

Overview and Scrutiny Committee

MONDAY, 10TH OCTOBER, 2011 at 17:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Winskill (Vice-Chair), Alexander, Browne, Christophides, Diakides, Ejiofor and Engert

Co-Optees: Ms Y. Denny (church representative), 1 Church of England vacancy, Young (Parent Governor), 2 Parent Governor Vacancies, Ms H Kania (LINK non-voting Representative)

AGENDA

1. APOLOGIES FOR ABSENCE

2. 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 16 below).

3. 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.

4. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

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

5. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR CHILDREN

An opportunity for the Committee to question the Cabinet Member, Councillor Lorna Reith, on the Children's Services portfolio.

6. EXAM RESULTS (PAGES 1 - 16)

To consider the report on the 2011 provisional results for the Early Years Foundation Stage, Key stage 2 and GCSE.

7. REDEVELOPMENT OF ST ANN'S HOSPITAL SITE

To receive a presentation on the redevelopment of St Ann's Hospital site from Barnet, Enfield and Haringey Mental Health Trust representatives.

8. SCRUTINY REVIEW UPDATE - SUPPORT TO CARERS (PAGES 17 - 50)

To receive an update on the previous scrutiny review on Support to Carers.

9. SCRUTINY REVIEW UPDATE - SUSTAINABLE TRANSPORT (PAGES 51 - 66)

To receive an update on the previous scrutiny review on Sustainable Transport.

10. PROGRESS ON SCRUTINY REVIEWS

To consider any updates from chairs of scrutiny reviews.

11. REVIEW SCOPING REPORTS (IF ANY) (PAGES 67 - 124)

To approve the scoping documents for reviews on the following subjects:

- a. Health Inequalities – Men's Health: Getting to the Heart of the Matter
- b. Worklessness (TO FOLLOW)

12. FEEDBACK FROM CHAIRS OF AREA COMMITTEES

13. NEW ITEMS OF URGENT BUSINESS

14. MINUTES (PAGES 125 - 156)

To approve the minutes of the meetings held on 27th June, 29th June, 15th and 24th August 2011.

15. SCRUTINY ACTIONS (PAGES 157 - 202)

To note the actions completed since the last meeting.

16. ANY OTHER BUSINESS

To discuss response timelines for actions, particularly the action 39 arising from the call-in meeting held on 24th August 2011.

17. FUTURE MEETINGS

Monday 12th December 2011

Monday 6th February 2012

Monday 30th April 2012

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Wednesday 28th September 2011

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Report for:	Overview and Scrutiny	Item number	
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Title:	2011 Provisional results for the Early Years Foundation Stage, Key Stage 2 and GCSE
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Report authorised by :	Jan Doust, Deputy Director, Prevention and Early Intervention 
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Lead Officer:	Avi Becker, Business Intelligence Manager, 020-8489-6939
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Ward(s) affected: All	Report for Non Key Decision:
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1. Describe the issue under consideration

2011 provisional results for the Early Years Foundation Stage, Key Stage 2 and GCSE.

2. Cabinet Member Introduction

NA

3. Recommendations

Members to receive this report as a first briefing and to note that the information provided in this report is from unvalidated data. This brief report will be updated with more comprehensive data and analysis as national and validated data become available:

Schedule for Department for Education release of attainment data

	1st release	Validated release
Early Years Foundation Stage		October 2011 (no specific date available)
Key Stage 2	02/08/2011	December 2011
GCSE	20/10/2011	January 2012

Members to note in the case of Early Years Foundation Stage and GCSE that there is no national data for 2011 currently available.

4. Other options considered NA

5. Background information

Early Years Foundation Stage

Results in 2011 have improved considerably in all areas of the Foundation Stage. In Personal Social and Emotional development (PSE) Haringey results improved by 11% to 75% achieving 6 or more in all 3 scales comprising PSE. Results in Communication Language and Literacy (CLL) improved by 12% to 58%. PSE and CLL combined improved by 12% to 54%. Mathematical Development improved by 9% to 69%.

The percentage of children achieving at least 78 points and 6+ in all PSE and CLL improved by 12% to 54%.

The overall local authority gap between the median score and the lowest 20% of children improved by decreasing from 36.2% to 32.0%

Haringey and National FSP trends

The table below shows the 3 year trend for the main components of the Foundation Stage. It shows that results in Haringey have improved significantly across all areas in 2011.

Percentage of children scoring 6 or more	National			Haringey		
	2009	2010	2011	2009	2010	2011
Personal, social and emotional development (PSE) - all 3 scales	74%	77%		65%	64%	75%
Communication, language and literacy (CLL) - all 4 scales	55%	59%		49%	46%	58%
Personal, social and emotional development (PSE) and Communication, language and literacy (CLL) combined - all 7 scales	52%	56%		43%	42%	54%
Mathematical Development - all 3 scales	70%	70%		62%	60%	69%
Knowledge and understanding of the world- 1 scale	81%	83%		74%	70%	80%
Physical Development - 1 scale	90%	91%		88%	87%	92%
Creative Development - 1 scale	80%	82%		76%	75%	82%
Percentage achieving at least 78 points and 6+ in all PSE and CLL	52%	56%		43%	42%	54%
Number of pupils in lowest performing 20%				634	625	642
% gap between median and lowest 20%	33.9%	32.70%		35.10%	36.20%	32.00%

Network Learning Communities

The tables below show the results in 2010 and 2011 for the 3 network learning communities. The results in the west network continue to be significantly higher than in the north and south. The north and south networks have made bigger improvements between 2010 and 11 than the west network and are closing the gap.

2010	North	South	West	Haringey 2010
Number of children	837	1161	995	2993
Personal, social and emotional development (PSE) - all 3 scales	56%	57%	80%	65%
Communication, language and literacy (CLL) - all 4 scales	38%	39%	62%	46%
Personal, social and emotional development (PSE) and Communication, language and literacy (CLL) combined - all 7 scales	32%	35%	58%	42%
Percentage achieving at least 78 points and 6+ in all PSE and CLL	32%	35%	58%	42%
Average total FSP score	76	76	88	80
Number of pupils in lowest performing 20%				599

The data above excludes children from private and voluntary settings and special schools

2011	North	South	West	Haringey 2011
Number of children	809	1112	997	2918
Personal, social and emotional development (PSE) - all 3 scales	73%	70%	82%	75%
Communication, language and literacy (CLL) - all 4 scales	51%	53%	68%	57%
Personal, social and emotional development (PSE) and Communication, language and literacy (CLL) combined - all 7 scales	47%	49%	65%	54%
Percentage achieving at least 78 points and 6+ in all PSE and CLL	47%	48%	64%	53%
Average total FSP score	82	81	89	84
Number of pupils in lowest performing 20%	195	305	135	599

The data in the table above excludes children from private and voluntary settings and special schools

Results for ethnic groups in Haringey

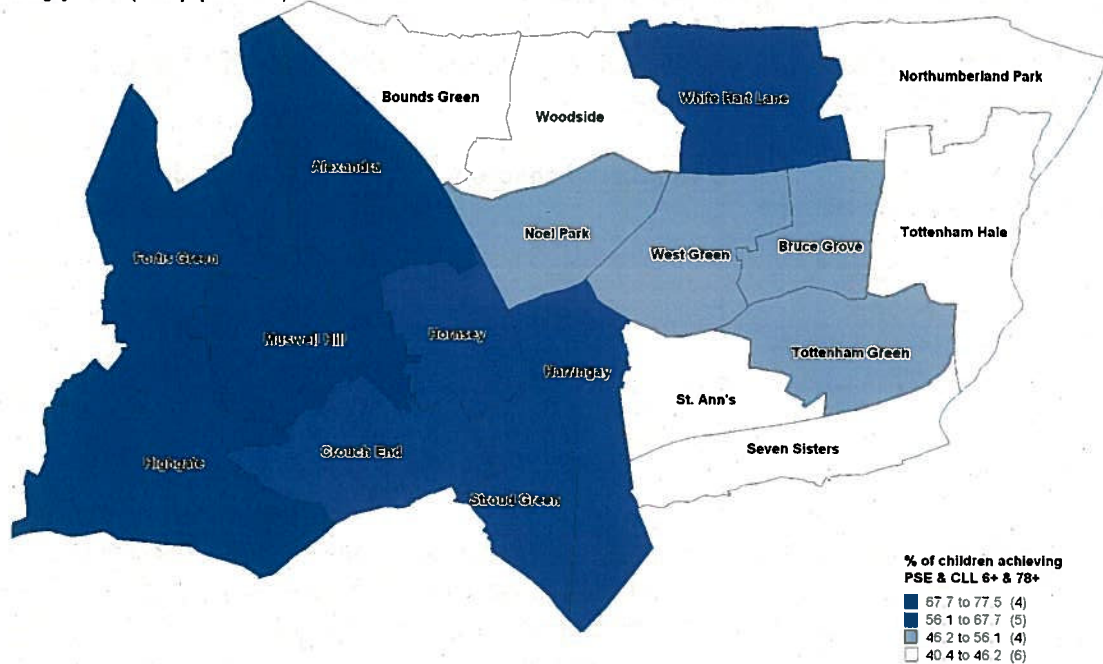
The table below shows the variations between the different ethnic groups in Haringey for the main areas of the Foundation Stage, that is PSE and CLL combined.

The data shows significant differences in attainment for the ethnic groups. 71% of White British children are scoring 6 or more in PSE&CLL, compared to 52% of Caribbean, 30% Kurdish, 35% Turkish and 40% Somali children. There are also significant differences between boys and girls. Care needs to be taken with some of the data where the numbers are small. There is also the issue of different rates of maturation, particularly for such a young group of children.

Ethnicity 2011	Number			PSE & CLL all 7		
	All	Female	Male	All	Female	Male
Asian Bangladeshi	78	36	42	55%	72%	40%
Asian Indian	23	9	14	61%	78%	50%
Asian Other	33	19	14	58%	74%	36%
Asian Pakistani	29	18	11	55%	56%	55%
Black Caribbean	265	124	141	52%	56%	49%
Black Other	53	19	34	43%	68%	29%
Black African	143	69	74	53%	67%	41%
Black Congolese	46	26	20	46%	54%	35%
Black Ghanaian	115	55	60	48%	55%	42%
Black Nigerian	68	32	36	63%	72%	56%
Black Somali	131	55	76	40%	33%	45%
Chinese	43	15	28	49%	73%	36%
Mixed Other	118	56	62	58%	71%	45%
Mixed White African	53	26	27	55%	69%	41%
Mixed White Asian	57	31	26	79%	77%	81%
Mixed White Caribbean	93	47	46	52%	68%	35%
Other	64	30	34	48%	60%	38%
Other Kurdish	46	22	24	30%	41%	21%
Other Latin American	34	14	20	47%	57%	40%
Other Vietnamese	9	5	4	44%	40%	50%
Refused/Not obtained	268	117	151	53%	62%	46%
White Albanian	27	16	11	67%	69%	64%
White British	610	311	299	71%	80%	61%
White Greek Cypriot	10	5	5	60%	40%	80%
White Gypsy/Roma	13	6	7	8%	0%	14%
White Irish	35	15	20	69%	87%	55%
White Irish Traveller	3	1	2	0%	0%	0%
White Kosovan	23	9	14	43%	67%	29%
White Other	331	163	168	50%	59%	41%
White Turkish	192	101	91	35%	39%	32%
White Turkish Cypriot	11	6	5	73%	83%	60%
Grand Total	3024	1458	1566	54%	64%	46%

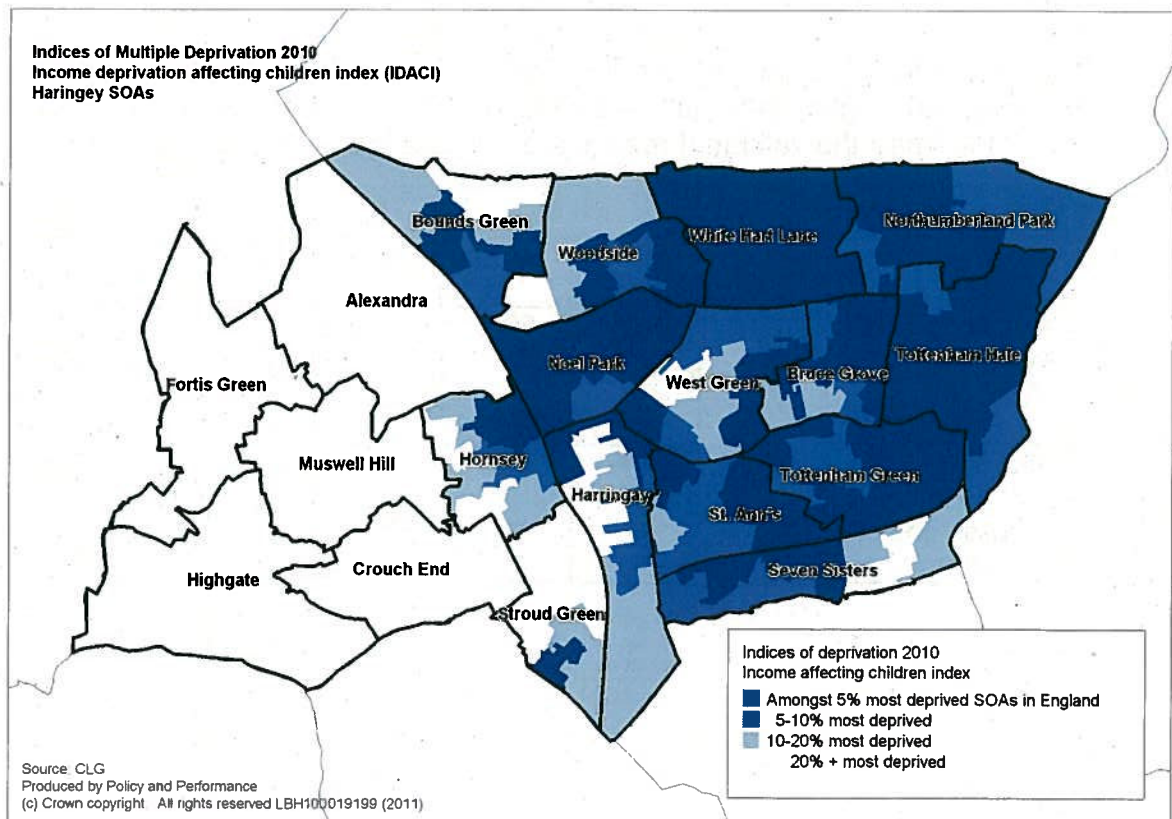
The map below shows the percentage of children attaining PSE and CLL combined across the Haringey wards. It is interesting to compare this map with the one below which shows the Income Deprivation affecting Children Index 2010 (IDACI). The Early Years Foundation Stage map shows how results in the least deprived wards are significantly higher than results in the most deprived wards.

Early Years Foundation Stage 2011
Percentage of children achieving PSE & CLL (All 7) with 78 or more points
Haringey Wards (Total pupils = 3024)



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Indices of Multiple Deprivation 2010
Income deprivation affecting children index (IDACI)
Haringey SOAs



Summary of PSE & CLL with Income Deprivation affecting Children Index (IDACI)

The table shows how the results in PSE & CLL improve for children living in the least deprived areas in Haringey. Forty nine percent of pupils living in the top 10% most deprived super output areas in Haringey attained PSE & CLL compared with 72% who live in the least deprived areas.

It is also interesting to note that 1788 children (60% of the Early Years cohort) live in the 10% most deprived areas.

	Number of children	PSE & CLL 6+
0-10% (most deprived IMD)	1788	49%
11-20%	329	50%
21-30%	226	54%
31% + (least deprived IMD)	661	72%

Key Stage 2

The KS2 2010 results were affected by the national boycott. The results published by the DFE for Haringey in 2010 were based on 18 mainstream schools out of 53. This gave Haringey a combined English and maths results of 75%, a 7% increase on the 2009 result. It is sensible to miss out the 2010 results when looking at the Haringey trend.

There was no boycott of the 2011 tests.

The results for 2011 are provisional. The DFE have published the results for Level 4+ combined English and maths at 69%. This result is expected to rise to between 70 – 71% when the validated results are published in December 2011.

	2006	2007	2008	2009	2010	2011 (provisional)
Haringey KS2 (% Level 4+ in both English and maths)	64%	67%	66%	68%	75% (Boycott year)	69% (expected to rise to 70/ 71% when recent arrivals removed)
National KS2 (% Level 4+ in both English and maths)	70%	71%	73%	72%	73%	74%

KS2 combined English and maths level 4+ with ethnicity

The table shows the variations in attainment across the ethnic groups and between boys and girls. Eighty six percent of White British pupils attain combined English and maths 4+ compared to 64% of Caribbean, 54% of Turkish and 49% of Congolese pupils. Only 1 traveller child out of 12 was successful at this level.

Ethnicity Group	All	Girls	Boys	All	Girls	Boys
Asian Bangladeshi	57	28	29	68%	75%	62%
Asian Indian	30	12	18	73%	83%	67%
Asian Other	40	18	22	73%	50%	91%
Asian Pakistani	29	18	11	66%	67%	64%
Black Caribbean	318	169	149	64%	66%	61%
Black Other	42	22	20	62%	82%	40%
Black African	120	53	67	72%	75%	69%
Black Congolese	53	30	23	49%	57%	39%
Black Ghanaian	103	58	45	71%	72%	69%
Black Nigerian	81	40	41	72%	70%	73%
Black Somali	130	63	67	67%	65%	69%
Black African Total	487	244	243	68%	69%	67%
Chinese	14	9	5	86%	100%	60%
Mixed Other	103	55	48	77%	80%	73%
Mixed White African	26	11	15	85%	91%	80%
Mixed White Asian	40	22	18	88%	86%	89%
Mixed White Caribbean	94	43	51	67%	74%	61%
Other	59	24	35	63%	63%	63%
Other Kurdish	78	37	41	68%	65%	71%
Other Latin American	38	21	17	58%	67%	47%
Other Vietnamese	18	7	11	83%	86%	82%
Refused/Not obtained	27	19	8	56%	63%	38%
White Albanian	25	17	8	72%	65%	88%
White British	492	238	254	86%	86%	86%
White Greek Cypriot	16	10	6	81%	90%	67%
White Gypsy/Roma	5	2	3	0%	0%	0%
White Irish	38	18	20	89%	89%	90%
White Irish Traveller	7	2	5	14%	50%	0%
White Kosovan	42	21	21	69%	71%	67%
White Other	279	136	143	73%	74%	73%
White Turkish	175	82	93	54%	65%	44%
White Turkish Cypriot	13	6	7	54%	50%	57%
Haringey	2592	1291	1301	71%	73%	69%

Trend for Looked After Children

The number of looked after children is fairly small so percentages can vary significantly over the years. The Haringey trend has been fairly consistent at or above the national results for this group of pupils.

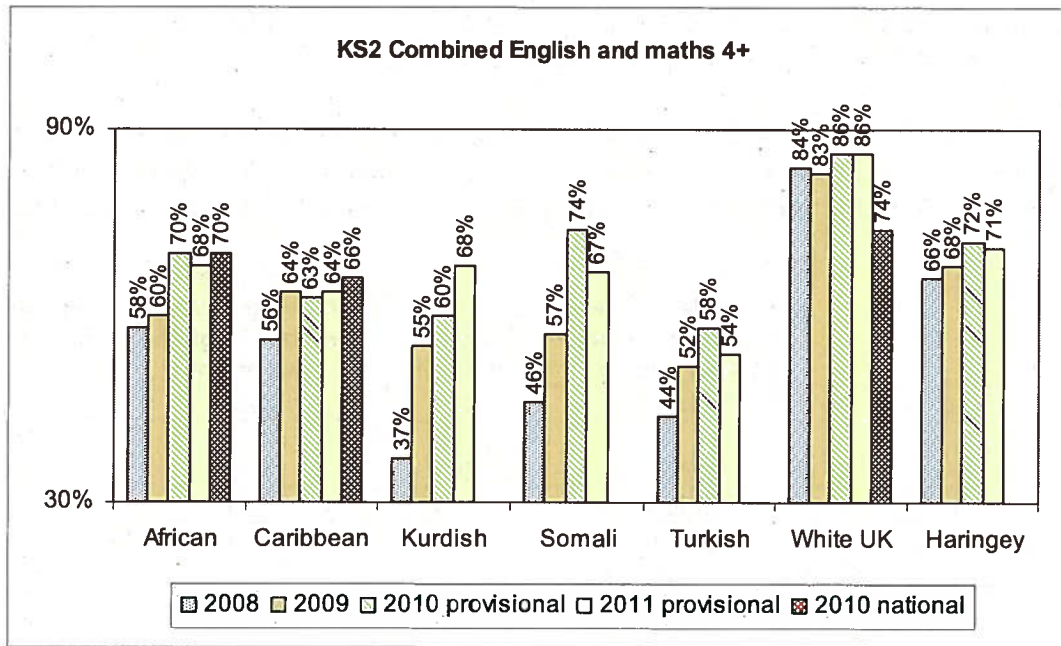
KS2 results for Looked After Children L 4+					
Year	2007	2008	2009	2010	2011
Number of children Haringey	21	20	20	21	28
National KS2 English	45%	45%	45%	45%	
NI 99 Haringey KS2 English	52%	58%	50%	52%	43%
National KS2 Maths	42%	43	44%	44%	
NI 100 Haringey KS2 Maths	43%	63%	45%	48%	54%

Trend for larger ethnic groups

The table and graph below show the trend for some of the larger ethnic groups in Haringey schools

In combined English and maths L4+ (since 2008), African pupils results have improved by 10% and are currently 2% below their national peers in 2010, African-Caribbean results have improved by 8% (and currently 2% below national peers), Kurdish by 31% and Turkish pupils by 10%. White UK pupils have improved by 2% (currently 12% above national peers).

Combined Eng and maths 4+			Boycott year		
	2008	2009	2010	2011 provisional	2010 national
African	58%	60%	70%	68%	70%
Caribbean	56%	64%	63%	64%	66%
Kurdish	37%	55%	60%	68%	
Somali	46%	57%	74%	67%	
Turkish	44%	52%	58%	54%	
White UK	84%	83%	86%	86%	74%
Haringey	66%	68%	75%	71%	



Ward level data

The map below shows the variation across Haringey wards in the percentage of pupils attaining level 4+ in both English and maths at Key Stage 2.

Key Stage 2 Combined English and Maths Level 4+ 2011
Haringey Wards (Total pupils = 2659)

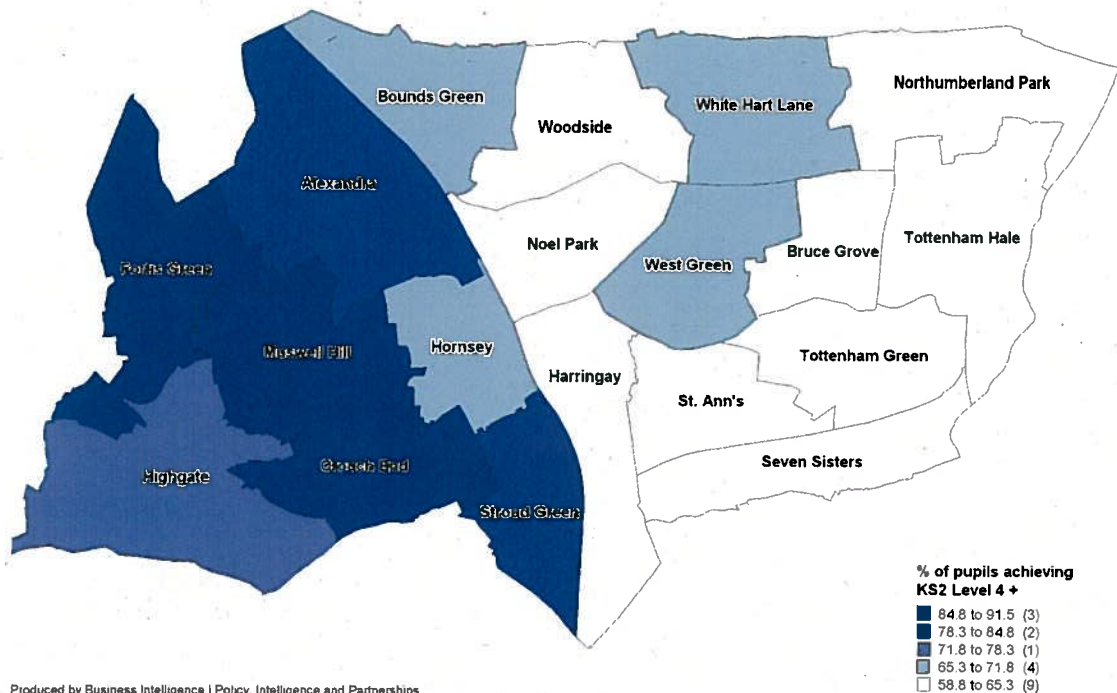


Table showing the results at Key Stage 2 in relation to the Income deprivation affecting children index (IDACI)

The table below shows how the KS2 results vary across the most to least deprived super output areas in Haringey. 63% of pupils living in the 10% most deprived areas attain the specified level compared to 87% living the least deprived areas.

	Income deprivation affecting children (IDACI) group	Total no. of pupils	No. of pupils achieving Level 4+ in both English and maths	% of pupils achieving Level 4+ in both English and maths
Most deprived	0-10%	1633	1036	63%
↓	10-20%	269	188	70%
↓	20-30%	215	165	77%
Less deprived	30% +	513	445	87%
	Post code not matched	29	13	45%
	Grand Total	2659	1847	69%

2011 Provisional school results

Provisional 2011	Roll	English	Maths	Science TA	Eng & Mat	English	Maths	Science TA
School	Total	Level 4+	Level 4+	Level 4+	Level 4+	Level 5	Level 5	Level 5
Alexandra JMI	28	75.0%	85.7%	85.7%	75.0%	28.6%	32.1%	17.9%
Belmont Junior	52	94.2%	80.8%	94.2%	78.8%	44.2%	44.2%	44.2%
Bounds Green Junior	60	90.0%	85.0%	93.3%	83.3%	28.3%	23.3%	50.0%
Broadwater Farm JMI	39	84.6%	66.7%	87.2%	64.1%	20.5%	30.8%	28.2%
Bruce Grove Primary	54	59.3%	79.6%	79.6%	55.6%	16.7%	31.5%	24.1%
Campbourne Junior	50	58.0%	54.0%	56.0%	38.0%	6.0%	14.0%	14.0%
Chestnuts	47	74.5%	66.0%	78.7%	55.3%	21.3%	21.3%	23.4%
Coldfall JMI	60	96.7%	100.0%	95.0%	96.7%	53.3%	51.7%	58.3%
Coleraine Park JMI	53	60.4%	60.4%	72.5%	50.9%	18.9%	17.0%	29.4%
Coleridge JMI	59	98.3%	96.6%	98.3%	96.6%	47.5%	44.1%	49.2%
Crowland JMI	51	60.8%	52.9%	62.0%	47.1%	9.8%	13.7%	14.0%
Devonshire Hill JMI	58	72.4%	91.4%	86.2%	72.4%	12.1%	36.2%	31.0%
Downhills Primary	54	68.5%	68.5%	59.3%	63.0%	3.7%	29.6%	3.7%
Earlham JMI	54	72.2%	70.4%	64.8%	57.4%	18.5%	18.5%	22.2%
Earlsmead JMI	57	86.0%	91.2%	80.7%	80.7%	26.3%	29.8%	35.1%
Ferry Lane JMI	28	85.7%	78.6%	64.3%	78.6%	17.9%	35.7%	7.1%
Highgate JMI	54	74.1%	75.9%	87.0%	64.8%	29.6%	31.5%	46.3%
Lancasterian Primary	53	84.9%	83.0%	88.7%	75.5%	30.2%	39.6%	28.3%
Lea Valley JMI	61	78.7%	78.7%	85.0%	73.8%	19.7%	32.8%	15.0%
Lordship Lane Primary	88	77.3%	76.1%	70.1%	65.9%	26.1%	13.6%	21.8%
Mulberry	73	58.9%	54.8%	46.5%	49.3%	2.7%	12.3%	11.3%
Muswell Hill Primary	60	95.0%	93.3%	93.3%	91.7%	55.0%	60.0%	75.0%
Nightingale JMI	39	64.1%	71.8%	78.9%	56.4%	5.1%	28.2%	28.9%

Provisional 2011	Roll	English	Maths	Science TA	Eng & Mat	English	Maths	Science TA	Maths	English	Science TA
		Level 4+	Level 4+	Level 4+	Level 4+	Level 5	Level 5	Level 5	Level 5	Level 5	Level 5
School	Total										
Noel Park Primary	61	73.8%	65.6%	80.3%	55.7%	11.5%	14.8%	32.8%			
North Harringay Primary	43	72.1%	79.1%	85.7%	72.1%	7.0%	11.6%	31.0%			
Our Lady of Muswell RC JMI	54	83.3%	87.0%	90.7%	81.5%	24.1%	37.0%	46.3%			
Rhodes Avenue JMI	60	93.3%	90.0%	98.3%	88.3%	65.0%	58.3%	76.7%			
Risley Primary	79	79.7%	82.3%	57.0%	75.9%	26.6%	32.9%	3.8%			
Rokesly Junior	88	84.1%	84.1%	84.1%	78.4%	31.8%	38.6%	27.3%			
Seven Sisters Primary	42	69.0%	66.7%	47.6%	57.1%	19.0%	9.5%	0.0%			
South Harringay Junior	42	73.8%	59.5%	64.3%	52.4%	9.5%	23.8%	21.4%			
St. Aidan's Primary	30	93.3%	90.0%	96.7%	90.0%	63.3%	46.7%	50.0%			
St. Ann's CE JMI	27	81.5%	55.6%	82.6%	48.1%	29.6%	14.8%	17.4%			
St. Francis de Sales RC Junior	85	84.7%	69.4%	69.4%	69.4%	25.9%	20.0%	27.1%			
St. Gilda's RC Junior	54	94.4%	85.2%	92.6%	85.2%	74.1%	44.4%	68.5%			
St. Ignatius RC JMI	42	81.0%	73.8%	71.4%	73.8%	23.8%	31.0%	21.4%			
St. James CE JMI	30	100.0%	100.0%	100.0%	100.0%	80.0%	56.7%	66.7%			
St. John Vianney RC JMI	29	93.1%	89.7%	86.2%	86.2%	34.5%	58.6%	34.5%			
St. Martin of Porres RC JMI	27	100.0%	96.3%	92.6%	96.3%	59.3%	70.4%	48.1%			
St. Mary's CE Junior	54	75.9%	70.4%	70.4%	63.0%	27.8%	25.9%	24.1%			
St. Mary's RC Junior	56	91.1%	89.3%	83.6%	87.5%	28.6%	51.8%	30.9%			
St. Michael's CE JMI N22	19	84.2%	68.4%	76.5%	63.2%	5.3%	10.5%	29.4%			
St. Michael's CE JMI N6	55	94.5%	85.5%	98.2%	85.5%	61.8%	58.2%	72.7%			
St. Paul's and All Hallows CE Junior	59	93.2%	78.0%	79.7%	78.0%	27.1%	23.7%	16.9%			
St. Paul's RC JMI	29	86.2%	86.2%	89.7%	79.3%	24.1%	27.6%	37.9%			
Stamford Hill JMI	18	72.2%	66.7%	56.3%	50.0%	22.2%	11.1%	18.8%			
Stroud Green JMI	46	71.7%	69.6%	87.0%	58.7%	13.0%	26.1%	19.6%			

Provisional 2011	Roll	English	Maths	Science TA	Eng & Mat	English	Maths	Science TA
		Level 4+	Level 4+	Level 4+	Level 4+	Level 5	Level 5	Level 5
School	Total							
Tetherdown JMI	30	100.0%	96.7%	96.7%	96.7%	76.7%	76.7%	63.3%
The Green JMI	15	60.0%	80.0%	53.3%	60.0%	26.7%	20.0%	20.0%
Tiverton JMI	53	75.5%	75.5%	81.1%	67.9%	11.3%	32.1%	26.4%
Welbourne JMI	55	78.2%	70.9%	65.5%	67.3%	16.4%	20.0%	21.8%
West Green JMI	25	84.0%	72.0%	80.0%	72.0%	8.0%	36.0%	36.0%
Weston Park JMI	30	100.0%	100.0%	100.0%	100.0%	73.3%	76.7%	83.3%



Haringey Council

GCSE provisional results for 2011

The provisional results for GCSE have seen a very impressive improvement in the percentage of pupils achieving 5+ A* - C (inc English and maths) from 48% to 57%. This figure should take it very close to the result for England (not currently available). The percentage achieving 5+ A* - C has also improved from 73% to 76%.

Many schools have made significant improvements in their results.

% 5+ A* - C inc Eng and maths

	2007	2008	2009	2010	2011 (provisional)
Haringey	37.4%	42.1%	45.7%	48.0%	57%
National	46.3%	47.6%	49.8%	53.5%	Not available

% 5+ A* - C

	2007	2008	2009	2010	2011 (provisional)
Haringey)	56.2%	59.7%	67.7%	73.0%	76%
National	62.0%	65.3%	70.0%	75.4%	Not available

Provisional school results

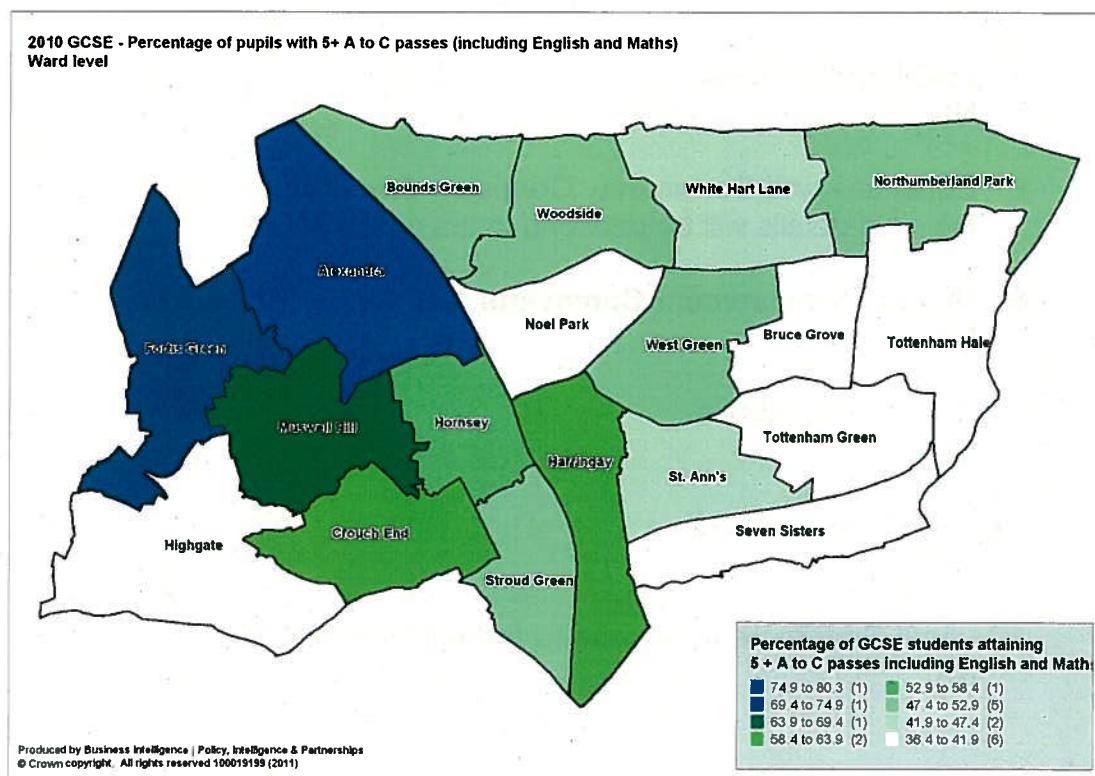
School	2007 %5+ A* - C in E&M	2008 %5+ A* - C inc E&M	2009 %5+ A* - C inc E&M	2010 %5+ A* - C inc E&M	Provisional 2011 % 5+ A* - C inc E&M
Alexandra Park	48	60	62	66	70
Fortismere	64	70	73	73	80
Gladesmore	38	42	46	41	62
Greig City Academy	21	30	40	30	37
Highgate Wood	47	46	51	46	67
Hornsey School for Girls	50	42	51	53	58
John Loughborough	19	39	34	31	29
Northumberland Park	32	38	35	40	39
Park View	30	30	31	45	53
St. Thomas More RC	21	36	30	31	54
Woodside High	17	28	38	47	60
Haringey	37.4	42.1	45.7	48.0	57
England	46.3	47.6	49.8	53.5	Not available



Haringey Council

School	2007 %5+ A* - C	2008 %5+ A* - C	2009 %5+ A* - C	2010 %5+ A* - C	Provisional 2011 % 5+ A* - C
Alexandra Park	52	69	71	83	86
Fortismere	72	79	81	84	88
Gladesmore	46	64	73	82	86
Greig City Academy	64	53	62	58	64
Highgate Wood	55	54	62	60	75
Hornsey School for Girls	61	62	67	63	64
John Loughborough	32	58	45	69	68
Northumberland Park	70	63	77	78	77
Park View	59	57	61	74	78
St. Thomas More RC	61	64	68	68	78
Woodside High	41	43	66	78	82
Haringey	56.2	59.7	67.7	73.0	76
England	62.0	65.3	70.0	75.4	Not available

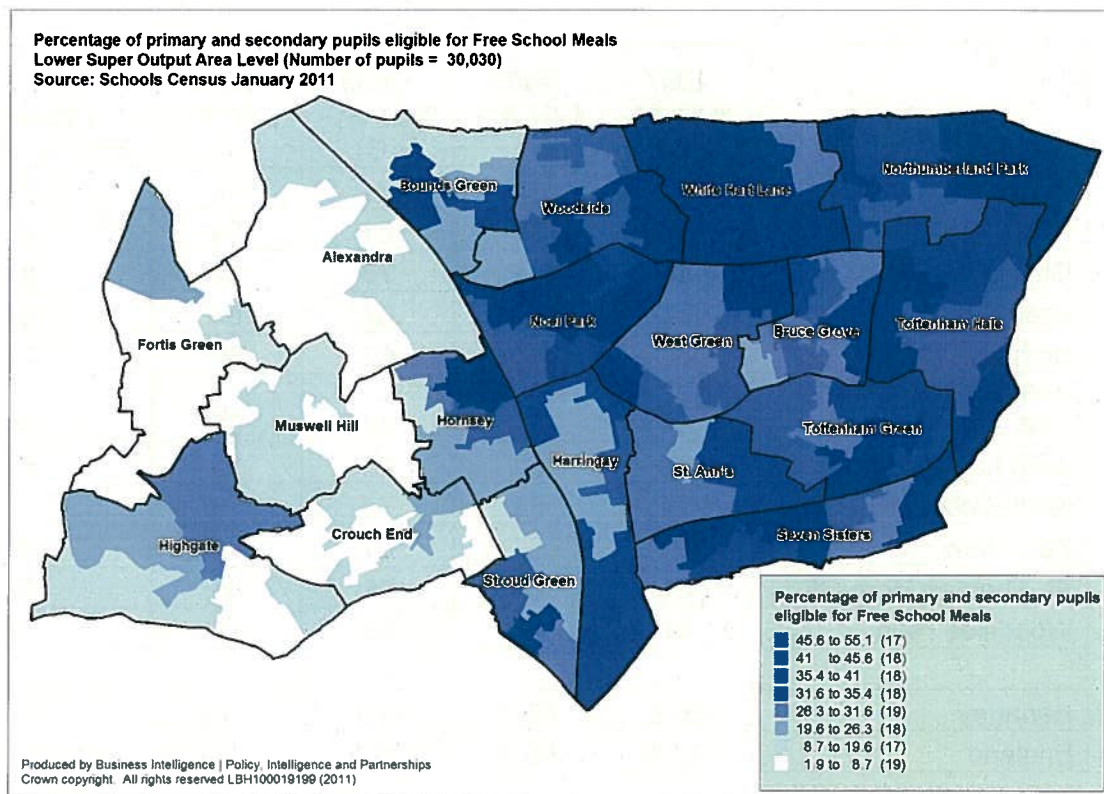
The map below shows the variation in the percentage of pupils achieving 5+ A* - C (including English and maths) across the wards.





Haringey Council

The map below shows the variation of pupils eligible for free school meals across the wards



6. Financial Implications

NA

7. Legal Implications

NA

8. Equalities and Community Cohesion Comments

NA – full details will be provided in the analysis.

9. Head of Procurement Comments

NA

10. Policy Implications

NA

11. Use of Appendices

NA

12. Local Government (Access to Information) Act 1985

NA



Haringey Council

Agenda item:

[No.]

Overview and Scrutiny Committee

On 10th October 2011

Report Title: Progress update on the recommendations made in the Overview and Scrutiny Review of Support to Carers

Report of: Mun Thong Phung, Director of Adult and Housing Services

Signed:

Contact Officer: Lisa Redfern, Deputy Director, Adult and Community Services

Wards(s) affected: **All**Report for: **Non-key decision**

1. Purpose of the report

- 1.1. To provide an update on the recommendations made in the Scrutiny Review of Support to Carers, March 2010 and the Cabinet response in June 2010.

2. Introduction by Cabinet Member

- 2.1. Firstly, I would like to emphasise that the Council greatly values the work that unpaid carers do on behalf of their friends and family members. As Cabinet Member for Health and Adult Services, responsible for services that offer care and support to some of the most frail and vulnerable people living in the Borough, I believe that we have made very good progress.
- 2.2. One highlight was opening the Carers Hub in Wood Green Central Library during Carers Week 2011. The Hub gives carers a place where they can meet other unpaid carers - a relaxing space for carers to meet up over a cup of tea or coffee or to access the internet and provides somewhere carers can access information and advice from various information and advice drop in sessions.
- 2.3. The report contained thirteen recommendations. Our update to the individual recommendations in the Overview and Scrutiny report is outlined in Appendix 1.

3. State link(s) with Council Plan Priorities and actions and /or other Strategies: 3.1. Adult and Community Services Council Plan Priorities are: • Encouraging lifetime well-being at home, work, play and learning; • Promoting Independent living while supporting adults and children in need; and • Delivering excellent customer focused cost effective services. Full Council Plan Priorities can be found on the left hand side of the page at http://harinet.haringey.gov.uk/index.htm. 3.2. The review is linked to Haringey Carers Strategy 2009-2014
4. Recommendations 4.1. That Overview and Scrutiny Committee note and agree the update found in Appendix 1.
5. Reason for recommendation(s) 5.1. N/A
6. Other options considered 6.1. N/A
7. Summary 7.1 Please see Appendix 1 for the progress update on the recommendations from the original Overview and Scrutiny Review.
8. Chief Financial Officer Comments 8.1. There are no direct financial implications arising from the action plan from this review.
9. Head of Legal Services Comments 9.1. In 2004, the government introduced the Carers (Equal Opportunities) Act 2004 to ensure that public bodies recognise and support carers. The Act provides that where— <i>(a) a local authority is carrying out an assessment in relation to the relevant person or (as the case may be) a disabled child, and</i>

(b) it appears to the local authority that an individual may be entitled to request (but has not requested) an assessment of his ability to provide and to continue to provide care for the relevant person or the disabled child,

the local authority must inform the individual that he may be entitled to an assessment before they make their decision as to the needs of the relevant person or the disabled child.

9.2. The Act applies in England and Wales to:

- carers who provide or intend to provide a substantial amount of care on a regular basis for another individual aged over 18
- people with parental responsibility for a disabled child, who provide or intend to provide a substantial amount of care on a regular basis for that child.

10. Head of Procurement Comments

10.1. NA

11. Equalities & Community Cohesion Comments

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

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

- Age – under-representation 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;
- 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 – we need better data and information on religion or belief - 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; and
- Sexual orientation – we need better information about needs of lesbian, gay, bi-sexual and transgender carers to make an evidence-based assessment of impact.

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

12. Consultation

- 12.1. Service leads, other Council departments, NHS Haringey and the voluntary sector were involved in this update; and
- 12.2. Carers were presented throughout the scrutiny process and their concerns were reflected in the recommendations.

13. Service Financial Comments

- 13.1. All of the recommendations have been undertaken within current resource allocations. This includes progressing on those recommendations agreed in principle; and
- 13.2. Value for money (quality and cost) will need to continue to be a key consideration in the future commissioning of services for carers, including ensuring robust and relevant activity information, that demonstrates good outcomes to carers, are being delivered.

14. Use of appendices /Tables and photographs

- 14.1. Appendix 1 – Recommendations and update.
- 14.2. Appendix 2 – *Personalisation – A Guide for Carers: What you need to know*

15. Local Government (Access to Information) Act 1985

- 15.1. Scrutiny Review of Support to Carers – March 2010
- 15.2. Haringey Carers Strategy 2009-2014
- 15.3. National Carers Strategy: *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*
- 15.4. Update to National Carers Strategy (2011) *Recognised, valued and supported: Next steps for the Carers Strategy*



Haringey Council

Appendix 1 - Scrutiny Review of Support to Carers – Progress update as of August 2011

Recommendations	Response	Commentary Progress as of August 2011
<u>Recommendation 1</u> <u>Recognition</u> <i>That Full Council recognises:</i> <i>• The invaluable role that unpaid carers employed in, those living in and caring for people in Haringey play;</i> <i>• The impact that caring has on a person's life;</i> <i>• The new Carers strategy</i> and; <i>• Members commit to supporting carers in their role as a carer and their right to have a life outside of their caring role.</i>	For consideration by Full Council	Not applicable
<u>Recommendation 2</u> <u>Identification of carers</u> <i>Systems should be put in place to ensure that carers are routinely identified and offered assessment and</i>	Agreed	Ongoing Carer Awareness and Carers Assessment training for assessment staff and provider services staff began in late 2010 and early 2011 through the Council's Organisational Learning and Change programme of training. Carer Awareness and Carers Assessment training continues to be offered through the

support across the partnership. • Staff awareness raising of carers in the care setting to enable them to identify carers and refer accordingly.		Council's programme of training. An e-learning module for Carers Awareness is also underway. Awareness training has also been developed with the Barnet, Enfield and Haringey Mental Health Trust and the Carers' Leads in Barnet and Enfield. Sessions commenced in May 2011 and run through to January 2012. The training involves carers and has been very well received. The Council has maintained the profile of carers and caring through press and media coverage in Haringey People, in particular during Carers Week in June each year and the promotion of the Carer of the Year Award. The promotion of the Carers Register as a means of networking carers with borough-wide support and services is also a way of recognising the invaluable role carers play.
Recommendation 3 <u>Assessment</u> Carer's assessment processes across the partnership should be reviewed to ensure consistency. • With the involvement of the Carers Partnership Board	Agreed	Ongoing A Supported Self Assessment Questionnaire (SSAQ) for carers was developed and piloted from late February until June 2011. The pilot involved carers who were either due for review or new to Adult Services. The Carers SSAQ has been reviewed and is being modified as a result of feedback from care management teams and carers. The revised form will be shared with care management teams, carers organisations and the Carers Partnership Board.
Recommendation 4 <u>Signposting</u> a) That robust systems are put in place across the partnership to ensure that even	a) Agreed	Ongoing (a) Currently there are three places on the electronic records system (Framework-i) that ask the carer if they would like an assessment – part of an overview assessment (first point of contact via the Integrated Access Team (IAT)), when the cared for person's statement of need is reviewed and when an occupational therapy assessment is

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: i. This is recorded. ii. They are invited to go on the carers register, with benefits explained. iii. Regular engagement takes place in order for support to be provided should their situation change.	b) Agreed	completed. The system also records why the carer may have declined an assessment. (b) The Integrated Access Team (IAT) signpost carers to voluntary sector organisations and community groups when a carer declines an assessment, as they may be interested in other forms of support. Carers are also informed of the Carers Register and benefits associated. Carers are also encouraged to call back the IAT should they change their mind about an assessment.
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c) That a carers information pack is compiled which includes information on services across the partnership and: iv. Sent to all current and new carers who come into contact with carers services; v. A copy given to all Councillors; vi. Be available at key sites across the borough including voluntary sector centres. vii. An electronic version be sent to all staff who may come into contact with carers e.g. customer service centre, switchboard.	c) Agreed in principle	(c) A group of carers on the Carers Partnership Board were involved in reviewing the content of <i>The Essential Guide for Carers in Haringey</i>. The information from the guide was used to develop the unpaid carers section on Haricare – the online directory of services for adult social care. The group of carers also provided feedback on the design and the look and feel of Haricare. All Council staff, health services and voluntary and community organisations can access the online directory via the Council's website. Postcards promoting the directory have been provided to various voluntary and community groups. Haricare is reviewed and updated as required. Carers who do not have access to the internet in their home, can visit their local library and use the computers or visit the Carers Hub in the Wood Green Central Library where there are two computers available for use solely by unpaid carers. The Integrated Access Team also print and post information to carers.
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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).	d) Agreed in principle	(d) All Council staff can access the training programme provided by the Council, including carer awareness training. The libraries service was instrumental in setting up the Carers Hub in Wood Green and their awareness of carers and their needs has ensured that the space is suitable and inviting for carers. Across the Children's and Young People's Service and Adult Services, a working group of officers has been developing a young carers protocol to help social care and health staff and schools identify and signpost young carers appropriately. It is expected that the protocol will be launched in Autumn / Winter 2011 following sign off. The Carers leads from the five boroughs that make up the North Central London Cluster (Barnet, Enfield, Islington, Haringey and Camden) are working on developing a robust proposal and action plan to work with the hospitals in the Cluster around identifying and supporting carers in the hospital environment. This includes A&E departments and discharge teams. The proposal and action plan will be taken to the Cluster Board level for discussion and agreement which will help implement it the proposal in all hospitals in the Cluster. The Princess Royal Trust for Carers in partnership with The Royal College of General Practitioner's has developed and e-learning carer awareness tool for GPs and their staff. More information can be found on the Royal College of General Practitioner's website http://e-lfh.org.uk/projects/supportingcarersingeneralpractice/index.html The London Carers Leads Network is monitoring this area of work too.
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<u>Recommendation 5</u> <u>Information, Advice and Support</u>		Ongoing
a) <i>Establishment of a single point of contact for Carers in Haringey</i>	a) Agreed in principle	(a) The Carers Resource Hub was officially opened by Councillor Dogus, in Carers Week 2011. Different organisations are offering sessions from the hub, there is a weekly information and advice session for all carers, pampering sessions and from September there will be a Housing information drop-in for carers and the Alzheimer's Society will be hosting their monthly Dementia Café there. From October, Haringey's Adult Learning Service will be holding a monthly outreach session for carers who may be looking to get back in to employment but need to develop / refresh work-related / job searching skills.
b) <i>Update the "Essential Guide for Carers" taking into account service mapping exercise and ensure that this is available in a range of community languages.</i> viii. <i>A copy should be given to Members</i> ix. <i>Electronic copies should be sent to front line staff e.g. Libraries and Customer Service centres.</i>	b) Agreed	(b) Information within the <i>Essential Guide for Carers 2007</i> is available on the new e-directory - <u>HAricare</u>. Carers can contact the Integrated Access Team who will print and post information to carers.

c) <i>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.</i> d) <i>Explore options for increased internet access for carers.</i>	c) Agreed d) Agreed in principle	(c) The Carers Partnership Board have this recommendation as a work plan priority. Carers organisations and the Integrated Access Team will be meeting in Autumn 2011 to discuss information that is available and how people access and receive it. (d) Access points currently available to carers including libraries. There are two computers with the Carers Hub (Wood Green Central Library) for carers to access the internet.
<u>Recommendation 6</u> <u>Emergency Planning</u> 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. x. This plan should link to both the Carers care plan	a) Agreed	Ongoing (a) Many Carers Emergency Plans have been completed through Carers Assessment or Review. Carers who join the Carers Register are also sent a copy of the Carers Emergency Plan application form to complete. A separate episode has been developed on the electronic records system (Framework-i) to capture the plans and a copy of the plan can be saved to the cared for person's record.

(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.	b) Agreed	(b) Carers who complete an emergency plan can choose to receive a Carer's Emergency Alert Card which is a single point of contact (the Community Alarm Team) should the carer be involved in 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 informal carer dies. xi. Use of Voluntary and Community Sector organisations to provide advocacy and	c) Agreed in principle	(c) For older parent carers, the importance of having an emergency plan in place is recognised and is a key priority for the Learning Disabilities service. Work is well underway in the service to work with older carers to plan for the future care and support needs of the person they are looking after, and many plans have now been completed with older carers. Focus on this work is through the Learning Disabilities Partnership Board and there is subgroup for older carers and people who use the service.

support. d) <i>A regular seminar/event should be convened to explore issues associated with the death of a carer. These seminars should include:</i> xii. <i>Legal aspects</i> xiii. <i>Practice aspects e.g. putting a plan in place</i> xiv. <i>Support and advocacy available</i>	d) Agreed in principle	(d) During Carers Week 2010, a series of workshops were held for carers that covered issues such as Trusteeships, living wills and mental capacity.
<u>Recommendation 7</u> <u>Respite / Carers Breaks</u> a) <i>A review of respite provision across client groups to ensure consistency and clarity across all service areas</i>	a) Agreed	(a) The Learning Disability Partnership has spoken extensively to families and carers over the last year about respite. Feedback has indicated the people would like a variety of respite options – for example, staying at home with support, going on a holiday, going out with a support worker or friend, or residential (bed based) respite. It was agreed that it would be important to offer people choices so that individual needs can be met. The Commissioning Manager for Learning Disabilities and the Head of Service for Learning Disabilities are currently meeting with interested providers to discuss respite options and to work with them to develop bed based respite options, in light of Cabinet's decision to close Whitehall Street respite service.

b) NHS Haringey and Haringey Council should jointly address the need for greater provision of carers breaks (including respite).	b) Agreed in principle	A small group of carers and organisations from the Carers Partnership Board has conducted a simple mapping exercise of respite initiatives and opportunities available to carers and the people they are looking after. This information will be used to inform updates to Haricare (online directory of services). (b) In 2011/12, this recommendation is now being discussed at North Central London Cluster level. Adults Commissioning continue to work closely with NHS Commissioners.
Recommendation 8 Personalisation 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. xv. This should be done in conjunction with the Carers Partnership Board, Carers organisations and where	a) Agreed	Ongoing (a) and (b) In May 2010, an information session was held for all carers to find out more about personalisation and what it means to them as carers. There were two presentations that helped carers to understand concepts associated with personalisation. Following from this meeting, a Carers Supported Self Assessment Questionnaire (SSAQ) was developed in consultation with carers on the Carers Partnership Board and with key care management staff. In November and early December 2010, information sessions were held with Carers organisations and their carers support groups to talk through the Carers Assessment process under personalisation. A glossary of terms was provided to help explain the language and a sample of the Carers SSAQ form. On a pan-London level, the London Carers Leads Network has developed and published a guide titled <i>Personalisation: A Guide for Carers – What you need to know</i>, which provide easy-to-understand information about personalisation and includes some useful questions that carers may wish to ask along the pathway. Each London local authority

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.	b) Agreed	has received approximately 170 hard copies of the guide and a web-friendly version of the guide. These will be distributed to carers via the Integrated Access Team, Carers Organisations and the Carers Hub in the library. The web-friendly version will be available on the carers pages of the Council's website. The Delivery Plan for the Carers Strategy recognises that a universal offer of advice and information for carers, as well as personalised services for carers with differing needs is essential. See also Recommendation 3.
Recommendation 9 Strategic Planning and Partnership Working 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	a) Agreed b) Agreed	Ongoing (a) The Carers Provider Forum met three times in 2010; however since October 2010, all members are now members of the general Adult Provider Forum. (b) This action will be reviewed in 2012.

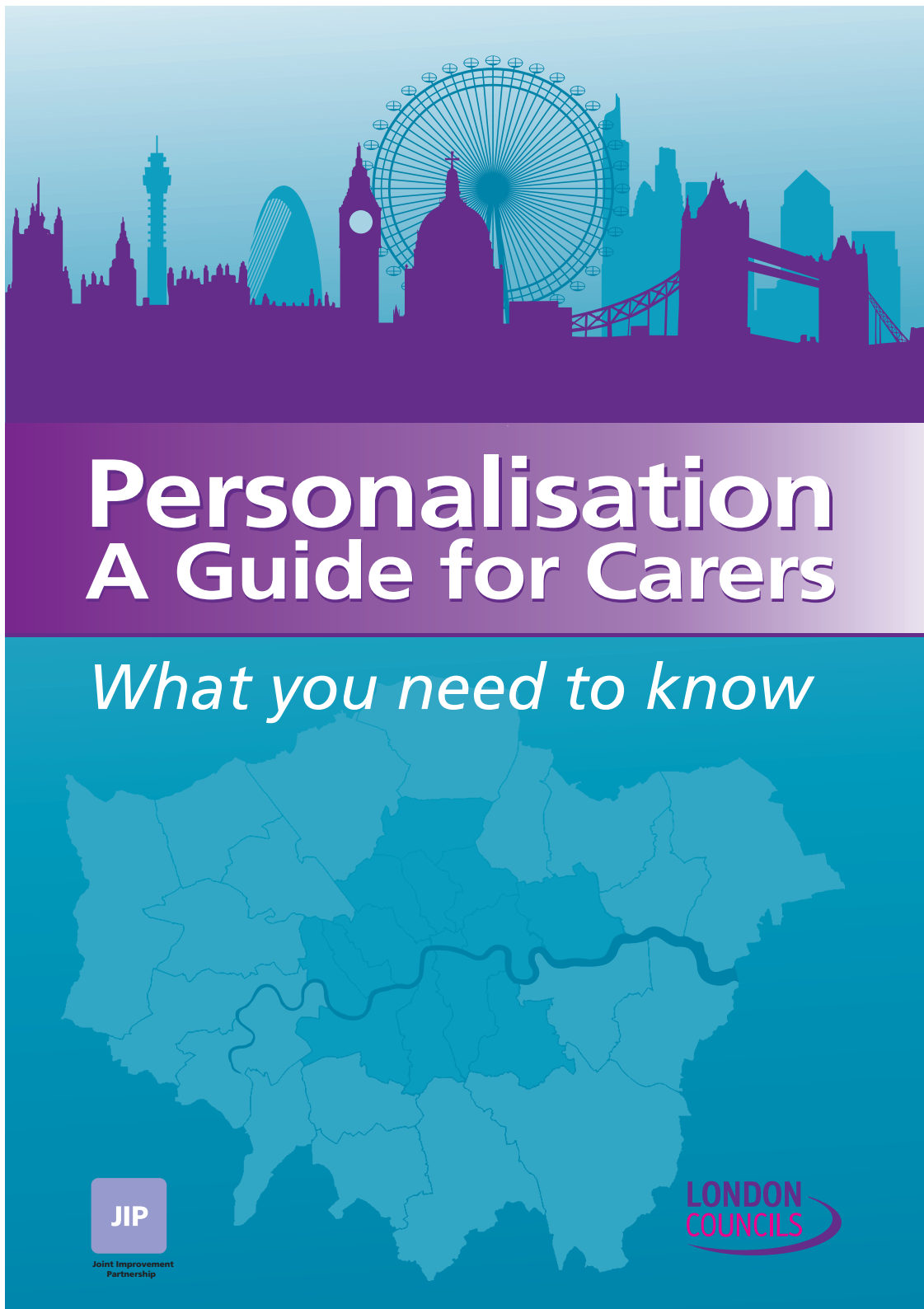
duplication exists. xvi. This should include a full gap analysis including assessing equity of access to all services for all carers.	c) Resources for carers across the partnership should be reviewed to ensure that services provided are linked to the priorities outlined in the Carers Delivery Plan. xvii. Consideration should be given to the use of joint commissioning of services.	(c) This action will be reviewed in 2012.
c) Agreed	c) Agreed	(c) This action will be reviewed in 2012.
Recommendation 10 Carers Registers a) Information held on Haringey Council's Carers Register and information held on	a) Agreed in principle	Ongoing (a) The Carers Register registration form was amended in February 2011 to include a question asking the carer if they would like the local authority to write to their GP to let them know that they are a carer. If the carer indicates "yes", then a letter is sent to their GP advising them that their patient is carer, who they are looking after and requests that

the GP Registers should be shared where possible: xviii. Options for sharing information between the Council's register and the GP register with carer's permission should be fully explored. xix. Information held by other NHS Trust should also be included in this exercise.		they are added to the Carers Register held by the Practice. The action relating to sharing information between registers and across NHS Trusts will be reviewed in 2012, once the Clinical Commissioning Groups are fully established and operational.
Recommendation 11 <u>Access to personal information</u> a) A carer/ cared for person information sharing protocol recognised by organisations across the borough signed by cared for person saving they give	a) Agreed in principle	Ongoing (a) The Carers leads from the five boroughs that make up the North Central London Cluster (Barnet, Enfield, Islington, Haringey and Camden) are working on developing a robust proposal and action plan to work with the hospitals in the Cluster around identifying and supporting carers in the hospital environment. This includes A&E departments and discharge teams. One proposal being discussed is the development of a patient passport for all hospitals in the cluster. The passport would be a tool that would let carers help the cared-for person to express their care needs and would let NHS staff know that they can share information with the carer.

permission to carer to have access to their information should be established in consultation with carers, services users and carers organisations.		The proposal and action plan will be taken to the Cluster Board level for discussion and agreement which will help implement it the proposal in all hospitals in the Cluster.
Recommendation 12 <u>Carers wider wellbeing</u> 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.	a) Agreed	Completed (a) At its Away Day in August 2010, the Carers Partnership Board revised and agreed its Terms of Reference. Representatives from Leisure, Libraries/Adult Learning and Economic Regeneration are invited to CPB meetings.

b) Consideration should be given to increase the variety of ways in order for people to uptake discounts/benefits.	b) Agreed in principle	Ongoing (b) Work has begun on exploring opportunities to widen benefits of being on carers register - examples including car club and local shop discounts. The Carers Lead has met with the Carers Lead in Hackney to find out more about their scheme and the benefits available to carers via discount in local shops. It is planned that this work will be taken forward in 2012.
Recommendation 13 <u>Future review topics</u> a) A short, sharp review of support provided to adult carers of children and children carers should be undertaken when resources come available.	For consideration by Members	Not applicable

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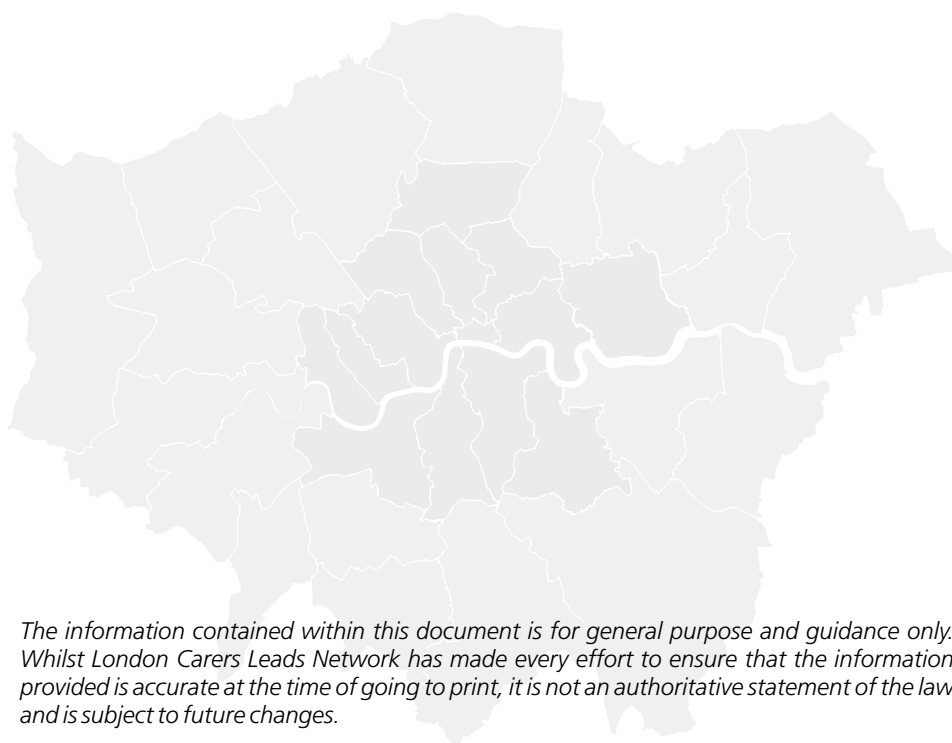


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Thank you to the Department of Health for their financial contribution which has enabled the printing of the guide.

Carers and Personalisation Working Group – London Carers Leads Network*

**The London Carers Lead Network brings together London Carers Leads from London local authorities and Primary Care Trusts. The groups meets quarterly to share good practice and drive the carers agenda across London.*



The information contained within this document is for general purpose and guidance only. Whilst London Carers Leads Network has made every effort to ensure that the information provided is accurate at the time of going to print, it is not an authoritative statement of the law and is subject to future changes.

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Terms you may come across

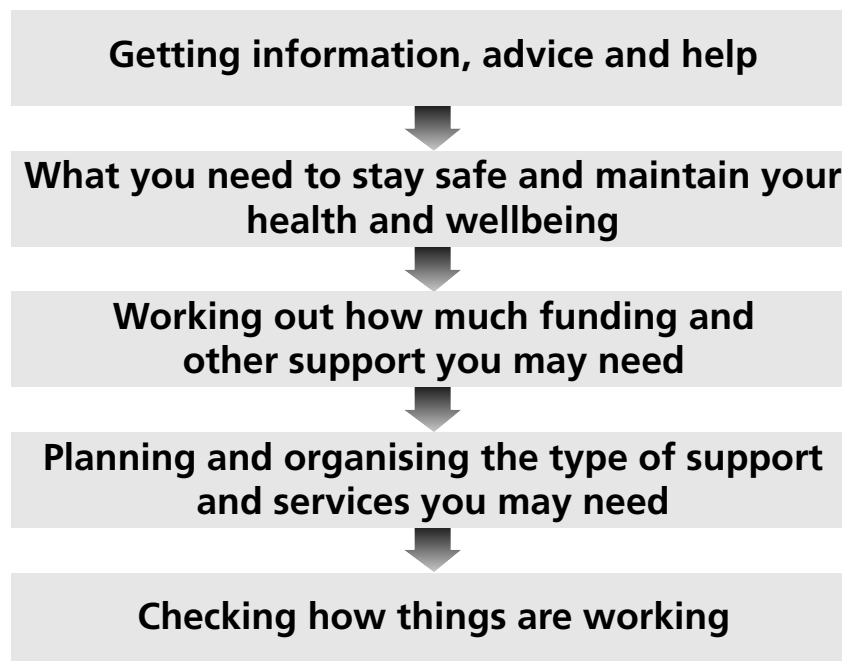
<i>Carer</i>	A carer spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems.
<i>Carer's Assessment</i>	Many carers have a legal right to an assessment of their own needs. It is your chance to discuss with someone (usually from your local authority) what help you need with caring. You can discuss any help that would maintain your own health and balance caring with other aspects of your life such as work and family. Your local authority uses the assessment to decide what help they may be able to provide.
<i>Personal Budget</i>	The overall amount of money that is available to someone from their local authority to pay for their assessed support or care needs.
<i>Direct Payment</i>	People can choose to receive part or all of their personal budget as a direct payment. This is money that is paid directly to the person, or someone else they trust, to arrange their own support.
<i>Indicative Budget</i>	This is the amount of money the local authority has calculated that a person's care and support may cost. This is not necessarily the final amount of the personal budget.
<i>Resource Allocation System</i>	The system a local authority can use to decide how much money people get for their support. The system has clear, public rules, so everyone can see that money is given out fairly.
<i>Self Directed Support</i>	The concept of Self Directed Support involves finding out what's important to people with social care needs and their families and helping them to plan to use their personal budget to achieve their goals.
<i>Young Carer</i>	Young carers are children or young people under the age of 18 who look after someone in their family who has an illness, a disability, a mental health problem or a substance misuse problem. They may be taking on practical and / or emotional caring responsibilities that an adult would normally do.

Introduction

Personalisation means making sure that everyone has access to the right information and advice to help them make decisions about care and support. It is also about making sure people make their own decisions about what care and support they would like to lead a full and independent life.

At the heart of personalisation is the commitment to giving more choice and control about the type of care and support you and the person you care for receive, regardless of whether it is funded by your local authority or by you.

This diagram summarises the five main stages to getting the support you need.



Getting information, advice and help

If you would like information and advice about services and support which may be available that could make a difference to you or the person you care for, there are a range of different places you can go.

These include your:

- local voluntary and community organisations;
- GP practice or health centre;
- faith or community leader.

Things you might want information about:

- **your health;**
- **your housing;**
- **your finances;**
- **help with caring;**
- **support for the person you care for;**
- **and anything else that is important to you.**

Many carers find it useful to talk to other carers. Your local carer's organisation may be able to put you in touch with someone you can talk to.

Approaching your local authority

You can also approach your local authority who will give you information about organisations that can support you. The local authority may offer to look at your circumstances in more detail.

The following sections describe what happens if the local authority offers to look at your circumstances in more detail.

What you need to stay safe and maintain your health and wellbeing

Each local authority will have a different way of working out with you and the person you care for what you both need to stay independent, safe and well. This is often referred to as an “assessment”.

The assessment will usually include looking at:

- the needs of the person you care for;
- your needs as a carer, including what you are willing and able to provide.

It is really important that you are clear about the amount of care you are willing and able to provide and what support you need to enable you to continue this role. This is not a judgement of your ability to care, but aims to help the local authority understand what you do and help them work out, with you, what might make a difference to you as a carer.

If you share the caring role, with a relative or friend, you should both be asked questions about the type of support you provide and are willing to provide in the future. This should be taken into account when considering how best to provide support to the person you care for.

Carer's Assessment

Some carers are also entitled to their own separate carer's assessment. This includes questions relating to family commitments, work, education, training or leisure activities, as well as any aspirations in life you may have.

Choosing to have a separate carer's assessment is useful for carers who may find it difficult to speak freely in front of the person they care for.

Young carers under 18 years of age who are providing care and support to an adult should have the opportunity to contribute

to the assessment of the person they care for. However, every effort should be made by the local authority to make sure that young carers do not continue to provide support at the expense of their health, education or opportunities for leisure. Some young people between 16 and 18 years old who are looking after and are willing to continue looking after an adult, are also entitled to have their needs assessed. Your local authority will talk through the best way to do this.

If you are already receiving services

If either you, or the person you care for, are already receiving support from your local authority, you may be offered a re-assessment of your needs. This is a chance for you to talk through what you need and the choices you have in how those needs are met. This does not necessarily mean the support you currently receive has to change if you do not want it to.

Questions to ask:

- How are we assessed for the support we need and who will do it?
- If I, or the person I care for, am entitled to support from the local authority, how long will it be between when I first contact the council to when the support starts?
- Who can I talk to about what I need?
- What other support or information can I have as a carer?
- If the person I look after refuses to answer questions about their needs or refuses services, can I still get support?
- Do we have to be assessed at the same time?
- Is there anything I / we can do to prepare for my / our assessment?
- Will I, or the person I care for, have to pay towards the support and if so, how will this be decided and when will we know how much?

Working out how much funding and other support you may need

The answers to the set of questions you and the person you look after give at the assessment allows the local authority to work out roughly how much support they believe you need to keep safe, well and live as independently as possible.

To make things as fair as possible, each local authority can use a system to decide how much money the care and support is likely to cost. They may do this using a **Resource Allocation System (RAS)**. This uses the information about care and support needs from the assessment and calculates the approximate cost of the care and support for the person you care for. Your role as their carer will have been taken into consideration.

The amount calculated by the RAS is sometimes called an **indicative budget**. Following your assessment, the local authority will work out how much your indicative budget is and will let you know.

Questions to ask:

- How do you work out how much our care and support needs are going to cost?
 - * Is there a maximum amount?
 - * What if I / we feel this is not enough?
- How long will it be before we are told what our indicative budget is?
- If I, or the person I care for, already receive support, will or can it stay the same?

Planning and organising the type of support and services you need

Once you have been told approximately how much money your local authority believes you need for care and support, you will be able to plan the type of care and support you would like. You and the person you care for will be asked to develop a support plan, which shows how you plan to meet your care and support needs. You can develop the support plan yourself or you can ask for assistance from social care staff or from other support organisations such as your carers centre.

The support plan could include:

- care and support services for the person you care for;
- carer breaks and services for you, the carer;
- plans for what will happen in an emergency if you are unable to provide care.

The support plan will be agreed with your local authority and the final amount of your budget will be confirmed.

The budget will then be known as your **personal budget**.

Choosing the support and services you need

When the support plan and personal budget is agreed it will be time for you and the person you care for to choose the type of service or support you would like to meet your needs. There are different ways that you and / or the person you care for can manage the personal budget:

- the local authority can manage the personal budget on behalf of the person you care for and arrange the care and support;
- the person you care for may choose to manage all or some of the personal budget themselves. They will receive the budget as a **direct payment**;

- the person you care for may nominate you or someone else (who is willing to do this) to receive and manage the personal budget as a direct payment on their behalf;
- there may be local organisations available that assist with the management of direct payments. your local authority will have information about this.

If you, or the person you care for, decide to have some or all of the personal budget as a direct payment, your local authority will offer to work with you and help you to make choices about which services / support you wish to buy. They will also advise you on what you may or may not be able to spend it on and how frequently the money is paid.

Questions to ask:

Support planning:

- Who can help me, or the person I care for, create our support plan?
- How are emergencies and crises planned for and dealt with?
- Is there an emergency scheme?

Managing the personal budget:

- We currently receive services arranged by the local authority, can we carry on the way we are?
- Do you assess the person I care for to see if they are capable of managing their own budget?
- As a carer, can I have a personal budget?

Direct payments:

- If we decide to have a direct payment,
 - * how is this arranged?
 - * where can we go to find local services?
 - * how will we know what we can spend it on and what records to keep?
- Can a direct payment be used to pay for me and / or family members to provide support?

Arranging support:

- What happens if the person I care for refuses to buy support as agreed?

Making a change:

- What should I do if things are not working or our circumstances change?
- We currently use a private company or agency, can we change and use someone else?

Checking how things are working

Your support plan and needs should be re-assessed (sometimes called a “review”) at least once a year. However, if the situation or your needs change, you do not have to wait until the re-assessment is due, you can contact your local authority and ask to have it sooner.

A re-assessment is an opportunity for you and / or the person you care for to talk with social care staff about the support plan.

A re-assessment should include:

- seeing how things are going and checking that the support plan is working or, if not, what needs to change;
- letting people (who need to) know if there have been any changes to the help and support you and / or the person you care for get;
- making sure you and the person you care for are keeping safe and well;
- checking that you and the person you care for have the right amount of support;
- a chance for you and the person you care for to think about and discuss anything else that you both might need and an opportunity to set new goals.

If you want to make any big changes to the support plan, you should ask your local authority about it first.

Questions to ask:

- Will you contact me or the person I care for to set up the re-assessment?
- How will you check that I / we are spending the money appropriately and what will you do if you find that we are not?
- Who do I contact if I am unable to continue in my caring role?
- Is there anything I / we can do to prepare for my / our re-assessment?

Useful help line and website links

- **Your local authority**
- **Your local Carers' Organisation/s (if there are any)**

There may be a range of voluntary and community groups in your local area who provide services and support, including ones that are specifically for you as a carer, or for the person you care for. Ask your local authority for more information.
- **Carers Direct** **0808 802 0202**

www.nhs.uk/carersdirect
A practical and comprehensive information, advice and support service for carers.
- **Carers UK** **0808 808 7777**

www.carersuk.org
A national organisation that provides information for carers and campaigns for carers rights.
- **Princess Royal Trust for Carers** **0844 800 4361**

www.carers.org
A national organisation that provides information, services and support as well as campaigning for carers rights.
- **Young Carers Net** **0844 800 4361**

www.youngcarers.net
Part of the Princess Royal Trust for Carers, this is service specifically for young people, under 18 years old, providing advice and support in a range of different ways.
- **National Survivor Users Network** **0845 602 0779**

www.nsun.org.uk/
For carers looking after someone with a mental illness.
- **National Family Carer Network** **0774 746 0727**

www.familycarers.org.uk/
For carers looking after someone with a learning disability.
- **In-Control** **01564 821 650**

www.in-control.org.uk/
For further information about personalisation.



Haringey Council

Report for:	Overview and Scrutiny Committee
Title:	Update on actions from the Sustainable Transport Scrutiny Review
Lead Officer:	Joan Hancox, Head of Neighbourhood Services <i>[Cleared on 28/09/2011]</i>
Date:	10 October 2011

1. INTRODUCTION

The Sustainable Transport Scrutiny Panel was established in June 2009 with the aim "to ascertain how the Council and its partners may encourage greater use of sustainable modes of transport in Haringey".

The panel met on seven occasions, made a number of site visits and heard evidence from a range of organisations and individuals. OSC made a large number of recommendations in its report in March 2010. Cabinet made decisions on each of these recommendations at its meeting on 15 June 2010.

2. CURRENT SITUATION

An update on actions to date is attached to this report.



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Update for Overview and Scrutiny Committee on Sustainable Transport 10 October 2011

Recommendations of Overview and Scrutiny Committee and Cabinet Response

Recommendation of O and S Committee	Cabinet Response	Update
Local Policy and Strategy		
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.	Agree recommendation	Action dependent on BPP
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)	Agree recommendation	Update provided for Better Places Partnership in October 2010
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:	Consultation on the LIP comprises attendance at Area Assemblies in June/July and in September; at Green Fair on 12 June; circulation of questionnaires as part of LDF Core Strategy	Public consultation on draft LIP carried out between September and November 2010. Separate funding submission for 2011/12 submitted



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○ 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	consultation in May/June; article in Haringey People; public consultation on the draft LIP is planned for September/October. The draft LIP will include targets for modal shift. The LIP will include reference to wider strategies and will highlight the benefits of sustainable travel. Smarter travel proposals will be included in the LIP Delivery Plan for 2011-2014. Inequalities will be addressed through an Equality Impact Assessment which is being undertaken as an integrated part of the LIP. A separate funding submission for 2011/12 will be prepared for submission to TfL. Proposals for sustainable travel will seek to ensure the benefits are maintained in the longer term.	to TfL on 8 October. Draft LIP submitted to TfL in December 2010 including mandatory targets with the document prepared in the context of the Council's key strategies. Funding submission for 2012/13 submitted to TfL on 7 October.
The panel noted the successful development of the Haringey Transport Forum. The panel recommended that this group should be	The Transport Forum will be involved in consultation on the LIP	The Transport Forum meeting of 20 October 2010 specifically considered the draft LIP



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consolidated and expanded to help consultative processes through Local Implementation Plan.		
Smarter travel		
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.	In principle this is agreed. Specific work will depend on resources available. The Transport Forum should act as a sounding board for smarter travel initiatives.	Shared services initiative set up with LB Islington on management of school crossing patrol and school travel planning. A comprehensive programme of smarter travel measures being developed in 2011/12 and launched at Green Lanes Food Festival on 18 September 2011 including branded marketing initiatives and roadshow. Specific officer management team set up led by part time consultant. Transport Forum meeting on 22 September 2011 considered the smarter travel programme. Additional smarter travel officers to be employed in 2011/12.
The panel strongly endorsed the principle of travel planning as a cost effective approach to achieve modal shift and the broader development	Agree recommendation.	No progress yet on developing the hierarchy. Smarter travel programme as above includes travel planning initiatives



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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).		with local workplaces, with retailers in Wood Green and school travel planning work is targeted at schools within the Wood Green cycle hub.
Workplace travel planning		
The panel recommended that options to develop workplace travel planning in Haringey should be explored further.	Agree recommendation.	The LIP funding submission for 2012/13 includes funding for sub regional workplace travel plan co-ordinator post targeting workplace travel planning in Haringey, Waltham Forest and Enfield. The Biking Borough initiative for which the Council has been allocated £320,000 between 2011 and 2014 by TfL includes work with local businesses.
The panel recommended that a sustainable travel award should be included in the local Business Awards Scheme.	Agree recommendation.	Progress dependent on Better Places Partnership
School travel planning		
To incentivise further participation and engagement in the school travel plan programme, the panel recommend that:		



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alongside other sustainability issues Further opportunities to incorporate wider participation from the HSP in the development of individual travel planning.	Agree recommendation. Further development of individual travel planning dependent on resources.	No progress. Outcome of partnership review has been awaited.
The panel recommended that individual travel packs should be developed for distribution by local estate and letting agents.	Agreed in principle but subject to resources	No progress due to lack of resources
The panel recommended that London Travelwatch mobile unit be invited to Haringey to provide individual travel planning advice to local residents.	Agree recommendation	No progress
Travel planning for trip generators		
The panel recommended that travel planning arrangements for the new Spurs ground should be exemplary in establishing sustainable travel options.	Agree recommendation. There is a requirement for a number of travel plans for Spurs relating to residential, supermarket, workplace, construction and stadium.	Planning permission granted for Spurs development subject to conditions and preparation of detailed travel plans
Car clubs		
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	The car club project is expanding at no cost to the Council as funding is allocated by TfL through the LIP process. 80 car club bays are planned by March 2011. Consultation on car club bays has identified concerns from residents and amendments made to plans.	As at April 2011 there are 96 car club bays. The Council has been allocated £50k from TfL to expand the number of bays by 20 in 2011/12 and 30 in 2012/13. A local target has been set for 150 car club bays by 2013/14.



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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.		
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.	Partially agree recommendation. The Council works with its contractor, Streetcar, to identify locations for car club bays. Prioritisation is based on expected usage and to seek to achieve widespread spatial coverage of the Borough	Further locations identified as above; additional locations to be identified with contractor
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.	Agree recommendation.	Streetcar/Zipcar is providing one electric car which will be stationed at one of the electric vehicle charging points on the public highway.
Public transport – bus services		
The panel recommended that there should be further cooperation across	Agree recommendation. Improving east –west bus services is a key priority for	TfL's Sub Regional Transport Plan identifies orbital



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boroughs to support the development of the bus network in Haringey, particularly those routes that offer east-west access.	the North London Transport Forum sub-regional partnership	movement as an issue with options for improvements.
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.	Agree in principle but subject to specific evaluation of the costs and benefits and on public consultation and is dependent on resources.	No progress due to lack of resources
Public transport – rail services		
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.	Agree in principle but subject to resources	No progress due to lack of resources
The panel was supportive of the electrification of the	Agree recommendation	Service increases to 4 trains per hour 7



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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.		days a week from May 2011. Electrification of the line included in TfL's response to High Level Output Statement for Network Rail investment period 2014-19.
Walking		
The panel recommended that Area Assemblies should be consulted in the development of the annual footway repair or renewal programme.	Recommendation not agreed. The footway repair programme is dependent on identified need. Ward councillors can be consulted on priorities following identification of need.	
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	Agree in principle but progress dependent on resources.	No progress due to lack of resources
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.	Agree in principle subject to resources and assessment of the impact on other modes of transport	Removal of guardrailing has occurred at Wood Green High Road/Station Road/Lordship Lane; additional zebra crossings provided in 2010/11 for Lansdowne Road and Durnsford Road. Major scheme for Wood Green includes plans for better



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		footways and pedestrian accessibility. Green Lanes project includes potential diagonal crossing by Warham Road and additional pedestrian crossing near to Frobisher Road.
That the council consider a method to which the gritting of pavements can be applied in residential streets.	Agree recommendation	No progress due to lack of resources
Cycling		
The panel recommended that development of the local cycle network should complement and develop access to the planned cycle superhighways.	Agree recommendation subject to resources	No progress as cycle superhighways still at design stage
The panel recommended that a Member Champion for cycling in Haringey be established through the Cycling England programme.	Agree recommendation in principle	Cycling England programme has been wound up. No progress on identifying Member Champion.
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.	Partially agree. The final report of the Biking Borough study has yet to be agreed. In principle joint working with HSP is supported.	Final report for Biking Borough Strategy completed. Following a funding bid TfL has allocated £320,000 between 2011 – 14 for a cycle hub at Wood Green and other measures. In addition LIP funding has been allocated in 2011-2014 for Biking Borough schemes. Programme of measures has been



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		developed. Development of projects still to be discussed with HSP.
The panel recommended that cycle stand provision be improved through: - conducting an audit in all wards 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.	Agree recommendation subject to resources Agree recommendation subject to resources Agree recommendation	No progress due to lack of resources. TfL are planning to carry out usage audit of cycle stands as part of Biking Borough strategy. No information on progress; action for Homes for Haringey Cycle parking provision and design guidance included in SPG, to be superseded by Development Planning Documents
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.	Recommendation not agreed. The school cycle training budget is fully utilised in supporting school travel plans.	
Whilst the panel acknowledged the need to move toward a multi-skilled transport team, the	Recommendation not agreed. Officers are required to be fully integrated and to have an	



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panel recommended that a cycling lead for the borough be retained (for expertise and specialist input in to road traffic schemes and planning applications).	understanding of cycle planning and the creation of a cycle officer would not mainstream this knowledge within existing staff.	
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.	Agree recommendation subject to resources	No progress on setting up panel. Local cycle group consulted on cycle programme and schemes. Also cycle group and residents participated in meeting in progress on Biking Borough strategy in July 2011.
Sustainable town centres		
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.	Agree recommendation subject to resources for incentivisation initiatives.	Major scheme proposed for Wood Green town centre. TfL has allocated £100,000 LIP funding to develop scheme designs in 2011/12. Information on access to Wood Green available. Walk and Cycle reward scheme planned for Green Lanes and Muswell Hill as part of Smarter Travel programme. The scheme will also include a survey of



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		local people's travel habits.
Controlled parking zones		
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.	Agree recommendation subject to resources	This was also a recommendation of the Sustainable Transport Commission which was not agreed.
Traffic calming		
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.	Recommendation partially agreed. It is considered a general 20mph speed limit in residential areas is only effective with physical measures to slow traffic.	Separate Scrutiny Review set up to consider default 20mph for suitable residential roads and consideration of a pilot scheme. In response to Review report Cabinet did not agree to progress a 20mph speed limit on residential roads although this could be reviewed in the future in the light of more evidence to support such an approach and subject to funding being available.
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	Agree recommendation subject to resources.	DIY Streets project being implemented in 2011/12 for Turnpike Lane area. LIP funding submission for 2012/13 includes a proposal for the



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a low-cost package of measures which can be deployed across the borough as assessed to be needed.		Hornsey area.
Land use and planning		
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.	Agree recommendation.	SPG documents to be superseded by emerging Development Plan Documents. DPDs being developed.
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).	Agree recommendation.	No progress due to lack of resources
Accessibility issues for sustainable transport		
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.	Agree recommendation subject to resources	No progress due to lack of resources
The panel noted that financial pressures will most likely lead to a rationalisation of TfL programme to improve	Agree recommendation	TfL has prepared a draft Accessibility Implementation Plan which includes a programme of



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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).		accessibility measures for national and underground stations. The Council will be responding by the closing date of 31 October 2011.
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).	Agree recommendation subject to resources	Liaison with Public Health taking place but no further progress due to lack of resources
The Overview & Scrutiny Committee recommended that the Council should aim to develop level access at bus stops and interchanges between routes so that all passengers, including the elderly and mobility impaired, have improved access the bus network.	Agree recommendation subject to resources.	Improvements to Wood Green High Road including bus stop accessibility enhancements have been completed. Further proposals for Wood Green High Road and Green Lanes are being progressed. Amendments to Muswell Hill roundabout to provide an accessible bus stop being developed for implementation in 2011/12.

Overview and Scrutiny Committee

On 10th October 2011

Report Title: **Scrutiny Review – Men’s Health: Getting to the heart of the matter**

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

Contact Officer : Melanie Ponomarenko, Senior Policy Officer

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Tel: 0208 489 2933

Ward(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:

Sustainable Community Strategy

- Healthier people with a better quality of life
- People at the heart of change
- Safer for all

Open Spaces Strategy 2006-2016

- To provide a range of opportunities and facilities for active and passive recreation which can contribute to improved mental and physical health and wellbeing.

Haringey Alcohol Harm Reduction Strategy 2008-2011

- To reduce the levels of chronic and acute ill-health caused by alcohol, resulting in fewer alcohol-related accidents and hospital admissions

Draft Health and Wellbeing Strategy outcome:

- A reduced gap in life expectancy

4. Recommendations

- 4.1. That the Overview and Scrutiny Committee approve the terms of reference of the scrutiny review – Men's Health: Getting to the heart of the matter.

5. Reason for recommendation(s)

- 5.1. Reasons for the recommendations are laid out in the main report.

6. Other options considered

- 6.1. N/A

7. Summary

- 7.1. The Centre for Public Scrutiny (CfPS) is currently running phase two of a health inequalities development programme providing support to successful Overview and Scrutiny Committees to undertake a review into health inequalities.
- 7.2. Haringey Overview and Scrutiny Committee submitted a successful bid in June.
- 7.3. Haringey is therefore one of a number of areas which will help the CfPS to pilot a new 'Return on Investment' model of scrutiny. This new model aims to make scrutiny more outcome focused with clear links to the Marmot objectives and the wider determinants of health. It also aims to assist the panel in forecasting the impact of their recommendations.
- 7.4. To assist in this process each development area has been appointed an expert adviser and is expected to use the CfPS toolkit developed in phase one - '[Peeling the onion](#)'.
- 7.5. Following a decrease in the male life expectancy gap between England and Haringey 2002/04, the gap has again increased over the recent few years. Therefore this remains a key challenge for the borough.
- 7.6. Using the Dahlgren and Whitehead the review intends to build on previous work done to tackle the life expectancy gap. The review will aim to develop recommendations to increase male life expectancy in the ethnically diverse east of the borough – *the corridor of deprivation*. More specifically the review intends to focus on cardiovascular disease and how we engage the local population in:

- Prevention: smoking, physical activity, alcohol, obesity
- **Early intervention** (adults over 40):cardiovascular disease

7.7. The review will not duplicate work already being undertaken, for example by the Health Inequalities Cross Party Working group, but intends to dove-tail and make recommendations to inform this work.

8. Chief Financial Officer Comments

8.1. The Chief Financial Officer confirms that the planned review can be carried out within the current resources of the Policy, Intelligence and Partnerships Unit supported by the equivalent of circa 5 FTE days external resource provided by Centre for Public Scrutiny (CfPS) at no cost to the Council. It is hoped that this resource along with the use of the CfPS ROI model for scrutiny will help to set out clearly defined outcomes from this review which will help measure the effectiveness of the exercise.

8.2. Any financial implications arising from the final report will be covered at that time.

9. Head of Legal Services Comments

9.1.. This report has been considered by the Head of Legal Services and there are no specific legal implications. The Council has the power to implement a broad range of measures by virtue of the well being powers of s.2 of the Local Government Act 2000 - to promote or improve the economic, social and environmental wellbeing of all or any persons resident or present in the authority's area. (Section 2). The proposed review to address health inequalities appears to accord with this duty to develop priorities identified in the Sustainable Community strategy.

10. Service Financial comments

10.1. This review will be carried out within the current resources of the Policy, Intelligence and Partnerships Unit.

10.2. Any financial implications of the final report will be covered within that report.

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

11.1. N/A

12. Equalities & Community Cohesion Comments

- Circulatory diseases are one of the major causes of death and illness locally, accounting for 33% off all deaths in 2006/08.

- Deaths from circulatory disease are not evenly distributed across Haringey, with significantly higher rates observed in the East of the borough.
- Male life expectancy in Haringey is lower than the England and London average and within Haringey there are significant inequalities (of up to 9 years between the more affluent West and the more deprived East).
- People in lower socio-economic groups are less active than those in the higher socio-economic groups, at levels of 14.4% and 24.6% respectively.
- 23.2% of the adult population took part in moderate sport and physical activity three times a week for at least 30 minutes in 2008/09; the participation rate is lower in the East of the borough.
- Obesity varies considerably across the borough with an estimated 25% of residents in the East of the borough obese.
- There is an over representation of hospital admissions for circulatory diseases in ethnic minorities in the borough.

13. Consultation

- 13.1. The scoping report has been discussed and approved by the Scrutiny Panel and has been discussed with attendees for example, public health, Tottenham Foundation and Local Involvement Network.

14. Use of appendices /Tables and photographs

- 12.1 Please see main report.

15. Local Government (Access to Information) Act 1985

[Sustainable Community Strategy](#) 2007-2016, Haringey Council, 2007
[Open Spaces Strategy 2006-2016](#), Haringey Council, 2006
[Haringey Alcohol Harm Reduction Strategy 2008-2011](#), Haringey Council, 2008
[Draft Health and Wellbeing Strategy](#), Haringey Council
 Redoubling Efforts to achieve the 2010 National Health Inequalities Life Expectancy Target. Resource Pack. Department of Health, 2010.
 Five Year Strategy 2009-2013. NHS Nottingham City, 2009
 Health Survey for England 2006-8, 2008
 Healthy Lives, Healthy People, Department of Health, 2010
 Fair Society, Healthy Lives, Marmot Review, 2010

[Marmot indicators for Local Authorities in England](#), **London Health Observatory, 2010**
[London Health Inequalities Strategy](#), Greater London Authority, 2010
[The London Health Inequalities Strategy – First Steps to Delivery to 2012](#), 2011
[Peeling the onion](#), Centre for Public Scrutiny, 2010

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Overview and Scrutiny Committee**On 10th October 2011**Report Title: **Scrutiny Review – Men’s Health: Getting to the heart of the matter**Forward Plan reference number (if applicable): **[add reference]**Report of: **Councillor David Winskill, Chair of the Review Panel**Wards(s) affected: **All****1. Purpose (That is, the decision required)**

1.1 To approve the scope and terms of reference for the Scrutiny Review.

2. Recommendations

2.1 That the scope be approved.

2.2 That the terms of reference be approved.

Report Authorised by: **[Designation of Chief Officer (Include signature here)]**Contact Officer: **Melanie Ponomarenko, Senior Policy Officer****Tel: 0208 489 2933****Melanie.Ponomarenko@Haringey.gov.uk****3. Local Government (Access to Information) Act 1985**

3.1 Background papers relating to this report:

4. Reason for the review

4.1 The Centre for Public Scrutiny (CfPS) is currently running phase two of a health inequalities development programme providing support to successful Overview and Scrutiny Committees to undertake a review into health inequalities.

4.2 Haringey Overview and Scrutiny Committee submitted a successful bid in June (Appendix A).

4.3 Haringey is therefore one of a number of areas which will help the CfPS to pilot a new 'Return on Investment' model of scrutiny. This new model aims to make scrutiny more outcome focused with clear links to the Marmot objectives and the wider determinants of health. It also aims to assist the panel in forecasting the impact of their recommendations.

4.4 To assist in this process each development area has been appointed an expert adviser and is expected to use the CfPS toolkit developed in phase one - ['Peeling the onion'](#).

5. Key National Policy

5.1 [Healthy Lives, Healthy People](#) - Public Health White Paper

5.1.1 The White Paper sets out the Government's long-term vision for the future of public health in England. The aim is to create a 'wellness' service (Public Health England) and to strengthen both national and local leadership.

5.1.2 The paper aims to strengthen both national and local leadership by having directors of public health, employed by local authorities and jointly appointed with Public Health England. Their role will be to lead on driving health improvement locally.

5.1.3 Responding to the challenges set out in Professor Sir Michael Marmot's powerful 'Fair Society, Healthy Lives' report, the White Paper includes a proposal for a new, health premium that will reward progress on specific public health outcomes.

5.1.4 The premium is intending to fight health inequalities thus formally recognising disadvantaged areas which face the greatest challenges, and will therefore receive a greater premium for progress made.

5.1.5 Local authorities will deploy resources to improve health and well-being in their communities using ring-fenced health improvement budgets allocated by the Department of Health and based on a formula grant for each area.

5.2 [Marmot review- 'Fair Society, Healthy Lives'](#)

5.2.1 The government has expressed its commitment to reducing health inequalities. In 2010 The Marmot review; *'Fair Society, Healthy Lives'* was published in response to the request made by the former Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The strategy includes policies and interventions that address the social determinants of health inequalities. Key messages delivered and relevant to this scrutiny review:

1. Evidence suggests that there is a social gradient in health – the lower a person's social position, the worse his or her health. Therefore our effort should also be focused on reducing the gradient in health.
2. The review also reaffirms the point that health inequalities result from social inequalities. Therefore tackling health inequalities requires action across all the social determinants of health.
3. There is also an emphasis on the fact that action taken to reduce health inequalities will benefit society in many ways. Benefits like economic benefits in reducing losses from illness associated with health inequalities, which account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.
4. Reducing health inequalities will require action on six policy objectives (See below)
5. Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.
6. Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.

5.2.2 The review also identified 6 evidenced based policy objectives for action most likely to have the greatest impact on reducing the gap in health inequalities long-term:

1. Give every child the best start in life
2. Enable all children young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention

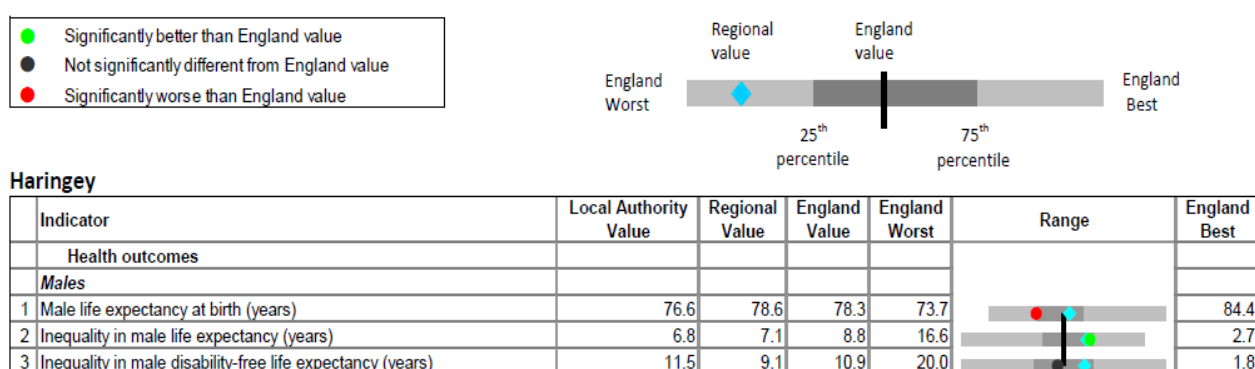
5.3 [Marmot indicators for Local Authorities in England](#)

5.3.1 To mark the one year anniversary since the publication of 'Fair Society, Healthy Lives' the London Health Observatory and Marmot Review Team produced baseline figures for some key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives:

- Male life expectancy
- Female life expectancy

- Slope index of inequality (SII) for male life expectancy
- Slope index of inequality (SII) for female life expectancy
- Slope index of inequality (SII) for male disability-free life expectancy
- Slope index of inequality (SII) for female disability-free life expectancy
- Children achieving a good level of development at age 5
- Young people who are not in education, employment or training (NEET)
- People in households in receipt of means-tested benefits
- Slope index of inequality for people in households in receipt of means-tested benefits

Extract from the Haringey Indicator set in relation to men's health:



Source: London Health Observatory, Marmot Indicators for Local Authorities in England

5.4 [London Health Inequalities Strategy](#)

5.4.1 The first London Health Inequalities Strategy was published in March 2010 and provides the framework for action. The strategy is due to be refreshed every four years. The London Health Inequalities Strategy recognises there is a social gradient in health – the lower a person's social position, the worse his or her health. The strategy aims to diminish the steepness of the social gradient so that the health gaps between all Londoners are lessened.

5.4.2 The Mayor's strategic objectives for reducing health inequalities in London are to:

1. Empower individual Londoners and their communities to improve health and well being
2. Improve access to London's health and social care services, particularly for Londoners who have poorer health outcomes.
3. Reduce income inequalities and minimise the negative health consequences of relative poverty.

4. Increase opportunities for people to access the potential benefits of work and other forms of activity.
5. Develop and promote London as a healthy place for all – from homes to neighbourhoods and the city as a whole.

5.5 The London Health Inequalities Strategy – First Steps to Delivery to 2012

5.5.1 Sets out agreed actions to prioritise to 2012 against the thirty high-level commitments which form the bedrock of the strategy. It summarises the first steps already identified with partners to be further built upon over the coming months.

5.5.2 This includes first steps such as:

- Encouraging regional and local organisations to review the extent of their current focus on health inequalities in strategy development, investment and programme planning and in prioritisation – key partners mentions include Overview and Scrutiny Committees.
- Engaging regional and local scrutiny leads in joint work to increase their focus on reducing health inequalities throughout their scrutiny plans and investigations.
- Tackle street trading of illicit tobacco, and the illegal sale of tobacco and alcohol, through use of existing effective interventions, and encourage widespread adoption.
- Work with NHS to scale up approaches to building capacity in Voluntary and Community Sector to deliver physical activity services.

6. Local Policy

6.1 Health Inequalities National Support Team (HINST)

6.1.1 The Department of Health Inequalities National Support Team (HINST) visited Haringey in late 2009. The National Support Team (NST) held several stakeholder events to understand the local context and assess barriers to and opportunities for making progress at a population level. A number of high level recommendations were made, and following the visit an action plan was developed and approved by the Cabinet member of Adult and Social Care and by the Department of Health. Key recommendations from the visit included:

1. Undertake further analysis quantifying the number of lives that need to be saved and assessment of the necessary scale and reach of interventions required to reduce mortality rates to sustain progress towards the 2010 mortality targets and address inequalities within Haringey.

2. Develop detailed delivery plans informed by the above analysis, equity audit and social marketing.
3. Develop a culture of data and analysis underpinning all strategic and commissioning decisions, as part of a whole systems approach to addressing health inequalities.
4. Establish clear local clinical and practitioner leadership in Cardiovascular Disease (CVD), Stroke, and Cancer.
5. Continue to focus intensively on improving the quality of primary care across the 3 levels of support, and build a partnership approach to case-finding.
6. Take a partnership approach to the development of commissioning groups relating to the contributing factors to health inequalities and the development of improved patient pathways.
7. NHS Haringey should fully integrate its strategic and operational community engagement work internally and with other partners.
8. Continue the development of the Well-Being Partnership Board and the Haringey Strategic Partnership structures in relation to locality working, engagement of the Voluntary Community Services (VCS) and the broader healthy communities' agenda.
9. Ensure specific initiatives are developed and implemented to embed

6.2 Haringey

- 6.2.1 Haringey has a significant history in tackling health inequalities and continues to address these at every level across the borough. Tackling health inequalities has been integral to the production of several key strategies and plans in Haringey over several years. The Sustainable Community Strategy is the overarching strategy of the Haringey Strategic Partnership, examples of other key strategies and plans include: [Sustainable Community Strategy](#), [Well-being Strategic Framework](#), [Children and Young People's Plan](#), Community Safety Strategy, Housing Strategies, Greenest Borough Strategy and Regeneration Strategy, Safer for all, [NHS Strategic Plan](#), Life Expectancy Action Plan, Infant Mortality Action Plan, Report of the visit of the National Support Team of the Department of Health. These existing plans will form components that will shape the future health inequalities strategy. Haringey needs assessments and local information for example Haringey Our Place and Joint Strategic Needs Assessment should inform local strategies.

6.3 Health Inequalities Cross Party Working Group

- 6.3.1 A Health Inequalities Cross Party Working Group has been set up in order to determine the priority areas to be addressed in the health and wellbeing strategy in order to reduce health inequalities in Haringey.

6.3.2 This group has been focusing on a number of areas e.g. life expectancy, mental health and wellbeing.

6.3.3 The draft Haringey Health and Well Being Strategy consultation is due to begin in mid to late September 2011.

7. Local Context

7.1 Key facts

- Circulatory diseases are one of the major causes of death and illness locally, accounting for 33% off all deaths in 2006/08.
- Deaths from circulatory disease are not evenly distributed across Haringey, with significantly higher rates observed in the East of the borough.
- Male life expectancy in Haringey is lower than the England and London average and within Haringey there are significant inequalities (of up to 9 years between the more affluent West and the more deprived East).
- People in lower socio-economic groups are less active than those in the higher socio-economic groups, at levels of 14.4% and 24.6% respectively.
- 23.2% of the adult population took part in moderate sport and physical activity three times a week for at least 30 minutes in 2008/09; the participation rate is lower in the East of the borough.
- Obesity varies considerably across the borough with an estimated 25% of residents in the East of the borough obese.
- There is an over representation of hospital admissions for circulatory diseases in ethnic minorities in the borough.
- Following a decrease in the male life expectancy gap between England and Haringey 2002/04, the gap has again increased over the recent few years. Therefore this remains a key challenge for the borough.

7.2 The following has been extracted from the **Cross Party Working Group** paper on Life Expectancy (the full paper can be found in Appendix B):

- The gap in life expectancy across Haringey mirrors the Index of Multiple Deprivation across the borough.

- The contributors to the gap in male life expectancy between Haringey and England are circulatory disease (28%) and cancers (25%).
 - Relating to age: 8% is due to men aged 40-49 years, 30% of the gap is due to men aged 50-59 years, 35% is due to men 60-69 years.
 - In total 73% of the gap in male life expectancy is due to men aged 40-69 years.
- Reducing inequalities in cardiovascular and cancer mortality in adults (particularly men over 40) will have the greatest impact on reducing inequalities in life expectancy in Haringey.
- The Health inequalities National Support Team (HINST) identified evidence based actions that would have an effect within a short timescale. This includes early diagnosis and management of disease (early intervention) and effective prevention of further illness (secondary prevention) in people who have already ill e.g. had a heart attack or stroke. Though much of this is within the realm of the NHS, the Council has a key role in supporting secondary prevention and raising awareness about key diseases within communities.

7.2.1 Prevention

- Smoking, physical inactivity, obesity, poor nutrition and alcohol are important risk factors for Cardiovascular disease and cancers, demonstrate a social gradient across socio-economic groups and are more common in certain Black and Minority Ethnic (BME) groups.

7.2.2 Smoking

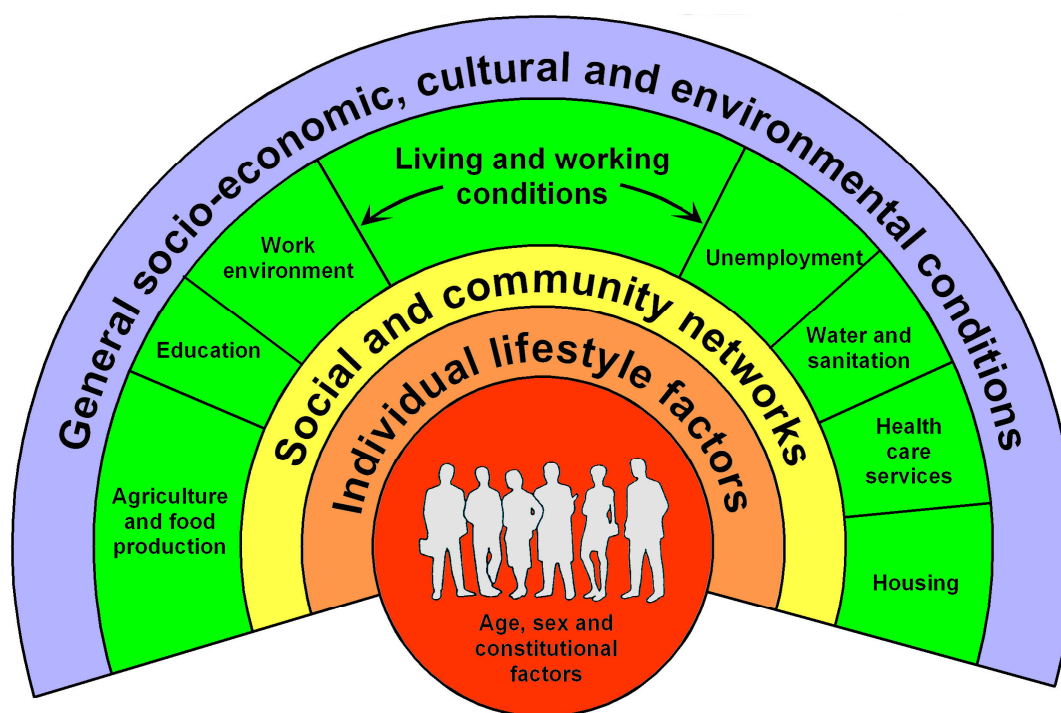
- There is a strong link between smoking rates and deprivation.
- Certain groups have high rates of tobacco use and higher nicotine dependence e.g. lone parents, specific ethnic groups e.g. Turkish, Bangladeshi, Irish men and people with mental health problems, about half of whom smoke. National rates of smoking are reducing. If this continues it should reduce the incidence of CVD and later on Cancer incidence.
- The “London Boost” (2006) for the Health Survey For England modelled smoking prevalence as 28.6% males and 24.2% females in Haringey compared to 25.3% for males and 18.8% for females in London.
- 26106 males and 24108 females smoke in Haringey

8. The review terms of reference

Using the Dahlgren and Whitehead model (as per diagram below) the review intends to build on previous work done to tackle the life expectancy gap. The review will aim to develop recommendations to increase male life expectancy in the ethnically diverse east of the borough – *the corridor of deprivation*. More specifically the review intends to focus on cardiovascular disease and how we engage the local population in:

- **Prevention:** smoking, physical activity, alcohol, obesity
- **Early intervention** (adults over 40): cardiovascular disease

The review will not duplicate work already being undertaken, for example by the Health Inequalities Cross Party Working group, but intends to dove-tail and make recommendations to inform this work.



Source: Dahlgren and Whitehead, 1991

9. Members of the Review Panel

- | | |
|-----------------------|-------|
| ▪ Councillor Winskill | Chair |
| ▪ Councillor Waters | |
| ▪ Councillor Rice | |
| ▪ Councillor Hare | |

Stakeholders

- Public Health
- General Practitioner(s)
- Pharmacies
- Leisure Services
- Private Leisure providers
- Local men
- Health Trainers
- Smoking cessation representative
- Local Involvement Network rep
- Acute Trusts
- Haringey Association of Voluntary and Community Organisations
- Haringey Advisory Group on Alcohol
- Faith groups
- Community providers e.g. Dietetics, Self Management services, Volunteer programmes, Walk Leaders

10. External Advisor

10.1 The Centre for Public Scrutiny has appointed Sally Brearley as the adviser for this review. Sally has a background in patient and public involvement and is also the Chair of Health Link, a member of the NHS Future Forum, a Visiting Senior Research Fellow in Public and Patient Involvement National Nursing Research Unit at Kings College London.

11. Proposed Timeline

	Aug. 09	Sept.	Oct.	Nov.	Dec.	Jan. 10	Feb.	Mar.	Apr.
Scoping									
Meetings		1	2	3	4	5			
Consultation									
Reporting									
OSC									
Cabinet									

12. Proposed Project Plan

Milestones	Key activities	Start Date	End Date
1st Panel meeting	Context • MOSAIC • Public Health • CfPS • Scope • Project Plan • Tottenham Foundation	19 th Sept 6.30-8.30	19 th Sept
PCT AGM	• Launch of review • Initial consultation 1. how can we encourage men to go to health services when they have early symptoms? 2. what stops them from going to services? 3. how can we encourage them to stay healthy?	20 th Sept	20 th Sept
Scope to OSC	• Scope ratified by OSC	10 th Oct	10 th Oct
2nd Panel meeting	Prevention ▪ Leisure services ▪ Smoking cessation ▪ Weight Management ▪ Dietetics	17 th Oct 6.30-8.30	17 th Oct
3rd Panel meeting	Prevention & Community input ▪ Local Involvement Network (and local men?) ▪ Volunteer programmes e.g. Diabetic Champions, Walk Leaders ▪ ?Men's Health Foundation?	17 th Nov 6.30-8.30	17 th Nov
Local Action Learning session	Review reflection		
4th Panel meeting	Early intervention ▪ Health Trainers ▪ Health Checks ▪ Pharmacies ▪ GP referral scheme	8th Dec 5.30-7.30	8 th Dec
Consultation/engagement event	As below		
5th Panel meeting	Recommendations	Early Jan	
Local Action Learning session	Review reflection		
CfPS Action Learning Day	All pilots attend to discuss Return on Investment Model and	9 th Jan 2012	9 th Jan 2012

Milestones	Key activities	Start Date	End Date
Draft report circulated		Jan/Feb 2012	Jan/Feb 2012
Final report submission to OSC		March 2012	March 2012
Report to Cabinet		April 2012	April 2012
Report to Health and Wellbeing Board and other bodies where relevant		Tbc	Tbc
Response to OSC		Tbc	Tbc
Post implementations follow up		Tbc	Tbc

13. Proposed consultation plan

Milestones	Key activities	Start Date	End Date
PCT AGM	Launch and initial consultation 1. how can we encourage men to go to health services when they have early symptoms? 2. what stops them from going to services? 3. how can we encourage them to stay healthy?	20th Sept	20th Sept
Focus groups	1. how can we encourage men to go to health services when they have early symptoms? 2. what stops them from going to services? 3. how can we encourage them to stay healthy? Include questions on behaviour change – cycle of change model	Oct/Nov	Oct/Nov
Consultation event	Share findings and gain input on draft recommendations	End Nov/ Beginning Dec	End Nov/ Beginning Dec
Survey	Haringey People Haringey Website Include Behaviour change	Early Oct	Early Dec

?Interviews? Possible resource available from Health Psychology students at local university	Community Centres Include behaviour change		Dec
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**London Borough of Haringey's bid to become a Scrutiny
Development Area for Health Inequalities
'Corridor of Deprivation'**

Contact: Melanie Ponomarenko, Senior Policy Officer, 0208 489 2933

Chair of Overview and Scrutiny Committee: Cllr Gideon Bull

Why you would like to become a Scrutiny Development Area

Haringey's Overview and Scrutiny Committee is committed to reducing the health inequalities of its residents and ensures that health inequalities are addressed in all reviews it undertakes. In addition, to demonstrate this commitment:

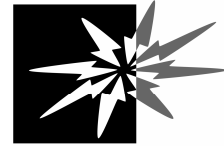
- An OSC event was held in late 2008 for Councillors and Senior Officers and Haringey Strategic Partnership (HSP) to highlight '*health as Everyone's Business*'.
- A second event was held focusing on specific areas where there are health inequalities in the borough and bringing the HSP together to discuss next steps for reducing them.

In late 2009 the Department of Health National Support Team for Health Inequalities visited the borough and praised the work of a 'strong and active' OSC in its focus on reducing health inequalities.

Following the successful transfer of Public Health to Haringey Council in March 2011, we set up a Cross Party Working Group on Health Inequalities. The group is helping to determine priority areas to be addressed in the borough's forthcoming health and wellbeing strategy.

It is proposed that one of these priorities forms the basis for the review to be undertaken as a scrutiny pilot and that the review would feed into the work being done by the Cross Party Working Group.

Becoming a Scrutiny Development area would enable us to build on the work we have undertaken to date but also assist us in targeting Haringey's '*corridor of deprivation*' (a specific geographic area in the East of the borough). We feel that the expert advice given would also equip us with the tools to undertake further work in this area.



Haringey Council

The health inequalities that you would like to address through scrutiny - including research that you have done.

Using the Dahlgren and Whitehead model the review would build on previous work to **tackle the life expectancy gap**. It would aim to develop recommendations to increase male life expectancy in the ethnically diverse east of the borough – *the corridor of deprivation*. We will focus on cardiovascular disease and how we engage the local population in:

- **Prevention:** smoking, physical activity, alcohol, obesity
- **Early intervention** (adults over 40): cardiovascular disease

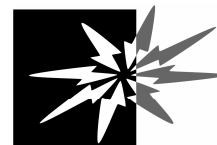
Key facts:

- Circulatory diseases are one of the major causes of death and illness locally, accounting for 33% off all deaths in 2006/08.
- Deaths from circulatory disease are not evenly distributed across Haringey, with significantly higher rates observed in the East of the borough.
- Male life expectancy in Haringey is lower than the England and London average and within Haringey there are significant inequalities (of up to 6.5 years between the more affluent West and the more deprived East).
- People in lower socio-economic groups are less active than those in the higher socio-economic groups, at levels of 14.4% and 24.6% respectively.
- 23.2% of the adult population took part in moderate sport and physical activity three times a week for at least 30 minutes in 2008/09; the participation rate is lower in the East of the borough.
- Obesity varies considerably across the borough with an estimated 25% of residents in the East of the borough obese.
- There is an over representation of hospital admissions for circulatory diseases in ethnic minorities in the borough.

Following a decrease in the male life expectancy gap between England and Haringey 2002/04, the gap has again increased over the recent few years. Therefore this remains a key challenge for the borough.

What it would mean to your authority and community to address this issue

Haringey has a significant history working to tackle health inequalities and continues to address these at a strategic level across as demonstrated by the



Haringey Council

rolling programme of Joint Strategic Needs Assessments and in our key partnership strategies and plans including the:

- Housing strategy
- Greenest Borough strategy
- Children and Young People's Plan

However, despite many initiatives there are still areas of significant challenge and opportunity to reduce the borough's health inequalities.

Haringey OSC has strong working relationships with the local voluntary and community sector and winning the bid to become a Scrutiny Development Area would allow us to continue partnership working and to help deliver a solution to one of the most entrenched health issues in Haringey.

Receiving expert advice and support for this review has the potential to make a real difference to the lives of some of the most deprived communities in England.

Words: 732

Bid endorsed by:

Cllr Gideon Bull, Chair of Haringey Overview and Scrutiny Committee

Cllr David Winskill, Deputy Chair of Haringey Overview and Scrutiny Committee and Opposition Spokesperson for Health & Adult Social Care

Dr. Jeanelle de Gruchy, Joint Director of Public Health

Eve Pelekanos, Head of Policy, Intelligence and Partnerships

Helena Pugh, Policy, Equalities and Partnerships Manager

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BRIEFING PAPER FOR CROSS PARTY WORKING GROUP

TACKLING THE LIFE EXPECTANCY GAP

PHPHFXW Page 1 28/09/2011

1.Introduction

The Cross Party Working Group (CPWG) on reducing Health Inequalities in Haringey has three working priorities. The priorities are consistent with the Marmot Review¹, London Health Inequalities Strategy, priorities identified by the National Support Team on Health Inequalities (including feedback on their visit to Haringey in 2009) and The Thematic Paper for CEMB “Towards a Health Inequalities Strategy for Haringey”². Therefore the work of this group builds on work underway to reduce Health Inequalities. This paper is for the third meeting of the CPWG that will focus on the 2nd priority:

Tackling the Life Expectancy gap:

- **Prevention: smoking, physical activity, alcohol, obesity and nutrition**
- **Early Intervention (adults over 40): cardiovascular disease, cancer, diabetes.**

The aim of this report is to:

- Give the CPWG an understanding of the key impacts on the life expectancy, what we are currently doing to address them and what more we could do, based on best practice
- Make recommendations for priority actions to take this work forward, particularly focusing on the Council's contribution.

The CPWG is asked to consider and endorse these recommendations, where appropriate.

The paper will focus more on Prevention than on Early Intervention as there is greater potential contribution for the Council in this area.

2.Life Expectancy in Haringey

Life expectancy at birthⁱ in Haringey has increased over recent years as it has nationally (Figure 1). However whilst life expectancy for Haringey males is significantly worse than the England average (76.6 and 78.3 respectively in 2005-9), life expectancy in females in Haringey is significantly higher than in England (83.7 and 82.3 respectively in 2005-9)ⁱⁱ. Disability-free life expectancy is similar to the England average for both males and females. The gap between life expectancy in males in England and Haringey may be widening. There are stark differences in life expectancy in males between the East and West of Haringey (Figure 2 below): nine years difference between the highest in Fortis Green (80.9) and the lowest in Tottenham Green (71.68) (2005-8). Further analysis shows that the inequality in male life expectancy across the borough is actually better than the England average; for females it is similar to the England average. However, the gap in life expectancy across Haringey, mirrors the Index of Multiple Deprivation across the borough; this is unacceptable. Certain “vulnerable” groups in society e.g. people with mental health problems or learning disabilities also have a lower life expectancy than the general population. For example a person with

ⁱ Life expectancy at birth is the number of years of life from birth that can be expected on average in a give population

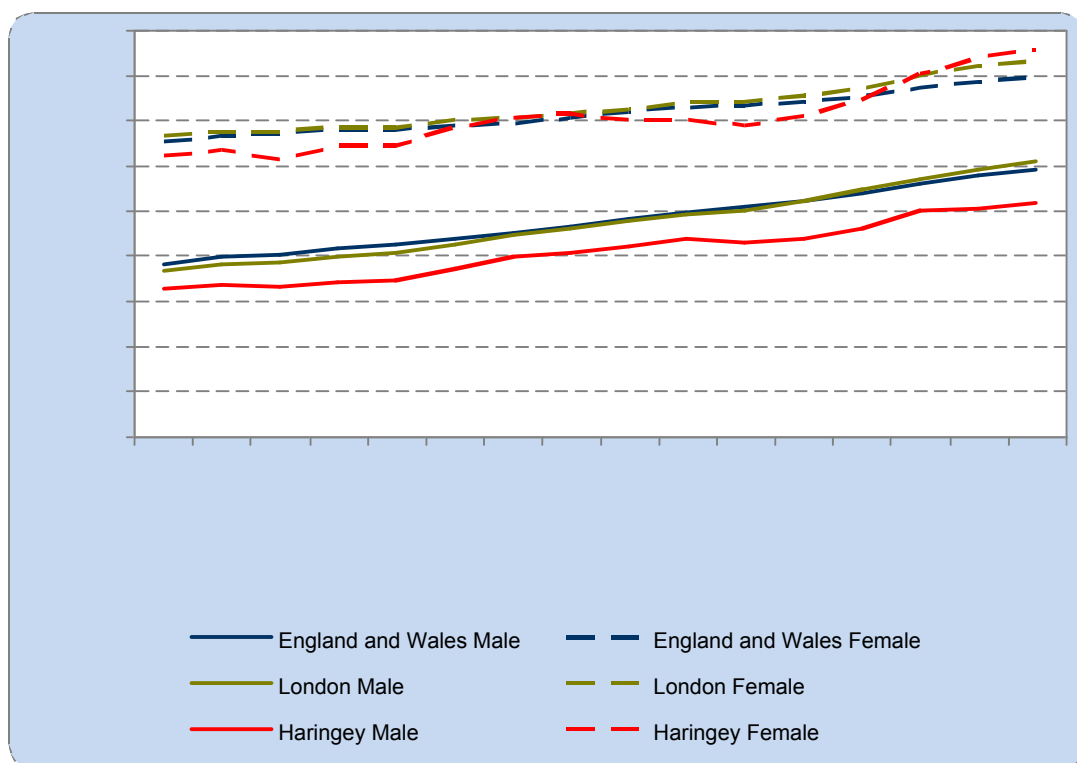
ⁱⁱ Marmot Indicators (London Health Observatory)

schizophrenia lives on average 10 years less than some one without a mental health problem, mainly due to physical health problems. ³

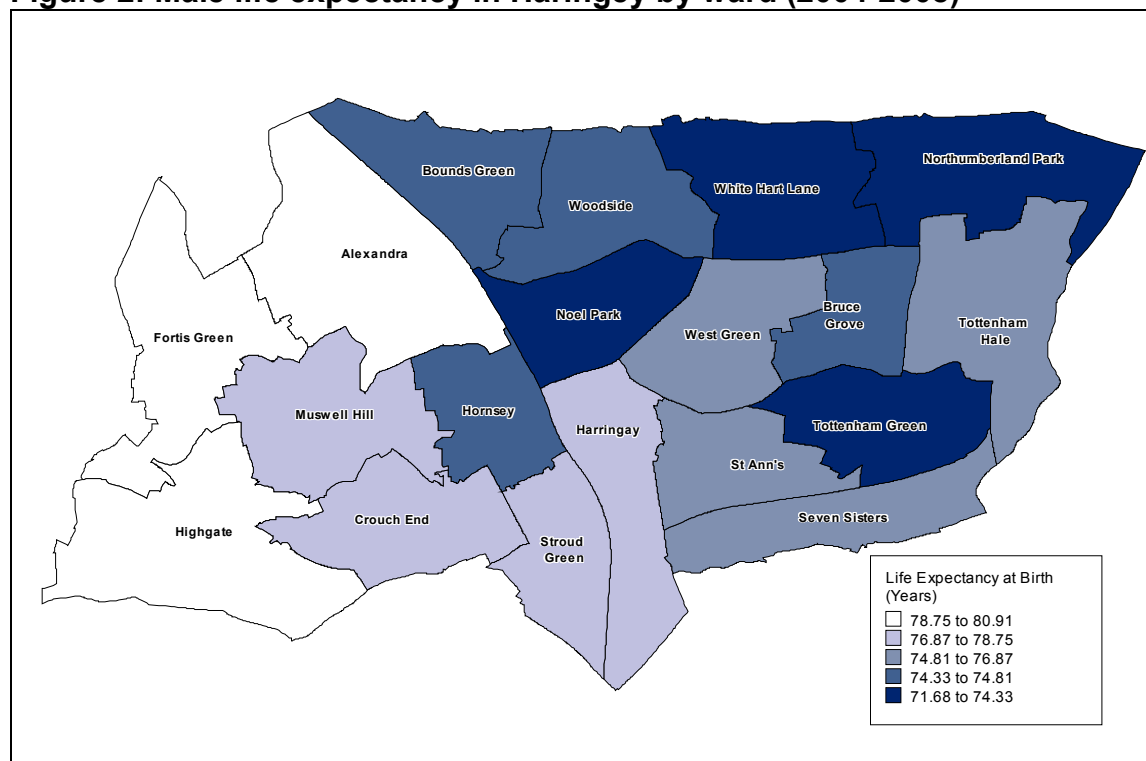
Key messages:

- Life expectancy is increasing in Haringey and nationally
- There are nine years gap in male life expectancy between Tottenham Green in the East and Fortis Green in the West
- Life expectancy is significantly lower in certain “vulnerable” groups

Figure 1: Trends in life expectancy (1991-2008)



Source: London Health Observatory (LHO)

Figure 2: Male life expectancy in Haringey by ward (2004-2008)

Source: LHO

3.Key drivers for addressing Gaps in Life Expectancy

3.1 What is causing the gap in life expectancy?

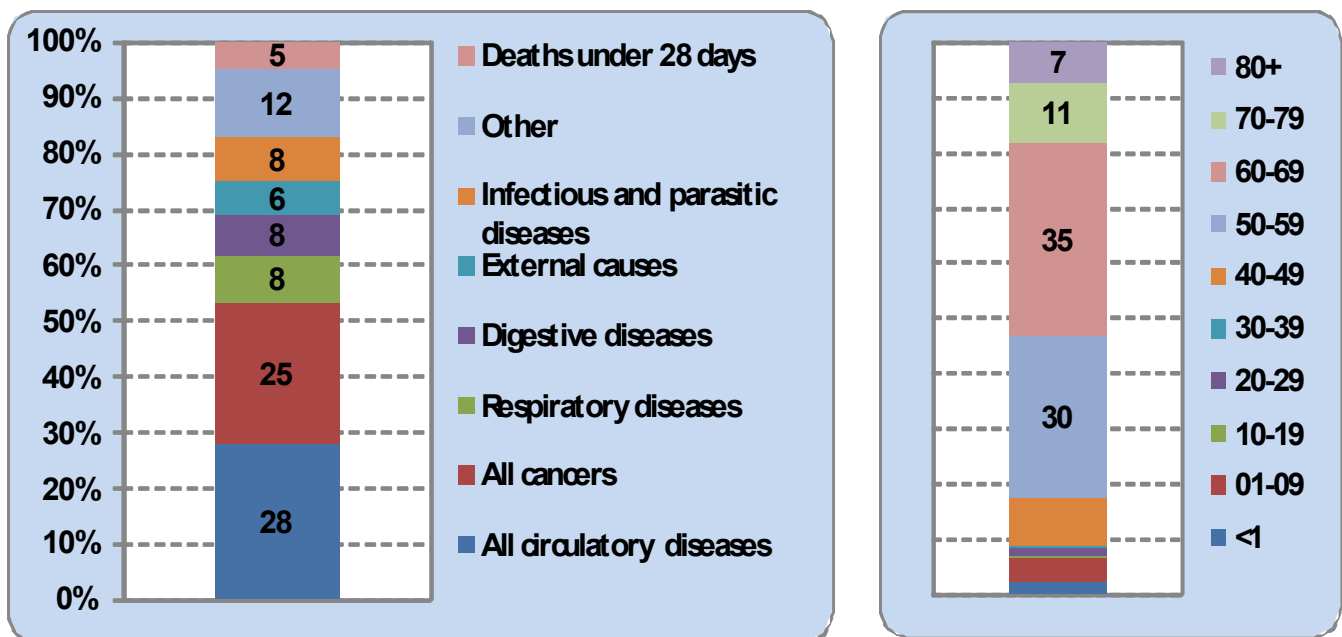
Reducing the gaps in life expectancy between boroughs of lower life expectancy (previously called Spearhead areas) and the England average has been a focus of national policy. The contributors to the gap in male life expectancy between Haringey and England is shown in Figure 3 below (also called “the scarf”) The greatest contributors are circulatory disease (28%) and cancers (25%). Relating to age: 8% is due to men aged 40-49 years, 30% of the gap is due to men aged 50-59 years, 35% is due to men 60-69 years; in total 73% of the gap in male life expectancy is due to men aged 40-69 years. Figure 4 shows the large differences by ward within Haringey in cardiovascular disease (CVD) mortality. Premature mortality rates (under 75s) for CVD and for cancers in Haringey, whilst improving, are worse than in Englandⁱⁱⁱ.

Reducing inequalities in cardiovascular and cancer mortality in adults (particularly men over 40) will have the greatest impact on reducing inequalities in life expectancy in Haringey. Other contributors to the life expectancy gap are respiratory disease, digestive disease, infectious diseases and external causes (including injury, poisoning and suicide) and reducing mortality in the first 28 days of life. Respiratory diseases includes Chronic Obstructive Pulmonary Disease (COPD), a long term condition closely related to smoking. Alcohol related conditions, such as chronic liver disease and

ⁱⁱⁱ LHO Haringey Health Profile 2011 www.healthprofiles.info

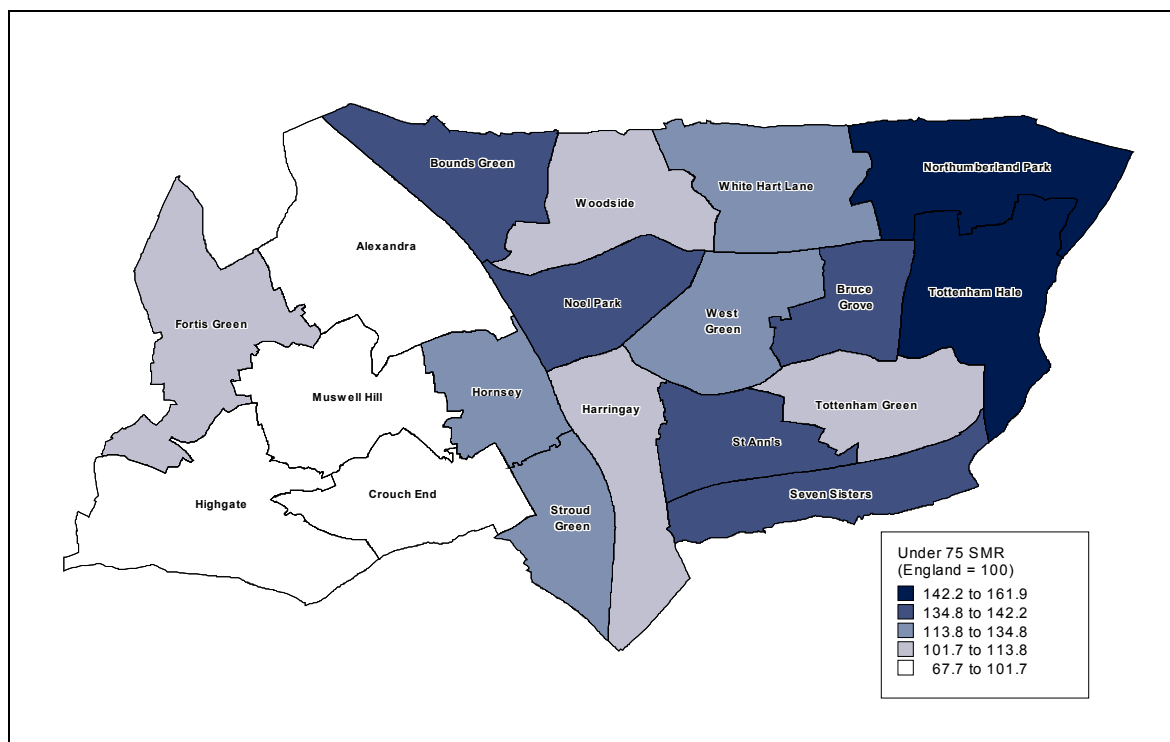
cirrhosis, are important contributors to digestive diseases. External causes, whilst not a major contributor to the gap include strong links with deprivation including injury (e.g. 28 fold difference in death on the road between children in high and low socio-economic groups) and suicides. Excess winter deaths, have an important seasonal contribution to cardiovascular, respiratory and infectious diseases. In conclusion the key contributors to the life expectancy gap are CVD (stroke and heart disease), cancer, alcohol, lung disease, and deaths in men over 40

Figure 3: Life expectancy gap between Haringey and England. Breakdown by cause of death and by age group, males (2006-8). “the scarf”



Source: LHO

Figure 4: Death rates from cardiovascular disease under 75 by ward (2004-2008)



Source: LHO

Key contributors to life expectancy gap:

- stroke, heart disease, cancer, alcohol, lung disease
- deaths in men over 40

3.2 Priorities for Action

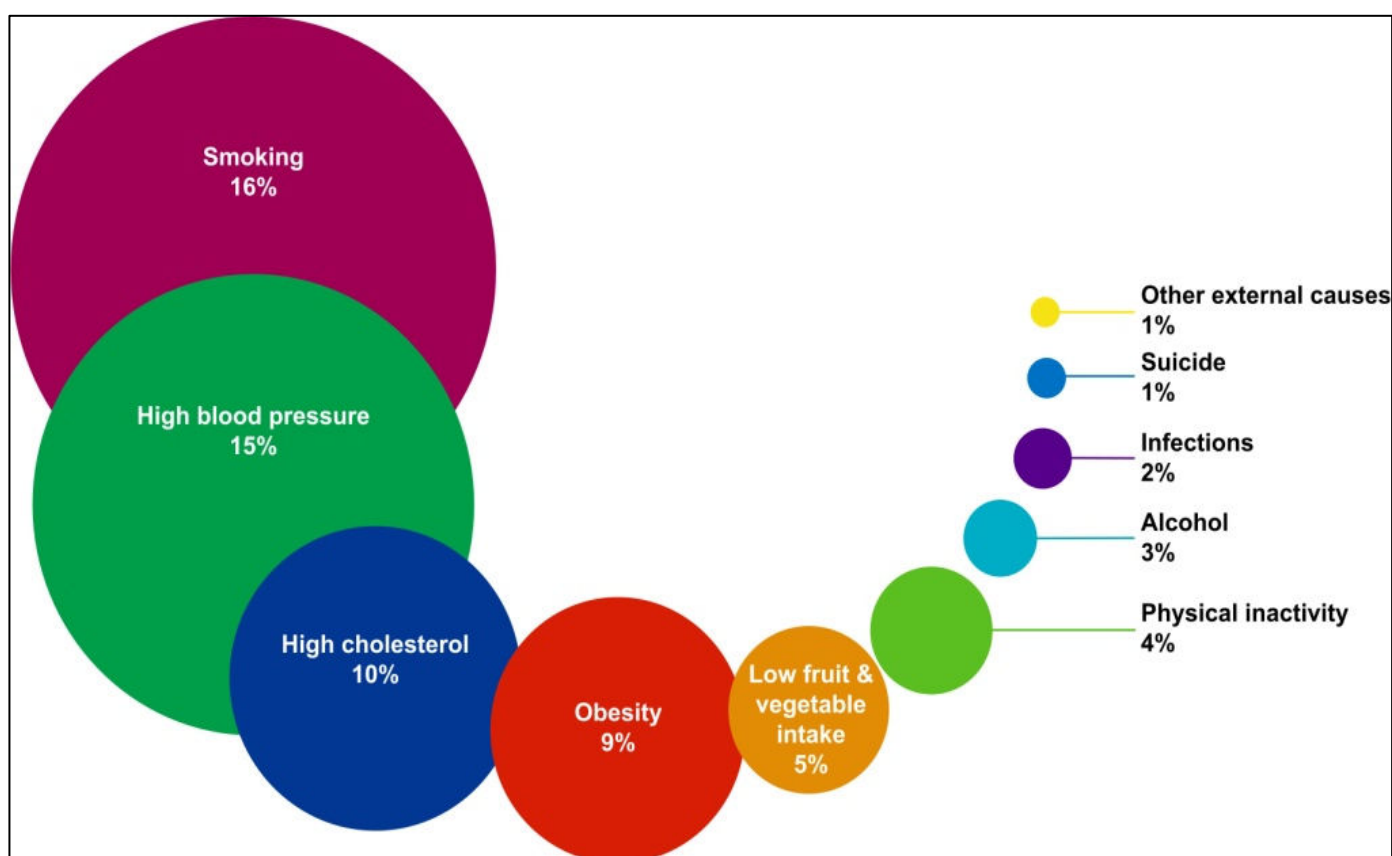
It is well established that a number of modifiable behavioural risk factors are linked to both increased likelihood of cardiovascular disease and cancers as well as other long term conditions (e.g. diabetes). Figure 5, “the caterpillar” demonstrates the proportion of deaths attributable to each factor. Addressing inequalities in these factors in the population through preventative programmes will lead to reduction the life expectancy gap. This is an important area of policy for the Council to have an impact on health inequalities.

The Health inequalities National Support Team (HINST) ⁴identified evidence based actions that would have an effect within a short timescale. This includes early diagnosis and management of disease (early intervention) and effective prevention of further illness (secondary prevention) in people who have already ill e.g. had a heart attack or stroke. Though much of this is within the realm of the NHS, the Council has a key role in supporting secondary prevention and raising awareness about key diseases within communities.

Most risk factors and mortality inequalities show a gradient from worse to better health across socio-economic groups rather than just good health for the affluent and bad health for the poor in society. Marmot emphasises that policy delivery and resources should reflect this gradient rather than just focus on the worst off. Programmes should be targeted at certain groups with poor health outcomes e.g. addressing the physical health needs of people with mental health problems.

Health Inequalities results from social inequalities. The importance of addressing wider determinants such as employment, housing and ensuring a healthy living standards is also emphasised, particularly in order to reduce inequalities in the long term¹.

Figure 5: Key modifiable behavioural factors contributing to death in Haringey. The “caterpillar”



Source: Public Health Mortality File
(Prepared by NHS Islington)

The key priorities for action to reduce inequalities in life expectancy are:

Prevention: particularly smoking. Also physical activity, alcohol, obesity, diet and nutrition. These are risk factors for cardiovascular disease and cancer. The Council has a key role.

Early Intervention: particularly cardiovascular disease and cancer but also other long-term conditions such as diabetes and lung disease and prevention of excess winter

deaths. Council's key roles are supporting secondary prevention (lifestyle change in those with illness), and awareness raising.

Approaches:

- delivery across the social gradient
- target key groups including mental health, learning disabilities
- address the wider determinants of health

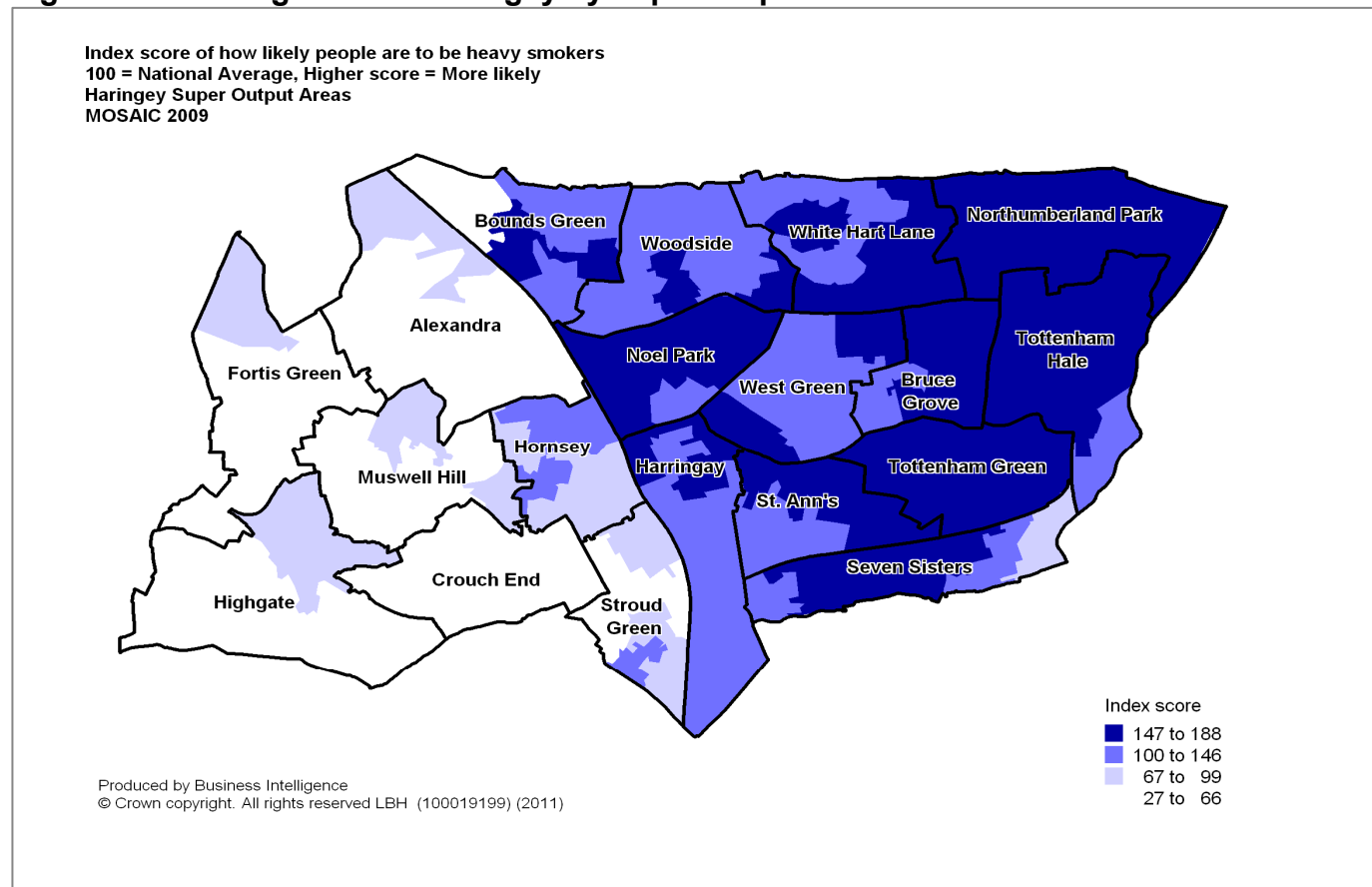
3. 2 Prevention

Smoking, physical inactivity, obesity, poor nutrition and alcohol are important risk factors⁵ for Cardiovascular disease and cancers, demonstrate a social gradient across socio-economic groups and are commoner in certain Black and Minority Ethnic (BME) groups and sub-groups such as people with learning disabilities. National, regional and local policy documents emphasise the importance of reducing inequalities in these risk factors in order to reduce inequalities in life expectancy. For example: Next Steps for Delivery of the London Health Inequalities Strategy – prioritises prevention, in particular a focuses on scaling up physical activity. The HINST recommends making “Health Gain” everyone’s business – this includes providing training in brief interventions (see below, physical activity section) and monitoring referrals for all front line staff from health, local authority and voluntary sector. Two policy objectives of the Marmot review¹ are to tackle ill health prevention and develop healthy sustainable places and communities. These were adopted locally in the Haringey the Thematic Paper for CEMB 2010 “Towards a Health Inequalities Strategy for Haringey”² and emphasise the importance of promoting health lifestyles through changes in the environment, a key area for partnership working with the council, rather than individual life style changes alone.

3.2.1Smoking

Smoking, and tobacco consumption is the UK’s greatest cause of preventable illness and early death. It is also the primary reason or the gap in life expectancy between socio-economic groups. There is a strong link between smoking rates and deprivation. If men aged 35-69 in social class V had the same smoking rates as those in social class I, then half of the inequality in mortality would disappear⁶. Certain groups have high rates of tobacco use and higher nicotine dependence e.g. lone parents, specific ethnic groups e.g. Turkish, Bangladeshi, Irish men and people with mental health problems, about half of whom smoke⁷. National rates of smoking are reducing.⁸ If this continues it should reduce the incidence of CVD and later on Cancer incidence. The “London Boost” (2006) for the Health Survey For England modelled smoking prevalence as 28.6% males and 24.2% females in Haringey compared to 25.3% for males and 18.8% for females in London. 26106 males and 24108 females smoke in Haringey. Figure xx shows the large difference in smoking rates across the borough

Figure x: Smoking rates in Haringey by super output area



Source: LHO

What should we be doing?

A wide strategic approach to Tobacco Control is required to impact upon smoking. Department of Health recommends that smoking cessation support should be aimed at 5% of quitters. Other smokers will quit unaided. Wider Tobacco control efforts through a

range of interventions are vital to prompt and maintain these quits, in part by changing social norms.

Best practice to support smoking cessation and Tobacco Control therefore includes:

- Establish a multi-agency strategic approach to Tobacco Control⁴
- Brief interventions: this may include opportunistic advice, discussion, negotiation and encouragement and referral, where appropriate, to intensive support e.g. through NHS Stop smoking services. ⁹There is very good evidence to support appropriately trained provision by GPs, primary care or community staff. It is highly cost effective¹⁰
- Smoking support should be targeted at key groups to reduce smoking related inequalities within the short term⁴. These include:
 - People with CVD, lung disease, cancer and diabetes
 - Pregnant smokers
 - Smoking within lower socio-economic groups
- BME groups may be served by accessible mainstream interventions or work with local communities to develop targeted services ¹¹
- Media campaigns with a variety of media can be effective in encouraging and support quit attempts. ¹²
- Develop social networks: advice and counselling to support smoking cessation; community based interventions to support people who wish to stop smoking and disseminate messages (evidence of success in some cases); work place programmes (particularly focusing on individual support) ¹³can be effective.
- These actions should be combined with medium and longer term actions such as de-normalising tobacco use through smoke free legislation, tackling illicit tobacco control (smuggled, counterfeit under age sales) and enforcement and extension of smoke free legislation⁴.
- Improve measurement of smoking prevalence to target local services⁴.

What are we doing?

- We have a multi-agency Haringey Tobacco Control Alliance, supported by a strategy and action plan.
- Smoke Free Enfield and Haringey (SFEH) provides an evidence based Stop Smoking Service for Enfield and Haringey. This was recently (February) recommissioned and is being developed and performance managed in accordance with a service specification and key performance indicators that highlight: routine and manual groups, people with mental health problems, pregnant women, BME groups, media and advertising campaigns and partnership support for Tobacco Control plans.
- Tobacco control enforcement: there are regular test purchases of under age sales but they have a high failure rate, i.e. sales are still made, particularly with smaller traders. There is generally good compliance with smoke free legislation, less so within vehicles. Shisha is an emerging problem, officers are supporting proprietors in handling this. Smoking is raised as an issue by other officers during visits where possible.

What more could we do?

Continue to work with the new SFEH to improve the quality, accessibility and capacity of the service to support people from target groups to stop smoking. Focus on those with long term conditions in addition to those from lower socio-economic groups, BME, mental health problems and pregnant women. Also develop stop before the op and opt

out programmes to encourage smoking cessation in certain settings. It is important to work with partners to actively market this service within target communities.

In the light of recent organisational and resource changes, review the Tobacco Control alliance and action plan against best practice guidance to achieve “Excellence in Tobacco Control: 10 High Impact Changes”⁴

Tobacco Control measures: we should use methods other than prosecution to reduce under age sales e.g. educational initiatives with schools, work closer with new SFEH, target businesses (including those with vehicles) to encourage Smoke Free policies, particularly in areas of high prevalence.

Recommendations

1. Endorse Tobacco Control as a key strategic priority for the Council and partners as
2. Re-invigorate the Tobacco Control Alliance, working closely with the new stop smoking service and with Enfield Tobacco Control Alliance, focusing on target groups.
3. Work with partners to fully market and publicise the new stop smoking service and raise awareness about smoking within key communities in Haringey.
4. Continue to work to address illicit tobacco control practices, particularly in the East, using a range of approaches in partnership
5. Target businesses and work within the council to extend Smoke Free policies and practices.

Related Documents

Tobacco Control Strategy and Action Plan (under review)

Service Specification and Key Performance Indicators for the Stop Smoking Service

3.2.2 Physical Activity

Physical inactivity is amongst the ten leading causes of death in developed countries, causing 1.9 million deaths worldwide each year¹⁴. The risk of premature death amongst physically active adults is reduced by 20% -30%, and the risk of developing major long-term conditions such as CHD, stroke diabetes and cancers are reduced by up to 50%¹⁵. The strong evidence for physical activity has led to physical inactivity being recognised as a major modifiable risk factor for CHD¹⁶.

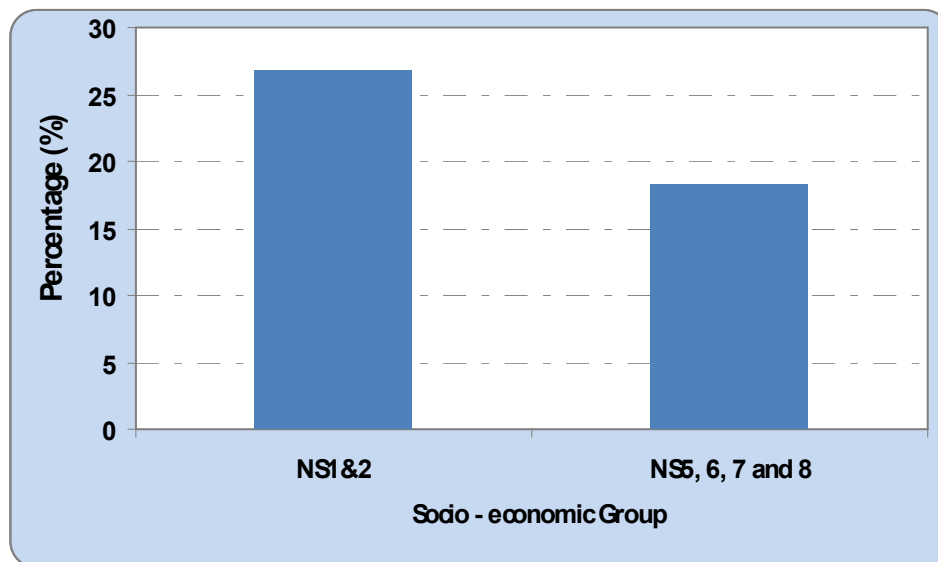
Physical inactivity is associated with increases in obesity, cardiovascular disease (CVD), cancer, hypertension, and in the development of type II diabetes. Participation in regular physical activity can help to prevent and treat over twenty long-term conditions or disorders, including stroke, obesity, some cancers, mental health and type II diabetes.

New guidance states that recommended levels of physical activity for adults are to aim to be active daily. Over a week, activity should amount to at least 150 minutes of moderate intensity physical activity in bouts of 10 minutes or more. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous activity. Adults should also undertake physical activity to improve muscle strength on at least two days a week. In 2006 one third of adults in England led sedentary lifestyles (i.e. less than 30

minutes activity per week) and only 40% of men and 28% of women achieving recommended levels. In Haringey 21.7% of adults participated in sport and active recreation at a moderate intensity equivalent to 30 minutes on 3 or more days a week. Activity levels have not changed in recent years.

There are significant inequalities in levels of physical activity in relation to age, gender, ethnicity and disability. For example, in Haringey white adult populations are more active than non-white adults, men tend to be more active than women, younger people are more active than their older counterparts and activity levels are lower in those who have a limiting illness or disability. The data also indicates that there is a very strong correlation between participation and social class. Within Haringey, people in the lower socioeconomic groups (NS5, 6 7 and 8) are less active than those in the higher socioeconomic groups (NS1 and 2), at levels of 18.3% and 26.8% respectively (see figure 7) ¹⁷.

Figure 7: Sports participation by socio-economic group



Source: Sport England (2010)

What should we be doing?

The evidence suggests a range of options including non-facility based programmes, exercise referral schemes, moderate intensity physical activity and behavioural or psychological interventions. Key messages from the limited evidence base are ¹⁸¹⁹²⁰

- Use of approaches that include a psychological, behaviour change component lead to longer term changes
- Brief interventions (by health professionals) or others are highly effective
- Exercise referral schemes are recommended
- Interventions that promote moderate intensity physical activity, especially walking and are non – facility based achieve longer term changes
- Whilst there is less evidence for walking and cycling schemes – they are recommended as a means of incorporating regular physical activity into peoples lives
- There is little evidence for pedometers
- Moderate and non-endurance exercise supports changes in older people

Other key recommendations are:

- Ensure local facilities and options are accessible to the least active target groups (BME, lower socio-economic groups, disabled, older people)
- Scale up voluntary and community sector to deliver physical activity (Mayor's Health Inequalities Strategy delivery plan)
- Develop an organisation wide policy to encourage and support employees to be more physically active, in line with NICE guidance for employers²¹ e.g. facilitate activity to, from and during work.

Proposals to improve the physical environment and thus encourage physical activity recommended by NICE include²²:

- Facilitate the use of open spaces and develop walking and cycling routes
- Planning applications should prioritise the need for people to be physically active
- Encourage active travel, walking and cycling. Effective transport interventions include: health promotion campaigns and behaviour change support to promote walking and cycling, backed by physical measures e.g. traffic calming and walking and cycle routes²³. "Fairness" for certain vulnerable groups in a car dependent society requires a shift to more sustainable and space efficient modes of transport and giving priority to pedestrians, cyclists and public transport users^{iv24}.

What are we doing?

Community Sport and Physical Activity Network (CSPAN), facilitates the effective strategic coordination of planning and provision for Haringey. It aims to ensure people of all ages and abilities have the opportunity to participate in high quality sport and physical activity and therefore reduce inequalities in access and participation.

Haringey currently has a range of sport, leisure and physical activity opportunities available within the borough:

- Five council owned facilities, provide a range of facility based physical activity options. Externalisation of management of three of these is underway; this should result in release of resources to commission other services.
- A number of sports development posts and sports and physical activity programmes are provided across the borough. Funding for a number of these programmes are time limited.

^{iv} The Council established an independent Sustainable Transport Commission to to examine some of the most pressing transport issues in Haringey. The Commission's recommendations include giving priority to pedestrians, cyclists and public transport users over moving and parked vehicular traffic.

- “Active for Life” exercise (GP) Referral Scheme: focuses on people with Long Term Conditions who are amongst the least active (such as diabetes, hypertension) in the East of the borough, offering them a range of physical activity options.
- Health Trainers scheme (see below) gives one to one advice and support and brief interventions, including to increase physical activity levels.

There are a number of partnerships with the voluntary and community sector, for example, the Tottenham Hotspur Foundation who use sport, mainly football to improve health, promote social cohesion and enhance life-skills.

Make A change project, focuses on children in the East of the borough

The NHS Health Checks programme, within the East of the borough, identifies 40-74 year olds who are not physically active and offers advice and support.

There are 600 acres of parks and open spaces providing formal and informal activities – 16 have green flag awards.

A Smarter Travel programme and a Biking Borough programme is providing opportunities for a number of activities including a programme of behaviour change to encourage cycling and community participation events. Also interventions include improve the physical environment with road engineering, walk and cycle routes. The East of Haringey is currently worse affected by congestion and the negative health impacts than the West.

What more could we do?

- Public Health, Sustainable Transport, Recreation Services and the NHS are working together on Smarter Travel, Biking Borough and other initiatives. Along with CSPAN, this partnership can be strengthened moving forwards.
- Use existing (e.g. remaining ABG funds) and new resources (e.g. funds released from “externalisation”) to develop physical activity opportunities proportionally across the social gradient and targeting specific groups, informed by local data and evidence of what works.
- Embed use of brief interventions and other psychological approaches in programmes.
- *Active for Life*’ exercise referral scheme – originally ABG funded; funding is secured until October. Further funding opportunities should be sought to continue this programme.
- Seek external opportunities for funding or promoting physical activity, including capitalising on the 2012 Olympics
- In the past services focused on those who are moderately active. Moving forward need to focus more on the inactive, including those with disabilities.
- Increase the use of voluntary sector providers, who bring experience of local communities and may access additional funding streams.
- Use intelligence more e.g. Active People Survey, Sport England databases, information from current services to target activities and evidence base of best practice to develop services that will maximise their impact on inequalities.

Recommendations

1. Strengthen partnership working across the council, Public Health, NHS and other partners e.g. transport providers to ensure effective use of resources, joined up messages and branding.
2. Focus existing and new on addressing health inequalities, including a shift to focus on populations who are amongst the least active
3. Work with all partners to scale up the availability of brief interventions
4. Continue to fund the exercise referral scheme to manage/prevent a range of long-term conditions, as those with the poorest health are amongst the least active and have the most to gain from increasing their activity levels.
5. Ensure leisure centre specifications and ongoing partnership with the new provider is developed to improve access for hard to reach groups and include psychological approaches.
6. Continue to improve the physical environment to encourage physical activity e.g. maintaining quality Open spaces.
7. Use intelligence more intelligently.

Related documents

Sustainable Development Commission "Fairness in a Car Dependent Society" 2011

3.2.3 Obesity and Nutrition

Obesity is extremely prevalent and is a major cause of ill-health and premature death. Overweight and obesity are linked to numerous health problems including respiratory difficulties, musculo-skeletal problems and infertility, to the more serious cardiovascular problems (hypertension, stroke and coronary heart disease), diabetes, gallbladder disease, certain cancers (breast, endometrial and colon)²⁵. It is estimated that, on average, obesity reduces life expectancy between 3 and 13 years²⁶. In the UK the prevalence of obesity has more than doubled in the last 25 years. Nearly a quarter of adults are now obese and it is estimated that by 2050, the vast majority of the UK population could be mainly obese, with some 40% obese by 2025 and nearly 60% obese by 2050²⁷. In England approximately 10% of children are obese and a further 20-25% of children are overweight²⁸. These increases may mean that children of today have a shorter life expectancy than their parents²⁹. It has been predicted that if appropriate action is not taken, two-thirds of children will be obese or overweight by 2050³⁰.

Many factors contribute to obesity including genetic, economic, social, psychological, environmental and cultural factors^{31 32}. Obesity is rising in adults and children in England. The increase is likely to be due to environmental and behavioural changes which have lead to more sedentary lifestyles and energy-dense diets³³. Healthy eating and increased physical activity are primary solutions to preventing and overcoming overweight³⁴. Obesity can also cause psychological and social problems, particularly in children. Children who are overweight are much more likely to be overweight as adults and experience health problems³⁵. The most significant predictor of childhood obesity is parental obesity³⁶.

Overweight and obesity disproportionately affects the lower socioeconomic groups and socially disadvantaged groups (particularly women)^{37, 38, 39}. They include:-

- Children from low-income families

- Children from families where at least one parent is obese
- Individuals of Asian origin (particularly those of south Asian origin)
- Ethnic groups with a higher than average prevalence of obesity (Black African women, Black Caribbean women, Pakistani women, Black Caribbean men, and Irish men)
- Adults in semi-routine and routine occupations
- People with physical disabilities (particularly in terms of mobility which makes exercise difficult)
- People with learning difficulties
- Older people

In addition, people diagnosed with a severe and enduring mental illness, particularly schizophrenia or bipolar disease, are at increased risk of greater levels of obesity and are almost twice as likely to die from CHD as the general population⁴⁰.

In Haringey there has been a slight increase in overweight and obesity between 2003 and 2006 (HSE). In 2006 37.7% of men and 26.0% of women are overweight and a further 12.7% men and 14.5% women are obese (2006 Health Survey for England London Boost). There is also a slight increase with age. Estimates suggest approximately 26,104 adults in Haringey may be obese and 60,313 overweight, and a total of 86,417 obese or overweight (see Figure 8).

Figure 8: Estimates of Overweight and Obesity levels in Haringey

Gender	BMI < 25	BMI 25-30	BMI > 30
Male	45343	34412	11637
Female	59111	25901	14467
Total	104454	60313	26104

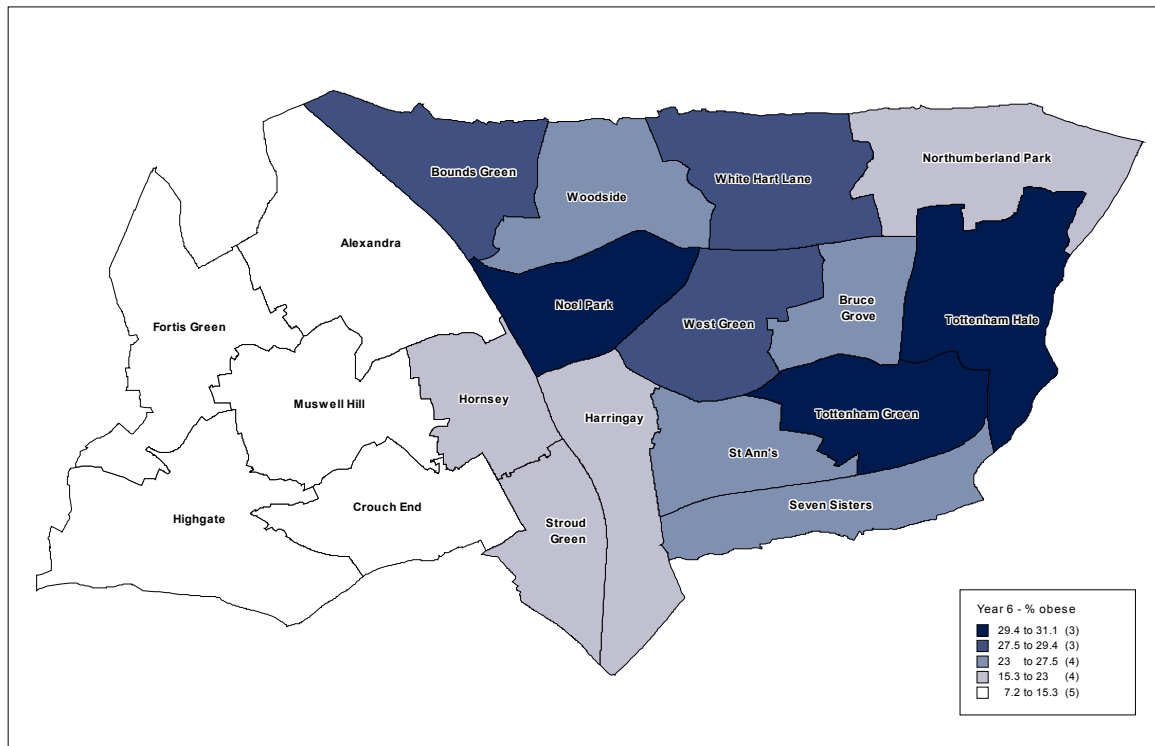
*Extrapolated using the 2006 HSE London Boost (Inner London rates)

Source: HSE 2006 (London Boost)/ GLA R2010 Population Projections (Using 2011)

In Haringey the prevalence of overweight and obese children is measured annually through the since 2006. Data on the heights and weights of children in Reception and Year 6 in Haringey primary schools is collected, which is then used nationally to understand child growth patterns across England as well as to inform local service planning.

Childhood obesity rates in Haringey are above the England average (National Child Measurement Programme (NCMP)). Figure 9 shows childhood obesity rates for Year 6 by Ward.

Figure x: Childhood obesity Rates by Ward –Year 6 (2010)



Source: NHS Haringey - NCMP

What should we be doing?

The evidence for effectiveness is limited, but much good practice exists. It is important to focus on prevention of obesity as well as treatment. A multi-disciplinary, long-term strategy to tackling obesity is essential.

To prevent obesity, in addition to appropriate diet and nutrition the following have some success⁴¹:

- Community based physical activity interventions; long term success is more likely if behavioural approaches, tailored to individuals are used.
- Moderate intensity physical activity, especially walking show longer term successes
- Interventions designed specifically for adults over 50+ are likely to have short and long term success

To treat obesity and achieve weight loss in adults was concluded as follows:-

- Physical activity alone, diet alone and physical activity and diet combined are effective interventions.
- There is evidence that a combination of behavioural therapy techniques in conjunction with other weight loss approaches is effective.

NICE⁴² made recommendations to prevent, identify, assess and manage obesity in adults and children to a range of organisations including the NHS, local authorities, schools and early years providers, workplaces and the public. Key priorities for implementation by local authorities included:

“working with local partners, such as industry and voluntary organisations, to create and manage more safe spaces for incidental and planned physical activity, addressing as a priority any concerns about safety, crime and inclusion”, by:

- providing facilities and schemes such as cycling and walking routes, cycle parking, area maps and safe play areas

- making streets cleaner and safer, through measures such as traffic calming, congestion charging, pedestrian crossings, cycle routes, lighting and walking schemes
- ensuring buildings and spaces are designed to encourage people to be more physically active (for example, through positioning and signing of stairs, entrances and walkways)
- considering in particular people who require tailored information and support, especially inactive, vulnerable groups.

For childhood obesity the available evidence on the cost effectiveness of different interventions suggests the most cost effective interventions are multi-faceted, supporting children and their families to eat more healthily and become more active. This kind of approach can be used for a targeted group of children, but it can also be implemented on a larger scale to help prevent and reduce obesity. A whole range of different interventions, spanning health services, schools, the transport system, the food industry and the physical environment are required⁴³.

What are we doing?

- The Haringey Obesity Strategy - offers practical guidance for the prevention, management and treatment of obesity with the aim of reducing health inequalities and ill-health, aimed primarily at health care professionals.
- The Adult Obesity Care Pathway - provides a formalised structure for high quality, timely, standardised and equitable care.
- Haringey Health Trainer Service provides brief intervention, one to one advice and follow up (see section 3.2.5)
- Commercial community-based weight management on referral programme (for obese adults (BMI >30) aged 40-74 who have undergone an NHS Health Check)
- Draft Hot Food Takeaway Policy – addresses concerns regarding the impact that the proliferation of hot food takeaway outlets has on children, young people and the vulnerable and sets out recommendations for the refusal of planning permission.
- Haringey Food and Nutrition Strategy
- A broad range of physical activity interventions (see above in physical activity section of the report)
- NHS Health Check programme – aims to identify adults aged 40-74 at high risk of CVD and intervening to reduce the risk, including supporting life style change (see section 3.2.5)
- Haringey Nutrition and Dietetics Service – providing one-to-one support to patients who require support and guidance regarding nutritional intake. In addition, a number of community-based interventions have been rolled out across the borough. Clinic times, locations and type of support are varied to improve access. Some languages are spoken. Training is available for community groups.
- Evidence on childhood obesity in Haringey was received by The Cross Party Working Group in the paper entitled ‘Giving Every Child the Best Start in Life’ discussed in the June meeting.

What more could we do?

- Consider a whole system approach to tackling obesity in the local population including spanning health services, schools, the transport system, the food industry and the physical environment are required
- Local awareness raising, including primary prevention.

- A wider range of community-based weight management programmes and clinic options
- Multi-component programmes using approaches based on psychological principles.
- Scale up borough wide training programmes for brief intervention to a range of staff and volunteers
- interventions for people with learning disabilities or mental health problems and their carers.
- promote physical activity across the social gradient and in target groups (see section above) to both prevent and help treat obesity
- Consider use of planning regulations to restrict plans for fast food outlets in the borough and promote healthy food options and labelling. Further joint work between Trading Standards and Public Health on nutrition and obesity

Recommendations

1. Consider adopting a whole system approach to tackling obesity in the local population
2. Focus on addressing health inequalities by focusing on populations who are at higher risk of overweight and obesity.
3. Commission interventions to address childhood obesity using an evidence-based whole family approach.
4. Work closely with key external borough partners to maximise funding and other resource opportunities.
5. Implement a local awareness raising campaign.
6. Commission a range of adult weight management services.
7. Adopt and implement a policy for the restriction of fast food outlets and promoting healthy food options.

3.2.4 Alcohol Related Harm

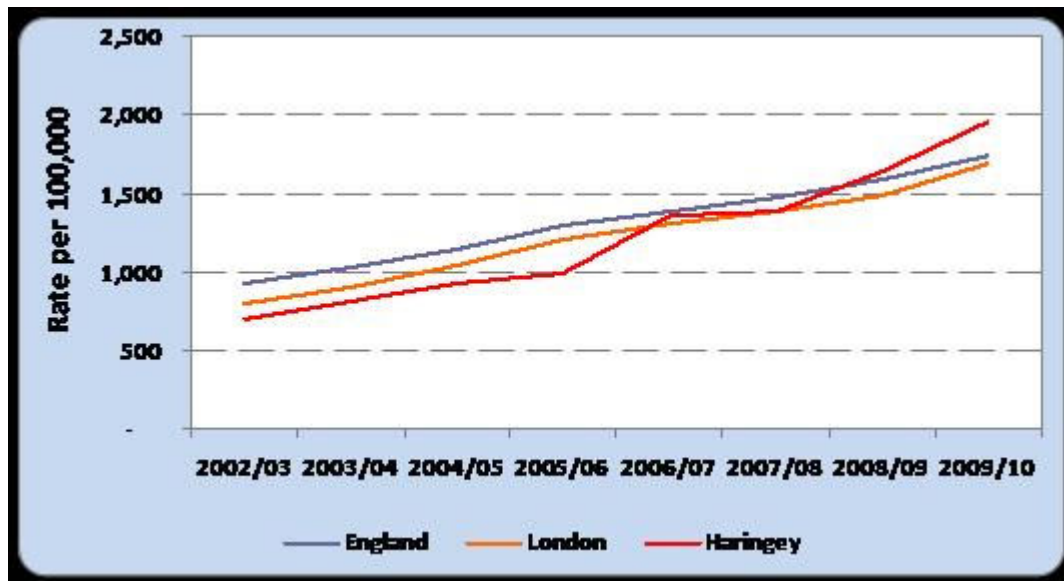
Harm due to alcohol are considerably more apparent in more deprived groups. The most deprived fifth of the UK population suffer two or three times greater loss of life attributable to alcohol, three to five times greater mortality due to alcohol-specific causes and two to five times more admissions to hospital because of alcohol than wealthy areas⁴⁴. The inequality ratio is most apparent in men and there is a direct dose-response relationship between alcohol consumption and death⁴⁵

Haringey's alcohol related hospital admissions rates have almost doubled in the period 2004/05 -2008/9 for men and women (see Figure 9). This includes admissions that are partially attributable to alcohol, such as hypertension, and those that are 'wholly' attributable to alcohol e.g. ethanol poisoning. Middle aged and older men make up the majority of alcohol related hospital admissions and apart from 'any other ethnic group' Irish men had the highest wholly attributable rate of admissions^v. Alcohol admissions in

^v Analysis of Hospital Episodes Data Haringey Public Health 2009

the under 18's account for a small percentage of overall admissions,^{vi} (55 between 2006/07-2008/9.)

Figure 9: Trend in alcohol related admissions (2002-2010)



Source: North West Public Health Observatory

Figure 10: Alcohol related admissions in Haringey by cause and gender (2008-09)

^{vii}

^{vi} In under 18's only alcohol specific conditions are counted

^{vii} The alcohol specific rate calculates a rate based on deaths wholly attributable to alcohol. The alcohol attributable deaths are calculated according to the application of attributable fractions to deaths from certain conditions. For more information see *Alcohol attributable fractions for England; alcohol attributable mortality and hospital admissions, NWPHO 2008*

Condition group	Male % all NI39 admissions	Female % all NI39 admissions	All admissions
Hypertensive (Chronic)	22.8	12.3	35.1
Alcohol specific (Mental)	15.5	5.0	20.5
Cardiac arrhythmias	7.2	5.6	12.8
Other diseases	4.2	6.6	10.8
Accidents & Injury (Acute)	2.5	1.1	3.6
Alcohol specific (Chronic)	2.4	2.1	4.5
Cancer	2.4	2.5	4.9
Digestive (Chronic)	2.0	0.9	2.9
Violence (Acute)	1.9	1.8	3.7
Alcohol specific (Acute)	0.5	0.6	1.1
Top ten conditions total	61.4%	38.5%	

Hypertensive disease in men over 65 accounts for 35% of alcohol related admissions.

Mental and behavioural disorders account for 20.5% alcohol related admissions*

High blood pressure is the commonest cause of alcohol related admissions (see Figure 10). Mental and behavioural disorders, the second commonest cause, include: drunkenness, acute intoxication withdrawal, harmful dependence, delirium tremens, psychotic disorder etc. Men over 50 are most represented in this category. Males outnumber females on most conditions; the one notable exception is "other diseases". This category includes spontaneous abortion, epilepsy, ischaemic stroke and psoriasis. Crude rates for ethnicity indicate: White British, African Caribbean and 'any other white' men are most represented in alcohol related hypertension admissions. White British, any other white and Irish men most represented in alcohol specific mental and behavioural disorders.

Figure 11 Alcohol specific and alcohol attributable/related deaths, per 100,000 population (all ages, directly standardised)

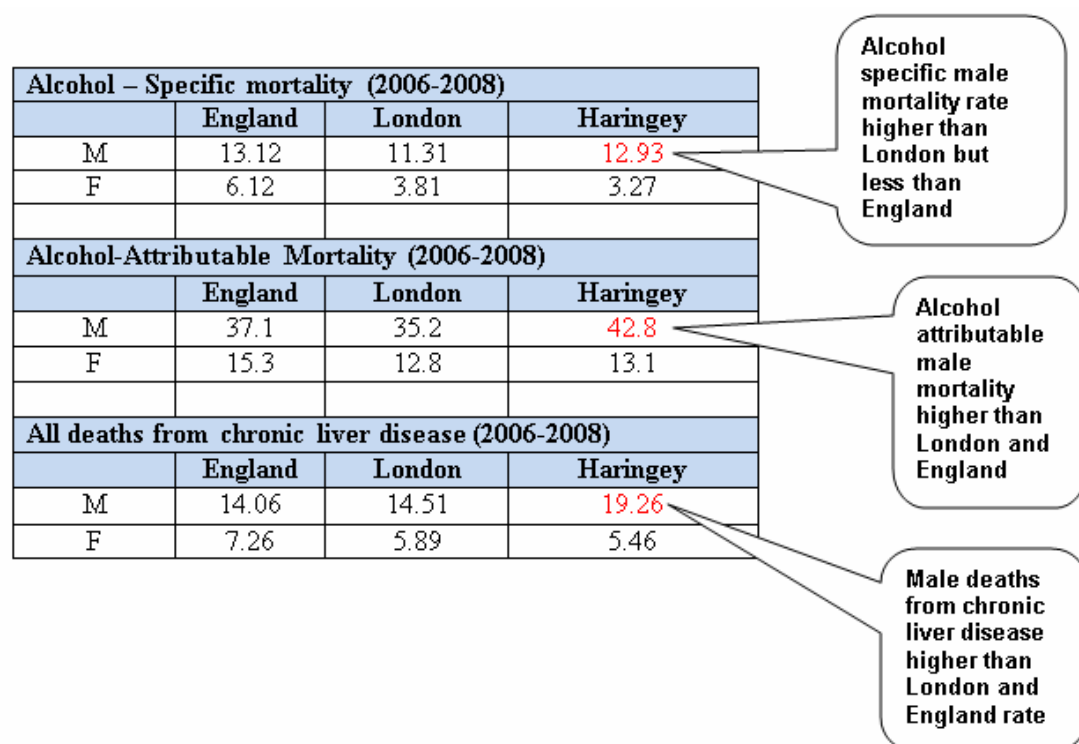
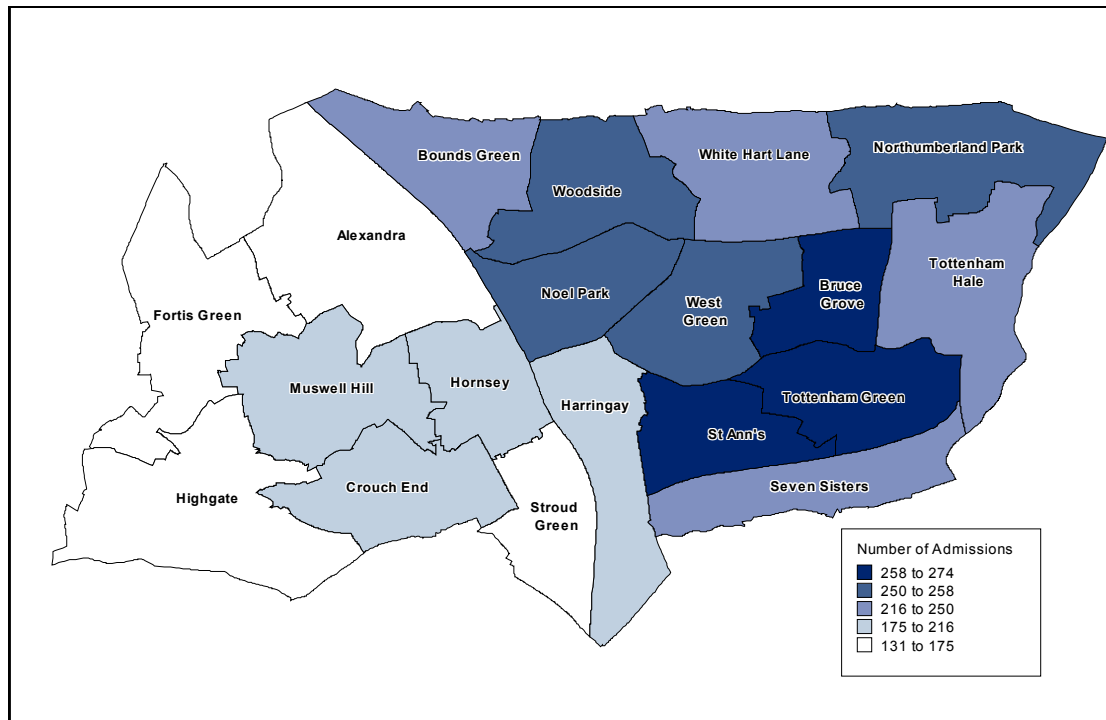


Figure 11 shows alcohol specific and attributable/related deaths by gender. If all alcohol attributable and alcohol specific deaths among men under 75 in Haringey were prevented, it is estimated that life expectancy at birth of men in the borough would increase by almost one year^{viii}

Figure 12 shows an analysis on individual *patients* as opposed to *admissions* - Hospital Episode Statistics (HES) data. By analysing the individuals admitted as opposed to just the episodes (HES) we are able to more accurately understand where we need to target prevention activities. The data suggests that partially attributable admissions are more concentrated in the East in particular St Ann's, Tottenham Green and Bruce Grove. The picture is broadly similar for partially attributable admissions.

Table 4 number of *individual* male wholly attributable alcohol admission 2010/11

^{viii} North West Public Health Observatory, 2011



Whilst Health Inequalities is a factor in alcohol use and young people in that, Looked After Children, School Excludes and children of substance misusing parents are more likely to develop alcohol and or substance misuse problems, it is not a leading cause of death amongst young people and is therefore not a feature of this paper.

Regulatory issues include: increasing availability of alcohol through off licences and low cost alcohol through supermarkets. Spot checks for underage sales in Haringey have a high failure rate (i.e. sales are made)

What should we be doing? What are we doing?

The work to tackle alcohol related harm in the borough is informed by the boroughs Alcohol Strategy and Action plan, overseen by the Alcohol Strategy Group and chaired by the lead member for Communities. The plan, as in previous years covers alcohol related health harms, community safety, and children and young people.

HINST is clear that key to reducing the life expectancy gap in Haringey, and in particular death from cardiovascular disease, is a reduction in the upward trend in alcohol related hospital admissions. The main evidence base for what works to prevent dependent drinking (and therefore improve life expectancy) is Identification and Brief Interventions (IBA)⁴⁶. These interventions have traditionally been delivered in medical settings (Primary Care, A & E and certain wards). The plan is to extend IBA out into community settings.

In recognition that alcohol is often an contributing factor in the development of CVD, and as a further means of identifying those who are 'increasing and higher risk drinkers', the decision was made locally to incorporate alcohol screening into the local the NHS Health Checks programme in East Haringey (see section 3.2.5).

A programme of street outreach to traditional 'street drinkers' and work with Polish community through street outreach and liaison at North Middlesex A & E, is also an integral part of the prevention programme.

A pilot on the effectiveness of IBA in the workplace is currently being evaluated by Middlesex University (North London Hub Workplace IBA Pilot). Haringey was one of the boroughs to take part in this. Occupational health, HR and some Union representatives were trained in IBA .

Ex –service users have been trained in IBA and are now delivering this at some of the GP surgeries in the borough.

Alcohol enforcement: licensing applications are dealt with in accordance with statutory requirements. Spot checks are undertaken as with tobacco for underage sales. Counterfeit is common.

A range of universal prevention/early intervention and targeted prevention activities are in place for young people in the borough. This is supported by a dedicated Tier 3 service for those children who have started to develop substance misuse problems (Insight). The most effective means of preventing substance misuse problems in young people is by early assessment of risk of those most vulnerable. This is the approach adopted in Haringey by services working with vulnerable young people. Children of substance misusing parents are further supported by a service which works with them and their parents to reduce the harm caused by alcohol and drugs and attempt to impact on intergenerational substance misuse problems (COSMIC).

What more could we do?

Brief Interventions to be delivered in non-medical settings by groups of staff who may come into contact with those who are increasing or higher risk drinkers. This is in line with recent NICE guidance in this area⁴⁷ .

Targeted prevention – planned IBA training of staff working with Irish and Polish communities via Haringey's Irish centre and the PEEC.

Campaigning to make legislative changes in both alcohol and gambling availability.

Recommendations

1. Consideration should be given for making the pilot workplace IBA project a permanent feature of services offered by Occupational Health in the local authority (dependent in part on outcome of research).
2. To support the above: robust workplace policies on substance misuse need to be in place
3. Consideration should be given for including question on alcohol use in older people's assessment forms in adult social care (link to falls etc).
4. Consideration should be given for prioritising training of Key staff groups in IBA e.g. Safeguarding staff (First Response), Domestic Violence Staff, SOVA, Housing staff, Neighbourhood Action Officers, in order to extend range of places IBA can be delivered.
5. Further joining up work between physical activity and alcohol e.g. joint brief interventions work with alcohol IBA (see also section 3.2.5.) and propose the new leisure centre specifications include expectation that staff employed will be trained in IBA

Related documents

Alcohol Needs Assessment

Haringey's' Alcohol Strategy click on hyperlink: [Dying For A Drink?](#)

3.2.5 Generic prevention programmes

Lower socio-economic groups, certain BME groups and “vulnerable groups” such as those with mental health problems have a higher risk of most of the life style risk factors described above. A social gradient exists for each factor. There is commonality in approaches to reduce their prevalence including: brief interventions, awareness campaigns, regulatory mechanisms and changes to the physical environment.

Recommendations

1. Consider developing a generic approach to health improvement/prevention working with all partners across the range of approaches to include: alcohol, physical activity, obesity and tobacco control.
2. Work with social care and other key staff to support training in brief interventions, raising awareness of lifestyle factors and appropriate referral

Two programmes NHS Health checks and Health Trainers, are now described. They are key to addressing a number of lifestyle factors within Haringey and focus on the East of the borough.

3.2.5.1 NHS Health Checks

The NHS Health Checks programme is a key outcome in the Public Health Outcomes Framework. It aims to identify those at risk of vascular diseases: heart disease, stroke, diabetes and kidney disease, and to ensure appropriate advice, support and follow up. Those identified as high risk usually require medication and recall each year, others require lifestyle support and recall each five years. It is focused on those aged 40-74 years and is based upon good evidence of effectiveness and cost effectiveness. If delivered effectively it would have a major impact on inequalities in life expectancy.

What are we doing?

The programme commenced in Haringey in February 2010. So far more than 3500 people have been assessed by the programme. The majority of the Health Checks have been undertaken in primary care, with incentive payments, mainly in East Haringey. Others have been undertaken through a partnership with the British Heart Foundation targeting high risk groups in community centres and a one off event at World Stroke Day. Support to patients and staff within the Health Checks programme is provided as appropriate including: the Health Trainers services (see below), weight management vouchers, the exercise referral scheme and support from the stop smoking service. Training, IT and protocols support staff undertaking the checks.

What more could we do?

The programme has been well received by patients and staff. Recurrent funding is available, although further funding is required for full roll out. The programme will continue in primary care this year, mainly in the East. To maximise the impact of the programme it is essential that the public, particularly in high risk groups, take up the programme and are supported to make lifestyle changes or comply with medication as appropriate. The publicity, marketing and engagement with the communities about the primary care programme to date has been limited. It may also be helpful to pilot community based programmes in community or work place settings. Ultimately the programme needs to roll out to screen 9000 people per annum.

Recommendations

- 1) Engage key communities and publicise the programme to ensure uptake of the programme
- 2) Prioritise investment in lifestyle support services linked with this programme (see physical activity, obesity, stop smoking services above)
- 3) Link current health checks programmes e.g. in council staff, learning disability services with the formal NHS Health Checks approach in order to maximise outcomes from these health checks.
- 4) Develop community champions (volunteers) to support health trainers and promote key health messages

3.2.5.2 Health Trainers

The NHS Health Trainer initiative is a national programme, established in 2006. Health Trainers support local people who are in circumstances that put them at a greater risk of poor health. They are drawn from the communities within which they work or knowledgeable about the community. They are trained to use evidence-based techniques based on psychological evidence and theories to help people change behaviours that are known to cause ill-health. Health Trainers provide one-to-one advice, motivation and practical support to individuals in their local communities on how to make healthier lifestyle choices in the areas of smoking, alcohol use, physical activity and healthy eating. Their role involves working with clients to set goals and agree an action plan, using a client-centred approach. They also monitor and review client progress and revise plans when necessary.

What are we doing now?

The Haringey Health Trainer Service was established in 2009 and is a key initiative through which to address health inequalities. It operates in the East of the borough out of a range of community and primary care venues. Haringey health trainers are drawn from local communities and have been trained in line with national standards and have ongoing supervision and training. They give advice and support, raise awareness about health issues and refer to local services as appropriate.

What more could we do?

The service has recently changed management and is being relaunched. It is important that this service is used to capacity by target groups for one to one support. It would be useful to develop a pathway to support lifestyle change and promote health: community champions who market local health improvement programmes and raise awareness of signs and symptoms of illnesses; health trainers who give basic one to one support in

life style change; more specialist lifestyle support e.g. stop smoking services, exercise referral.

Recommendations

1. Council staff to publicise and refer target groups to the Health Trainers service
2. Consider developing a whole system approach or pathway for health improvement locally including training and education of residents from local communities. This could be taken forward with partners e.g. Tottenham Hotspur Foundation

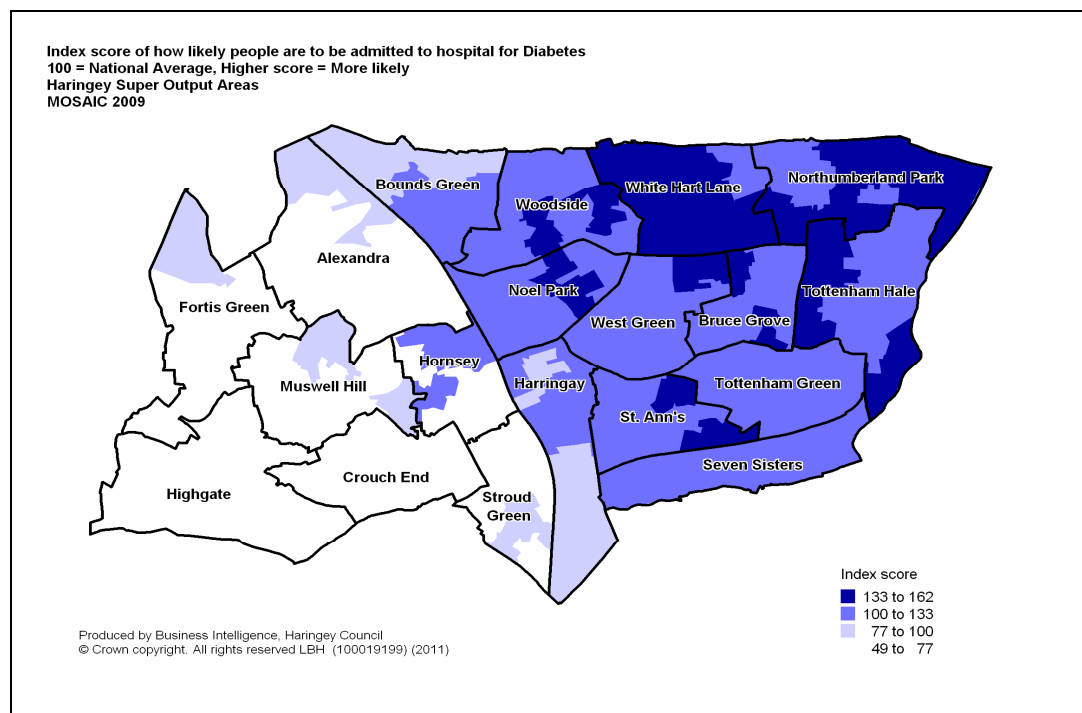
3.3 Early intervention (adults over 40)

As demonstrated above in “the scarf” in Figure 3, CVD and cancer are major contributors to the life expectancy gap. Additional long term conditions that contribute to the gap are diabetes and COPD (an important respiratory disease). Diabetes is important both as a risk factor for heart disease and stroke and prevalent in its own right particularly within BME (including South Asian and Black) groups and deprived groups. Evidence suggests that the activities that support early intervention of these long term conditions are some of the most cost effective and effective interventions to impact on the Life Expectancy Gap, particularly within the short term^{4, 5}. Local information shows under-diagnosis of many of these diseases and their risk factors, high rates of admissions, and other indicators suggesting late diagnosis (e.g. indicators of poor diabetic control, poor cancer survival). Many of these indicators are worse in East Haringey than West and amongst lower socio-economic groups or BME groups. Figure 13 shows diabetes admissions are much higher in East than West Haringey. A systematic approach to diagnosis and treatment is required to tackle the socio-economic gradient and reduce inequalities in outcomes.

National guidance suggests efforts to encourage early intervention and thus reduce the Life Expectancy Gap should focus on the over 40s. This is consistent with the Haringey picture where the majority of the life expectancy gap is in the over 40s (as shown in Figure 3).

Early intervention is mainly within the remit of the NHS. However, there are key opportunities for the Council, partners and communities to engage in this and thus scale up the impact on target groups. This section gives a brief overview and makes recommendations for the Council to consider.

Figure 13: Estimated diabetes admissions in Haringey



Source: Mosaic

3.3.1 Heart disease, stroke, diabetes and lung disease

What should we be doing?

- Raise awareness/community engagement regarding signs and symptoms of disease⁴
- Early detection: use of primary care disease registers, case finding. Early management of disease and risk factors e.g. treat atrial fibrillation (irregular pulse rate), high blood pressure (good evidence of effectiveness), control of blood sugars in diabetics and steroids in COPD.
- Secondary prevention e.g. promote healthy life-styles in those who are already ill e.g. cardiac rehabilitation, smoking cessation in COPD, weight management in diabetics.
- Modelling, analysis and understanding of rates of detection and management of disease and risk factors within the population

What are we doing

- Primary prevention – see section 3.2 above
- Community awareness raising: FAST campaign for stroke. Haringey, in partnership with Diabetes UK has trained up community champions to undertake risk assessments and raise awareness of diabetes in at risk communities.
- Early detection: actions to increase atrial fibrillation and high blood pressure diagnosis. NHS Health Checks (see above). COPD early case finding via the stop smoking service and additional training (Warwick training) and ongoing educational programmes for GPs in diabetes management, including in North East Haringey.
- Secondary prevention: cardiac rehabilitation programme, exercise referral programme for people with long term conditions in East Haringey
- Diabetes epidemiological needs assessment undertaken

- Awareness raising and generic health checks for people with Learning Disability to identify risk factors and disease early and to educate

What more could we do

- Further engage with the council in awareness raising campaigns and opportunities for early detection of these diseases
- Work in partnership to promote secondary prevention advice e.g. brief intervention and appropriate referral for lifestyle advice.
- Scale up effective interventions in primary care to ensure early intervention particularly in those most at risk
- Sustain the exercise referral campaign (threatened through loss of ABG funding)
- Development of self-management programmes, particularly in target groups following a gap in the service.
- More intelligent use of information to target groups or areas with delay or underdiagnosis and inequity in service access (recommended in Haringey HINST review)
- Educate council employees of their own risks and early signs and symptoms of heart disease and stroke.

Recommendations

1. Support community engagement to raise awareness of early signs and symptoms, particularly in at risk communities
2. Training and education of council staff e.g. social care staff to raise awareness of early signs and symptoms and encourage self management and referral as appropriate, particularly in high risk target groups
3. Training and education of council staff to undertake brief interventions for life style change particularly in target groups
4. Council, NHS and partners to work in partnership to develop local intelligence to identify needs and target groups to target early interventions
5. Work with occupational health to develop educational programmes to raise awareness within council employees of early signs and symptoms of key long term conditions

Related documents

Diabetes Needs Assessment
Stroke Needs Assessment

3.3.2. Cancer

Cancer mortality contributes to 25% of gap in Life Expectancy between Haringey and England (see Figure 3 above). Of this, lung cancer mortality in Haringey is responsible

for approximately 6% of the life expectancy gap, bowel cancer 4% (mortality rate significantly higher than England) and breast cancer mortality approximately 0.5-1%. After smoking, the biggest impact on mortality is late diagnosis of cancer. Therefore lives can be saved by earlier diagnosis – particularly breast, colorectal and lung⁴. Survival rates for breast cancer are linked to deprivation⁴⁸, with lower SEG having poorer survival (even for breast cancer). Local data shows that screening uptake varies by GP and by population group. Cancer screening programmes show some link with deprivation with lower uptake of screening programmes in more deprived groups (a strong link for bowel screening shown in local Mosaic and social marketing research) and certain ethnic minority groups have lower uptake of screening programmes⁴⁹.

What should we be doing?

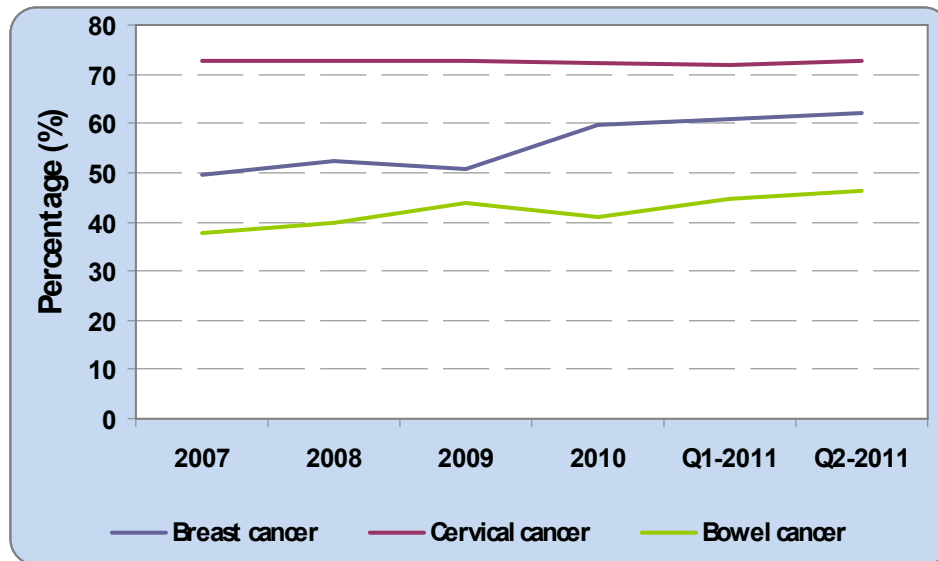
In addition to addressing lifestyle factors (section 3.2 above), key actions to address inequalities in cancer mortality include:

- Raise awareness of symptoms and signs of cancers and importance of Cancer screening programmes through community engagement programmes, media, advertising campaigns – particularly aimed at target groups
- Early detection of cancer through- engagement with primary care in early diagnosis and management of cancers
- Improving uptake of cancer screening programmes (breast, bowel and cervical), aimed at reducing incidence and mortality from cancers, particularly in target groups.
- Use of intelligence and audits to identify target groups e.g. areas/populations where late presentation of cancers impact on survival and cancer screening uptake poor.

What are we doing?

- “Haringey Life Savers” works with 4 GP practices and community groups in high prevalence areas to raise awareness and encourage early diagnosis of the four common cancers. A similar recently established programme focuses just on bowel cancer and bowel cancer screening in the East, working with the Tottenham Hotspur Foundation. A recently appointed GP lead for cancer is working with GPs to support early diagnosis based upon information from profiles of cancer by GP practice.
- Uptake in breast and bowel cancer screening has improved in recent years (see Figure 14 below). Social marketing, mosaic information is informing and a recent health equity audit on breast cancer screening are informing local action plans to increase uptake of breast, bowel and cervical cancer screening programmes. These include a health trainer working specifically on this issue in Haringey.

Figure 14: Cancer screening uptake in Haringey (2007-2011)



Source: NHS Haringey

What more could we do?

Most of the projects above are based upon external, short term funding. Whilst these are appropriately targeted and achieving good outcomes, a more systematic, scaled up and sustainable approach is required across primary care, community care and communities to maximise the impact on inequalities in cancer outcomes.

Recommendations

1. The council staff and communications support programmes to raise awareness of early signs and symptoms of common cancers and cancer screening programmes in target groups, informed by local information.

Related documents

GP Profiles for Cancers in Haringey

Haringey cancer needs assessment (draft)

Breast Cancer Screening Overview and Scrutiny Review

http://www.haringey.gov.uk/index/council/decisions/overview_and_scrutiny/scrutiny_reviews/scrutiny-reviews-2009-10.htm

3.4 Seasonal excess deaths.

Seasonal excess deaths are deaths in excess of the annual average and most typically occur in winter. However, seasonal excess deaths can arise at other times, for example during periods of very hot weather.

Excess winter deaths are mainly due to respiratory, cardiovascular causes, and infectious diseases including seasonal flu. Excess winter deaths tend to be observed in older people, and those who are socially isolated or live alone. People, who live in more deprived areas, or those who are unemployed, may additionally be at risk of fuel

poverty. There are, on average, 50-55 excess deaths every winter in Haringey with excess winter mortality index^{ix} well below London and England.

What should we be doing? What are we doing?

Work to tackle excess seasonal deaths in Haringey was reviewed by the National Support Team for Health Inequalities in October 2009.

A range of positive interventions and good practice were identified including:

- Development of 'Affordable Warmth Strategy'
- Comprehensive cover for the Community Matron services;
- The use of assistive technology such as Telehealth & Telemedicine;
- Social housing in the Borough has been mapped and used when accessing the focus of certain targeted activity/campaigns;
- Year on year increased coverage of seasonal flu vaccinations;
- Thermal image photography of the whole Borough.

Since then further action, in line with the identified good practice has progressed:

- Affordable Warmth Strategy launched November 2009. Delivery group has been set up which includes representatives from: Housing Associations, Utility Companies, Homes for Haringey, Age Concern and Haringey Forum for Older People
- Promoting the take up of Warm Front scheme by eligible Haringey residents: 981 households provided with £787,629 worth of heating & insulation measures in 2010/2011
- "RE:NEW" demonstration project in Bruce Grove & West Green. This is a project to improve energy efficiency in vulnerable households. 527 households have been provided with £125,000 worth of energy saving measures
- Warmth and Comfort scheme: funded by Targeted Funding Stream monies from Government via North London sub region it provided heating upgrades / new systems to vulnerable clients. 226 households provided with £408,000 worth of heating and insulation measures in 2009/2010
- Decent Homes Scheme: funded by Targeted Funding Stream monies from Government via North London sub Region. 123 vulnerable households provided with £238,000 worth of improvements to bring their accommodation up to the Decent Homes standard in 2010/2011
- Web pages are maintained to provide up to date information for residents
- Training provided to staff – e.g course being delivered on assisting residents with fuel debt

What more should we be doing?

The following actions are in development:

- Putting together a database which will contain details of all the various energy efficiency and heating improvement schemes that have been operational throughout Haringey in the past ten years. This will be on line and accessible by a number of organisations

^{ix} The excess winter mortality index = (EWM / average non-winter deaths) x 100. The EWM index shows the percentage increase for deaths in winter months compared to average summer deaths. It is calculated so that comparisons can be made between gender, age groups and regions.

- Ensure that the profile of fuel poverty remains high within Haringey, particularly given the number of vulnerable residents in the borough and the speed with which fuel prices have increased and will continue to increase . For example through: staff briefings and updates, promotion and publicity activities
- Contributing to the London Assembly investigation into Fuel Poverty
- Implement a scheme similar to the Seasonal Health Interventions Network (SHINE) in Islington. Current intention is to work initially with the Whittington Hospital and roll out to other hospitals in the future
- Seek to work with GP surgeries throughout the borough to identify people and provide assistance, hence averting their admission to hospital.
- Strengthen links between Public Health, NHS, council departments and voluntary sector to promote key messages to vulnerable people

Recommendations

1. Further data analyses to be performed to identify those at highest risk of excess winter deaths locally;
2. There are a number of 'registers' of vulnerable people being drawn up by different agencies/professional services. A 'list of lists' (i.e. an overview of who is the key contact in a locality/cross District in relation to specific groups of vulnerable people) would be an important strategic resource
3. Agree and promote key messages to vulnerable groups across agencies.

4. Conclusion

This paper presents the evidence, and proposes recommendations to tackle the life expectancy gap in Haringey. The recommendations are for consideration and to inform priority actions for the developing Health and Well Being Strategy.

Key themes emerge throughout this paper. These include:

- The importance of strong leadership, governance and strategy⁴. This includes working in partnership to maximise collective use of resources
- Better use of health intelligence e.g. mosaic, service audits, needs assessments to target interventions appropriately and monitor their impact
- Allocate resources and interventions to tackle the socio-economic gradient and address inequalities in key target groups
- A whole system, partnership approach to prevention e.g. health service, transport planners, trading standards, leisure and other partners including voluntary sector work together
- An important role for the council in early intervention e.g. raising awareness and early onward referral of long term conditions
- A joined up approach to prevention, for example brief intervention training across alcohol, physical activity, obesity for a wide range of staff and volunteers

Acknowledgements

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Dr Fiona Wright, Assistant Director of Public Health, Haringey
11th July 2011

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MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 27 JUNE 2011

Councillors Councillors Bull (Chair), Alexander, Christophides, Diakides, Ejiofor, Weber, Jenks, Mallett and Newton

Apologies Councillors Browne and Engert

Also Present: **Co-optees:** Helena Kania (Local Involvement Network (LINK)) and Sarah Marsh (Parent Governor Representative)

Councillors: Cllr Dogus, Cllr Schmitz, Cllr Solomon, Cllr Winskill

Officers: Kevin Bartle (Lead Finance Officer), Mun Thong Phung (Director of Adult & Housing Services), Lisa Redfern (Deputy Director Adult & Community Services), Len Weir (Head of Provider Service (Older People/Mental Health), Charlotte Law (Head of Finance, Adult Culture & Community Services) Dorothy Simon (Council's Deputy Monitoring Officer), Rob Mack (Senior Policy Officer), Natalie Cole (Clerk)

Also attending: Mrs Conlon (Willoughby Road Drop-in Centre), Ms Katie Brimacombe (Abyssinia Court Centre), James Tilotson and Judy Bax (Jackson's Lane Drop-In Centre), Mr Raj Doshi (Woodside Drop-in Centre), Robert Edmonds (Age Concern), Maureen Carey (Haringey Forum for Older People), Naeem Sheikh (HAVECO) and approximately 50 members of the public and press

**MINUTE
NO.**

SUBJECT/DECISION

OSCO07.	APOLOGIES FOR ABSENCE Apologies for absence were received from Councillors Browne and Engert and David Singh (Haringey Forum for Older People). NOTED that Cllr Mallett substituted for Cllr Browne, Cllr Newton substituted for Cllr Winskill and Cllr Jenks substituted for Cllr Engert. Cllr Weber acted as Vice Chair in the absence of Cllr Winskill from the Committee Membership.
OSCO08.	URGENT BUSINESS It being a special meeting – under the Council's Constitution – Part 4, Section B, Paragraph 17 – no other business was permitted.
OSCO09.	DECLARATIONS OF INTEREST Councillor Newton declared a personal interest in item OSCO11 as his elderly Mother-in-Law had lived with him in Haringey from Summer 2002 - Summer 2003 and had used Jackson' Lane Drop-In Centre for respite care.
OSCO10.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS A number of requests to speak had been agreed by the Chair; the details of

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	which are recorded below.
OSCO11.	CALL-IN - RECOMMENDED BUDGET SAVINGS DECISION - ADULT SERVICES PROPOSALS IN 2011 - OLDER PERSONS' DROP-IN CENTRES, JACKSONS LANE LUNCHEON CLUB AND CYPRIOT ELDERLY AND DISABILITY PROJECT RECEIVED the report of the Monitoring Officer (pages 1-5 of the agenda pack) validating the call-in request (pages 7-9) of the decision of the Cabinet of 7th June 2011 (in relation to budget savings – Older Person's Drop-In Centres, Jacksons Lane Luncheon Club and Cypriot Elderly and Disability Project and the report of the Director of Adult and Housing Services (pages 1-26 of the to-follow papers). Committee Members also received various written representations from interested groups prior to the meeting including: • A letter on behalf of the Haringey Federation of Residents' Associations (Vulnerable Groups) opposing the decision for the closure of drop-in centres. • A briefing from Willoughby Drop-in Day Centre listing the benefits of drop-in centres. • Details of a petition against any closure of Woodside House Drop-In Centre. • A letter on behalf of Age UK highlighting the importance of luncheon clubs remaining in operation. • A letter from Haringey Association of Voluntary Community Organisations (HAVCO) to the Cabinet Member for Health and Adult Services expressing concerns relating to consultation on the closures of services. a. <u>Monitoring Officer's Report</u> The Deputy Monitoring Officer Dorothy Simon presented the report as laid out. b. <u>Introduction to the Call-in of the Cabinet decision of 7th June 2011 relating to budget savings – Older Person's Services by Councillor David Winskill</u> NOTED the introduction to the call-in by Cllr Winskill, including: • The Call-in had been signed by Cllrs Winskill, Erskine, Gorrie, Whyte and Solomon. • Reference to "drop-in centres" should be taken to include Jackson's Lane Luncheon Club. • Recognition that the drop-in services were a preventative service. • Revenue savings could have been made elsewhere to avoid cutting such precious and valued frontline services. • At the very least the Council should suspend the process to close the drop-in centres to enable partnership arrangements to be made or training and capacity building and enablement to voluntary and third sector organisations to allow a seamless transition of the running of drop-in centres. During that time a review of the decision should take place and include a thorough risk-analysis of long-term cost implications of closures

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on Council services and the NHS as well as asking whether and how much users could contribute to the running of the centres.

- Service users should be invited to make a modest contribution of £2.50 per week which could generate £60k, over 40 weeks, towards keeping the centres open
- 635 older people regularly visited these services at a low cost of £285 each per year and the closures would result in increased social isolation and would have an adverse impact on carers. Evidence showed that socialised older people lived longer, were active and stayed healthier.
- Drop-in centre staff recognised signs of illness, harm, distress and abuse; preventing longer more expensive care. Closures of these services would increase costs to other Council services.
- The centres offered a sense of belonging, continuity of care and support and a feeling of companionship which prevented loneliness and depression.
- The Council should provide a commitment to keep the Older People's Drop-in centres and luncheon clubs open in the long-term or it should drive forward partnership agreements with other organisations, charities and social enterprises to allow the centres to remain open.

In response to questions from Committee Members the following was noted:

- Cllr Winskill suggested that £75k was required to keep drop-in services open for the remainder of this financial year. Council Officers explained that the annual cost of keeping the services open was £90k but the service was required to make a total saving of £181k as part of the Council's overall required saving of £43 million. A number of Committee Members agreed that £75k was not a substantial amount compared to the overall savings figure.
- In response to concerns raised about the impact of closures on vulnerable service users Cllr Winskill explained that the Council's Personalisation Agenda meant that users would be assessed and provided with a personalised budget to purchase care services. Cllr Winskill expressed that he did not believe that the Council had done enough to assess whether drop-in centre service users would qualify and whether this would result in adequate substitution for the closure of the centres.
- In response to Members' concerns that the savings had been front-loaded and more could have been done to foresee the level of cuts required the Lead Finance Officer reminded members that the Council had experienced an unprecedented level of cuts, much greater than anticipated, and that the Comprehensive Spending Review allocation of funding to local authorities had not been published until December 2010 yet budget savings had been required by February 2011.

c. Representations by Interested Groups

- i. NOTED the statement of Joan Conlon, representing Willoughby Day Centre, including that the Centre helped prevent isolation and its closure would be detrimental to the survival of elderly people.

In response to questions from the Committee the following was noted:

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- Residents from across the borough utilised Willoughby Road Centre, which had 120 members plus daily visitors and service users paid £3.50 per meal.
- Operators could continue to run Willoughby Road Centre if the Council continued to provide the premises and funded a part time worker. Cleaning could be conducted by the Centre's volunteers. Members expressed concern that the Willoughby Road premises could remain empty if the centre operating from it was closed.
- Currently the Council provided Willoughby Road with £43k of funding.
Action No 11.1: The Head of Finance, Adult Culture & Community Services would provide funding figures for the entire drop-in service at Willoughby Lane.

- ii. NOTED the statement of Katye Brimacombe, Haringey Carer, Abyssinia Court Centre, including that the Centre was a lifeline for older people many of whom had mental health problems and disabilities and would be isolated if the centre closed.

In response to questions from the Committee the following was noted:

- Discussions about options for keeping the Centre open had been held with a nearby church group but nothing had been confirmed.
- There was no guarantee that Hornsey Housing Trust would continue to provide the premises for free once the Council closed the service and the organisation was currently not in a position to take over the service.

- iii. NOTED the statements of James Tilotson and Judy Bax, Board Members of Jackson's Lane Luncheon Club, including that this was a rare service (and the only one of its kind in Haringey) and had been operating for 30 years and from 12-2pm each day with some provision for extended activities in the afternoons. The closures would greatly affect the well-being of elderly people who would return to isolation and loneliness which would be detrimental to their mental health and would result in knock-on costs for the Council and NHS. The Luncheon Club received £10,078 in annual funding from the Council, which paid for a staff member.

In response to questions from the Committee the following was noted:

- Alternative funding was being sought but many organisations were reluctant to commit to replacing funding that had been cut by other agencies.
- The building was owned by the Council and leased to Jackson's Lane. It was on the borough boundary and neighbouring boroughs had been approached but had declined to provide funding support.

- iv. NOTED the statement of Raj Doshi in relation to Woodside Drop-In Centre, including that the service was particularly valuable to the Asian community and provided medical workshops as well as fitness support and that further dialogue was required with local communities to avoid the closures.

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The Cabinet Member for Health and Adult Services emphasised that there were no proposals to change the I Can Care initiative which operated at Woodside and the Council would continue to provide the Centre with £7420 funding.

- v. NOTED the statement of Robert Edmonds from Age Concern including:
- Age Concern was opposed to the closure of luncheon clubs and the timeliness of the related decisions taken by Haringey.
 - The services being cut operated to maintain independence for older people and this in turn saved the Council costs as this prevented later requirements for services.
 - The voluntary sector needed time to build the capacity to take over the services and create partnerships.
 - Consultation with Age Concern had not been adequate.

In response to questions from the Committee it was noted that the impact of the closures should be addressed and more discussions held particularly about hospital stays, discharges and social integration for older people.

- vi. NOTED the statement of Maureen Carey, Vice Chair of the Forum for Older People, including that older people needed the social network that the drop-in centres provided for survival; the process of closing the centres should be slowed down to allow more consideration for funding and the future care of those affected.

- vii. NOTED the statement of Naeem Sheikh, Haringey Association of Voluntary and Community Organisations (HAVCO) including:
- The closures would place more pressure on other services.
 - Many older people were willing to make small financial contributions towards drop-in services.
 - Much consultation had taken place but the decision to close services should be suspended until March 2012 to allow the Voluntary Sector time to propose alternative solutions for a sustainable service.

In response to questions from the Committee it was noted that HAVCO could facilitate a partnership with voluntary sector organisations to find better ways of providing services and was promoting local volunteering and had raised funding for the volunteers project for 5 years.

The Committee adjourned at 13:10hrs and reconvened at 13:20hrs.

d. Cabinet Member for Health and Adult Services

NOTED the statement of Cllr Dilek Dogus, Cabinet Member for Health and Adult Services, responding to the matters raised, including:

- The Cabinet Member shared the concerns raised by interested groups and reminded the Committee that the Council was required to make a total of £84 million worth of savings in addition to cuts in funding allocations from central government and the adult services department presented the largest deficit in the Council due to the nature of the

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services it provides.

- Changing the eligibility for care was not considered as a potential saving as it was acknowledged that this would adversely affect those most in need.
- Staffing structures had been reviewed and redundancies made but further cuts were still required.
- 3 months of extensive consultations had taken place including letters to and meetings with stakeholders and Equalities Impact Assessments had been conducted further to the issues raised.
- A recurring theme from interested groups was concern at the loss of foot-care services and in response the Council had decided to continue to provide free toenail cutting for older people.
- Any older person needing a meal, whether in a communal setting, or at home, would continue to receive them in much the same way.
- Discussions had been held with service providers but it was not possible to agree arrangements for future provision before any Cabinet decision had been made.
- Voluntary Groups had been first informed of the potential cuts in December 2010 and Age Concern had hosted a large consultation event.
- A number of preventative services were being provided in Haringey and the fall-out from the closures of the drop-in centres would be incorporated in to these.

The Deputy Director – Adult and Community Services echoed the Cabinet Member's comments and reminded the Committee that adult social care was a statutory service and that the Care Quality Commission had judged the Council as "Good" and the services that the Council purchased as "Good" or "Excellent". The Deputy Director acknowledged that the drop-in centres undoubtedly provided a vital part of prevention but other preventative services would continue. The Voluntary Sector in Haringey received £12 million for preventative services, in addition the Supporting People programme gave much of it's £12 million budget to preventative services.

Committee Members were given the opportunity to ask further questions of the Cabinet Member and the following was noted:

- Alternative options had been considered and were outlined in Appendix 1 (page 9) of the report of the Director of Housing and Adult Services including the possibility of providing a carers hub at Wood Green library and reminiscence cafés at Bruce Castle and Abyssinia Court for people with dementia.
- There was a willingness on the part of voluntary organisations to take over services.
- The Committee highlighted the large overspend in the Children's Service and expressed concern that this money could have gone towards keeping a drop in centre open. The Lead Finance Officer confirmed that there was a forecasted overspend in Children's Services and it was being dealt with.
- Committee members expressed concerns that the proposals could result in a false economy due to the knock on effect of the closures on other services.
- The Cabinet member disagreed with comments that the proposals did not address issues around social exclusion and referred to Appendix 1 of the

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report of the Director of Housing and Adult Services. The Voluntary Sector Strategy was being reviewed and the aspect of dealing with social isolation would be included in the criteria during funding allocation.

- The Committee raised concerns about the timescales for setting up alternative provision and noted that few local authorities provided drop-in centre provision. **Action 11.2 – information on the number of local authorities that provided drop-in centres would be circulated.**
- The Committee commended the number of consultation meetings held with stakeholders but still expressed concerns that major groups such as HAVCO and Age Concern had expressed concern at a lack of adequate engagement from the Council. The Cabinet Member highlighted that the concerns raised by these groups were mainly objections to the proposals but reiterated that the Council was under pressure to make the savings. The Council would continue to work with HAVCO and Age Concern.

NOTED Cllr Winskill's disappointment that in accordance with Rule 2.1 of the Overview and Scrutiny Procedure Rules and his being the main signatory of the call-in) he was not permitted to ask questions at this point in the meeting.

Clerk's Note: The Cabinet Member and Councillor Winskill left the meeting.

The Chair MOVED a motion that the decision taken by the Cabinet in relation to Drop-In Centres on 7th June was inside the Council's policy and budget framework and that further action should be taken. This was unanimously agreed.

RESOLVED

- 1a. That the decision taken by the Cabinet in relation to Drop-In Centres on 7th June was inside the Council's policy and budget Framework.

The Committee agreed unanimously to reject the option to not take any further action

Councillor Diakides MOVED a motion that the matter be referred back to the Cabinet with a recommendation that the Cabinet defer a final decision for a further 6 months in order to allow the completion of the detailed exploration of alternatives and of possible extra support and finance, that the department was currently already working on. This was seconded by Councillor Ejiofor.

A vote was taken (8 members voted for the motion and 1 member (Cllr Weber) voted against) and carried.

Cllr Weber asked for it to be noted that her reason for voting against the motion was that she would have preferred for the decision to be referred to full Council.

RESOLVED

- 2a. That the decision in relation to Drop-In Centres be referred back to the

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Cabinet to reconsider the decision before taking a final decision within 5 working days in light of the views expressed by the Overview & Scrutiny Committee.

- 2b. The Cabinet be recommended to defer a final decision and continue to fund drop-in services for a further 6 months in order to allow the completion of the detailed exploration of alternatives and of possible extra support (including facilitating capacity building within the voluntary sector, to assist the voluntary sector in filling the void that the Council's withdrawal from Drop-in Centres will have created) and finance, that the department was currently already working on.

In making this recommendation the Committee took into account evidence that:

- There was a universal perception that drop-in services were generally well run and popular; also that their proposed withdrawal, in advance of putting adequate alternatives in place, would have an immediate real impact on the quality of life of a large number of vulnerable people in the borough who were currently using them. It would also undermine the current system of preventative measures in the borough which was likely to lead to further future costs to the authority as well as avoidable distress to numerous low income residents.
- The vast majority of those affected were low income people, with significant proportions from vulnerable groups; whilst almost any reductions in Adult Services was likely by definition to also have a disproportionate impact on low income and vulnerable groups of local people, there were concerns expressed that at the corporate level the outcomes of the recent consultation exercises and Equality Impact Assessments had not had the chance to influence the broad brush allocation of cuts between different services.
- There were promising possibilities for partly re-providing some of these services through different means, of securing alternative sources of funding or support for certain aspects, of reducing costs in some cases through the introduction of a small voluntary levy on users and of enabling in some cases the users and other support organisations to take them over and continue them at a minimal or no cost to the authority. It was evident that the department had been working hard on most of these possibilities, but also that little concrete agreement had as yet been secured, mainly due to the short timetables imposed and the need to proceed carefully at each stage.
- The savings involved, especially in the remaining of the current financial year were relatively small and a delay in finalising the decision to the end of the financial year could be contained within the current year's contingencies. Such a delay would have no impact on the long-term financial plans of the council, i.e. the base budget and therefore it would not derail the integrity of the current budget process.
- The proposals as they stand had started undermining the confidence of at

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	least some of the users, potential users and their advocates in the future ability of the Council to provide an adequate service to low income and vulnerable elderly residents. Since maintaining the public's confidence on the service is essential component of delivering an efficient service in this field, it would appear that allowing a bit more time for officers to work with users and other organisations to concretise some of the alternatives and enable a smooth transition would demonstrate the authority's determination to listen to the concerns expressed and to minimise the impact of the proposed cuts on the ground. The meeting ended at 14:55 hrs
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COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY**OF.....****CHAIR.....**

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Councillors Councillors Bull (Chair), Winskill (Vice-Chair), Browne, Alexander, Christophides, Diakides, Ejiofor, Engert and Weber

Also Present: **Co-optees:** Helena Kania (Local Involvement Network (LINK)) and Sarah Marsh (Parent Governor Representative)
Councillors: Council Leader (Cllr Claire Kober), Cabinet Member for Finance and Carbon Reduction (Cllr Joe Goldberg) and Cabinet Member for Communities (Cllr Bernice Vanier), Cllr Jenks, Cllr Newton
Officers: Kevin Crompton (Chief Executive), Stuart Young (Assistant Chief Executive), Julie Parker (Director of Corporate Resources), Eve Pelekanos (Head of Policy, Intelligence and Partnership), Claire Kowalska (Community Safety Strategic Manager), Helena Pugh (Policy, Equalities & Partnership Manager), Melanie Ponomarenko (Senior Policy Officer), Natalie Cole (Clerk)
Also attending: Sandra Looby (Borough Commander), 3 members of the public and press

MINUTE NO.	SUBJECT/DECISION
OSCO12.	WEBCASTING NOTED the meeting was recorded.
OSCO13.	APOLOGIES FOR ABSENCE There were no apologies for absence. The Chair took the opportunity to welcome new members onto the Committee.
OSCO14.	URGENT BUSINESS The Chair requested an urgent item: "Feedback from the recent Call-in meeting" to be considered at agenda item 13. AGREED.
OSCO15.	DECLARATIONS OF INTEREST There were no declarations of interest in relation to items on the agenda.
OSCO16.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO17.	COUNCIL PRIORITIES The Leader, Councillor Claire Kober, introduced four of the Council priorities for the forthcoming year: unemployment, the welfare agenda, housing and budget cuts. The Committee noted that these were not the only issues that the Council was faced with but some of the most prominent. The Chief Executive, Kevin Crompton, reminded the Committee of the Rethinking Haringey report presented

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to the full Council in February 2011, which outlined new structures and sharing services with partners.

The following was noted in response to questions from the Committee:

- The Committee's concerns about last year's overspend in Children's Services were noted but the Leader stated that she expected all directorates to remain within their allocated budgets at the end of the financial year.
- The Committee expressed concerns about national indicator figures, particularly for children's safeguarding and housing, namely temporary accommodation.
- The Leader recognised that it was difficult to determine quality with the performance indicators but, in relation to child protection the Council commissioned audits by an independent social worker and results showed that the quality of the Council's assessments was improving.
- The Council housed more than 750 families in its own temporary housing stock and was working successfully to reduce average re-let times.
- In response to concerns raised about under-occupation the Leader highlighted that with the forthcoming changes to the benefits system many claimants in under-occupied properties would not be able to afford them.
- In response to concerns that health inequalities was not highlighted by the Leader as a priority, the Leader explained that the Health and Well Being Partnership and other initiatives will reduce health inequalities in Haringey.
- The Committee asked for an informal session on the overarching corporate plan detailing how the council would achieve its aims and priorities, which would be available in September.
- Committee members expressed disappointment that the new governance arrangements proposed only 5 Overview and Scrutiny Committees a year and highlighted that scrutiny of health and child protection were important subjects and required dedicated Overview & Scrutiny meetings.
- In response to questions on encouraging more businesses to set up in Haringey it was reported that some parts of Enfield and Haringey had submitted bids to become part of the government's enterprise zones, where business growth was encouraged by offering discounted rates and national insurance incentives to assist with tackling unemployment.
- The Leader clarified details of the Work Programme initiative, which was part of a scheme run by the Department for Work and Pensions (DWP). Large organisations could bid to deliver the work programme contracts and Haringey had submitted a bid to be a sub-contractor for a number of contracts which were not successful within the Work Programme tender process.
- In relation to the Tottenham Hotspur Football Club stadium redevelopment it was reported that the Council continued to meet with the Chairman of the football club to discuss regeneration of the area but while the club was still going through the legal process of appealing the decision against its bid for the Olympic Stadium it was not possible to discuss any final arrangements.
- The Leader highlighted that performance figures for processing council tax and housing benefits had improved recently but acknowledged that there were challenges particularly due to the current economic climate

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	where more people were losing jobs and applying for benefits. ACTION: A Committee member asked if the details of quality audits relating to NI59 (Initial Assessments Completed in 7 days) and NI 60 (Core Assessments Completed) could be shared with the Committee. The Leader stated that the information could not be shared in its current format but agreed to discuss with the relevant Cabinet Member and officers about the possibility of providing some of the information. (Action No. 17.1) A briefing note on current local Place Based Budget projects would be circulated to Committee Members. (Action 17.2) The Committee thanked the Leader for attending. A member asked that it be noted that the duration of this Cabinet Member question time was 70 minutes when previously 30 minutes was sufficient if a Cabinet Member briefing was supplied and written questions and responses submitted in advance.
OSCO18.	SCRUTINY WORK PROGRAMME RECEIVED the draft Scrutiny Work Programme for 2011/12, introduced by Stuart Young (Assistant Chief Executive) and Eve Pelekanos (Head of Policy, Intelligence and Partnership) and the protocol and procedure rules covering Overview & Scrutiny Committee (pages 1-30 of the agenda pack). NOTED • The Committee's concern at the fewer number of meetings this year and agreement that an additional special Child Protection Scrutiny meeting was required. Officers reminded members that Child Protection matters would be considered by other Council bodies and that the Committee could call extraordinary meetings if required. • The Committee suggested that more meeting time be allocated to scrutiny of local health issues, which was not a responsibility of the Joint Overview & Scrutiny Committee for Health (JHOSC). • The Committee agreed to request (via the Chair) that the report on Day Centre Closures be presented to the Committee as part of pre-decision scrutiny prior to it being considered by the Cabinet for a decision. • Scrutiny Officers had been successful in securing the free services of a Health and Inequalities advisory. • The report recommended that the Committee undertake 3 scrutiny reviews in the forthcoming year. The Committee voted on the 8 suggestions in the report (pages 8-10) plus the additional suggestion of reviews on NHS Dentists in Haringey. • It was agreed that the 3 scrutiny reviews for 2011/12 would be Health Inequalities, Benefits and Council Tax and Children Missing from Care Homes. RESOLVED i. To accept the draft work programme as an indicative programme to be

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	amended by the Chair in consultation with Overview & Scrutiny Committee members. ii. To hold an additional Overview & Scrutiny Committee meeting to focus on Child Protection Scrutiny. iii. To receive the report on Day Centre Closures as part of pre-decision scrutiny prior to its consideration by the Cabinet. iv. To undertake the following three scrutiny reviews for 2011/12: Health Inequalities (to be chaired by Councillor Winskill, Vice Chair of OSC), Benefits and Council Tax (to be chaired by Councillor Bull, Chair of OSC) and Children Missing from Care Homes (to be chaired by Councillor Karen Alexander).
OSCO19.	CABINET MEMBER QUESTIONS - CABINET MEMBER FOR FINANCE AND CARBON REDUCTION The Cabinet Member for Finance and Carbon Reduction, Cllr Joe Goldberg, gave an overview of his portfolio highlighting that Haringey's efficiency programme was being monitored and a further £20 million would need to be cut over the next two years in addition to the £20 million agreed in the Council's medium term financial plan in February 2011. A review of the Council's property portfolio was being scoped and this would include community and housing buildings, schools and office building left vacant as a result of the cuts. The Haringey 40/20 initiative to reduce carbon emissions by 40% by 2020 was being launched and other sustainability programmes were being considered. In response to questions from the Committee the following was noted: • Community buildings would be considered as part of the review. • The increased demand in the Wood Green and Tottenham call-centres as a result of the previous closure of two call-centres was causing unacceptable waiting times. This was due to one or two specific services that had not yet made the transition to online services and other new processes. The Council was also looking at the role the community hubs could play in customer services. • The Cabinet Member stated that he was confident that the overspend in Children's Services, caused by the increased demand for child protection services in the borough, was manageable and was being monitored. • Meetings with other boroughs about sharing services including communications, development and learning, legal services and IT systems were continuing. The Council already shared much of its procurement including London energy, saving a substantial amount for London Councils. • In response to comments that cuts could be made in the IT service rather than from frontline services the Cabinet Member explained that the IT service had seen some reductions, including the deletion of 22 positions but there was a limit to what could be stopped as IT systems ran critical services such as Framework-I for safeguarding. • The Council was in discussions with Islington Council about a project to look at linking different IT systems to enable the sharing of information of customers.

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	• The Council had a council tax collection rate of 94%, which was 2% higher than last year. Overdue council tax payments were written off after 8 years. • In response to questions the Committee noted that the Council made no provision in its budget for compensation payouts to a particular previous employee. • The Council's total estimated level of reserves amounted to £59 million. • A Committee Member suggested that carbon reduction was a luxury during such times of austerity. It was reported that the Council spent as little as £140k on carbon reduction and this would help avoid future costs. The Cabinet Member explained how carbon reduction was measured and monitored.
OSCO20.	END OF YEAR CRIME FIGURES RECEIVED the End of Year Crime Figures report (pages 1-36 of the agenda pack) on the borough's performance for 2010-11 against the key community safety targets, introduced by the Cabinet Member for Communities, (Councillor Bernice Vanier), Haringey's Borough Commander (Sandra Looby) and Haringey's Community Safety Strategic Manager (Claire Kowalska). In response to questions from the Committee the following was noted: • It was suggested that Area Committees should receive and consider crime figures to tie in with the localism agenda. The Borough Commander stated that local Safer Neighbourhood Teams who attended the Area Committees could provide local figures on crime but would not provide specific details such as properties where crime had taken place. It was noted that Area Plans involving professionals would be developed for each Area Committee and would include ward statistics and community crime figures. • In response to concerns about SNT officers being deployed outside the borough it was noted that this had only happened on two occasions including the Royal Wedding. SNT officers were ring fenced to work locally. • The Borough Commander recognised members' concerns that Area Panel meetings were not always well attended and emphasised their role in holding the relevant people to account. • The Council had submitted a bid for funding towards a joint programme with Enfield Council on gangs and knife crime. Haringey and Enfield were already working in partnership in these areas. • A member highlighted that victims of crime were more likely to attend the Whittington Hospital rather than North Middlesex and it was noted that further to initial difficulties the Councils Drug and Alcohol Action Team (DAAT) had started working well with the Whittington hospital to obtain data and it was hoped the same practice could be followed with North Middlesex and other hospitals. • Whilst theft from vehicles was still an issue house burglaries were more of a concern and it was common for vehicles to be stolen as a result of vehicle keys being left in house hallways. It was not possible to know whether such crimes were organised. • The Committee was informed that there were no plans to merge Ward

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	Panels. However, Area Panels would be brought together to enable more effective street policing. • The London-wide Operation Target was in place to identify traditional crime hotspots, where extra resources and manpower would be dedicated for the next six months. • Anti Social Behaviour (ASB) cases remained high in Haringey (paragraph 10.2, page 35 of the agenda pack) and members suggested more preventative work with primary schools. It was explained that the complexity of cases was increasing but primary schools were now being targeted in addition to work being done in collaboration with secondary school headteachers and other partnership working. • Officers agreed to take back suggestions that lone parents be assisted to improve security as part of work with vulnerable households. ACTION The Committee asked for a briefing note on gang crime prevention including the plans in place and information on the Gang Crime Action Group and the Council's dedicated lead officer (Action No. 20).
OSCO21.	COMMUNITY SAFETY PARTNERSHIP STRATEGY RECEIVED the draft Community Safety Strategy 2011-2014 (pages 37-106 of the agenda pack). introduced by the Cabinet Member for Communities, (Councillor Bernice Vanier), Haringey's Borough Commander (Sandra Looby) and Haringey's Community Safety Strategic Manager (Claire Kowalska). The Strategy would be presented to the Cabinet for adoption. The following was noted in response to questions from the Committee: • The Committee suggested that street gang crime be specifically targeted as part of the strategy particularly in relation to young people who were more at risk of entering the youth justice system as a result of cuts to the youth service. A recent scrutiny review on Youth Crime had been conducted but not yet published. • The Committee highlighted the need for improving security especially in Council housing blocks. It was recognised that part of the problem was to do with anti social behaviour and holding the correct authority to account i.e. Homes for Haringey. • Committee Members suggested that reference to how the Council was "designing out" crime be made within the Community Safety Strategy. It was noted that the Community Safety Unit and Homes for Haringey had already been working together to see how planning design could lessen the occurrence of crime by reducing the vulnerability of people and properties by removing opportunities provided by the built environment (Action No. 21). • Training was being provided to anti social behaviour action teams so that people in the community were aware of how to help the teams build evidence and take appropriate action. • It was noted that local councillors were expected to attend and support the Area Panels and it was the responsibility of panel secretaries to widely publicise and circulate information about the meetings. The

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	possibility of organising virtual panel meetings were being considered so that people did not have to leave their homes to take part. • Further to the Committee's concerns about engagement with local residents' associations it was reported that work was being conducted to bring together the Strategy and local area plans to reduce crime. • The Strategy would be monitored at quarterly Community Safety Partnership meetings and the Committee suggested that a progress report be provided to the Cabinet in a year. RESOLVED i. To note and endorse the three strategic priorities, seven outcomes and this year's delivery plan in relation to the Community Safety Strategy. ii. To recommend that a progress report on the Community Safety Strategy be provided to the Cabinet in one year.
OSCO22.	BETTING SHOPS SCRUTINY REVIEW RECEIVED the Scrutiny Review report on the Clustering of Betting Shops in Haringey (pages 107-176 of the agenda pack), introduced by Cllr Winskill, Chair of the Scrutiny Review. Cllr Winskill thanked all those involved including members of the community and recommendation that the betting shop review form the basis of a short submission to the Department of Culture Media and Sport inquiry on the impact of the Gambling Act 2005. RESOLVED to approve the report and recommendations of the review and that the betting shop review form the basis of a short submission to the Department of Culture Media and Sport inquiry on the impact of the Gambling Act 2005.
OSCO23.	FEEDBACK FROM CHAIRS OF AREA COMMITTEES The Committee members who were chairs of the Council's Area Committees were invited to discuss any matters arising from the meetings. NOTED the suggestion that borough-wide scrutiny reviews of the Veolia environmental contract be conducted next year and Controlled Parking Zones (CPZs) be conducted next year.
OSCO24.	NEW ITEMS OF URGENT BUSINESS <u>Call-in Feedback</u> Further to the recent meetings held to consider call-ins of Cabinet decisions the Committee requested a training session on call-in procedures. There was a general consensus that Overview & Scrutiny Committee members should be able to add to or amend the resolutions of a call-in meeting after the meeting (and before the decision is published) in consultation with each other.

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OSCO25.	MINUTES The minutes of the meetings held on 9thMay 2011 and 8th June 2011 were confirmed as a correct record and signed by the Chair.
OSCO26.	FUTURE MEETINGS The meeting dates were noted. RESOLVED that Overview & Scrutiny Committee meetings will be held at the new meeting time of 5pm.
OSCO27.	SCRUTINY COMMITTEE ACTIONS REQUESTED The actions completed since the last meeting were noted. A meeting between the Chair, Vice Chair and Assistant Director would be arranged to discuss the outstanding actions. The meeting ended at 22:00hrs

COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
MONDAY, 15 AUGUST 2011

Councillors Councillors Bull (Chair), Browne, Alexander, Christophides, Diakides, Engert and Winskill (Vice-Chair)

Apologies Councillor Ejiofor and Yvonne Denny

Also Present: **Co-optees:** Helena Kania (Local Involvement Network (LINK))
Councillors: Cllr Dogus, Cllr Wilson
Officers: Kevin Bartle (Lead Finance Officer), Mun Thong Phung (Director of Adult & Housing Services), Lisa Redfern (Deputy Director Adult & Community Services), Len Weir (Head of Provider Service (Older People/Mental Health), Beverley Tarka (Head of Learning Disabilities – Adults), Dorothy Simon (Council's Deputy Monitoring Officer), Christina Piscina (Strategy Support Manager), Natalie Cole (Clerk)
Also attending: Approximately 45 members of the public

**MINUTE
NO.**

SUBJECT/DECISION

OSCO28.	WEBCASTING NOTED that the meeting was recorded for broadcasting on the Council's website.
OSCO29.	APOLOGIES FOR ABSENCE Apologies for absence were received from Yvonne Denny (Church Representative) and Councillor Ejiofor, who was substituted for by Councillor Waters.
OSCO30.	URGENT BUSINESS It being a special meeting; no urgent items were permitted.
OSCO31.	DECLARATIONS OF INTEREST NOTED that, as the Cabinet Member for Health and Adult Services, Councillor Dogus had a prejudicial interest.
OSCO32.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS The presentations by interested groups were recorded under minute number 33.
OSCO33.	CALL IN - CAB 20 - PROPOSED CLOSURE OF THREE OLDER PEOPLE'S RESIDENTIAL CARE HOMES AND LEARNING DISABILITIES RESIDENTIAL AND RESPITE CARE HOMES The Committee received the agenda pack relating to the call-in of Cabinet decision CAB20 – proposed closure of three older people's residential care

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homes and learning disabilities residential and respite care homes.

The Committee also received written representations opposing the proposals from: Yvonne Heath (carer of a service user), Martin Hewitt (Haringey resident), Mary Jarvis (cousin of a service user), Sue Hessel (Haringey Federation of Residents' Associations (vulnerable groups), Sandra Hayward (cousin of a service user), Lynne Featherstone MP, Bindmans Solicitors (on behalf of campaigners against the closure of 100 Whitehall Street) and UNISON.

NOTED

1. Introduction to the Call-in

Councillor Richard Wilson introduced the call-in (pages 71-73 of the agenda pack), including the following points:

- Alternative options should be considered rather than closing the residential and respite care homes.
- £550,000 invested in 100 Whitehall Street 5 years ago would have been wasted if the Council closed the home.
- Concerns about whether there was capacity for alternative respite care provision within the borough.
- The families of service users of 100 Whitehall Street were unclear about what the alternative provision would be.

2. Representations by interested groups

a. Barbara Cordwell (Headcorn, Tenterden, Beaufoy and Gretten Road (HTBG) Residents' Association), opposing the closure of 100 Whitehall Street including:

- Concerns that the residents' association were not included in the original consultation on 100 Whitehall Street.
- If closed, the Council should ensure that the building at 100 Whitehall Street remained secure to avoid any inappropriate use and/or deterioration.
- The residents' association should be consulted on any proposals for the future use of the 100 Whitehall Street.

The following was noted in response to questions from the Committee:

- The residents' association were unaware of the proposed closure until after the decision had been made by the Cabinet.
- The residents' association utilised 100 Whitehall Street for its meetings and had a good relationship with staff.

b. Celia Webster (Local Resident) opposing the closures, including:

- The residential and respite care homes were lifelines for the service users and alternative savings should be sought.
- Personalised budgets would not be sufficient to pay the high cost of private care homes, which would not necessarily provide high levels of

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
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care.

- Consultation with service users about their individual needs was inadequate.
- Closures should not take place until alternative provision was in place for all service users.
- The Council was urged to keep 100 Whitehall Street open.

c. Mark Grainger (Mencap), including:

- Alternative plans for provision should be in place before any closures were implemented.
- Families and carers need access to good respite care to avoid reaching breaking point.
- Questions about whether the Council had considered the long term implications of the closures on the individual.

The following was noted in response to questions from the Committee:

- Mencap generally supported the modernisation of services and moves to smaller residential homes if managed well.

d. Kayte Brimacombe (Local Resident/ Service User) referred to the written submission from Bindmans Solicitors and claimed that there was no evidence that the Council had met its duty to consult (including with the NHS), conduct assessments and adequately consider service users needs and alternative provision and comply with equalities and human rights duties.

e. Anna Wakefield (carer) and Vera Strand (carer) opposing the closures, including:

- The Council had not considered the concerns of parents of service users of 100 Whitehall Street.
- Long stay residents of the home looked upon staff as family members and removing a vulnerable child or adult could be detrimental.
- Alternative forms of respite proposed by the Council would not be suitable for the users of Whitehall Street, which provided a flexible service and responded to emergencies.
- Few families in the adult placement scheme would be willing to take on incontinent adults with difficult behaviour.

The following was noted in response to questions from the Committee:

- During initial engagement in January 2011 some service users said that they supported holidays rather than residential respite care but this did not reflect the opinions of all users/ families.
- Continuity of care was vital and any move to provision outside of the borough would be very distressing for service users and families would receive fewer respite opportunities.

f. Marjolein de Vries (Director Kith & Kids) opposing the closure of 100 Whitehall Street including:

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- The proposed closures had caused widespread anxiety for service users particularly with regard to capacity for alternative provision.
- The Council should listen to the concerns of the families of service users as they were saving the Council money by caring for service users at home.
- The Council could not guarantee adequate alternative provision before individual assessments had been conducted.
- The Committee was urged to refer the decision back to the Cabinet for reconsideration.

The following was noted in response to questions from the Committee:

- If the respite care provision was not in the model required there would be a breakdown in care resulting in emergency care, the cost of which was higher than the cost of standard respite care.
- Whilst the financial information within the Cabinet report was limited the full impact on carers had not been assessed and could not be assessed until individual service user assessments had been conducted.

Clerk's note: The meeting was adjourned for a break at 11:45hrs and reconvened at 11:55hrs.

3. Cabinet Member for Health and Adult Services

NOTED the statement of Cllr Dilek Dogus, Cabinet Member for Health and Adult Services, responding to the matters raised, including:

- A reminder that all services across the Council were required to make cuts. The Cabinet Member recognised that these cuts affected the most vulnerable groups in society but assured the Committee that alternative provision could be provided by the independent sector at a lower cost.
- The £550,000 investment in 100 Whitehall Street was required in 2006 (when there had been no plans to close the service) in order for the building to meet CQC standards.
- Whilst the closure of 100 Whitehall Street would yield the smallest saving of all the closures in the proposals it was not feasible to run the provision at a lower cost as this would risk running a service that would not be safe.
- In response to concerns about the cost of alternative provision of care the Cabinet Member highlighted that a placement cost was on average £936 per week. She assured the Committee that a person would receive a required service even if it was outside of the average cost and no service user would be removed from Whitehall Street until alternative arrangements were in place.
- Confirmation that the criteria for care would not change and alternative provision would be found for all service users according to their (and their carers') needs and wishes once assessed.
- Haringey Mencap and Age Uk had provided advocacy support to the Council by speaking with service users at 100 Whitehall Street and the

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Council had tried to involve everyone affected by the proposals including carers.

- During consultations some residents requested to move into alternative residential care homes together and this would be accommodated.
- The Council's commissioning practice was recognised as one of the best in London and resident placements will be made in 2 star and 3 star Care Quality Commission (CQC) rated establishments. The Council already commissioned more than 35% of Haringey's care with the private sector.
- Those residents not able to manage personalised budgets would be managed by the Council, although those utilising residential and respite services would not be offered personalised budgets, which were restricted to day based service users.
- The relevant residents' association(s) would be consulted about any future use of the Whitehall Street building. The building would be considered as part of a borough-wide property review.

4. Responses from Officers

a. Deputy Director Adult & Community Services, including:

- In response to the concerns raised in the submission from Bindmans Solicitors it was noted that the Council had fully complied with the legal requirements for consultation and equalities. A project team including service officers, communications, human resources and others with consultation experience to establish a consultation plan based on best practice. Further consultation with affected service users had been postponed due to the decision being called-in and officers were happy to meet with any service users and their families for further discussion if requested.
- In response to the Committee's concerns it was noted that the NHS had been consulted about the closures throughout and Council officers also met with the Learning Disabilities Partnership Board and Executive Board every two months. **ACTION No 33.1: The Chair would write to the NHS on behalf of the Committee asking for confirmation that the NHS supported the proposals with no concerns about long term effects on service users.**
- Anxieties about continuity of care were acknowledged and if new placements were required there would be a sensitive integration process for service users involving their families/carers. The arrangements for emergency and planned care would remain the same.
- For clarity it was explained that the Edwards Drive respite care provision would continue to operate until alternative care had been provided for all concerned. A community outreach service would be established to run from Edwards Drive in parallel to the current service.
- As a result of effective consultation on the proposals the Council was conducting a review of carers to establish needs and provision of services on an individual needs basis.

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Clerk's note: The Chair left the room at 13:00hrs and the Vice Chair took over. The Chair return at 13:03.

In response to concerns raised and questions put to the Cabinet Member and officers the following was noted:

- The current budget for residential care homes for older people was £2.8 million gross and the re-provision of these services under the proposals would cost £991,000 which would result in a saving of £1.8 million. There were separate figures for the cost of learning disabilities services. The Committee expressed concern that there was a lack of financial transparency in the report because no details had been given of consequences to the increases that would have to be made in other support budgets for other types of care.
- Committee members expressed concern about the disparity in the number of beds proposed in the re-provision of services (47 beds) and those currently in use (113). By 2013 47 people would still be placed in residential homes out of the 113 people currently using this service.
- It was noted that the number of people going into residential care homes was declining with the provision of extra care services. The Committee was assured, however, that there was a separate community budget for older people coming into the system who would be placed in services run by the independent sector.
- Local providers would be expected to submit plans to the Council on how they will provide services.
- The figures provided in the Equalities Impact Assessment (EIA) included number of staff affected by the proposals. Officers assured the Committee that if the proposals went ahead the Council would look at alternative placement opportunities with independent sector providers in order to retain those members of staff locally.
- The Committee suggested that the option of selling 100 Whitehall Street to the private or voluntary sector (as had been done with leisure centres) should have been considered. Officers explained that this would not be economically viable. Members were not satisfied that this option had been fully worked through before being rejected as an option.

Clerk's note: The Cabinet Member left the meeting.

RESOLVED

- 1a. That the decision taken by the Cabinet in relation to the closure of residential care and respite care homes on 19th July 2011 was inside the Council's policy and budget Framework.

Councillor Christophides MOVED to uphold the Cabinet decision and to not refer it back to the decision maker. This was not seconded.

Councillor Winskill MOVED that the matter be referred back to the Cabinet for reconsideration including: consideration of the Bindmans submission relating to the legal framework, clarification of the financial implications of the proposals and consideration of more in depth engagement with service users and their

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
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families.

This was SECONDED by Councillor Diakides.

A vote was taken and CARRIED. Cllrs Alexander, Browne, Diakides, Engert and Winskill voted for and Cllrs Bull, Christophides and Waters abstained.

RESOLVED

- 2a. That CAB20 – Proposed Closure of three older people’s residential care homes and one learning disabilities residential and respite care homes be referred back to the Cabinet as the decision taker for reconsideration of the decision before taking a final decision.
- 2b. That in reconsidering the decision the Cabinet pay particular attention to:
- i. The points raised within the written submission from Bindmans solicitors and satisfy itself that the Council had fulfilled all legal requirements and had not acted outside of the requirements for consultation and human rights.
 - ii. Financial transparency: the Cabinet should consider the full financial implications of the closures; not simply in terms of budget strands for residential care homes but also for Whitehall Street but also take into account the aggregated impact that increased alternative service provision will have on other budgets within the Council.
 - iii. Consultation and engagement: the Cabinet should develop a model of services intended to replace the current provision of respite and residential care. It should be based on a comprehensive programme of engagement with service users, their carers and families and other stakeholders.

COUNCILLOR GIDEON BULL

Chair

The meeting ended at 13:55hrs

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....

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MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 24 AUGUST 2011

Councillors Councillors Bull (Chair), Browne, Ejiofor, Winskill (Vice-Chair), Butcher, Meehan, Rice and Scott

Apologies Councillors Alexander, Christophides, Engert, Helena Kania,

Also Present: **Councillors:** Diakides, Strang, Goldberg and Wilson
Officers: Kevin Bartle (Chief Finance Officer), Dorothy Simon (Deputy Monitoring Officer), David Airey (Head of IT), Michael Wood (Head of Procurement), Rob Mack (Policy Officer), Paul Dennison (Liberal Democrat Political Assistant), Natalie Cole (Clerk)

**MINUTE
NO.**

SUBJECT/DECISION

OSCO34.	WEBCASTING The meeting was recorded for future broadcasting on the Council's website.
OSCO35.	APOLOGIES FOR ABSENCE Apologies for absence were received from: Councillors Alexander (substituted by Cllr Butcher), Christophides (substituted by Cllr Meehan) and Engert (substituted by Cllr Scott). Cllr Rice substituted as a member of the Committee for Cllr Diakides who attended the meeting as an observer. Apologies for absence were also received from co-opted members Sandra Young and Helena Kania.
OSCO36.	URGENT BUSINESS No urgent items were permitted.
OSCO37.	DECLARATIONS OF INTEREST The Cabinet Member, Councillor Goldberg, declared a prejudicial interest in the call-in of PROC12 as he was the chair of the Cabinet Procurement Committee, that had taken the original decision.
OSCO38.	DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS There were no such items.
OSCO39.	CALL-IN OF PROC12 - CONTRACT FOR THE SUPPLY OF DESKTOP AND LAPTOP HARDWARE AND ASSOCIATED PROFESSIONAL SERVICES The Committee received the agenda pack and second dispatch (containing the service's response) for the call-in of the decision taken by the Cabinet Procurement Committee – PROC12 – Contract for the supply of desktop and laptop hardware and associated professional services and the exempt appendix to the report, which would be considered during a private session.

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
WEDNESDAY, 24 AUGUST 2011

1. Introduction to the Call-in

Cllr Paul Strang introduced the reasons for the call-in, and was questioned by the Committee, and the following was noted:

- Concerns that the tendering process for the IT contract failed by not securing valid bids on two occasions from more than one supplier. Therefore there was not a range of competitive choices and the contract will not result in value for money.
- Implementation of the IT contract should be delayed by 6 months so that a review of the tendering process could take place to obtain a better understanding of the market, an improved price and lessons learnt.
- It was particularly important that the Council established why 10 of the suppliers invited to quote had not submitted bids; whether demand was out-stripping supply in market, was the Council's framework flawed (and had other options been considered) or did suppliers find Haringey's requirements unworkable or too risky, particularly because the Council could not guarantee purchasing a minimum number of units within the contract?
- The matter should be referred back to the decision maker for reconsideration.

2. Cabinet Member and Service Responses to the Call-in

The Cabinet Member for Finance and Carbon Reduction, Cllr Joe Goldberg, responded to the points raised, including:

- The procurement process had not failed but the Cabinet Member recognised that there were risks in the market; therefore less competition. The process had been compliant with legislation, the framework and had achieved a successful outcome.
- There was no evidence that re-tendering would result in a different outcome and delaying implementation of the contract would mean the Council risked losing the contract which was the only option available and, if delayed for re-tendering, inflation could mean a more expensive contract and less value for money.
- The Cabinet Member highlighted that he would have preferred to have had more tenders submitted during the procurement process. He still believed that the Council had achieved value for money because comparisons were able to be made between Bidder A and Bidder B (whose tender could not be finalised) and a reasonable price per unit and flexible contract had been achieved. The contract included hardware installation and network updates.
- The IT contract would be paid for out of capital funds (ring-fenced for capital projects) and this spend would be separate to budgets which paid for frontline services.
- While Cabinet Procurement Committees were public meetings there had been no challenges during this decision making process which began at a Cabinet meeting in July 2010 and included the item being considered at a further Cabinet meeting in September 2011 with a final decision being made in July 2011.

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- The Council was clear in its invitation to quote (ITQ) about current staffing levels of 4000 and the likelihood that this would be reduced by 1000.

In response to questions from the Committee the following was noted:

- The Council had taken steps to attract a sufficient number of bidders from the Buying Solutions framework and with a requirement for them to take part in a reverse auction where supplier's starting prices could be lowered through progressive bidding. This initial approach to suppliers resulted in only one bidder and the Council decided not to proceed with the procurement process on this basis. A number of suppliers had apparently decided not to bid because their margins were already very tight and they were not prepared to take part in a reverse auction.
- The Council subsequently re-tendered (but seeking traditional sealed bids rather than using reverse auction methods) and received only 2 priced bids, one of which could not be accepted as it was not finalised.
- The Council then went through a benchmarking process to compare the prices bid against market data plus other contract prices and officers were satisfied that the Council had achieved a very competitive Value for Money outcome.
- The Committee was given price comparison information that demonstrated significant Value for Money had been achieved against benchmarked prices. The Council was achieving prices that were 9% and 17% (desktop and laptop respectively) lower than best prices elsewhere.
- The Council had asked suppliers for reasons why they had not submitted bids and only three responded stating that they could not compete effectively on the scope of the tender and one responded stating that they did not have resources at the time to put together a bid and go through the tender process.
- Council officers stated that they were comfortable with the 12 suppliers invited to tender and recognised that whilst there was a lot of competition in the market and hardware margins were currently very tight, these suppliers were considered to be capable of delivering the whole IT package (hardware and associated support).
- The procurement process was fully compliant with procurement regulations and Council Standing Orders.
- Had Council representatives sought the advice of other local authorities or Buying Solutions (who managed the procurement process) about whether a single bid was acceptable? The Cabinet Member reported that he had discussed with other local authorities which had experienced procurement resulting in a single bidder and this was not unusual.
- Another framework had been considered before deciding to proceed with Buying Solutions.
- Joint procurement with other local authorities had been considered, although not for this contract mainly because of timings.
- Risks were not quantified in the report. It was explained that council officers needed to access key central government websites particularly in the benefits departments. The Council had an agreement with central government that it would replace its system (which was currently supported by a separate secure system) within the next 6 months and doing so on a piecemeal basis would not be cost effective.
- The Committee noted that the amount of budget approved in the IT

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Strategy was for £3.3 million however, this amount was above the actual amount of expenditure that was likely to take place.

- Officers explained that the contract being procured was a “call-off” contract, without any committed volumes; and this therefore allowed the Council to only buy what was needed and recognising and making allowances for ongoing staff reductions.
- The contract was flexible and there were no penalties if the Council did not purchase a certain number of units.

Clerk’s note: 21:35 hrs - The Cabinet Member left the meeting at this point.

The Committee debated the issue and the following was noted:

- The Committee expressed concerns that plans to replace the deteriorating IT infrastructure appeared to have been left to such a late stage that any delay could expose the Council to unacceptably high levels of risk and could have potentially serious implications to the provision of services to residents.
- The time constraints that this had imposed may have restricted the Council’s scope for exploring all available options for securing best value. Effective planning processes were required to ensure that hardware was replaced at the optimum time and in a manner that minimised potential risk and took into account the likely time required to undertake effective procurement.
- The Committee agreed with the Cabinet Member’s comments that it was not ideal to have to replace all laptop and desktop computers at once and welcomed proposals for a more phased renewal programme.
- The Committee shared the Cabinet Member’s disappointment that the procurement exercise had yielded only one valid tender from potential suppliers, despite the best efforts of the Council’s procurement team. The goods and services in question were not of a highly specialised nature but from one of the most competitive and diverse markets in the country. A competitive tendering exercise would therefore be expected to yield a substantially higher level of interest.
- The Committee was of the view that the process that was undertaken in this instance should be reviewed so that the reasons for the low response could be established and explored and, if necessary, appropriate improvements made to the procurement process. The Committee requested that the report of this be submitted to a further meeting of the Committee.
- The potential for collaboration with other local authorities in the procurement and provision of IT services should be considered.
- **ACTION NO 39: The Committee agreed that a letter should be sent to the Cabinet Member on behalf of the Chair of the Overview & Scrutiny Committee**

The Committee asked for guidance from the Deputy Monitoring Officer on the basis for the appendix to the report being exempt and whether all of the information on the two sided document should be considered as exempt. The Deputy Monitoring Officer explained that all the information in Appendix A should be considered as confidential.

RESOLVED

MINUTES OF THE OVERVIEW AND SCRUTINY COMMITTEE
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	1a. That the decision taken by the Cabinet Procurement Committee in relation to the contract for the supply of desktop and laptop hardware and associated professional services on 28th July 2011 was inside the Council's policy and budget Framework. Councillor Butcher MOVED to refer the matter back to the Cabinet Procurement Committee as the original decision maker. This was not seconded. The Chair MOVED that no further action be taken. This was SECONDED by Councillor Meehan. A vote was taken and CARRIED; 5 in favour, 1 against and 2 abstentions. RESOLVED 2a. That no further action be taken in relation to the decision taken by the Cabinet Procurement Committee at its meeting on 28th July relating to the contract for the supply of desktop and laptop hardware and associated professional services. 2b. That the Chair would formally write to the Cabinet Procurement Committee expressing the concerns raised by the Overview & Scrutiny Committee about this procurement process as noted in the minutes above. 2c. That a review of the procurement process in this instance should be conducted so that the reasons for the low response can be established and explored and, if necessary, appropriate improvements can be made to the procurement process and lessons can be learnt. A report on this should be brought to a future Overview & Scrutiny Committee
OSCO40.	EXCLUSION OF THE PRESS AND PUBLIC RESOLVED that the press and public be excluded from the meeting during consideration of Appendix A as it contained exempt information as defined in Section 100a of the Local Government Act 1972; Paragraph 3 - namely information relating to the financial or business affairs of any particular person (including the authority holding that information).
OSCO41.	PROC12 - CONTRACT FOR THE SUPPLY OF DESKTOP AND LAPTOP HARDWARE AND ASSOCIATED PROFESSIONAL SERVICES A discussion followed in private session. The meeting ended at 21:55hrs.

COUNCILLOR GIDEON BULL

Chair

SIGNED AT MEETING.....DAY

OF.....

CHAIR.....

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Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
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62	06.09.2 010	Item 10 – Cabinet Member questions – Cabinet Member for Finance and Sustainability <u>Action 62.2</u> The Committee highlighted previous discussions on the possibility of using wasteland for allotment space and offenders on the Community Payback scheme to work on those spaces. The feasibility of this would be investigated and reported back to the Committee. (Cllr Winskill)		27.10.10 Response from Alex Fraser but further information requested from Urban Environment by Committee		26/8/11
70	04.10.2 010	Item 7 – Cabinet Member Questions – Cabinet Member for Planning and Regeneration <u>Action 70.4</u> The Committee that more comprehensive figures on the cost of worklessness in the borough, for example including benefit figures, the impact on local health services, retraining costs and reduced consumer spending to be reported back to the Committee, after the findings of the current economic survey of the borough were known. (Cllr Winskill) <u>Action 70.5</u> The Committee would be provided with a written response to question 13 submitted for the Cabinet member for Planning and Regeneration, in respect of what happened to those 56 people of the 94 engaged in the Families into Work Programme, who are not in work, on skill courses or work placements. (Cllr Newton) <u>Action 70.6</u> Further to a discussion regarding the Bridge NDC, the full value for money and performance report relating to the NDC would be circulated to the Committee. (Cllr Newton)		Assistant Director of Planning, Regeneration and Economy Assistant Director of Planning, Regeneration and Economy Assistant Director of Planning, Regeneration and Economy		26/8/11 26/8/11 26/8/11

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
71	04.10.2 010	Item 11 – Flow of Section 106 Money <u>Action 71.1</u> The Committee asked that further ways of engaging the wider community for ideas on s106 agreements be looked into and reported back to the Committee (<i>Cllr Winskill</i>)	Assistant Director of Planning, Regeneration and Economy		26/8/11
74	04.10.2 010	Item 10 – Winter Service Plan <u>Action 74.2</u> The Committee requested that, once approved by Cabinet, the location of all grit bins in the borough be published on the Council's website.	Client & Performance Manager – Environmental Resources		26/8/11
144	20.12.2 010	Item 9 – Integrated Care Organisation (ICO) The Committee requested a report in March/April 2011 updating on the ICO project.	Whittington Hospital		Chair to write to CE for Briefing note 13/06/11 Chair & Vice Chair met with CE of Whittington
159	17.01.2011	Item 7 – Budget Scrutiny Review of Financial Planning for 2011/12 to 2013/14 Re. Q13 – The Committee requested a briefing note on the Council	Director - Corporate	09.08.2011	

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
				Resources		
167	31.01.2011	Item 7 – Budget Scrutiny Review of Financial Planning for 2011/12 to 2013/14 Re: Q12 – IT – Infrastructure – renewal from borrowing In response to question the Chief Financial Officer stated that cost of the current IT infrastructure had been written off and that more information on the saving of this write-off and the value of the renewed infrastructure would be provided to the Committee. It was noted that joint systems with Homes for Haringey might be required but this would be reviewed as the IT infrastructure proposal moved forward (Action No. 167.3). (Cllr Gorrie) Re: Q41 – Adult, Culture and Community Services In response to concerns that Councillors had not been consulted on the Council’s Communication Strategy the Leader stated that there would be further consultation and that she would ensure a briefing was provided to Councillors. (Action No. 167.9) (Cllr Winskill)		Director – Corporate Resources The Leader Wayne Haywood will send briefing via Sue Evans	To be picked-up during budget scrutiny Re-circulated on 3/8/11 – previously circulated by department	
175	21.02.2011	Item 8 – Cabinet Member Questions – Cabinet Member for Finance and Sustainability				

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
			Re. Q6 – Committee Members noted that some NHS services would be moving into the 4 th Floor of River Park House and discussions were being held with other health partners about future sharing of office space. The Committee asked for a briefing note giving more detail about what NHS services would be moving into River Park House and other Haringey properties. (Action No. 175.1) (Cllr Winskill)	Andrew Williams		
176	21.02.2011	Item 9 – Periods 8 & 9 – Council Performance Exceptions report & Council Budget Monitoring Exceptions report The Committee asked for a briefing note on the low occupancy of the Technopark (paragraph 15.5 – Period 9) including: 1. How many units there were? 2. How many units were let (what %) and to what sort of businesses, how many people were employed in them and what income they yielded? 3. How many units (%) were used by council services? 4. How many units (%) were occupied by the community and voluntary sector and were these provided for free or at a reduced rent (detail to be provided)? (Action No. 176.1) (Cllr Newton) In response to the Committee’s concerns, the Deputy Director – Children and Families, stated that she did not expect there to be a direct link to the number of referrals as a result of the closure of Children’s Centres as partners were aware of the Council’s thresholds. The Committee asked for a future report back to the Committee if there was a drop in the number of referrals and more details about the areas of referrals. (Acton 176.5) (Cllr Winskill)	Director – Corporate Resources Director - CYPS	See 249 below N/A at present – may be the subject of future report	26/8/11	

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Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
190	14.03.2 011	Item 7 – Cabinet Member questions: Cabinet Member for Planning & Regeneration Q2 – Economic Development - The Committee requested regular updates to all Council Members on how the shared service with Waltham Forest would operate (Action No. 190.1). <i>Cllr Winskill</i> Q7 – Tottenham Hotspur FC – A briefing note was requested on the discussions held with Spurs about the regeneration of Tottenham as part of the stadium redevelopment. Committee members expressed concerns that no fixed commitments had been made by the Club to employ and train local people and that a health centre had not been included in the development plans (Action No. 190.2). <i>Cllr Winskill</i>		Assistant Director for Planning, Regeneration and Economy Assistant Director for Planning, Regeneration and Economy	SY will pick up after next Corporate Committee	26/8/11 26/8/11
194	14.03.2 011	Item 11 – Mental Health Trust proposals The Committee requested a briefing note on the meeting between Haringey Mental Health Trust and the Whittington hospital about the structure of services and how community health structures and the new relationship with the Whittington would deliver homogenous services across the Borough (Action No. 194.1). <i>Cllr Winskill</i> That a visit be arranged to the Whittington Hospital to meet the new Chief Executive, (Action 194.2). <i>Chair/ Cllr Winskill</i> The Committee requested a briefing note about how the Mental Health Trust was contributing to the safeguarding of children and how it linked with the Council (Action No. 194.2). <i>Cllr Newton</i>		MHT Chief Executive Scrutiny Officer/MHT MHT Chief Executive	Completed	31/05/11 13/06/2011

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
205	16.03.2011	The Committee requested a meeting with MHT and a tour of the St Anne's Hospital site (Action No. 194.3). <i>Chair/ Cllr Winskill</i> Item 5 – GP Consortia The Committee requested quarterly updates from the GP Consortia particularly in relation to organisational issues, commissioning contracts and performance. (Action No. 205.1). <i>Cllr Winskill</i>	Scrutiny Officer/ MHT Dr H Pelentrides/ CE of GP Consortia/ Chair/ Scrutiny Officer	On-going	06/05/2011
206	16.03.2011	Item 6 – NHS Local Presence The new Chief Executive of the Whittington Hospital, Yi Mien Koh, would be invited to the next health Overview & Scrutiny Committee to discuss community health issues and how homogeneity of service across the Borough would be ensured (Action No. 206.5). <i>Chair</i>	Clerk/ Scrutiny Officer	30/06/2011 – Health Scrutiny Committee not yet held	Page 15 of 22
207	16.03.2011	Item 7 – The Laurels That another unannounced visit to the Laurels be arranged for Members of the Committee in order to monitor progress (Action No. 207.3). <i>Cllr Winskill/Chair</i>	Scrutiny Officer/Chair	Completed	
208	16.03.2011	Item 8 – PCT Savings Proposals That the Chair write to the Chief Executive of NHS North Central London	Scrutiny Officer/Chair	Completed	07/04/2011

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
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		requesting information on a quarterly basis on the specific services that GPs are currently commissioned (via their contract) to undertake and performance levels (Action No. 208). <i>Cllr Winskill</i>			
218	28.03.2011	Item 8 – Implications for the OSC of the Health & Social Care Bill and the Localism Bill The Committee would, at such a time that the Health and Social Bill is finalised, seek confirmation from the Leader of the Council that statutory health scrutiny powers will be retained by the Overview & Scrutiny Committee (Action No. 218.1).	Chair / Scrutiny Officer		On-going at 30/06
220	28.03.2011	Item 10 – Animal Welfare and Circus Pilots The Animal Welfare programme of action would be circulated to Committee Members once signed off by the Animal Welfare Partnership (Action No. 220.1) The Cabinet Member would email all Council Members details on how they could report details of breeders of dangerous dogs. (Action No. 220.2)	Head of Enforcement <i>(to be circulated end of June 2011 when signed)</i> Cabinet Member for Neighbourhoods	Completed Completed	25/07/2011 25/07/2011
237	30.03.2011	Item 10 – Child Protection Performance and Key Issues Report The Committee asked for a presentation at a future meeting on the causes for delays in assessments (Action No. 237.3).	Director CYPS		

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249	9 th May 2011	Item 7 – Period 11 Council Performance and Budget Monitoring Exceptions	Re paragraph 15.5 - the Committee asked what was being done to increase occupancy at the Technopark and requested Action 176.1 (copied below from the OSC meeting held on 21 February 2011) be chased (Action No. 249). <i>Cllr Newton</i> The Committee asked for a briefing note on the low occupancy of the Technopark (paragraph 15.5 – Period 9) including: 1. How many units there were? 2. How many units were let (what %) and to what sort of businesses, how many people were employed in them and what income they yielded? 3. How many units (%) were used by council services? 4. How many units (%) were occupied by the community and voluntary sector and were these provided for free or at a reduced rent (detail to be provided)? (Action No. 176.1) (<i>Cllr Newton</i>)	KB sent to Dinesh Kotecha – Property moves to Places directorate in June 11	NC to chase	10.08.11 & 26/8/11
238	30.03.2011	Item 11- School Exclusions	The Committee asked for details about whether children who were being excluded had accessed Children's Centres. (Action No. 238.2). <i>Cllr Allison</i>	Director CYPs <i>Department was unclear about request and further information obtained 21/7/11</i>		

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
250	9 th May 2011	Item 8 – School Exclusions In response to an urgent matter raised by Cllr Allison it was agreed that the Director of Children's Services would circulate a legal briefing to the Committee and Cllr Allison detailing how sensitive child protection information was shared on a need to know basis (Action No. 250.1). <i>Cllr Allison</i>	Director Children's Services	Full response expected in November 2011 for reasons explained to OSC by the Leader	
253	9 th May 2011	Item 11 – Corporate Parenting Scrutiny Review The Committee, the Cabinet Member and the Chair of the Safeguarding Policy & Practice Advisory Committee all recognised that there was duplication of work among committees. The Committee asked that the Children & Young People's Service provide a short report on the roles, remits and composition of the different committees which consider the safeguarding of children including the Children's Safeguarding Policy and Practice Advisory Committee, Local Safeguarding Children's Board and the Children's Trust, for future consideration by the Committee. (Action No. 235.1). <i>Cllr Winskill</i>	Director Children's Services	Completed	Response recirculated to OSC 21/07/2011
6	8 th June 2011	Item 6 – Call-in of the decision of the Cabinet Member signing of 18th May 2011 (proposing a new model for Children's Centres in Haringey) Action No. 6.1 - In response to comparisons with other boroughs the Cabinet Member agreed to send details of the budgetary cuts required to be made by other local authorities.	Cabinet Member Children's Services/ Deputy Director – Children's Network Cabinet Member		

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			Action No. 6.2 – The Cabinet Member agreed to provide the figures for improved health visitor services in the borough.	Children's Services/ Deputy Director – Children's Network		
11	27 June 2011	Item 6 – Call-in of the decision of the Cabinet of 7th June 2011 (in relation to budget savings – Older Person's Drop-In Centres, Jacksons Lane Luncheon Club and Cypriot Elderly and Disability Project Currently the Council provided Willoughby Road with £43k of funding. Action No 11.1: The Head of Finance, Adult Culture & Community Services would provide funding figures for the entire drop-in service at Willoughby Lane. The Committee raised concerns about the timescales for setting up alternative provision and noted that few local authorities provided drop-in centre provision. Action 11.3 – information on the number of local authorities that provided drop-in centres would be circulated.		The Head of Finance, Adult Culture & Community Services Deputy Director – Adult and Community Services	Completed Completed	21.07.2011 21.07.2011
17	29 June 2011	Item 6 – Council Priorities (Cllr Ejiofor) – A Committee member asked if the details of quality audits relating to NI59 (Initial Assessments Completed in 7 days) and NI 60 (Core Assessments Completed) could be shared with the Committee. The Leader stated that the information could not be shared in its current format but agreed to discuss with the relevant Cabinet Member and officers about the possibility of providing some of the information. (Action No. 17.1)		Leader/ Director CYPs		

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		(Cllr Winskill) A briefing note on current local Place Based Budget projects would be circulated to Committee Members. (Action 17.2)	Chief Executive		
	29 June 2011	Item 7 – Scrutiny Work Programme The Chair asked for confirmation of the dates that Day Centre Closures and Residential Care Closures would be going to Cabinet.	Clerk	Completed	01/07/2011
20	29 June 2011	Item 9 – End of Year Crime Figures (Cllr Winskill) Gang Crime – The Committee asked for a briefing note on gang crime prevention including the plans in place and information on the Gang Crime Action Group and the Council's dedicated lead officer (Action No. 20).	Community Safety Manager	Completed	13.07.2011
27	29 June 2011	Item 16 – Scrutiny Actions Requested A meeting between the Chair, Vice Chair and Assistant Director would be arranged to discuss the outstanding actions.	Clerk	Completed	11.07.2011
24	29 June 2011	Item 13 – New items of urgent business The Committee requested a training session on call-in procedures.	Policy Officer/ Clerk	19.07.11 update – external training was being arranged	
33	15 August 2011	Call-in of Cabinet decision CAB20 – proposed closure of three older people's residential care homes and learning disabilities residential and respite care homes.			

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
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			In response to the Committee's concerns it was noted that the NHS had been consulted about the closures throughout and Council officers also met with the Learning Disabilities Partnership Board and Executive Board every two months. ACTION No 33.1: The Chair would write to the NHS on behalf of the Committee asking for confirmation that the NHS supported the proposals with no concerns about long term effects on service users.	Chair		
39	24 August 2011	Call-in of the decision taken by the Cabinet Procurement Committee – PROC12 – Contract for the supply of desktop and laptop hardware and associated professional services	ACTION NO 39: The Committee agreed that a letter should be sent to the Cabinet Member on behalf of the Chair of the Overview & Scrutiny Committee	Chair/ Policy Officer	Completed	04/09/2011

Haringey Approach to Gangs

Defining gangs and related violence:

The Policing and Crime Act 2009 defines gang related violence as:

“Violence / threat of violence which occurs in the course of, or is otherwise related to, the activities of a group that:

- a) consists of at least 3 people*
- b) uses a name, emblem or colour or has any other characteristic that enables its members to be identified by others as a group and*
- c) is associated with a particular area”*

The Gang Action Group

A problem solving group set up in response to increasing violence between rival gangs in Haringey, the group was formalised as the Gang Action Group. The group was set up to bring together partners to add value to the enforcement options delivered by the police.

- To prevent and minimise violence between gangs
- To identify and share information about individual gang members
- To identify what interventions are in place for individual gang members; what has worked, what has not worked and why.
- To ensure that each gang member targeted by the group is assigned a lead agency
- To coordinate and implement plans for individual gang members through enforcement, intervention and support with referrals as relevant
- To consider and implement the full range enforcement options available to all partners
- To identify safeguarding issues relating to gang members and their families and appropriate referrals
- To identify gaps in provision and recommend projects and approaches which might address these gaps
- To adhere to the terms of the Crime, Disorder and Anti-Social Behaviour Information Sharing Protocol
- To recognise and respond to the impact of gang activity on families and wider communities

Expected Outcomes

The expected outcomes of this group is to establish clear lines of accountability for managing gang members and an infrastructure for sharing information with a view to reducing violence between gangs.

How does it work?

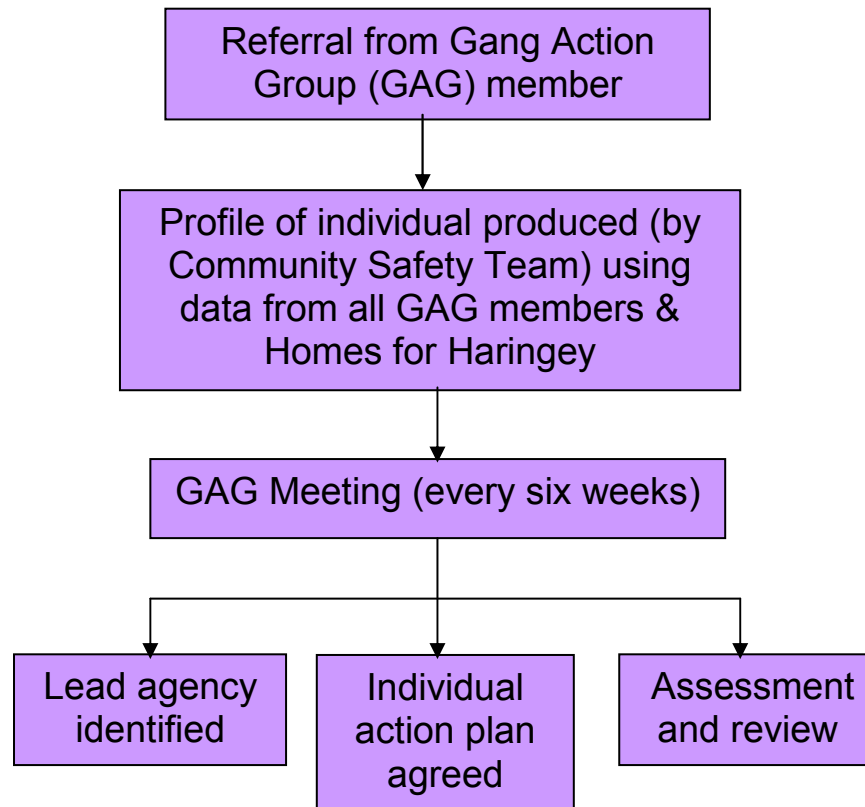
New referrals are accepted to the Gang Action Group where there is intelligence indicating involvement in gangs and serious violence. There must be a multi-agency concern about any new referral. Decisions as to whether a referral will be accepted by the group is made at GAG meetings.

Age group: 13-24 years

Interventions include enforcement (e.g. ASBOs, fraud investigation etc), support (1:2:1 support from Youth Offending Service, Youth Inclusion Project

or Intensive Intervention Project key workers) and diversion (through the youth service and community based projects).
A lead agency is identified for each individual referral and the interventions are reviewed at each GAG meeting (every 6 weeks).

Below is a simple flowchart showing how the GAG operates:



Key Outcomes:

- New referrals from partners demonstrating that they see the benefits of referring gang members to the GAG.
- Improved communication across services
- Since Autumn 2009; 21 individuals have been removed from the Gang Action Group list following successful interventions or custodial sentences resulting in the individual not coming to the notice of partners in Haringey.

Serious Organised Crime:

Gang related violence related to serious organised crime is targeted by SCD1 liaising with local police and partners where appropriate. The GAG is also able to refer the most serious violent offenders and those over the age of 24 years to Operation Connect.

Find out more:

safer.communities@haringey.gov.uk

Luncheon Club Benchmarking Exercise

A short survey was carried out with other London boroughs to establish whether in-house luncheon clubs are provided for older people. Responses were received from 21 local authorities, of which just one directly provides a lunch club for older people. The results of the survey are summarised below.

	Council	In-house luncheon club?	Additional comments
1	Barking & Dagenham	Yes	Council took over some lunch clubs from Age Concern when they folded. Also have a resource centre based in an extra care scheme.
2	Barnet	No	N/A
3	Bexley	No	N/A
4	Bromley	No	A few voluntary sector lunch clubs are funded by the Council, particularly targeting minority communities.
5	Camden	No	Have two resource centres providing services, including exercise, adult education, social activities and community stroke services. Lunch is provided for service users as well as other older people who can buy lunch at the centre.
6	Croydon	No	Luncheon clubs provided through voluntary sector with funding from Council.
7	Enfield	No	N/A
8	Greenwich	No	N/A
9	Hackney	No	Commission some services from 17 independent lunch clubs.
10	Havering	No	Luncheon clubs run by voluntary sector.
11	Hillingdon	No	Dining clubs run by voluntary sector/ volunteers with Council subsidy.
12	Hounslow	No	N/A
13	Lambeth	No	Commission a range of services through the third sector.

14	Merton	No	N/A
15	Newham	No	N/A
16	RB Kensington & Chelsea	No	The Council contributes to funding for drop-in facilities run by the voluntary sector. In-house day service provides meal to older people as part of the service.
17	Southwark	No	Luncheon clubs provided through voluntary sector.
18	Tower Hamlets	No	Commission all lunch club provision from external providers. Do not have any in-house drop-in facilities.
19	Waltham Forest	No	N/A
20	Wandsworth	No	N/A
21	Westminster	No	Developing community hubs from which older people will receive low level services, which may include some luncheon activities. This will be mostly paid for at cost by older people and will be run by the community.

OSC – Call-in – 27 June 2011

Action No 11.1: The Head of Finance, Adult Culture & Community Services would provide funding figures for the entire drop-in service at Willoughby Lane.

Willoughby Road the funding figures are as follows:

£40.2k Salaries

£3.2k Catering/Meals

£43.4k Total

Please do not hesitate to contact me should you wish to discuss this matter further.

Kind regards,

Lisa Redfern

Deputy Director

Adult & Community Services

Telephone: 02084892326

email: lisa.redfern@haringey.gov.uk

Website: www.haringey.gov.uk

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OSC Call-in – 27th June 2011

- Re Action No 11.2: The Committee raised concerns about the timescales for setting up alternative provision and noted that few local authorities provided drop-in centre provision. **Action 11.2 – information on the number of local authorities that provided drop-in centres would be circulated.**

The Cabinet Member confirmed that only one of the 21 local authorities we contacted directly provided drop-in lunch club services for older people. However, we are aware that a number of Councils provide these services through the voluntary sector.

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Haringey Animal Welfare & Control Charter

Haringey Animal Welfare & Control Partnership

Haringey Council has established an Animal Welfare & Control Partnership to promote animal welfare and responsible pet ownership in the borough.

Our mission is to ensure that the Council and its partner organisations promote the welfare needs of the animals that live and visit Haringey, and that we lead by example in our approach to animal welfare. We also seek to encourage responsible ownership of pets through education, advice and where necessary; by taking or supporting enforcement action against those who allow their pets to be a danger or a nuisance.

Scope of Charter

This charter identifies

- Our membership and contributions
- Our main legal duties and powers for animal welfare and control
- Haringey's Council policies as they relate to animal welfare and control
- Responsible pet ownership activity
- Our activity in relation to wildlife protection
- Emergency Planning
- Educational Initiatives
- RSPCA Community Animal Welfare Footprints – our commitment to achieving high standards in animal welfare

Membership and Responsibility

Haringey Council

- Single Front Line – Partnership coordination. Dangerous and out of control dog, investigation and intervention. Investigation of neglect and cruelty. Investigation of nuisance and dog fouling. Animal related licensing. Promotion of responsible pet ownership. Stray dog collection.
- Parks Service- Maintenance of our parks and open spaces, promoting biodiversity.
- Haringey Youth Offending Service- Enforcement of criminal orders made against young people in relation to animal cruelty or dangerous dogs.
- ASBAT – Enforcement of anti social behaviour legislation regarding dangerous dogs.
- Emergency Planning – development and coordination of our response to emergencies.

Our Partners

- RSPCA
- Wood Green Animal Shelter
- Homes for Haringey
- Haringey Police
- Status Dogs Unit – Metropolitan Police
- Battersea Dogs & Cats Home

We will meet at least 3 times a year to develop and plan together initiatives that deliver on our overall mission statement.

1. Animal Welfare and Control legislation

Animal Welfare Act 2006

The Animal Welfare Act 2006 imposes a duty of care on anyone responsible for an animal to take reasonable steps to ensure that the animal's needs are met. This means that a person has to look after the animal's welfare as well as ensure that it does not suffer. The Act says that an animal's welfare needs include:

- a suitable environment (how it is housed);
- a suitable diet (what it eats and drinks);
- the ability to exhibit normal behaviour patterns;
- any need it has to be housed with, or apart from, other animals; and
- protection from pain, suffering, injury and disease

The Council will investigate allegations of breaches of serious neglect causing suffering, mutilation, tail docking, poisoning, organised fighting, and underage sale.

Licensing Duties and Powers

The council has a statutory duty to licence certain establishments within the district, these being:

- Pets Shops.
- Dog Breeding Establishments.
- Dog and Cat Boarding Establishments (Including Home Boarding).
- Riding Establishments.
- Owners of Dangerous Wild Animals.

Haringey Council will ensure that a qualified Veterinary Surgeon and animal welfare officer inspect these premises and ensure that all licensed premises are compliant with the Animal Welfare Act 2006 and standard model conditions.

Breaches of licenses may result in prosecution or loss of licence.

Animal Control

The Environmental Protection Act 1990 provides the power to deal with statutory nuisance from animals. The Council will investigate complaints of statutory nuisance including those of foul odour or noise. Will we use enforcement powers to prevent statutory nuisance and will prosecute for serious and repeat offending.

Dog Fouling

Haringey has adopted the Dog (fouling of Land) Act 1996 and it is an offence for dog owners to allow their dog to foul and open and public space and not to clear it up. There is a zero tolerance approach to dog fouling in Haringey , anyone caught will receive a £75 fixed penalty notice or be prosecuted.

2. Council Policies

Circuses, Performances, Exhibitions and Displays of Animals

No wild animals will be allowed to perform on Council owned or managed land. The only performances by animals that will be allowed are performing budgerigars, dogs and equine acts. All performances will be monitored by a veterinary surgeon and any breaches of the Animal Welfare Act 2006 investigated.

Enforcement Strategy and Policy

Our current strategy objectives focus on safety and cleanliness

- To promote good citizenship and reduce the fear of crime – impact of dangerous and status dogs, chipping and responsible dog ownership
- To stop environmental crimes and the abuse of public spaces - fouling
- To reduce the health impact of pollution and nuisances, including noise, etc - nuisance animals

Greenest Borough Strategy

As competition for natural resources increases, our green spaces will be become scarcer and an increasing urban population will lead to greater traffic congestion, greater pollution and increased pressure to build new homes and develop underutilised land. The Greenest Borough Strategy commits the Council to protect Haringey's natural environment by working with local people and other partners to ensure that we preserve, improve, and increase, green spaces and their biodiversity through improved maintenance, accessibility and sustainable practices.

Sustainable Food Strategy – including animal welfare standards

Haringey Council is currently developing a Sustainable Food Strategy, which recognises that public procurement can shape production and consumption trends and a significant demand from public authorities for 'greener' goods could create or enlarge markets for environmentally friendly products and services. As a result the Council is, where possible, committed to buying food from farms with high environmental and animal welfare standards, and which actively increase biodiversity and support ecosystems. In particular, the 'Food for Life' partnership offers a framework to help schools and their communities transform their food culture. A central pledge undertaken as part of the Food for Life programme is that any meat served meets farm-assured UK welfare standards and eggs are from cage free hens.

Currently 16 out of 56 of Haringey's primary schools have signed up to the Food for Life partnership.

Planning Policies

Haringey's Core Strategy is the central document in the Local Development Framework, which sets out planning policies to guide development and growth in the borough for the next 15 years. The Core Strategy is currently undergoing an 'Examination in Public' by an independent Planning Inspectorate. Section 6.3 commits the council to ensuring that all developments in the borough protect and improve sites of biodiversity and nature conservation through their:

- Contribution to wildlife and ecological habitats and where possible include green and brown roofs, rainwater harvesting, green walls, bird and bat nesting/roosting opportunities.
- Protection, management and maintenance of existing trees and the planting of new trees where appropriate
- Protection, enhancement and creation of Sites of Importance for Nature Conservation (SINC's) and Local Nature Reserves (LNR's).

Parks and Open Spaces Strategy

Under Haringey's Open Space Strategy: A Space for Everyone (2006), the Council is committed to ensuring that residents have access to parks and open spaces, whilst ensuring that such sites are managed in a sustainable way so as to protect the natural environment and to provide a safe habitat for wildlife. We are committed to ensuring that our parks and open spaces are a safe environment for all our residents, both young and old to enjoy. The Council is currently reviewing its options regarding the implementation of Dog Control Orders in some of our parks, as we recognise the various needs of our different residents. We will strenuously enforce against anyone who allows their pet to intimidate other park users or uses their pet to engage in threatening or anti-social behaviour.

3. Responsible Pet Ownership

Responsible Dog Ownership

Dogs are an important part of our society, providing companionship, security and support. The ownership of dogs carries responsibilities and when dogs are not properly trained and cared for they can become a source of danger, nuisance and concern to others.

The Council seeks to promote responsible dog ownership and has an ongoing programme of activity to support this objective. This programme focuses on the following issues

Fouling – We have launched our “Mucky Pup Clean It Up” campaign to encourage dog owners to clean up after their dogs. Through our street enforcement activity we monitor locations where dog fouling is a problem and will regularly patrol and take enforcement activity. Any person who fails to clean up after their dog can expect to receive a £75 fixed penalty notice for a first offence and a prosecution for all subsequent offences.
http://www.haringey.gov.uk/index/environment_and_transport/refuseandrecycling/streetcleansing/dogfouling.htm

Chipping and Registration – The council supports a national scheme for the registration of dogs and believes all responsible dog owners would support this. We believe chipping is an important step that all owners should take and as well as providing an affordable chipping service, we will promote other available local services. The Council is actively investigating the potential for making micro-chipping of dogs compulsory for residents living on our estates. Wood Green Animal Shelter offers a low cost micro chipping service and may be able to help with the cost of neutering. The Council has identified a number of approved local providers who will provide a micro chipping service. These can be found on our website at:
http://www.haringey.gov.uk/index/environment_and_transport/noise_animalcontrol/animal_welfare_and_control.htm#micro-chipping_service

Neutering - Unless an owner is intending to breed and is sure that they can find good homes for puppies, it is recommended that you have your pet spayed or neutered. Having a dog or cat neutered is a routine operation and it will remove the risk and the potential financial cost of having unwanted litters. Neutering males in early life also reduces aggressive behaviour, reduces the likelihood of certain types of cancer and will result in them being less likely to wander. A list of approved local providers who will provide a Neutering service can be found at:
http://www.haringey.gov.uk/index/environment_and_transport/noise_animalcontrol/animal_welfare_and_control.htm#micro-chipping_service

Purchasing a dog - The Council believes that responsible dog owners will ensure that they do not support illegal breeding and puppy farms. Purchasing a dog from a licensed breeder, or re-homing centre will ensure that the dog

you choose is healthy and has not been mistreated. Choosing a breed of dog requires careful thought and owners are encouraged to seek advice before purchasing a dog on the future needs and costs of their pet. The Council is developing a programme of targeted enforcement activity against illegal breeders.

Straying – The council provides a 24/7 service for the reception of stray dogs. Outside office hours this will be by appointment only. We will actively attempt to reunite straying dogs with their owners for the first 7 days. It is a legal requirement that whilst in a public place, all dogs should wear a collar and an identity tag.

http://harinet.haringey.gov.uk/index/environment_and_transport/noise_animal_control/animal_welfare_and_control/dog_registration.htm

Dog training – It is highly recommended that inexperienced owners acquire some basic obedience training for their pets. Dog training is integral to raising a healthy and happy dog and keeping a safe and fun home environment, training also helps to socialize a dog to other people and dogs. Training classes are offered by number of local kennels, pet stores, and independent trainers. A list of local providers can be found on our website at

[*Insert Hyperlink here*](#)

Vaccination – It is important to ensure that your pet is fully immunised against common diseases. Vaccines are usually first used in pups from six weeks of age and then every year a single booster injection is given to keep their immunity at fully protective levels. It is essential to ensure that your pup is fully vaccinated before coming into contact with other dogs' as they may be carriers of the diseases. A list of local providers can be found on our website at

[*Insert Hyperlink here*](#)

Walking - Daily exercise is essential to keep dogs healthy, as well as mentally and physically stimulated. Exercise not only improves your dog's wellbeing, but also helps build muscle tone and prevents depression, obesity, joint problems, heart conditions and behavioural issues. Choosing to own a pet is a big commitment and it is strongly recommended that you consider your life style when choosing to own a dog. If you are unable to walk your dog regularly due to work commitments it is recommended that you employ a commercial dog walking service, there are a number of these services operating in Haringey. A list of local providers of a dog walking service can be found on our website at: [*Insert Hyperlink here*](#). The Council recommends that commercial dog walkers follow these guidelines:

- The number of dogs to be walked by each individual dog walker should be limited to ensure that dogs are not dangerously out of control.
- Ideally, when walking groups of dogs, the dogs should belong to the same owner. However if dogs from different owners are walked,

walkers should ensure that a suitable familiarisation period has been arranged beforehand.

- Dogs should be kept on leads and under control at all times.
- Report any lost dogs immediately to the Stray Dog service
- Dog Walkers should be suitably experienced and mature and no younger than 16 years of age.
- Clear up any dog fouling immediately.

Dangerous and Status Dogs

The council has established a Dangerous Dogs Coordinator who chairs quarterly meetings, set up to tackle the growing concern of residents around dangerous dogs. In response, a dedicated database has been established to record all reports of dangerous dogs or dog related anti social behaviour. The Council will act on all intelligence given to us and respond accordingly. In cooperation with our partners, we have a number of powers available to tackle serious or persistent offenders.

Pets in Council Accommodation

We recognise the importance of pets to many people, and we appreciate that most pet owners are responsible people who look after their pet and consider their neighbours and neighbourhood. However we will respond robustly to any reports of pet owners allowing their animal to behave in an anti-social manner. Street Enforcement Officers monitor all of our housing stock; they regularly patrol and take enforcement activity against anyone allowing their dog to foul in communal areas. You must ensure that your dog can be permanently identified so that it can be traced if it is lost. In addition, it is highly recommended that any cat or dog kept in Council accommodation is both micro chipped and neutered. We are currently exploring the feasibility of making this a mandatory condition of the Tenancy Agreement.

If you live in a flat or maisonette and do not have your own garden, you must not keep more than one dog or cat (not both). You may keep the following pets without permission: One cat or one dog, any small caged animal or bird normally kept as a pet, for example a hamster or budgie or fish. It is illegal to own a dog that is proscribed under Section One of the Dangerous Dogs Act (1991). We will refer any instances of suspected dangerous dogs to the police.

Pets in Sheltered Housing Schemes/Temporary Accommodation/RSL's

The stipulations outlined above for owning or looking after pets in Haringey's Council stock, which is managed by Homes for Haringey, also apply to our Supported Housing schemes. In addition, anyone wishing to keep a pet in supported housing must sign a 'pet contract' detailing who will be responsible for looking after your pet in the event that you are unable to look after it. The pet contract also ensures that the animal's welfare needs will be looked after and forms part of the Tenancy Agreement. Anyone who breaches the pet

contract, may be putting their tenancy at risk. Unfortunately we do not allow any pets to be kept in temporary accommodation.

Dangerous Wild Animals

Anyone selling or keeping animals listed on the schedule of the Dangerous Wild Animals Act 1976 and other dangerous and/or exotic animals should have specialist knowledge and/or seek professional advice on the care of these animals as some of these animals can grow very large and live for a long time.

4. Wildlife

The council supports measures to conserve wildlife and increase biodiversity and in particular draws attention to the following:-

The control of animals released into the wild

The release of, or allowing to escape, any animal which is of a kind not normally resident within the UK is illegal under the Wildlife & Countryside Act 1981 (as amended). Similarly, the planting of non native species of flora or fauna in the wild is also proscribed under the same act.

Foxes

Haringey Council does not provide a service for the treatment of foxes. Whilst foxes can be killed within the methods permitted by the law (Hunting Act 2004), we do not recommend the trapping and killing of foxes as they are a part of our natural urban wildlife. The vast majority of evidence suggests that once one animal is killed another predator will come along and occupy the territory. Furthermore, it is illegal to trap foxes and relocate them as this is likely to result in undue suffering and distress to the animal, and will ultimately lead to it dying of starvation.

We do recognise that foxes can be a source of nuisance to residents and it is important that people should not do anything to encourage them. The easiest and most effective way to prevent foxes from causing a nuisance is to remove sources of food and places for them to live. Further information can be found at the Directgov website:

http://www.direct.gov.uk/en/HomeAndCommunity/InYourHome/PestAndWeedControl/DG_172742

Bats

There are 18 species of bats native to the UK, however their numbers have declined dramatically in the past 100 years, due to habitat destruction and the introduction of pesticides. To ensure our bat populations are preserved for future generations, Haringey has adopted a Species Action Plan for bats as part of our Biodiversity Action plan. This commits us to:

- Raising and maintaining awareness of bat conservation issues within key sectors (specifically planners, land managers and tree and building

contractors), by advancing a targeted programme of relevant best practice advice dissemination by 2011.

- Increase knowledge of bat distribution and species in Haringey by 2015
- Create/improve 3 artificial roosting sites by 2015
- Increase public awareness of and involvement in bat conservation by 2015

All bat species and their roosts are legally protected in the UK, by both domestic and EU legislation.

This means you will be committing a criminal offence if you:

- Deliberately capture, injure or kill a bat
- Intentionally or recklessly disturb a bat in its roost or deliberately disturb a group of bats
- Damage or destroy a bat roosting place (even if bats are not occupying the roost at the time)
- Possess or advertise/sell/exchange a bat (dead or alive) or any part of a bat
- Intentionally or recklessly obstruct access to a bat roost

Nesting Birds

Wild birds are protected under the law. If you cut back or remove hedges, trees or other vegetation, you must be careful not to disturb any nesting birds. It is illegal to:

- Intentionally or recklessly kill, injure or take any wild bird
- Take, damage or destroy its nest while it is being built or in use
- Take or destroy a wild bird egg

Hunting & the Setting of Traps and Snares

Hunting is not permitted in any of Haringey's parks or open spaces. Under the Hunting Act 2004, it is illegal to hunt wild mammals with a dog in England and Wales. Furthermore, Haringey's byelaws expressly prohibit the shooting, catching, hunting, chasing, trapping or laying or placing of nets, traps, or snares for the taking of wildlife, in any of our parks or open spaces.

Angling

Angling is also prohibited in all of Haringey's parks and open spaces.

Allotments

The Council's allotment tenancy agreement states that Allotment owners are prohibited from keeping any animals or livestock of any kind on the Allotment Garden except for bees, chickens or rabbits, subject to written permission granted by the Council. Anyone who wishes to keep such animals must supply information showing that their welfare needs will be met.

Bees

Anyone wishing to keep hives must; be an accredited member of the National Bee Keeping Association, be adequately insured and manage their hives in line with best practice. Site associations will be required to provide the Council with details of beekeepers, their beekeepers association, affiliated British Bee Keepers Association (BBKA) membership number, location of hives (i.e. plot number) and number of hives on site. Hives must be inspected once a week during the 'swarming season' (April to July) and maintained throughout the rest of the year as per best practice. In addition, the Council will issue written guidance to anyone wishing to keep hives on the Allotment Garden

Chickens and Rabbits

Anyone wishing to keep either chickens or rabbits must satisfy the Allotment tenancy management Office that the animals will be well looked after and must supply information stating: how many animals you intend to keep, details of the location and housing in which they will be kept, and must demonstrate that they have adequate experience in keeping those animals to ensure that the animals are kept safely and in good health. The Council is currently developing guidance notes to issue to all those who wish to keep rabbit or chickens on allotments.

The control of pests

The Council provides access to affordable pest control. It promotes and supports the use of safe and humane methods of pest control only. The Council encourages householders to seek professional advice on pest control, rather than over the counter preparations, to prevent harm to non-target species, humans and the environment.

The use of pesticides and herbicides

We aim to use environmentally sustainable methods in all of our parks maintenance; including minimizing pesticide use, leaving grass cuttings on the ground; and covering our plant beds with chipping to reduce the use of herbicides. We will continue to investigate ways in which we can reduce our environmental impact and promote biodiversity.

Pigeons and Proofing

Overpopulation of pigeons in built up areas can cause health and safety problems. The council actively discourages the feeding of pigeons in its public spaces and proactively uses its enforcement powers to prevent roosting on structures over and adjacent to the highway. The Council's pest control service provides a pigeon proofing service.

Litter

Litter is not only unsightly, but much of it, such as multi-pack plastic can ties, tin cans and plastic bags can cause harm to both domestic and wild animals, therefore the Council strongly recommends that all litter is disposed of safely in the facilities that it provides for this purpose throughout the district.

It is Council policy not to allow mass balloon releases from any Council premises or land in an effort to reduce litter caused when the balloons float back to earth and due the potentially lethal effect that this litter has on wildlife, both land and water based.

Animal Cruelty

Under Section 32(1) of the Animal Welfare Act 2006, cruelty to animals is a criminal offence for which one may be jailed for up to 51 weeks and may be fined up to £20,000. We will always follow-up reports of animal cruelty, including dog fighting, and pass any intelligence we receive to the RSPCA and, where applicable, to the Metropolitan Police.

There is significant evidence to suggest that deliberate animal cruelty may be an indicator of cruelty or neglect towards children and domestic violence. The Council is committed to delivering our safeguarding programme and will develop a robust process of intelligence sharing with our partners to ensure that cases of animal cruelty are investigated fully and escalated without delay. Working in partnership with Local Authority Youth Offending Services, the RSPCA has recently launched an educational outreach programme called 'Breaking the Chain'. The Council is also committed to working with the RSPCA to adopt this scheme and to work with our partners more generally to provide an array of educational facilities aimed at young people.

5. Emergency Planning

The Council's Integrated Emergency Management Manual outlines how the Council will respond and coordinate services during an emergency and includes details of how the welfare of companion animals will be accommodated. This document contains a detailed set of instructions on liaising with partners and external agencies in the event of an emergency to ensure that welfare needs are addressed and that there is suitable accommodation available for displaced companion animals. The Council also publishes information on its website to advise members of the public on steps to take to ensure the welfare of their pet is taken into account during an emergency. The Council has also produced a 'Z-card' in conjunction with the

Wood Green Animal Shelter which provides information on how to prepare for an emergency along with a space for the owner to outline their emergency arrangements and details of their pet. The 'Z-card' is available at a number of locations across the borough including; Council offices, local vets and animal welfare sanctuaries.

6. Educational Initiatives

The Council is committed to working closely with Homes for Haringey to encourage participation in educational initiatives, to ensure that tenants and lease holders are aware of issues relating to animal welfare and responsible pet ownership. The Council is also committed to working with local external stakeholder organisations, such as the Wood Green Animal Shelter and the RSPCA, to provide a proactive & co-ordinated educational approach to all of Haringey's residents. In addition the Welfare & Control Partnership will produce an annual calendar of animal welfare events taking place in the borough.

7. RSPCA Community Animal Welfare Footprints

Launched in April 2008, the RSPCA Community Animal Welfare Footprints (CAWF) scheme aims to reward and promote good practice in animal welfare by local authorities and housing providers in England and Wales.

It recognises organisations that have gone above and beyond their basic service requirements to ensure higher animal welfare standards. CAWF covers four areas of work (Footprints) that impact on animal welfare, and includes having an animal welfare charter. The areas covered are: Stray dog services, housing, contingency planning & animal welfare principles.

The Council will continue to work closely with a variety of partner organisations including the RSPCA, to ensure that we seek to apply the Community Animal Welfare Footprints standards in all facets of our service provision. Furthermore the Council will continue to apply to the award scheme in future, for recognition of the good work that the council and its partner organisations are doing to promote animal welfare in Haringey.

Action: 220.2 – OSC 28th March 2011 – Dangerous Dogs

From: Cllr Canver Nilgun

Sent: 15 May 2011 22:22

To: Labour Councillors; Lib Dem Councillors; Independent Councillor

Cc: Payne Robin; Curtis Robert

Subject: FW: Draft email regarding dangerous dogs on behalf of Councillor Canver
Dear Colleagues,

I would like to inform you of work we are undertaking regarding dangerous dog issues within the Borough and how you can help us.

Robert Curtis, Service Manager for Street Enforcement is operating as Haringey's Dangerous Dog Coordinator. His role here is to gather intelligence from available sources and work with a range of Haringey agencies and the Met Police Status Dog Unit to formulate appropriate action and operations. For example the Bruce Grove Safer Neighbourhood Police Team has now been trained to deal with dangerous dog issues and is actively carrying out operations to challenge anti social behaviour in relation to dogs and irresponsible owners. Some of these operations have already culminated in the seizure and destruction of dangerous dogs and the prosecution of their owners.

If you believe you have any information that would help us to better control the breeding of dangerous dogs, or any issue of dog control issues in your ward, can I invite you to contact Robert Curtis, by email to robert.curtis@haringey.gov.uk or by telephone on 020 8489 5283.

If you have any questions please do not hesitate to contact Robert Curtis.

Kind regards,

Nilgun

Cllr Nilgun Canver
Cabinet Member for Neighbourhoods
St Ann's Ward Councillor (Labour)

River Park House

225 High Road

Wood Green

London

N22 8HQ

Tel: (020) 8489 2626

Fax: (020) 8881 5218

Nilgun.canver@haringey.gov.uk

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Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
62	06.09.2010	Item 10 – Cabinet Member questions – Cabinet Member for Finance and Sustainability <u>Action 62.2</u> The Committee highlighted previous discussions on the possibility of using wasteland for allotment space and offenders on the Community Payback scheme to work on those spaces. The feasibility of this would be investigated and reported back to the Committee. (Cllr Winskill) <i>The use of wasteland for community allotments, and of Community Payback participants to work those spaces, would raise a number of issues.</i> 1. <i>The Council would need to establish ownership of the land. The Council has historically worked with Community Payback on land where the registered owner is unknown, the area is unregistered, or where there are complex issues relating to registration (e.g. there are several registered owners and it is complex to enforce). This work has tended to be clearing the area of litter or dumps. Putting an allotment on a site would require a more detailed understanding of ownership and the associated legal issues.</i> 2. <i>Community Payback would be able to help with clearing rubbish and litter and cutting back undergrowth, however land would need to be tested for contamination prior to its being converted to use as an allotment. Additional infrastructure improvements might also be required (e.g. access to a water supply). It would not be appropriate to use Community Payback to provide these activities as the scheme cannot be</i>		27.10.10 Response from Alex Fraser but further information requested from Urban Environment by Committee		

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			<i>used for work that would otherwise provide someone with paid work. The proposal would therefore require a reasonable level of pump priming and in some cases ongoing subsidy to meet physical and community engagement/ capacity building costs (the Council's current policy is cost recovery). Leisure Services would then have capacity to provide ongoing management. In this situation Community Payback might help with the initial work to bring a space back into use, but following this allotments would be looked after by allotment holders and there would be no on-going Community Payback role.</i> <i>3. The Council are not currently working with Community Payback scheme through the Single Frontline Service because the Probation Service are no longer able to fund supervision of Community Payback work. It will be possible for Haringey Council staff to be trained to provide this supervision. At the current time Neighbourhood Services are mobilising a new waste contract and implementing a restructure: the service intends to consider the option to train staff as supervisors for Community Payback when the staffing of new structures is complete in October. In addition Leisure Services are currently working with the Probation Service to explore the scope to pilot the use of Community Payback to contribute to delivery of the Parks Improvement Plan – Bridging the Gap.</i> <i>The service would be able to provide a more specific response if a particular piece of land were identified. This would enable the Council to look into who owns the site and the logistics of preparing it for allotment use. At the current time the service is not aware of</i>			

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70	04.10.2010	any sites that would be suitable for this purpose. Item 7 – Cabinet Member Questions – Cabinet Member for Planning and Regeneration Action 70.4 The Committee that more comprehensive figures on the cost of worklessness in the borough, for example including benefit figures, the impact on local health services, retraining costs and reduced consumer spending to be reported back to the Committee, after the findings of the current economic survey of the borough were known. (Cllr Winskill) The production of a Local Economic Assessment (LEA) for Haringey has been delayed until autumn 2011. This is due to officers working on the establishment of the shared economic developed service between Haringey and Waltham Forest, and continued work on accessing external funding opportunities. The LEA, when produced, will cover the economic aspects of both boroughs. Details of the cost of worklessness that form part of the LEA will be made available to the Committee when it is completed. Action 70.5 The Committee would be provided with a written response to question 13 submitted for the Cabinet member for Planning and Regeneration, in respect of what happened to those 56 people of the 94 engaged in the Families into Work Programme, who are not in work, on skill courses or work placements. (Cllr Newton) There were 132 families registered on the Families into Work system on the 31st July 2011 when the Families into Work initiative ceased operation.	Assistant Director of Planning, Regeneration and Economy Assistant Director of Planning, Regeneration and Economy Assistant Director of Planning, Regeneration and Economy			
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			<i>The Families into Work initiative was designed as an innovative family centred approach to supporting workless households back into employment or training.</i> <i>Since its inception a range of creative methods were used to engage and sustain relationships with members of family units.</i> <i>At the close of the initiative there were 42 family members who are still in full time employment and have remained in employment for more than 6 months.</i> <i>In spite of the best efforts of the team 29 clients disengaged from the programme for a range reasons ranging from pregnancy, no longer willing to find work to just not feeling ready to change their family situation.</i> <i>Seven clients reported that they no longer needed supported as they were working 'cash in hand.'</i> <i>Eleven families moved of the area into other boroughs mainly Enfield and Waltham Forest. Private rental in Northumberland Park is relatively high which becomes a barrier for clients going into minimum wage jobs. Some clients feel that they have to move into cheaper accommodation out of the area to make ends meet.</i> <i>Eight clients signed of the programme due to health or medical conditions including 3 who were referred to the Learning Disability Team for support.</i>			

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			<i>Eleven clients disengaged from the programme because they acknowledged that their ESOL needs prevented them from progressing with job search or skills training/development.</i> <i>Two clients from the same family received custodial prison sentences.</i> <i>Finally, three clients found full time jobs but were never able to present the evidence of the job starts.</i> <u>Action 70.6</u> Further to a discussion regarding the Bridge NDC, the full value for money and performance report relating to the NDC would be circulated to the Committee. (Cllr Newton) <i>A report detailing the achievements of the NDC has been distributed alongside this response document.</i>			
71	04.10.2010	Item 11 – Flow of Section 106 Money <u>Action 71.1</u> The Committee asked that further ways of engaging the wider community for ideas on s106 agreements be looked into and reported back to the Committee (Cllr Winskill) <i>Current procedures offer the community a significant opportunity. The UDP/LDF Plan for Haringey has offered the wider community an opportunity to say what type of improvements and community infrastructure is needed in their area. There is now a Community Infrastructure Plan in the new LDF on which S106 contributions are negotiated along with affordable housing and issues of site compliance. The production of this has been part of the Plan process, including public consultation. There is also community</i>		Assistant Director of Planning, Regeneration and Economy		Page 195 To be referred to the Cabinet Member when He attends on 6th Feb. 2011.

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
			<i>consultation on all planning applications, and planning applications are subject to an agreed S106 guidance note. There is now an annual report on S106 that goes to Planning Cttee. From 2014, S106 will be reduced (to deal with site compliance and affordable housing) and Community Infrastructure Levies (CIL) must be in place, if the Council is to collect funds for this purpose. The Council will be going out to public consultation on this in 2012-13. From April 2012, the Localism Bill may change significantly how CIL operates with the prospect of an agreed proportion always needing to be spent locally and decided upon locally.</i>			
74	04.10.2 010	Item 10 – Winter Service Plan Action 74.2 The Committee requested that, once approved by Cabinet, the location of all grit bins in the borough be published on the Council's website. <i>This action was completed last November for the 2010/11 Winter Service Plan.</i> <i>We are currently reviewing the 2011/12 WSP and any further changes will be updated to the website</i>		Client & Performance Manager – Environmental Resources		Page 196
190	14.03.2 011	Item 7 – Cabinet Member questions: Cabinet Member for Planning & Regeneration Q2 – Economic Development - The Committee requested regular updates to all Council Members on how the shared service with Waltham Forest would operate (Action No. 190.1). Cllr Winskill		Assistant Director for Planning, Regeneration and Economy	SY will pick up after next Corporate Committee	

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
			On 21 July, General Purposes Committee approved the process by which recruitment to the shared economic development service will take place. This approval included the current Head of Economic Development in Waltham Forest being seconded to the role of Head of the Shared Service for a period of 6 months, after which time the post will go out to advert to be filled on a permanent basis. It is anticipated that the remaining recruitment to the shared service will commence in September/October. Corporate Committee members will continue to receive updates in relation to the establishment of the shared service and its functions Q7 – Tottenham Hotspur FC – A briefing note was requested on the discussions held with Spurs about the regeneration of Tottenham as part of the stadium redevelopment. Committee members expressed concerns that no fixed commitments had been made by the Club to employ and train local people and that a health centre had not been included in the development plans (Action No. 190.2). <i>Cllr Winskill</i> The planning permission granted on 30-9-10 included a draft section 106 agreement that would provide funds for local employment along with a local employment planning condition. That planning application has not been triggered by the Club. The Council is in ongoing negotiations with THFC on the progress of this scheme, notwithstanding the Club's failed bid for the Stratford Stadium and its concern about the costs of implementing the Northumberland Park Scheme. The Council has been looking at ways to both make the THFC scheme more viable and to regenerate the local area. In this regard the Council has supported a £76m Regional Growth Fund	Assistant Director for Planning, Regeneration and Economy		

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
249	9 th May 2011		<i>bid by THFC for associated infrastructure costs, made a bid for Enterprise Zone status for the whole of Tottenham and put in bids to the Mayor's Town Centre Fund for improvements to Tottenham High Road (Seven Sisters, Tottenham Green, Bruce Grove and North Tottenham High Rd). Whilst a new health centre was not included in the approved planning scheme – unanimously agreed by Planning Cttee - the Council continues to look at opportunities to improve health in this part of the Borough, both through the new public health service and the Health and Wellbeing Board.</i> Item 7 – Period 11 Council Performance and Budget Monitoring Exceptions Re paragraph 15.5 - the Committee asked what was being done to increase occupancy at the Technopark and requested Action 176.1 (copied below from the OSC meeting held on 21 February 2011) be chased (Action No. 249). Cllr Newton The Committee asked for a briefing note on the low occupancy of the Technopark (paragraph 15.5 – Period 9) including: 1. How many units there were? 2. How many units were let (what %) and to what sort of businesses, how many people were employed in them and what income they yielded? 3. How many units (%) were used by council services? 4. How many units (%) were occupied by the community and voluntary sector and were these provided for free or at a reduced rent (detail to be provided)? (Action No. 176.1) (Cllr Newton) 1. Total number of units available for letting - 94.	KB sent to Dinesh Kotecha – Property moves to Places directorate in June 11	NC to chase	Page 198

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
			2. 66 units are let representing 70% of the 94 producing £572,876 rental income. Types of businesses e.g. transportation, security, accountants, solicitors, recruitment. We do not have information on the number of people employed in the units. 3. 7 of the 66 units are occupied by Council services representing 7.5% of the 94. 4. 5 of the 66 units are occupied by community/voluntary sector representing 5.3% of the 94. These units are not provided for free or at a reduced rate but are all let on similar terms to commercial lettings. In order to increase occupancy at Technopark the following actions are being undertaken: 1. Initiate rolling programme of conversion of existing short term tenancies to leases 2. Intensify advertising - advertise via Council website, local press and business magazines; investigate extended use of internet and recognised property websites. 3. Review procedures to streamline processes (including greater use of technology).			

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05 September 2011

Councillor Joe Goldberg
Chair of Cabinet Procurement Committee

Dear Councillor Goldberg,

Call-in of PROC12 – Contract for the Supply of Desktop and Laptop Hardware and Associated Professional Services

Thanks very much for attending the call-in meeting on 24 August of the Committee in respect of the supply of desktop and laptop hardware and associated services. Whilst the Committee was not minded to take further action in respect of the decision, they nevertheless expressed some concerns about the issue and requested that I write to you to on their behalf to share these with you.

The Committee is concerned that plans to replace the deteriorating IT infrastructure appear to have been left to such a late stage that any delay could expose the Council to unacceptably high levels of risk and have potentially serious implications to the provision of services to residents. The time constraints that this has imposed may have restricted the Council's scope for exploring all available options for securing best value. Effective planning processes are required to ensure that hardware is replaced at the optimum time and in a manner that minimises potential risk and fully takes into account the likely time required to undertake effective procurement.

Your observation that it is not ideal to have to replace all laptop and desktop computers at once reflects the views of this Committee and we would welcome hearing your proposals for a more phased renewal programme.

The Committee shares your surprise and disappointment that the procurement exercise yielded only one valid tender from potential suppliers, despite the best efforts of the Council's Procurement Team. The goods and services in question are not of a highly specialised nature but from one of the most competitive and diverse markets in the country. A competitive tendering exercise would therefore be expected to yield a substantially higher level of interest.

The Committee is of the view that the process that was undertaken in this instance should be reviewed so that the reasons for the low response can be established and explored and, if necessary, appropriate improvements made to the procurement process.

One particular issue that the Committee feels should be considered is the potential for collaboration with other local authorities in the procurement and provision of IT services. It requests that the report of this review be submitted to a future meeting of the Committee.

The Committee notes that the contract is for £3.3 million. However, this amount is considerably above the actual amount of expenditure that is likely to take place which will probably be between £2.1 and £2.4 million. Whilst understanding why the amount in the contract was set at this higher level, it is concerned that the headroom that this provides may be excessively high and feels that, in the interests of accountability, a lower level might have been more appropriate.

Any comments or observations that you may have in response to the Committee's views would be welcome. Many thanks again for your assistance with this.

Kind regards



Gideon Bull
Chair, Overview and Scrutiny Committee