complexities of the transition process and felt that a dedicated officer who could work with Children and Young People Services (C&YPS), Adult and Community Services (ACS) and Health Services would help mitigate the inherent problems of the transition from one service to another and **recommend** that there is a dedicated transition family support operating jointly within C&YPS Adult and ACS and Health Services with responsibility to oversee all departments in co-ordinating the transition process for each young person.

Recommendation 6

Improving information

Children and Young People's Services should ensure that all agencies working with the transition of young people should be involved in the production of an information pack or directory around "Transitions and moving from children's services to Adult Services - easy guide for service users and Carers" to cover all agencies; services and support available; details of where to go for support and what should be provided including out of borough provisions.

Recommendation 7

Children and Young People's Services should develop user-friendly non -corporate web pages, dedicated to the transition of young people, providing information for users and carers about services, networks and options available to them.

Recommendation 8

Children and Young People's Services should ensure that improved and efficient working exists between departments ensuring joint team training, meetings and better sharing/use of data.

Recommendation 9

It is apparent that the transition team is a small unit with two workers dealing with large numbers of clients with complex needs in addition to carrying out eligibility assessment for clients who might have support needs. It is important to build capacity within the transition team to support clients.

Recommendation 10

Employment & Training

It is apparent that there is a lack of employment opportunities for young people with special educational needs as they make the transition from C&YPS to ACS. The council need to be proactive in creating employment opportunities and work experience placements for those young people who need them. The panel **recommend** that Human Resources Services in Haringey should consider an employment quota system for young people with learning difficulties; mental health issues and with physical disabilities to ensure employment sustainability either internally or with partners.

Recommendation 11

The panel **recommend** that the Council should consider training those who are leaving care to work within the care profession e.g. within children homes; in the NHS, Colleges and Voluntary Sector. This would enhance their aspirations and would also act as an incentive and as role model, especially for those in transition.

Recommendation 12

Connexions Services

Children and Young People Services should ensure that improvements are made to communication protocol between all agencies to establish clear lines of responsibilities particularly for out of hours provisions. Connexions Services, adult career services, health services and Jobcentre Plus need to cooperate fully to support individual young people and offer access to advice and signposting.

Recommendation 13

The panel **recommends** that in accordance with the transition protocol there should be an integrated approach to minimise duplication of assessment activities together with closer working and better sharing of information between services. This would streamline services and reduce the level of duplication, ensuring greater utilisation of scarce resources.

Recommendation 14

The panel acknowledged that some issues might be addressed through the Common Assessment Framework they nevertheless **recommend** a review of the multi-agency

assessment tools to minimise duplication whilst capturing all aspects of an individual's life, to determine education, physical, emotional and social needs.

Recommendation 15

Representatives from connexion Services expressed frustration at the length of time taken to receive response from Council Departments. It **recommends** that all council departments adhere to the minimum standards for responding to enquiries in line with the Council's Customer Care Charter.

Recommendation 16

Strategic & Community Housing Services

The panel **recommend** that SCHS ensure that specific monitoring arrangements are in place to identify young people in transition, by ensuring dialogue is in place with colleagues in Adult Social Care to identify and capture specific needs of those in transition.

Recommendation 17

The panel **recommend** that SCHS ensures that the remit of the North London Sub-Regional meeting on Housing and Social Care issues be expanded to include the needs of young people in transition.

Recommendation 18

The panel **recommend** that Strategic Community Housing Services put proactive measures in place between Children's Adult and Housing so that access and referrals can be improved and streamlined. This will lead to enhancement of services provided to those in transition, thus minimising the number of clients who are not benefiting or accessing services.

Recommendation 19

The panel recommend that Children's and Adult Services work closely with Central Procurement Team to produce robust tender specifications in order to commission quality services at a reduced price.

3.0 INTRODUCTION AND BACKGROUND

3.1 Reasons for the review

3.2 It was agreed last year that the purpose of scrutiny henceforth should be:

- To assist the Council and Haringey Strategic Partnership by providing an independent objective view which helped to improve the quality and cost effectiveness of services provided to local people.
- To contribute evidence to the Comprehensive Area Assessment process.

3.3 In furtherance of these aims the Overview and Scrutiny Committee, when they approved this year's work programme, agreed that each of its members should be responsible for scrutinising and liaising with a Partnership Board. The chair of this Panel, for instance was appointed lead scrutiny member of the Children's Trust.

3.4 After careful consideration the Overview and Scrutiny Committee commissioned a task and finish review into the transition of young people with assessed needs, from children's services to adult services in Haringey as part of their 2009/10 work programme.

3.5 Definition of transition

3.6 "The ¹ [transition] process must be individual to the needs and aspirations of each young person. It is a fluid process, spread out over a number of years, and often local options for young people are limited and support can be patchy and inconsistent. These challenges are compounded by young people's moves from one service to another at different ages. For example a disabled young person may move from paediatric to adult health care services at 16, then at 18 moves from children's to adult social care. This is alongside the transition stages in their education. Each of these transitions is likely to occur independently of each other, which means that young people and their families may repeatedly have to deal with new agencies and professionals, re-telling their story each time."

3.7 Young people who receive children's services may continue to need services when they are adults. This will involve transferring responsibility for assessing needs and providing services from children's to adults' services. The process of transfer is referred to as 'transition'. This transition needs to be planned to manage the process from children's services to adult services.

3.8 Transition from Children's to Adult Services has become an important issue in recent years. The National Service Framework for Children, Young People and Maternity Services highlighted the importance of ensuring safe and effective transition throughout children's services but also dedicates a standard to growing up into adulthood. Government policy emphasises that this is not solely a matter for healthcare professionals, since long-term conditions also have important educational, social and financial implications.

¹ A Transition Guide for all Services – Department of Health, 2007

- 3.9 Successful transition planning and programmes are crucially dependent on collaboration between children's and adult services. Well planned transition improves clinical, educational and social outcomes for young people. Transition should be viewed as a procession and not as a single event.
- 3.10 Implementing improved transition involves: recognition of the importance of the process; adequate consultation with professionals and users; flexibility in the timing of transition; a period of preparation for the young person and family; information transfer; monitoring of attendance until the young person is established in the appropriate adult oriented service.
- 3.11 Nationally young people with complex disability present particular challenges because often there is no equivalent adult service able or willing to take on their long-term health care and medical supervision. The need to develop a holistic approach for these young people is emphasized.
- 3.12 Key drivers for change identified – Nationally**
- 3.13 Aiming High for Disabled Children: better support for families (2007) The government review found that more work was needed to improve co-ordination and effectiveness of local services for disabled young people in transition to adult life.
- 3.14 Other National Policy Drivers**
- 3.15 Transforming adult social care (2008)**
- 3.16 This is also known as the Personalisation agenda. By April 2011 Councils with Adult Social Services responsibilities must ensure that “services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive”.
- 3.17 Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (2008)**
- 3.18 This is the 10 year national strategy for carers, which was developed after extensive consultation with carers. Its outcome for young carers is that:
- 3.19 Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters*² outcomes.
- Children should not have to take on inappropriate types and levels of caring, which can affect school attendance, emotional and physical wellbeing and longer-term life opportunities.
- 3.20 The national Carers Strategy also recognises that the transition of young people from children's services is often a difficult time for carers as well as the young people concerned.

² <http://www.everychildmatters.gov.uk/>

3.21 **Valuing People Now (2009)**

3.22 The Government's new three-year strategy for people with learning disabilities sets out a range of commitments to improve health and healthcare for people with learning disabilities. *Valuing People Now* is based on the four key principles of:

- rights
- independent living
- control
- inclusion

Six key priorities have been set for 2009-10 for the Valuing People Now work programme:

- to raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors and within wider society;
- to have an effective Learning Disability Partnership Board operating in every Local Authority;
- to secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts (PCTs) responsible for, and leading, this work;
- to increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses;
- to ensure that the personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning; and
- to increase employment opportunities for people with learning disabilities.

4.0 TRANSITION IN HARINGEY

4.1 Haringey has a well established multi-agency approach to transition planning involving young people and their parents/carers, education and health professionals, Connexions (Personal Advisors) the Disabilities team and many others. The transition plan is initiated at the young persons 14+ transition review as outlined in the Special Educational Needs (SEN) Code of Practice. The Transition Plan identifies the steps to be taken to address the young person's needs on leaving school and is updated and amended at each subsequent review meeting until such time as the young person leaves school.

4.2 Haringey's Children and Young People and Adults' Services have identified the need to further improve transition for young people with Additional Needs, Learning Difficulties and Disabilities, including young people with special educational needs but without a statement, young people with mental health difficulties and young people leaving care. There is also a need to ensure all planning reflects the National Transition Programme to raise standards and to learn from best practice identified through this process and also the Personalisation agenda. Greater emphasis also needs to be placed on the key roles young people and their families, separately and jointly have in this agenda.

4.3 Strategic Issues – Children and Adult Services

4.4 The Council's objectives and key mission is to enable young people aged between 14 and 25 years, with additional needs (to include young people with learning, physical or sensory difficulties, mental health difficulties and who are vulnerable), to move successfully into the adult world through strategic planning and inter-agency cooperation. It must ensure that robust transition arrangements are in place across the Local Authority (LA) and deliver consistent outcomes and to ensure that operational procedure mesh with adult budget planning cycles.

4.5 Children with statements of special educational needs have their statement reviewed annually, at an annual review meeting. The first annual review meeting to focus on transition planning takes place in year 9 when the young person is 14 yrs old. It is reviewed and updated at subsequent annual review meetings until the young person leaves school.

4.6 Plans are monitored by the Special Educational Needs (SEN) Administration Team in the Children and Young People's Service (C&YPS) to ensure they are held within timescales and are of good quality. Schools have received training and guidance on transition reviews, including training provided by Adults Services for special schools on Person Centred Planning. Information from the transition plans is collated in the 14+ Transition Panel minutes.

4.7 The 14+ Transition Panel is multi agency, meets monthly and comprises representatives from Children and Young People's and Adults Services including education and social care, Connexions, NHS Haringey, Special schools and Haringey Sixth Form and College Of North East London (CONEL). This Panel tracks and monitors all young people with statements, identifies those requiring on going care and follows up actions for individual young people as appropriate.

- 4.8 The overall data is shared with Adults Services in order to inform future planning in terms of service provision, training and commissioning needs.
- 4.9 The Panel wanted to know if there was a system in place for identifying young people in transition moving into the borough and learned that if a young person with a statement of Special Educational Needs (SEN) moves into the borough the SEN department is informed either by the previous local authority (LA) or, if new to the country, by School Admissions. If the family become known to health services or another service first, e.g. GP, they will also ensure the SEN department is aware of the family. If a young person acquires a disability e.g. after an accident or sudden onset of medical condition, again the SEN department is made aware. If the young person is 14yrs+ they are automatically referred to the 14+ Transition Panel.
- 4.10 At the time of reporting, there were 138 young people aged 14 -19 years with a statement of SEN placed out of borough. The table below shows the range of those placements.
- 4.11 The school which the young person attends is under the same duty to provide a transition plan from aged 14 yrs and send to SEN Department in Haringey. A representative from Connexions in the LA in which the young person resides also attends. Once the Annual Review and the Transition Plan is received it is recorded within the SEN department and circulated to all relevant agencies in Haringey including Connexions, Adults Services and Social Care.

Total No of Year 9 plus students with Statements attending out of borough schools: 138
(includes CIC to Haringey whose support/school placements we fund)

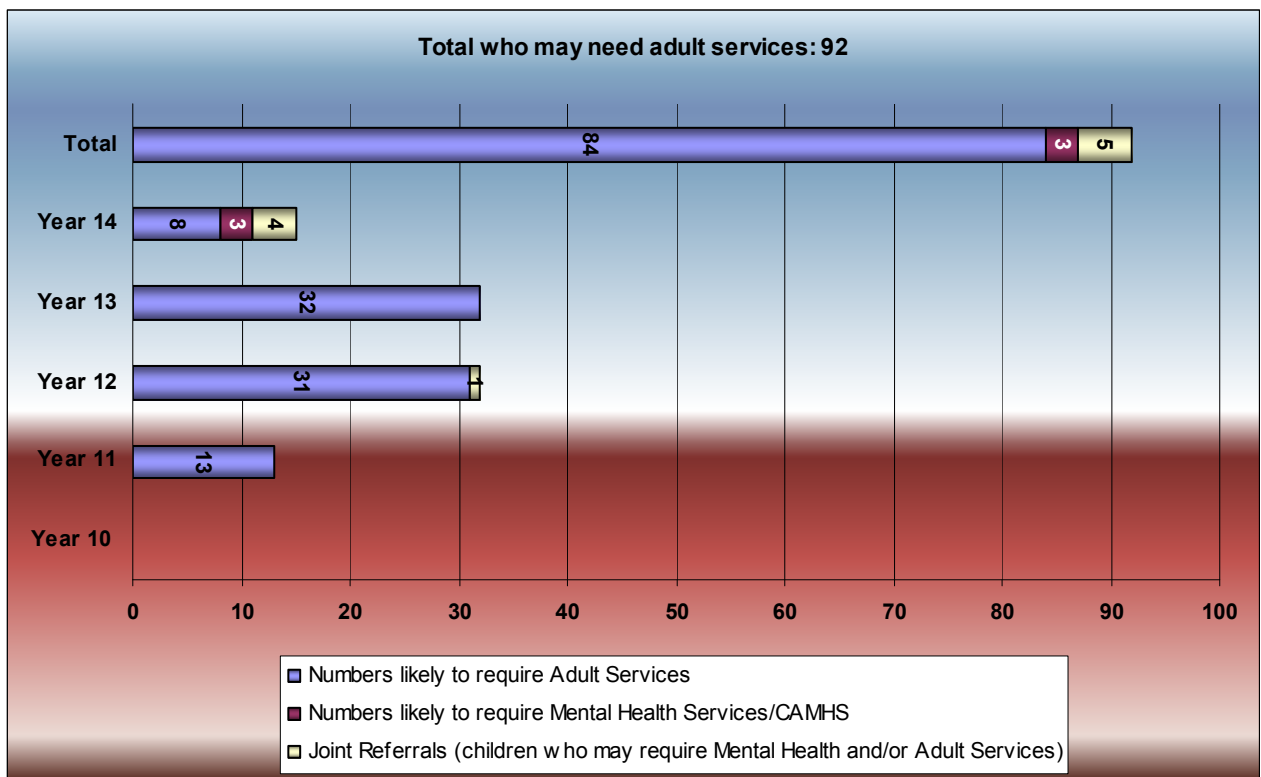
	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	
Maintained Mainstream	16	13	10	1	1		41
Maintained Special	4	6	9	6	3	3	31
Independent Mainstream (Day)	3	2	2	1		1	9
Independent Special (Day)	5	8	4	2	1	2	22
Independent Special (Residential)	2	4	5	5	6	3	25
Academy	2	2	2	1			7
Pupil Referral Unit	1						1
Other		1	1				2
	33	36	33	16	11	9	
							138

4.12 Transition Planning

4.13 Young people who receive children’s services may continue to need services when they are adults. This will involve transferring responsibility for assessing needs and providing services from children’s to adults’ services. The process of transfer is referred to as 'transition'. (see Para 1.5 A key success factor in the transition process is the multi-agency involvement which ensures school leavers are offered appropriate post 16 or post 19 provisions. Options likely to be discussed include employment, training, further education, higher education, social care day services or a mix of these to make up an individual package.

4.14 As mentioned earlier, the panel was informed that children with Statements of Special Educational Needs (SEN) have their statements reviewed annually. The first annual review meeting focussing on transition planning occurred when the young person was in year 9 (14 years old). At the time of reporting, there were approximately 1,200 young people with statements. The review found that there was a good group of Special Educational Needs Co-ordinators (SENCOs) in the borough. There are currently 372 young people with a Transition Plan. The transition arrangements for children on School Action and School Action Plus rests with the school and Connexions Service.

4.15 At the time of the scrutiny review, there are currently 92 young people with statements in the 14 – 19 yrs age range who have been identified as requiring adult services. The table below shows how clients are categorised.



4.16 The Panel commented on the relatively small numbers of young people likely to require mental Health Services and was informed that whilst the numbers of young people diagnosed with mental health and likely to require mental health services are

very small, their needs are complex, in addition this group were likely to be diagnosed at a later stage.

4.17 Haringey Learning Disabilities Partnership

- 4.18 Haringey Learning Disabilities Partnership (HLDP) recognises that people who have learning disabilities often do not have their health needs met effectively (See Haringey Scrutiny Review 2007³). This is reinforced by national data and evidence (e.g. Michael 2008⁴, Mencap 2007⁵ Parliamentary and Health Service Ombudsman 2010⁶). *Valuing People Now* includes health as a priority area for improvement. Haringey's community team will lead on this in line with government policy and the wish of service-users and families to receive services in their community. The Learning Disabilities community health outreach model of health provision was developed and agreed at HLDP Board for all people. It includes Black and minority ethnic people, with long term health conditions and mental health needs being supported in the community so reducing hospital admission.
- 4.19 The development of an intensive, clinically grounded, community-oriented service for people with complex needs has many benefits to the person and the service in general. Not least is the delivery of person-centred care at the core of its function.

³ Haringey Council 2007 Healthy and Equal: improving the health of people with profound and multiple learning disabilities. A review by the Overview and Scrutiny Committee

⁴ Michael J. 2008 Healthcare for all: the independent inquiry into access to healthcare for people with learning disabilities. 2008.

⁵ Mencap 2007. Death by indifference

⁶ Healthcare for people with learning disabilities: recommendations of the Parliamentary and Health Service Ombudsman 2010

5.0 ENGAGEMENT – MY SERVICE AT 18

- 5.1 My Service at 18 has been established as a joint strategic transition planning group between the Children & Young People Services and Adults Learning Partnership. Up to this point each Directorate had its own strategic group with some representation from the Directorates on each. The new strategic group comprises wide representatives from Statutory and voluntary services, parents and providers. The group has had its first away day which members of the review panel attended as observers, and has agreed a joint action and delivery programme comprising short, medium and long term goals. The group meets every six weeks and a further away day to reflect on progress is planned for May 2010. The group will report to The Disabilities Forum, the Children's Trust and to the Learning Disability Partnership Board and the Well Being Stream Board, which in turn links to Haringey Strategic Partnership.
- 5.2 My Service at 18 strategic planning group has identified four work streams to take this work forward. They are:
- A needs analysis of specific complex needs/mapping of services in Children's and Adults
 - Protocols including procedures and pathways
 - Social inclusion and personalisation
 - Information, participation and consultation
- 5.3 The group has identified the need to review the multi agency transition pathway to reflect:
- The establishment of the joint My Service at 18 Steering group
 - a wider age range of 14 -25 yrs
 - increased number of pathways into transition as follows
 - Young people with Learning difficulties
 - Mental health needs with Learning difficulties
 - Physical health care needs
 - Autistic Spectrum Disorders
 - Learning difficulties Mental health needs without Learning difficulties
 - Vulnerable young people including those with Asperger's Syndrome, at School Action and School Action +, Not in Education, Employment Training and leaving care
 - Young people with continuing care needs, in particular those placed out of borough
- 5.4 The revised pathways include short, medium and long term goals within a two year timeframe. A short term example is to reframe the 14+panel to the Transition Support Panel and to map out how all the Pathways are linked. This requires clarification of all eligibility criteria and the identification of key people in all agencies and clear roles and responsibilities.
- 5.5 A medium term example is to further define the multi agency commissioning role for vulnerable young people who currently may fall through the net. A long term goal includes an agreed governance process which will enable regular monitoring and review of protocols and pathways.

- 5.6 The Panel learned that young people and their families had been consulted about their expectations for their future and what they perceive are the barriers and what would help the transition process. Families have been consulted through the Aiming High programme in addition to the on going work initiated by the Additional Educational Needs/Special Educational Needs (AEN/SEN) Parent /carers Forum.
- 5.7 The Autistic Spectrum Disorder steering Group is looking at the development of autism specific provision for young adults post transition. The Group involved parents carrying out small group and individual discussions on their experiences to date, good practice and gaps in the provision.
- 5.8 The Learning Disability Partnership Board has parent representatives of young people in transition. On 21st October 2009 Haringey Learning disability Partnership hosted an Away Day to enable the Service to look at the work they wished the Partnership board to undertake. Scott Watkins, co- National Director of the Valuing People Team and Debbie Robinson, London Regional lead attended the morning session. Discussion on the day included how to improve service for young people and their families. Representatives of services such as housing and leisure also attended. In addition parents who are also members of the Partnership Board and other carer forums now lead on service developments and their work with Autistic Spectrum Disorder provision is an example of this outcome.
- 5.9 The panel was pleased to learn that a parent has agreed to keep a transition diary for her 14 year old daughter with Downs syndrome. The aim is to recruit other parents and their young people keep diaries/record of their experiences.
- 5.10 A number of parents with young people in transition attended a meeting with the panel and outlined their experiences.
- 5.11 The parent of a 20 year old relayed her experiences to the panel. After arriving from Africa; her 12 year old son attended school in London Borough of Enfield even though she was a Haringey resident. Her son is severely Autistic. She felt that she had experienced a lack of support from Haringey Social Services; her son eventually received some support and was settled in his school environment. However there were issues relating to his transfer from secondary school to college as she felt that the college was not equipped to meet his needs. There was no information readily available to signposts to services she could access. The panel learned that this client would be likely to benefit from the advent of the Personalisation agenda through the use of personal budget, where the family would have the potential to influence the way they receive support.
- 5.12 The parent of a 16 year old autistic boy stated that she received good help and support from Haringey. Her son has benefited from multi-agency support; her son attends college in Acton and wants to teach. The family has been encouraged by all agencies involved to support him in reaching his full potential.

Recommendations

The Learning and Skills Council proposed changes to funding arrangements

The Panel was made aware that the Government has accounted, as part of the machinery of government changes, that 16-18 funding for sixth forms and colleges will be delivered through local authorities in the future, subject to consultation and the passing of the necessary legislation. In the interim, the Learning and Skills Council will remain responsible in law and practice for the allocation of funds to all forms of post 16 education and training together with other higher education. The panel recommend that:

Recommendation 1

The Council should take the lead and control on the way in which the money is spent especially if this is not ring-fenced.

Recommendation 2

The Council should lobby central government to ensure ring fencing of funds especially as this could have an adverse impact on adult social care in terms of day service provisions.

Recommendation 3

My service at 18

My Service at 18 has now been established as a joint strategic transition planning group between the Children and Young People's Service and the Adults Learning Disability Partnership. The new strategic group comprises wide representatives from Statutory and voluntary services, parents and providers. The panel **recommend** that the Adult Outreach Team (Connexions Service) and Youth Offending Teams should be included in the list of key agencies.

Recommendation 4

Work with Health

The panel recommends that the work with health is further developed with particular emphasis on pathways for young people with mental health issues.

6.0 PERSONALISATION

6.1 Personalisation of services was defined as ‘the way in which services are tailored to the needs and preferences of citizens’, the overall vision is that the state should empower citizens to shape their own lives and the services they receive. This transformation in the way that services are shaped and provided is being compared with the changes which occurred with the introduction of the NHS Community Care Act 1990.

6.2 The ‘Our Health, Our Care, Our Say’ white paper confirmed that people want support when they need it, easily, and in a way that fits into their lives. This means that every person who receives support will have much more influence over the services they receive in all care settings. The concept of personal budgets gives those receiving care or support a full understanding of the finance that is available to them and influence over how the money is spent. The task of local authorities is to create an environment where choice is available, where investment is in preventive options that maintain people’s independence, and where there are sustainable support systems. Social workers need to facilitate people’s choice, rather than provide professionally led assessment and care planning.

6.3 Personalisation varies from area to area but has the potential for services to solve problems together; this service could have a major impact on quality outcome for the individuals. There has been a significant amount of national research carried out on Transition and this showed that the barriers to good transition outcomes included:

- Delays because of transitional worker capacity and slow allocation to teams.
- Limited monitoring and tracking
- Insufficient strategic planning
- Parents/carers feeling they have little information
- The need for transition reviews and plans to be person centred.
- Out of area placements
- Lack of supported employment service and
- Difficulties accessing activities.
- Difficulties around funding.

6.4 Consultation with young people nationally shows that they want:

- A job
- To go to college
- More independent living including housing, shopping, cooking
- Managing money
- Making friends through normal channels
- A boyfriend/girlfriend
- To be safe
- To be in control
- Emotional support
- To be able to go out locally
- To have some choices and
- To know early what they need to do to achieve their goals.

6.5 Impact of personalisation

6.6 The Panel heard that the work on personalisation and a mapping of needs specific outcomes with regard to Adult Social Care (ASC) has enabled the early identification of market area for development, including specific complex needs housing in borough. The panel heard that this has led to the inclusion, through person centred approached of 3 people with Learning Disabilities and complex needs into shared ownership pilot project. Also support for market development has led to commissioning of day opportunities and skills training for young people with complex needs which will lead to employment pathways. A specific example of this is the early identification and commissioning of educational resource, which has enabled 10 people from transition to attend a newly commissioned educational resource, which equips and prepares for work opportunities for people with Profound and Multiple Learning Disabilities and complex needs.

6.7 The work of the ASC steering group and early learning from the personalisation pilot has supported the workforce developments that will be needed to respond to transformation. Hence the training dept are working closely with parents/ carers of people in transition from the transition group, and the National Autistic Society to develop a training programme which will enable the development of staff and other stakeholders to respond to the needs of people with ASC.

6.8 Linking services

6.9 The panel learned of the difficulties experienced by some families in understanding the complexities of the transition process and felt that a dedicated officer who could work with Children and Young People Services (C&YPS), Adult and Community Services (ACS) and Health Services would help mitigate the inherent problems of the transition from one service to another. It recommends that there is a dedicated transition officer operating jointly within C&YPS Adult and ACS and Health Services with responsibility to oversee all departments in co-ordinating the transition process for each young person.

RECOMMENDATIONS

Recommendation 5

Linking services

The panel learned of the difficulties experienced by some families in understanding the complexities of the transition process and felt that a dedicated officer who could work with Children and Young People Services (C&YPS), Adult and Community Services (ACS) and Health Services would help mitigate the inherent problems of the transition from one service to another and **recommend** that there is a dedicated transition family support operating jointly within C&YPS Adult and ACS and Health Services with responsibility to oversee all departments in co-ordinating the transition process for each young person.

Recommendation 6

Improving information

Children and Young People's Services should ensure that all agencies working with the transition of young people should be involved in the production of an information pack or directory around "Transitions and moving from children's services to Adult Services - easy guide for service users and Carers" to cover all agencies; services and support available; details of where to go for support and what should be provided including out of borough provisions.

Recommendation 7

Children and Young People's Services should develop user-friendly non-corporate web pages, dedicated to the transition of young people, providing information for users and carers about services, networks and options available to them.

Recommendation 8

Children and Young People's Services should ensure that improved and efficient working exists between departments ensuring joint team training, meetings and better sharing/use of data.

Recommendation 9

It is apparent that the transition team is a small unit with two workers dealing with large numbers of clients with complex needs in addition to carrying out eligibility assessment for clients who might have support needs. It is important to build capacity within the transition team to support clients.

7.0 EMPLOYMENT & TRAINING.

- 7.1 It is apparent that there is a lack of employment opportunities for young people with special educational needs as they make the transition from C&YPS to ACS. The Council and its partners need to be proactive in creating employment opportunities and work experience placements for young people. The panel recommend that Human Resources Services in Haringey should consider an employment quota system for young people with learning difficulties; mental health issues and with physical disabilities to ensure employment sustainability either internally or with partners.
- 7.2 The panel learned that the Department for Health is to undertake a recruitment campaign for Social Care. The recruitment drive comes as a new survey reveals more than a third of people would consider switching into a career in social care, especially in younger age groups. The panel recommend that the Council should consider training children leaving care to work within the care profession e.g. within children homes; in the NHS, Colleges and Voluntary Sector. This would enhance their aspirations and would also act as an incentive and as role model, especially for those in transition.
- 7.3 Strategy to determine how information is shared between partners**
- 7.4 The Panel wanted to know what strategies were in place to manage the sharing of information between partners. It learned that the Information Sharing protocol, which outlines how information is shared between Children and Young People's Service and Adults, will be further developed as part of the Procedures and Protocols work stream agreed by *My Service at 18* Strategic Steering Group. The newly formed *My Service at 18* strategic steering group comprises wide representation from partner agencies.
- 7.5 Roles and responsibilities for all partner agencies are being reviewed as part of the *My Service at 18* strategic plan.

Partners include:

Schools in and out of borough
 Social Workers
 Connexions
 SEN Department
 NHS Haringey
 GOSH Haringey. PCT
 CAMHS
 Adults LD Service
 Adults Sensory and Physical Difficulties Service
 Adults Mental Health
 Housing
 Haringey Sixth Form Centre
 SHENEL
 Area 51
 14-19 Strategy
 LSC
 Markfield

Contract and Commissioning
Participation team
LD Partnership Board
ASC Steering Group

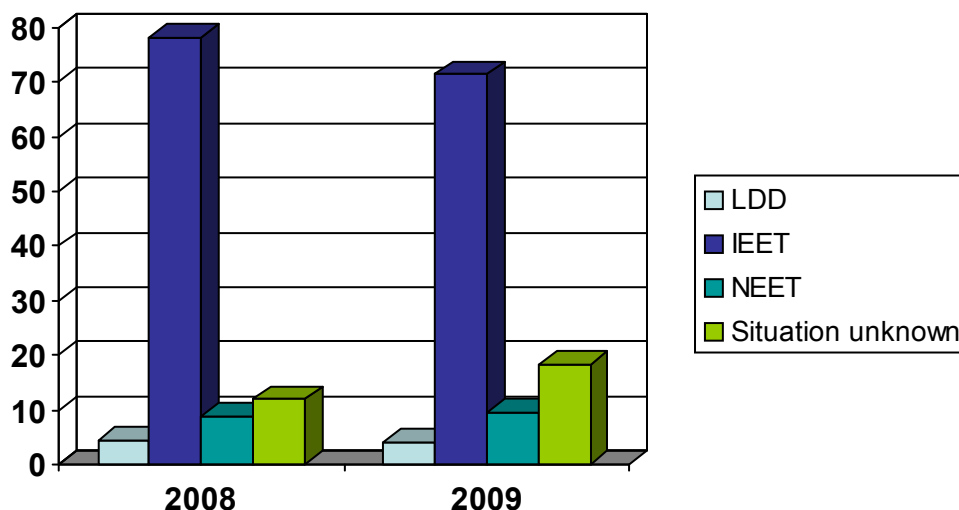
- 7.6 The strategy for identifying barriers and challenges to effective local partnership working is part of the on going work of the *My Service at 18* steering group through the work plan.
- 7.7 My service at 18 has now been established as a joint strategic transition planning group between the Children and Young People's Services and Adult Learning Disability Partnership. The new strategic group comprises wide representatives from Statutory and voluntary services, parents and providers. The panel recommends that the Adult Outreach Team and Youth Offending Teams should be included in the list of key agencies.
- 7.8 However, the panel did question whether the number of representatives involved could lead to a lack of clarity between partners over remit and responsibilities and whether this could lead to duplication. It recommends that there should be a lead agency with over-arching responsibility.

8.0 CONNEXIONS SERVICE

- 8.1 The Connexions Service was established in 2001 in order to provide a comprehensive service to meet young people's need for information, advice and support. Following the publication of Every Child Matters, Next steps, children's trusts were set up in each local authority area. From 1st April 2008 funding which had been directly provided to each Connexions Partnerships went directly to all local authorities through the new Area Based Grant with local authorities now having responsibility for delivery. The panel met with the Partnership Team Leader in the Connexions Targeted Service and the Network Areas Team Leader in the Connexions Universal Service and lead for work with young people with Learning Difficulties and Disability in Haringey.
- 8.2 The Panel was informed that Local authorities must provide all 13-19 year olds and those up to 25 with a learning difficulty or disability with reasonable face to face access to a Personal Advisor, to provide information, advice, guidance and advocacy to targeted support services. Haringey Connexions Service work to Section 139A⁷ Assessment in Haringey the person's Connexions Personal Advisor (PA) is responsible for ensuring that the assessment is carried out. The PA works closely with the young person, the parent and/or carers, the current school, Pupil Referral Units, college or work based learning provider, and other professionals involved in supporting the young person, to ensure the assessment of their education and training needs. The transition from school to a new learning establishment can be a difficult time for any person. Those with learning difficulties are at risk of not making a successful transition. As a result young people with learning difficulties are less likely to participate in education, or training post 16 as those without LD, and are twice as likely to be NEET (not in education, training or employment).
- 8.3 The Connexions Personal Advisor (PA) has to be invited to the 14+ panel meeting and subsequent reviews and must attend both the transition review and the final year review. This offers the young person the chance to get to know the PA and for the family and the young person to become familiar with the support services provided by Connexions.

⁷ An assessment of a young person with a learning difficulty that results in a written report of their education and training needs and the provision required to meet those needs.

- 8.4 Reducing the number of young people not in education, employment or training (NEET) is one of the Council's priorities. Connexions monitor the destination routes of all young people leaving school. NEET data is produced annually which shows that the position of young people with Learning Difficulties and Disabilities (LDD) in Haringey is improving.



Recent records show the improving situation in Haringey for young people with Learning Difficulties and Disabilities [LLD]

- 4.4% of the 16-19 cohorts were identified as having learning difficulties and/or disabilities, which is above the equivalent figure for October 2008 when 4.1% was identified as having Learning Difficulties and Disabilities (LDD).
 - 78.0% were in Employment Education Training compared to 71.4% October 2008.
 - 8.8% of those with LDD were NEET compared to 9.6% in October 2008.
 - 11.9% were with situation not known compared to 18.3% in October 2008
- 8.5 Connexions is involved in the 14 plus panel where the young person's needs are discussed and identified. During discussions it was acknowledged that there was a need for structured referrals from Haringey Community and Strategic Housing Services in terms of the way in which referrals were made to Connexions. The review panel was pleased to learn that Haringey Strategic and Community Housing Services will shortly be participating on the 14 plus panel.
- 8.6 Connexions representatives informed the Panel that Connexions is sometimes the first port of call for some young people, who contact them out of normal working hours, for urgent support. A gap in communication and information sharing was identified as Connexions need to be able to readily identify the young person. There were also concerns about the needs of clients who do not meet the threshold for adult services but who nevertheless have significant needs.

8.7 The review identified that Partnerships can only work when there is a clear understanding of the respective aims, roles and responsibilities of the partners and the nature of their relationships, which in turn depends on clarity of information, good communication and transparent policies and concluded that more needed to be done to improve the information flow between Haringey

8.8 Managing data

8.9 Analysis of data and community engagement at various levels results in strategic planning for individuals and identified group needs, e.g. autism. The newly appointed Learning Disabilities Commissioning Manager in Adult Services is completing a Joint Strategic Needs Assessment on Learning Disabilities, Mental Health and Autism. This will provide an opportunity to carry out more detailed analysis of housing, health, education and employment for young people over the next 10 – 15 years

8.10 Connexions maintain a data base for all young people 13 – 19 (and up to 25 years for learning disabled young people).

8.11 Children Services maintain a database of all 14 year olds to inform, Adult Services. The information is shared at regular monthly meetings.

8.12 The panel was of the view that there were too many assessment points and that there was potential for cost savings in reducing duplication and creating a central point for assessments. Generally the sharing of data works well however the panel felt that it was not used sufficiently to plan provision strategically. The Panel acknowledges that there is a lot of good work being undertaken by each partner however there was a need for more joined up working; improving communications and sharing of information. It was also unclear to the panel whether any one individual had overall responsibility for pulling all the various strands together particularly for the purposes of establishing clear lines of responsibilities.

8.13 Staffing and resources in the Connexions Services

8.14 Reviews and assessment meetings are held in addition to transition and care review meetings [Adult Services and Health Services) which could be very confusing for the young person. In addition, the panel learned from Connexion representatives that approximately 20% of their work was duplicated particularly around assessment. The panel recommends that in accordance with the transition protocol there should be an integrated review aimed at minimising duplication in assessment activities together with closer working and better sharing of information between partners. This would streamline services and reduce the level of duplication, ensuring greater utilisation of scarce resources.

8.15 At the time of reporting, there are approximately 50 members of staff working in connexions; this includes a Personal Advisor in all schools, and only 2 full time Learning Difficulties and Disabilities officers. The panel identified difficulties with respect to providing an efficient Connexions service to young people with learning difficulties because of both the level of workload; information sharing and the staffing capacity within this service.

- 8.16 With reference to longer term planning and identifying clients from a younger age, the Panel was pleased to note that Connexions has identified this issue and were in the process of establishing a panel for younger co-hort, together with the setting up of a 16 plus panel in order to address the gap in provision specifically for 16 and 17 year olds.
- 8.17 In terms of the varied role played by Connexion Services particularly around tracking the needs of 16 -25 year olds leaving care, the following concerns were noted:
- Young people might be receiving help from different sources; Connexions may not be aware of this and some might slip through the net.
 - There were also concerns about those who do not meet the eligibility criteria for adult services. The panel recommend that C&YPS ensures that improvements are made to communication protocol between all agencies to establish clear lines of responsibilities particularly for out of hours provisions. Connexions Services, adult career services, health services and Jobcentre plus need to cooperate fully to support individual young people and offer access to advice and signposting.
- 8.18 There were concerns about the use of different assessment tools by the various agencies. Whilst the panel acknowledged that some issues might be addressed through the Common Assessment ⁸Framework (CAF) – a key part of delivering frontline services that are integrated, and are focused around the needs of children and young people. The CAF is a standardised approach to conducting assessments of children's additional needs and deciding how these should be met. It can be used by practitioners across children's services in England. The Panel nevertheless recommend a review of the multi-agency assessment tools to minimise duplication whilst capturing all aspects of an individual's life, to determine education, physical, emotional and social needs.
- 8.19 Representatives from connexion Services expressed frustration at the length of time taken to receive response from Council Departments. The panel felt it was important to ensure that all council departments adhere to the minimum standards for responding to enquiries in line with the Council's Customer Care Charter.
- 8.20 The Panel was made aware that the Government has announced, as part of the machinery of government changes, that 16-18 funding for sixth forms and colleges will be delivered through local authorities in the future, subject to consultation and the passing of the necessary legislation. In the interim, the LSC will remain responsible in law and practice for the allocation of funds to all forms of post-16 education and training other than higher education.

⁸ The CAF promotes more effective, earlier identification of additional needs, particularly in universal services. It aims to provide a simple process for a holistic assessment of children's needs and strengths; taking account of the roles of parents, carers and environmental factors on their development. Practitioners are then better placed to agree with children and families about appropriate modes of support. The CAF also aims to improve integrated working by promoting coordinated service provisions - DCSF

RECOMMENDATIONS

Recommendation 10

Employment & Training

It is apparent that there is a lack of employment opportunities for young people with special educational needs as they make the transition from C&YPS to ACS. The council need to be proactive in creating employment opportunities and work experience placements for those young people who need them. The panel **recommend** that Human Resources Services in Haringey should consider an employment quota system for young people with learning difficulties; mental health issues and with physical disabilities to ensure employment sustainability either internally or with partners.

Recommendation 11

The panel **recommend** that the Council should consider training those who are leaving care to work within the care profession e.g. within children homes; in the NHS, Colleges and Voluntary Sector. This would enhance their aspirations and would also act as an incentive and as role model, especially for those in transition.

Recommendation 12

Connexions Services

Children and Young People Services should ensure that improvements are made to communication protocol between all agencies to establish clear lines of responsibilities particularly for out of hours provisions. Connexions Services, adult career services, health services and Jobcentre Plus need to cooperate fully to support individual young people and offer access to advice and signposting.

Recommendation 13

The panel **recommends** that in accordance with the transition protocol there should be an integrated approach to minimise duplication of assessment activities together with closer working and better sharing of information between services. This would streamline services and reduce the level of duplication, ensuring greater utilisation of scarce resources.

Recommendation 14

The panel acknowledged that some issues might be addressed through the Common Assessment Framework they nevertheless **recommend** a review of the multi-agency assessment tools to minimise duplication whilst capturing all aspects of an individual's life, to determine education, physical, emotional and social needs.

Recommendation 15

Representatives from connexion Services expressed frustration at the length of time taken to receive response from Council Departments. It **recommends** that all council departments adhere to the minimum standards for responding to enquiries in line with the Council's Customer Care Charter.

9.0 HARINGEY STRATEGIC AND COMMUNITY HOUSING SERVICES

- 9.1 It is clear that Children and young people would be at risk if Housing Services and Children Services do not work together with relevant partners, to ensure that they receive appropriate services as close as possible to the point of need.
- 9.2 Reliable and sustainable joint working can only be achieved through formal agreements of joint protocol between the agencies. This would enable partners and service users to understand their roles and efficiently engage in joint working. This will lead to improved communication, increased and more effective joint working and better outcomes for young people.
- 9.3 In line with the above, the panel was keen to understand the relationship between Haringey Strategic and Community Housing Services, Children and Young People Service and Adult Services. In addition to receiving written responses to a list of questions constructed by the panel, The Head of Housing Needs & Lettings, Strategic & Community Housing Services (SCHS) was invited to a meeting of the Review Panel to outline the services on offer to this client group. In response to a question on how many young adults in this category are currently housed by the Council, including a breakdown in terms of gender age, and ethnicity the Panel learned that SCHS do not have precise numbers in this group, however the Special Needs Team have dealt with over 200 cases which includes families with young adults. When a young person who is part of a household that is homeless or potentially homeless and to whom the Council has a statutory responsibility under the Housing Act 1996, they can be assisted initially with temporary accommodation and ultimately permanent accommodation. This is dependent on other factors and includes an assessment process involving the Council and the Special Needs Team where there are physical or mental health issues.
- 9.5 The current lettings policy (under review) awards specific points for medical, mental health, lack of facility or property conditions. This, along with a dedicated housing advice and options team means that the SCHS can also assist by exploring alternative options such as resettlement in the private sector with support.
- 9.6 Those young people with physical disabilities needing specific adapted accommodation may prove difficult to house as adapted units are very scarce. The SCHS is working with Housing Association partners to increase the supply of this type of accommodation. Whilst the council is looking at increasing supply, it was acknowledged that there are a number of competing priorities and there are less than 100 adapted properties in the borough. It was felt that the Council was reactive rather than proactive in this area, however there were discussions about the possibility of providing a quota system with a number of units set aside to be able to more effectively meet the needs of different client groups with specialist needs,. The panel also noted that there was no Service Level Agreement between relevant services

9.7 Referrals to SCHS

9.8 The Panel asked SCHS whether they could identify how young people in transition were referred to them, whether the system worked and the possibility that some clients might be in need but were unknown to them. The Panel heard that it was not always easy to identify this client group as there are no specific monitoring arrangements in place in the Housing Service to distinguish them. As a result of the scrutiny investigation, the panel learned that dialogue is to take place with SCHS colleagues in Social Care in order that appropriate mechanisms can be developed to identify and capture this specific need. Only a small proportion of households/young adults are formally referred to the SCHS as most clients are simply informed of the process for applying for housing. Recently the SCHS and Children's Services have put in place pro-active working protocols which have improved the referral mechanisms between the services. SCHS will consider putting a similar arrangement in place for this client group between children, adult and housing services so that access and referrals can be improved and streamlined, this will lead to an enhancement of services provided to this group and minimise the number of clients who are not benefiting or accessing services. Whilst this information is available through the 16 plus panel it was felt that gaps existed for 14-18 age groups where early identification of housing needs could be mapped to ensure the commission of appropriate accommodation.

9.9 Learning from other authorities

9.10 In response to a question as to whether SCHS drew on best practice from other boroughs to inform their processes, the panel learned that at present SCHS do not fully draw on best practice in this area, however they work across the North London Sub Region on a range of Housing and Social Care issues, The panel recommend that the remit of the North London Sub-Regional meeting on Housing and Social Care issues is expanded to include the needs of young people in transition.

9.11 Equalities and diversity

9.12 There are overall equalities performance management systems which seek to comply with the local government equalities standards and framework. Specific equalities data on ethnicity, gender, and disabilities is captured for clients housed in the Social Housing Sector. SCHC monitoring systems show that the overall allocation of social housing is in line with the diverse communities within the borough.

9.13 People in transition moving into the borough

9.14 The Panel learned that there are formal liaison methods between local authorities which enable the exporting boroughs to inform the receiving boroughs where clients with Special Needs move into their locality. In housing, a specific Pan London System called 'Notify' is in place. This is a shared Pan London database that facilitates data and information exchange of households in Temporary Accommodation moving across local authorities. There are also Sub-Regional Supporting People Forums.

- 9.15 The Panel also learned that the Housing Service, Adult and Children's Services are working together on a number of issues. The Head of Adult Needs also advised that they are currently reviewing their protocols and procedures for young people in transition including vulnerable young people, young people with mental health difficulties with and without learning difficulties and young people with a range of disabilities.
- 9.16 The steering group from Children and Young People's Service and Adults have been joined to establish a new steering group. A Housing representative will sit on this group and will ensure that it works with housing in the revised protocols.

RECOMMENDATIONS

Recommendation 16

Strategic & Community Housing Services

The panel **recommend** that SCHS ensure that specific monitoring arrangements are in place to identify young people in transition, by ensuring dialogue is in place with colleagues in Adult Social Care to identify and capture specific needs of those in transition.

Recommendation 17

The panel **recommend** that SCHS ensures that the remit of the North London Sub-Regional meeting on Housing and Social Care issues be expanded to include the needs of young people in transition.

Recommendation 18

The panel **recommend** that Strategic Community Housing Services put proactive measures in place between Children's Adult and Housing so that access and referrals can be improved and streamlined. This will lead to enhancement of services provided to those in transition, thus minimising the number of clients who are not benefiting or accessing services.

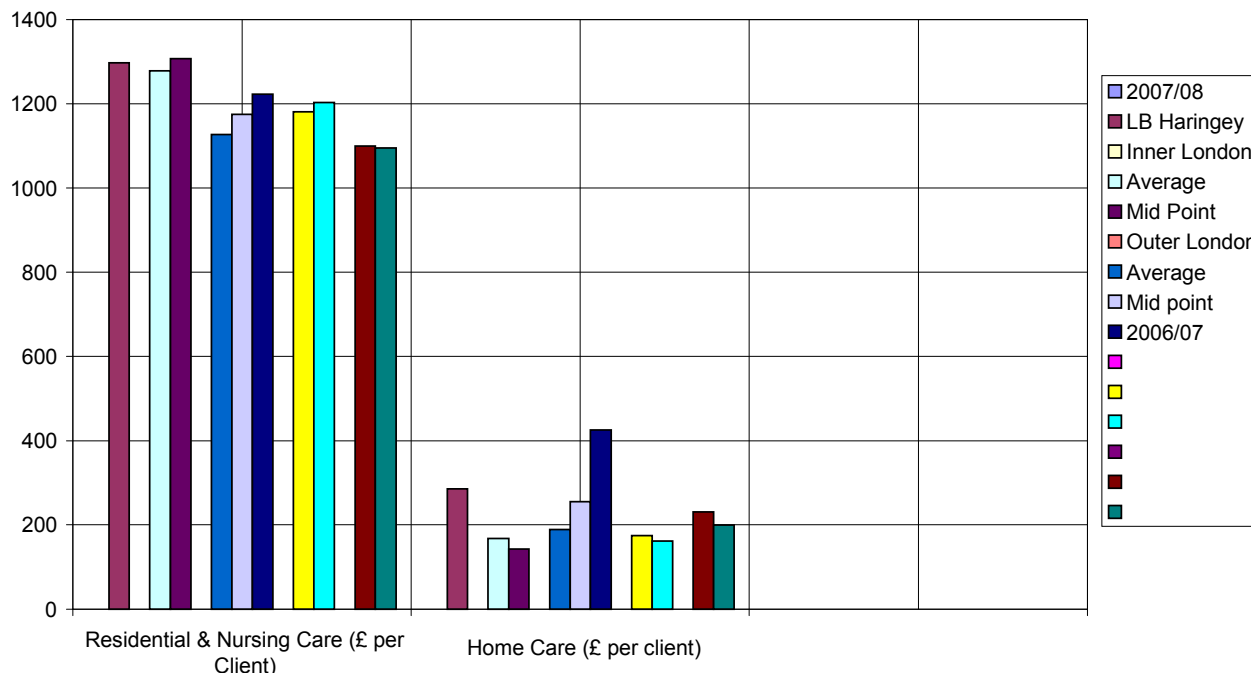
10.0 VALUE FOR MONEY

- 10.1 The budget available for care packages for people with a learning disability in Haringey is £10.421 million and covers all LD clients up to age 64 and all services that they may receive from external providers. This budget has increased over the past 2 years to allow for the additional costs to the LD service of transition clients moving from the children's service to adults. £2.1 million was added over the two years 2008/09 and 2009/10 and a further £2.013 million is to be added for the three years commencing 2010/11. With no other budgetary increases this will bring the total care purchasing budget to £12.434 million by 2012/13. The investment of £2.1 million in 2008/09 and 2009/10 has funded 65 transition clients at a cost of £2.3 million. The Panel asked how the difference between the £2.1m growth and £2.3m spend was met and learned that the additional costs has been met from agreeing and receiving joint funding for some cases from NHS Haringey.
- 10..2 Within Children's Services spending on children with learning disabilities covers a range of budgets all primarily funded from within the Dedicated Schools Budget (DSB). Those children with Learning Disabilities might be placed within mainstream schools, particularly special schools. For those with higher levels of need that cannot be accommodated within the authority's schools they may be placed in out borough settings, some of which are residential.
- 10.3 In 2009-10 the gross budget for out borough residential, day and special school provision amounted to £5.1m. A £0.4m contribution is received outside of the DSG from the Learning and Skills Council (LSC) in respect of 'post 16 pupils'. At £149 per pupil spending is slightly above the 2008-09 comparator authority S52 benchmarking information. For the group of 11 comparator authorities the range of spending in this area goes from £81 to £253 per pupil with an average of £127. However the pupil number divisor used in this calculation is the total 5-15 year old population and does not attempt to identify the number of children actually receiving these services.

10.4 Value for Money

10.5 There are no comparisons available purely for transition clients; however the table below shows Department of Health financial statistics for Learning Disabilities for 2006/07 and 2007/08. The 2008/09 data is not yet published.

DoH financial statistics for LD for 2006/7 and 2007/08



10.6 The Panel commented on the fact that the Audit Commission viewed Haringey as a high spending borough on commissioning and in response to a question on the strategies taken by the Children & Young People Service to address this. In 2009/10 extensive work had been undertaken, through a partnership with OLM, (OLM Group businesses work with local authorities to create an environment where choice is available, where investment is in preventive options that maintain people’s independence, and where there are sustainable support systems. They work with social and healthcare professionals to help them facilitate people’s choices in order to improve their health and wellbeing.) to reduce the current cost of residential care packages, recognising the fact that the unit costs are very high, when compared across London, and due to overall budgetary pressures. OLM were commissioned to examine the costs of the top 50 value packages with external providers, to review the break down of charges made to the Council and to achieve a reduction in fees being charged, with no impact on the service being received by the client.

10.7 To date this review has been concluded for 25 clients and the full year effect of savings achieved with this contract for Adult Services is £197k (09/10 part year was £177k). Once this initial exercise is completed it will be extended to other client groups and high cost packages.

10.10 The Council is working closely with OLM in order to better understand the cost breakdown of placements and to apply a cost calculator for future placements to ensure the council is maximising the value for money being achieved through residential placements. OLM helps to improve the quality and cost-effectiveness of social care, provide a range of consultancy services which enable local authorities to address government initiatives.

10.11 Commissioning

10.12 With financial pressures on local authorities continuing to grow, there is increasing demand to provide care services more cost effectively while retaining a level of service appropriate to the needs of each individual.

10.13 Financial management

10.14 Following Personalisation the world of adult services finance is in transition. Local authorities has historically managed and controlled the costs of service provision. This is changing local authorities in providing a personal individual budget for each service user to spend on their own services. With this change comes the need for greater value for money in service provision.

10.16 Financial control is moving from managing volume contracts to tracking the usage of service users' personal budgets and ensuring they are being spent appropriately.

10.17 The Panel considered the written submission and learned that the budget available for care packages for people with learning disability was £10.421 million which covers all learning disabilities clients up to the age of 64. The budget has increased over the past two years to allow for the additional costs to the LD service of transition clients moving from the children's services to adult. The Panel learned that extensive work had been commissioned through a partnership with OLM [a private organisation] to examine the costs of the top 50 packages with external providers to review the break down of charges made to the Council and to achieve a reduction in fees bring charged. The provider marking was very challenging and there was a need for:

- The introduction of a common contracting process
- Strong commissioning and maximisation of purchasing power
- Identifying training and support needs of procurement officers and training and better forensic accounting [officers would benefit from shadowing consultants, attending in meetings and negotiations] to develop transferable skills in-house.

10.18 Following discussions around the use of external consultants and the value to the Council, The panel was of the view that Children's and Adult Services should work closely with Central Procurement Team to produce robust tender specification in order to commission quality services at a reduced price.

- 10.19 The Care Funding Calculator is a tool developed in order to support local authorities, PCTs and providers to gain improved understanding of the cost of care placements in the Learning Disabilities, Physical Disabilities and Mental Health sectors, aiming to improve decision for local authorities and PCTs when purchasing care, to ensure improved outcomes for services users, and the best use of resources. With adult care budgets under huge pressure, the calculator allows both provider and commissioning staff to assess a fair price for residential care and supported living arrangements for service users.

RECOMMENDATION

Recommendation 19

The panel recommend that Children's and Adult Services work closely with Central Procurement Team to produce robust tender specifications in order to commission quality services at a reduced price.

11.0 CONCLUSION

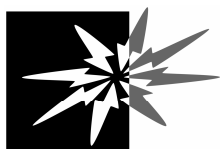
- 11.1 Successfully meeting the needs of young people within transition requires partnership between all those involved – LEAs, schools, parents, pupils, health and social services and other agencies. Partnerships can only work when there is a clear understanding of the respective aims, roles and responsibilities of the partners and the nature of their relationships, which in turn depends on clarity of information, good communication and transparent policies.

Thanks

The Panel would like to thank all the individuals who contributed to the review by attending meetings and providing written submissions.

The Panel would also like to thank those officers who attended the meetings, and provided essential information and support for the review.

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Haringey Council

Overview and Scrutiny Committee	On 15 March 2010
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Report Title: Setting up of Joint Health Overview and Scrutiny Committee to Consider North Central London Service and Organisation Review

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**

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

- 1.1 To agree, in principle, to the setting up of a joint health overview and scrutiny committee with the London Boroughs of Barnet, Camden, Enfield and Islington to jointly engage with the NHS on the North Central London Service and Organisation Review and to respond, in due course, to the formal consultation thereon.

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. N/A

4. Recommendations:

- 4.1. That the Committee agrees to the setting up of a joint health scrutiny overview and scrutiny committee with the London Boroughs of Barnet, Camden, Islington and Enfield under the powers conferred by chapter 3 of the National Health Service Act 2006 and associated regulations to engage with the NHS on the North Central London Service and Organisation Review and respond, in due course, to the forthcoming formal consultation exercise thereon.

- 4.2. That the Committee recommend to Council that the terms of reference for the joint

health overview and scrutiny committee be approved that that political proportionality be waived.

4.3. That a further report inviting nominations to the JHOSC be submitted to the first meeting of the Committee of the new Municipal Year.

4.4. That officers be authorised to continue negotiations with other participating local authorities on the constitutional arrangements for the joint committee and associated matters and report back

5. Reason for recommendation(s)

5.1. Included within the body of the report.

6. Other options considered

6.1. Included within the body of the report.

7. Summary

7.1 A major review of acute services in the north central sector of London is being undertaken by the NHS. This will involve significant changes to local hospital services and how they are configured. A full public consultation exercise is scheduled to be undertaken in the autumn. Local overview and scrutiny committees will need to be consulted as part of this process. Health scrutiny committees can voluntarily agree to join together to carry out health scrutiny reviews or consider health issues that cross boundaries. In addition, where NHS bodies are required to consult with more than one overview and scrutiny committee on proposals for substantial variations or developments to local health services, the relevant local authorities are statutorily required to set up a joint scrutiny committee to respond.

7.2 Overview and Scrutiny Members across the five boroughs have indicated their wish to set up a joint committee to engage with the NHS prior to the formal consultation in order to consider any collective issues. It is intended that the work of this body will supplement engagement by individual OSCs with the NHS prior to the formal consultation process. Once formal proposals are developed, the joint committee will take on a statutory role in responding formally to them on behalf of the OSCs of the local authorities most affected.

8. Chief Financial Officer Comments

8.1 The Chief Financial Officer has been consulted on the proposal and recommendations and would like to highlight that the creation & operation of the proposed joint committee could lead to additional as yet unfunded costs for the Council.

8.2 The meetings will be held and clerked at each authority in rotation and these costs should be able to be contained within existing budgets however, there may be some additional one off costs such as use of external advice or report writing which will need to be met by the 5 authorities. At this stage it is not possible to quantify the likely level of these costs but it is recommended that a discussion on likely costs is held at an early meeting of the Committee so that consensus on an approved budget can be agreed and funding identified.

9. Head of Legal Services Comments

9.1. The statutory provisions relating to the establishment of the Joint Health Overview and Scrutiny Committee are explained in the body of this report. The terms of reference and membership of this Joint Committee must be agreed by the full Council. Full Council would need to agree the waiver of the political proportionality rules without any Member voting against this proposal.

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

10.1. N/A

11. Equalities & Community Cohesion Comments

11.1. The joint committee will need to consider whether the proposals by the NHS are likely to adversely affect specific communities and, in particular, the adequacy of the equalities impact assessment.

12. Consultation

12.1. There are specific obligations on the NHS to engage and consult with patients and the public. A key part of the joint committees work will be to consider the NHS's plans for this. In addition, the joint committee will also seek to engage with a wide range of stakeholders, including organisations representing the patients and public.

13. Service Financial Comments

13.1. There are likely to be some cost implications arising from the joint committee but it is not possible to quantify the size of these at this stage. The practice is normally that any costs arising are shared between the participating local authorities. The size of the costs will depend on the level of support that Members of the joint committee decide would be appropriate in order to ensure that they are able to respond effectively to the review. This would include the need for any external independent advice that it is felt is required in order to facilitate effective challenge. The need for this will need to be balanced by the resources that each of the local authorities have to fund such commitments.

14. Use of appendices/tables and photographs

14.1. None

15. Local Government (Access to Information) Act 1985

15.1. Background papers are as follows:

16. Report

Background

16.1 NHS London have asked each of the commissioning sectors across the capital to review acute (hospital) provision within their areas. The drivers behind this are both clinical and financial. Haringey is in the north central sector (NC) together with Barnet, Enfield, Camden and Islington. The review for NC London is being led by Rachel Tyndall, the Chief Executive of both Islington PCT and the commissioning agency for the sector.

16.2 The view of NHS London is that acute services in London do not yet measure up to the vision within *Healthcare for London*. This aims to offer more care provided closer to home but with some specialist services being centralised, where necessary, to give higher quality and dedicated care. Hospitals are facing the twin challenges of some services being moved out of them into the community (e.g. x rays, physiotherapy) whilst other services are concentrated into larger, specialised centres (e.g. acute stroke, major trauma). In addition, they will face further future pressure on their finances as a result of the moves by PCTs to reduce unnecessary A&E attendances.

16.3 There is likely to be an increase in demand for health services in the next few years that will be accompanied by a possible decrease in funding allocated to the NHS by the government. This will result in a significant funding gap. The funding gap for NC London has been estimated as likely to be approximately £560m by 2016/17.

16.4 As part of the review, options for the configuration of the five hospital sites in the NC

sector are currently being developed. The model that has developed recommends that there be the following:

- Two major acute hospital sites, one in the north of the sector and one in the south
- A multi-specialist acute provider from where highly specialist and tertiary services will be delivered
- Rationalisation of specialist services (e.g. cardiac, neurosurgery) across the Royal Free and UCLH and development of networked services for surrounding areas
- A maximum of two local hospitals – two variants under consideration

16.5 This model provides various possible potential permutations, which are currently being considered by the NHS. Specific options will be developed for consideration as part of the formal consultation exercise. However, it has also already been agreed that viable options:

- Must reflect known public concerns about reasonable geographic distribution
- Must be clinically safe and fit within the context of Healthcare for London and the BEH Clinical Strategy (Chase Farm has been left out for this reason)
- Must fit within the physical constraints of the existing property portfolio

Joint Health Overview and Scrutiny Committee (JHOSC)

16.6 Although the formal consultation process is not due to take place until the autumn, the Chairs of health scrutiny committees across the five boroughs have agreed to set up a JHOSC now in order to engage with the NHS on the review. At this stage, it is proposed to obtain approval for the outline arrangements for the JHOSC and the terms of reference in order to minimise any delay that may occur as a result of the local government elections. Further detailed consideration can be undertaken of the arrangements following the elections, at the first meeting of the JHOSC.

16.7 There are two specific types of JHOSC:

- Discretionary - Health OSCs can voluntarily agree to join together to carry out health scrutiny reviews or consider health issues that cross boundaries.
- Statutory - Health OSCs are required to establish a JHOSC to consider and respond to proposals for developments or variations that affect more than one local authority area and that are considered “substantial” by the health OSCs for the areas affected.

16.8 As there are not, as yet, specific proposals to respond to, the JHOSC will operate as a discretionary joint committee in the first instance and engage with the NHS on cross borough issues relating to the review. It is intended that this will complement the work of individual OSCs, who will engage with their local PCTs on detailed plans for their area.

16.9 The proposals that will be put out to public consultation in due course will undoubtedly constitute a “substantial variation” to services across the five Boroughs, as well as possibly some neighbouring local authorities. This is due to the effect that they will potentially have on the accessibility of services, the way that services are provided and the number of patients affected. Directions issued by the Secretary

of State in July 2003 require that 'where a local NHS body consults more than one overview and scrutiny committee pursuant to regulation 4 of the Regulations on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, the local authorities of those overview and scrutiny committees shall appoint a joint overview and scrutiny committee for the purposes of the consultation and only that joint overview and scrutiny committee may:

a). make comments on the proposal consulted on to the local NHS body under regulation 4(4) of the Regulations;

(b). require the local NHS body to provide information about the proposal under regulation 5 of the Regulations; and

(c). require an officer of the local NHS body to attend before it under regulation 6 of the Regulations to answer such questions as appear to it to be necessary for the discharge of its functions in connection with the consultation.'

16.10 The JHOSC will therefore assume a statutory role when proposals are finalised. It will be required to respond to the consultation through the production of a report that reflects the views of all local authorities involved in the joint committee and aims to be consensual.

Terms of Reference

16.11 The terms of reference for the joint committee are proposed as follows:

"To scrutinise and respond to stakeholder engagement, the consultation process and final decision in respect of the North Central London Service and Organisation Review in the light of what is in the best interests of the delivery of a spectrum of health services across the area of Barnet, Camden, Enfield, Haringey and Islington, taking account of:

- The adequacy of the consultation being carried out by the health bodies including the extent to which patients and the public have been consulted and their views have been taken into account
- The impact on the residents of those areas of the reconfiguration proposals, as set out in the consultation document
- To assess whether the proposals will deliver sustainable service improvement
- To assess whether the proposed changes address existing health care inequalities and not lead to other inequalities
- The impact on patients and carers of the different options, and if appropriate, which option should be taken forward
- How the patient and carer experience and outcomes and their health and well-being can be maximised whichever option is selected
- Whether to use the joint powers of the local authorities to refer either the consultation or final decision in respect of the North Central London Service and

Organisation Review to the Secretary of State for Health.

1. The joint committee will initially operate as a discretionary joint committee and consider any cross borough issues impacting on all participating local authorities and complement the work of individual health scrutiny committees in considering any detailed plans relating to their area. Once specific reconfiguration proposals have been developed fully by local NHS bodies, the joint committee will assume the functions of a statutory joint health overview and scrutiny committee, in accordance with section 245 of the National Health Service Act 2006 and associated regulations and guidance, and respond formally to the proposals on behalf of all of the health scrutiny committees of the local authorities participating.
2. The joint committee will work independently of both the Executive and health scrutiny committees of its parent authorities, although evidence collected by individual health scrutiny committees may be submitted as evidence to the joint committee and considered at its discretion.
3. To maintain impartiality, during the period of its operation Members of the Joint Committee will refrain from association with any campaigns either in favour or against any of the reconfiguration proposals. This will not preclude the Executives or other individual members of each authority from participating in such activities.
4. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.”

Composition of Joint Committee

16.12 It is proposed at that representation be two Members per local authority plus a deputy. It is also proposed that nomination of Members to the JHOSC be dealt with at the first meeting of the Overview and Scrutiny Committee after the local government elections.

16.13 Under the Local Government Act 2000, overview and scrutiny committees must generally reflect the political make up of the full council. Exact compliance with this could entail having a large and unwieldy membership which could hinder the effectiveness of the joint scrutiny committee. However, the Local Government and Housing Act 1989 enables local authorities to waive the political balance requirements if all elected councillors within that authority agree that it need not apply. In respect of a joint committee, the political balance requirement applies for each participating authority unless Members of *all* authorities agree to waive that requirement. In principle agreement to do this could enable a smaller and less unwieldy membership to be negotiated with other authorities. The power to nominate Members to the joint scrutiny committee would still be retained by the Overview and Scrutiny Committee but the political proportionality of representation would be a matter of choice rather than a necessity.

Quorum and Voting

16.14 It is suggested that the quorum be one Member from each of the participating authorities. In the event of a meeting being inquorate, it could still proceed on an informal basis if the purpose of the meeting was merely to gather evidence. However, any decision making would be precluded.

16.15 Due to the need for the final report to reflect the views of all authorities involved in

the process, one vote per authority would appear to be more appropriate than individual Members each being given a vote. It is nevertheless to be emphasised that decisions by the joint committee should, wherever, possible be reached by consensus.

Co-options

16.16 Opportunities for co-options that are currently available to OSCs would also be available to the joint committee. It may therefore be possible, subject to the agreement of the joint scrutiny committee, to co-opt a suitable person. Such a person would need to have specific expertise and/or knowledge of the issues in question.

Frequency and location of meetings

16.17 It is proposed that the meetings rotate between the participating authorities for reasons of equity and access.

Writing the Final Report

16.18 Drafting the joint committee's report may be challenging due to the separate interests of the participating authorities. Some previous joint scrutiny committees have employed an independent consultant to provide an independent analysis of evidence and write the final report. There may also be particular value in appointing an independent consultant to act as a facilitator in developing a consensus on final conclusions and recommendations. Should the joint scrutiny committee wish to pursue similar options, resources would need to be found and a suitable consultant identified and agreed upon.

Administration

16.19 It is proposed that the authorities share clerking responsibilities between them, with the Borough hosting a particular meeting also providing the clerk.

Policy and Research Support and Legal Advice to the Joint Committee

16.20 It is proposed that this will be jointly provided by all of the participating authorities. Each authority will support its own representatives whilst advice and guidance to the joint scrutiny committee will be provided, as required, through liaison between relevant authorities.

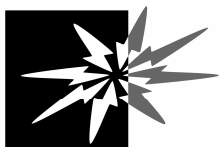
16.21 Consideration could be given by the JHOSC, in due course, to the provision of external independent advice and guidance, should it be felt necessary. This could be of benefit if it enables the joint committee to more effectively challenge the NHS and may be of particular assistance in addressing issues of a more technical nature, where lack of specific knowledge could put the joint committee at a disadvantage.

Servicing costs

16.22 There could be costs associated with carrying out this exercise for which no additional resources have been made available as yet. However, it is essential that these costs are met and suitable resources will need to be identified. The costs will

be split between the participating authorities.

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Haringey Council

Overview and Scrutiny Committee

15 March 2010

Report Title: **COUNCILLOR CALL for ACTION (CCfA)**

Report authorised by:

Cllr Gideon Bull, Chair of the Overview and Scrutiny Committee

Contact Officer: Trevor Cripps – Overview and Scrutiny Manager

Trevor.cripps@haringey.gov.uk Tel: 0208 489 6922

Wards(s) affected: **ALL**

Report for: **Non Key**

1. Purpose of the report

1.1 This report provides background information on the origins of the Councillor Call for Action (CCfA) power and also considers the proposed CcfA protocol for Haringey as well as any specific implications for Haringey.

1.2 The Councillor Call for Action power was enacted on 1st April 2009. Therefore Councillors are already able to use this power to refer a matter to the Overview and Scrutiny Committee. The purpose of this report is to consider the Councillor Call for Action process in Haringey.

2. Introduction by Cabinet Member (if necessary) N/A

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

4. Recommendations

4.1 That the Overview and Scrutiny Committee note the report and amends/agrees the proposed Haringey CCfA protocol at Appendix A.

4.2 That subject to approval of the Constitution Review Working Group, reference to CCfA be added to the Overview and Scrutiny Committee Terms of Reference and a reference to the CCfA protocol be added to the Overview and Scrutiny Procedure Rules in the Council's Constitution, as appropriate.

5. Reason for recommendation(s)	
5.1	The Government has legislated that CCfA is established as a formal means whereby local councillors can refer local government issues of significant community concern to Overview and Scrutiny Committee for consideration.
6. Other options considered	N/A
7. Summary	
7.1	The Councillor Call for Action (CCfA) Protocol is designed as a formal means whereby Councillors can refer to the Overview & Scrutiny Committee any local government matter in their ward which is of significant community concern. Referral to the Overview and Scrutiny Committee is a measure of last resort once other approaches have been exhausted.
8. Chief Financial Officer Comments	
8.1	The CFO has been consulted on the preparation of this report and confirms that there are no direct financial implications as a result of the recommendations in this report.
9. Head of Legal Services Comments	
9.1	The Council is under a statutory legal duty to make provision for the Councillor Call for Action procedure to be available for use by any Councillor not serving on the Cabinet. There is some local discretion about the details of the procedure but the main features are statutory.
10. Equalities & Community Cohesion Comments	
10.1	None directly.
11. Consultation	
11.1	A briefing on the draft protocol and proposed changes to the Councils Constitution has been given to all parties represented on the Council. There have been no requests for changes to the draft protocol or the proposed Constitutional changes. There being no substantive changes to report, it is not proposed to re-brief the Haringey Strategic Partnership Board or CEMB, both of which have already noted the original proposals. It is proposed to send the protocol to the CRWG and to them report to Full Council.
12. Use of appendices /Tables and photographs	
	N/A
13. Local Government (Access to Information) Act 1985	

The background papers relating to this report are:

- a) Section 119 of the Local Government and Public Involvement in Health Act 2007.
- b) Section 6 of the Crime and Disorder Police and Justice Act 2006.
- c) CCfA Joint best practice guidance, issued by the Centre for Public Scrutiny and the Improvement and Development Agency.

Copies are available on request, from Natalie Cole, Local Democracy and Member Services (non Cabinet Committees), on telephone 020 8489 2919.

REPORT

14.1 Background

The Government believes that the work of resolving community concerns is an important element of a local Councillor's role. It believes that Councillors can frequently resolve issues informally or using powers delegated to them but that the ability to give an issue wider consideration by referring it to an overview committee (a "Councillor Call for Action") is a useful additional tool. Such committees are well placed to obtain all the information that may be required to identify any shortcomings and to make recommendations.

The intention of the Government is to ensure that Overview and Scrutiny Committees are required to consider "Councillor Calls for Action" where they can add value rather than merely duplicating existing mechanisms for consideration of issues.

14.2 Legislation

Under Section 119 of the Local Government and Public Involvement in Health Act 2007 any Member can refer to the Overview and Scrutiny Committee any local government matter which is relevant to the function of that committee. A "local government matter" is defined as one which:

- Relates to the discharge of any functions of the authority
- Affects all or part of the electoral area for which the Member is elected or any person who lives or works in the area
- Is a local crime and disorder matter which falls within Section 19 of the Police and Justice Act 2006.
- Has not been excluded by an Order made by the Secretary of State.

This process is known as the Councillor Call for Action and came into force on force on 1st April 2009. A proposed Haringey CCfA Protocol is attached for consideration at Appendix A.

14.3 Councillor Call for Action

It is important to recognise that a CCfA is not guaranteed to solve a given problem. It is recognition that the issue is significant enough for time, attention and resources to be spent in trying to resolve it.

The following criteria distinguish a CCfA:

- The focus of the CCfA must be on neighbourhood or locality issues and specifically the quality of public service provision at a local level.
- The CCfA must represent a genuine local community concern (based on local Councillors judgements).
- The problem must be persistent and one the local councillor has been unable to resolve through local action and discussions with the Cabinet Member (s) or relevant services and agencies.
- A CCfA can be any matter that relates to the work of the local authority or a well-being issue.

A CCfA must:

- ✓ Be on a single issue of social economic and or environmental importance to people living, working or studying within the borough.
- ✓ Have an impact on the whole of the borough, parts of the borough and/or cross borough.
- ✓ Have been discussed with the council before (see Process).

The Secretary of State has made an Order excluding the following from the Councillor call for Action;

- ✓ Any matter relating to a planning or licensing decision
- ✓ Any matter relating to an individual or entity in respect there is already a statutory right of appeal other than the right to complain to the Local Government Ombudsman
- ✓ Any matter which is vexatious, discriminatory or not reasonable for inclusion in the agenda for, or for discussion at, a meeting of an Overview and Scrutiny Committee.

However any of the above matters can be considered if it consists of an allegation that a local authority function “has not been discharged at all or that its discharge had failed or is failing on a systematic basis”. For example, a number of complaints on an issue in a given area can indicate a locality issue and therefore be appropriate for a CCfA.

14.4 Championing a CCfA

It is a matter of judgement which issues a ward Councillor agrees to champion. Being a CCfA champion Councillor will mean taking the issue up on behalf of those concerned and trying to resolve the problem by liaising with council services, the Cabinet and/or outside agencies.

The purpose of CCfA is to provide resolution where other techniques might not be able to. Therefore, the first step is to ascertain whether all other means have been tried.

The Councillor bringing the CCfA must be clear from the outset as to what they expect to get out of the process and must give detail as to what they feel would be a satisfactory conclusion to the process.

14.5 Financial Implications

It is not envisaged that there will be any financial implications associated with the Councillor Call for Action process in Haringey.

Any Councillor Call for Action requests will be considered by the Overview and Scrutiny Committee at their next available meeting and any requests that are subsequently referred to an Overview and Scrutiny time limited review panel will be considered within existing resources.

14.6 Legal Implications

The protocol proposed to regulate the procedure for Councillor Call for Action (Appendix A) should be the subject of a reference in the Council's Constitution at Part 4 Section G (Overview & Scrutiny Procedure Rules). Members may consider that the Protocol itself should be incorporated within the Constitution but, on the other hand, it would be easier for the Overview & Scrutiny Committee to amend the Protocol in the light of experience if it were kept out of the Constitution for the time being.

Any additions to the Council's Constitution will be reported to the Constitution Review Working Group and recommended to Full Council for formal adoption.

APPENDIX A

COUNCILLOR CALL FOR ACTION PROTOCOL

Introduction

1. The Councillor Call for Action (CCfA) Protocol is designed as a formal means whereby Councillors can refer to the Overview & Scrutiny Committee any local government matter in their ward which is of significant community concern. Referral to the Overview and Scrutiny Committee is a measure of last resort once other approaches have been exhausted.

2. A local government matter is defined in legislation¹ as one which:

- (a) Relates to the discharge of any function of the authority;
- (b) Affects all or part of the electoral area for which the referring member is elected or any person who lives or works in the area; and
- (c) Is not an excluded matter. Excluded matters are matters (as defined in Regulations²) relating to:
 - (i) the formulation or implementation of the council's crime and disorder strategy³;
 - (ii) a planning decision;
 - (ii) a licensing decision;
 - (iii) an individual or entity where that individual or entity has a statutory right to a review or appeal other than to the ombudsman;or which are:
 - (iv) vexatious, discriminatory or not reasonable to be included in the agenda for, or to be discussed at, a meeting of the Overview and Scrutiny Committee or a Scrutiny Panel Sub-committee.

unless the matter consists of an allegation that a function of the Council has not been discharged at all or that its discharge has failed or is failing on a systematic basis.

3. The CCfA is not an appropriate route for:

¹ Section 119 of the Local Government and Public Involvement in Health Act 2007.

² Overview and Scrutiny (Reference by Councillors) (Excluded Matters) (England) Order 2008

³ A crime or disorder matter within the meaning of section 6 of the Crime and Disorder Act 1998

- (a) Raising individual complaints, for which the Council's corporate complaints procedure should be followed;
- (b) Scrutinising matters of wider Council policy;
- (c) Questioning decisions which have been taken but not yet implemented by the Executive; or
- (d) Seeking to resolve urgent matters, in view of the time which may be needed for the committee to assess the initial referral and then investigate the matter if it agrees to do so.
- (e) Raising matters where other means of resolution have not been tried.

Referral Procedure

4. In Haringey matters referred as a CCfA will be referred to the Overview and Scrutiny Committee. Prior to referring a matter as a CCfA a Councillor must have tried to resolve the matter themselves using the other mechanisms and resources available to them at ward level. Councillors must have regard to any government guidance issued and should:
 - (a) Ensure that the relevant Cabinet Member, Council department and/or any partner organisation has been informed of the issue and been given enough time to resolve it.
 - (b) Ensure that this is not an issue that is currently being or should be pursued via the council's complaints process.
 - (c) Ascertain whether or not the matter is being investigated through any other local mechanism such as members enquiry, area assembly etc.
5. If the matter is still not resolved the Councillor can refer it to the Overview and Scrutiny Committee as a 'Councillor Call for Action'. To avoid delays in the referral process, all referrals will be made on the CCfA request form in Appendix 1. This will ensure that the necessary information to enable the applicability of the Protocol to be confirmed and to enable the matter to be put before Overview and Scrutiny Committee at the outset.
6. The referral form will be received by the Head of Member Services who will log it to track its progress and assess whether the matter is covered by this Protocol. The Monitoring Officer shall be responsible for determining whether a matter is required to be referred to the Overview and Scrutiny Committee under this protocol.
7. Referrals approved by the Monitoring Officer will then be included on the next available agenda of the relevant Overview and Scrutiny Committee. It will up to the members of the committee to decide whether or not to take the matter further.

Considering the CCfA

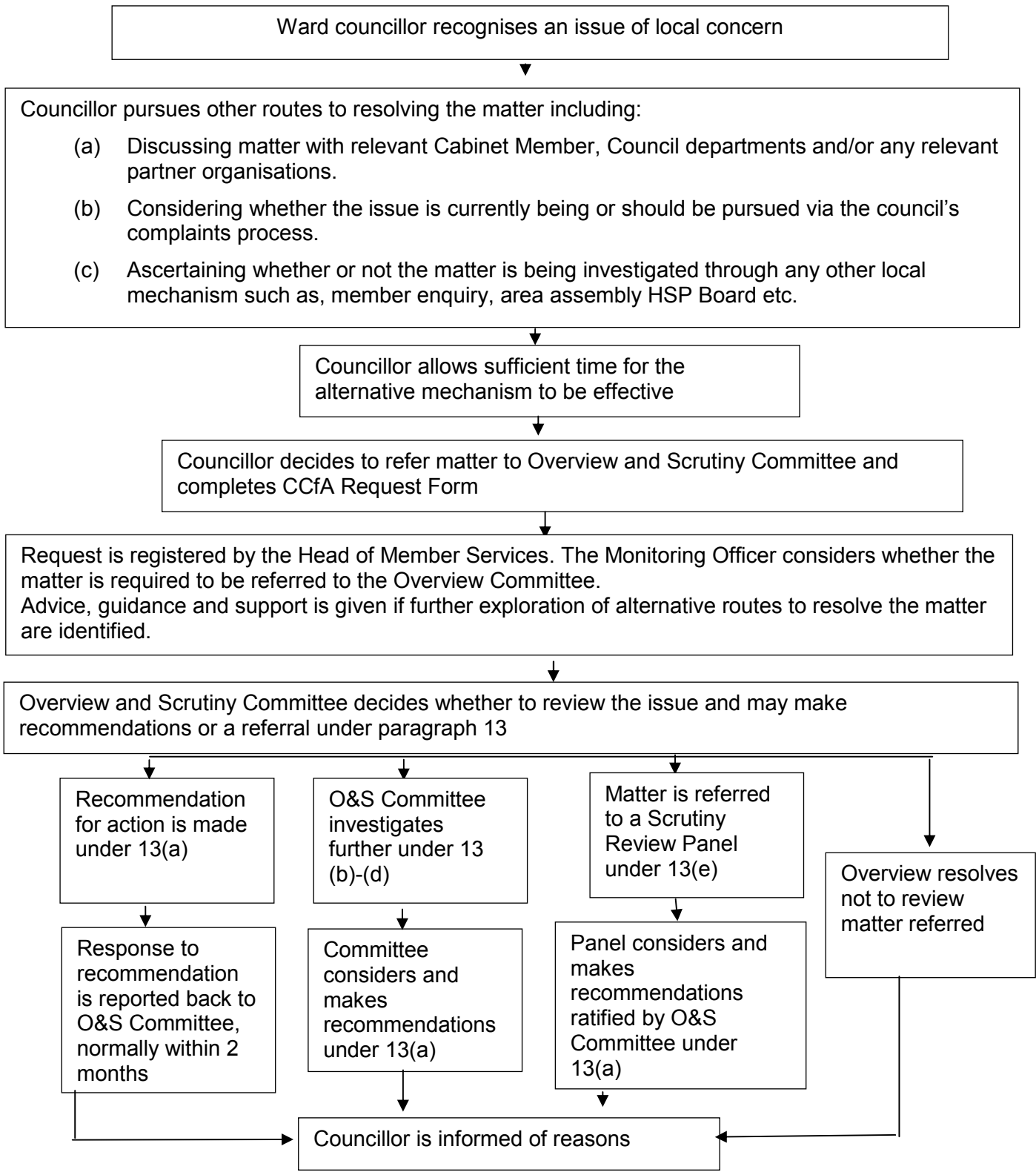
8. The referring Councillor and other Councillors representing the same ward will be invited to attend a meeting at which the CCfA is discussed, in order to make representations and answer questions. The relevant Cabinet member and senior officer and partner representative will also be invited if appropriate.
9. In deciding whether or not to take the matter further the committee will consider:
 - (a) Actions already taken by the Councillor in relation to the matter; and
 - (b) Representations made by the Councillor as to why the committee should take the matter up.
10. The criteria the committee will use to decide whether or not to take the matter further include:
 - (a) Is the committee satisfied that reasonable attempts at a resolution have been made by the ward Councillor?
 - (b) Has the committee considered a similar issue recently and, if so, have the circumstances or evidence changed.
 - (c) Has the relevant service or partner agency been informed and been given enough time to resolve the issue and, if so, what response the Councillor has received.
 - (d) Is the matter currently being looked at by another form of local mechanism or HSP Board?
11. If the committee decides not to take further action in respect of the referral it must inform the Councillor and explain why.
12. If the committee decides to accept the referral it must decide how it intends to take the matter further it may:
 - (a) Make immediate recommendations to:
 - (i) the Executive or other relevant council body;
 - (ii) the Corporate Director of the relevant Council department; or
 - (iii) to any relevant partner organisation or other local organisation;
 - (b) Request further information or evidence from the ward councillor;
 - (c) Ask officers to look into the matter and report back;
 - (d) Invite other local stakeholders to give evidence to a future meeting; or
 - (e) Refer the matter to a Scrutiny Review Panel to undertake a more in depth review.

Overview and Scrutiny Committee may make recommendations as provided for in 13 (a) following consideration by them under 13 ((b) – (e)

14. If the matter is referred under 13 (a) (i) or (ii) the relevant body or person shall report back to the Overview and Scrutiny Committee, normally within 2 months, indicating any action that has been or is intended to be taken in respect of the recommendation.
15. Overview and Scrutiny Committee will request updates on the implementation of recommendations, where agreed, from the responsible agency.
16. Once the committee has completed its work on the referral the member who made the referral will receive a copy of any report or recommendations made in relation to it.
17. The protocol will apply, with appropriate modifications to any request by a Councillor to refer any local crime and disorder matter to the committee under the CCfA procedure.

LONDON BOROUGH OF HARINGEY

FLOW CHART OF THE PROPOSED PROCEDURE FOR COUNCILLOR CALL FOR ACTION





**Councillor Call for Action (CCfA)
Referral Form**

A CCfA should be of social economic and/or environmental importance to a particular area of Haringey. It cannot address an individual service complaint or concern a quasi judicial matter, such as a licensing or planning application.

To be completed by championing Councillor:

Cllr:	Signature:	Ward:
Date:	Contact details:	

Brief Description of issue being brought as a possible CCfA:

What would you consider to be a satisfactory conclusion to this process?

Ward/area affected:

Is the issue related to an individual matter or complaint? Yes No
If yes, please give details.

Are you aware of the any legal action or proceedings related to this issue?

Yes No

If yes, please give details.

Please specify what action has been taken so far to try and resolve the issue locally. In particular please describe what actions have been taken in respect of consulting the following, as well as any responses received:

- Officers of the Council, partners and other relevant public service providers
- Member Enquiry
- The local Area Assembly or other public meetings
- Neighbourhood Management Team
- Cabinet Member(s) and/or the Leader
- Formal letters/motions and petitions
- Communication with local Members of Parliament
- Local campaigns

For completion by Overview and Scrutiny Manager:

Referred to Head of Member Services (date):

Date of referral to Overview and Scrutiny Committee:

Referral accepted/not accepted:

Further action required:

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