

Overview and Scrutiny Committee

MONDAY, 12TH DECEMBER, 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 of England representative), 1 Catholic Diocese vacancy, Young (Parent Governor), Mr. D. Adams (Parent Governor) Mrs M. Ezeji (Parent Governor), Ms H Kania (LINK non-voting Representative)

AGENDA

1. WEBCASTING

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

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

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

2. APOLOGIES FOR ABSENCE

3. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. (Late items will be considered under the agenda item where they appear. New items will be dealt with at item 13 below).

4. DECLARATIONS OF INTEREST

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

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

5. DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS

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

6. CABINET MEMBER QUESTIONS - CABINET MEMBER FOR THE ENVIRONMENT

An opportunity for the Committee to question the Cabinet Member, Councillor Nilgun Canver, on the Environment portfolio.

7. THE COUNCIL'S QUARTERLY PERFORMANCE ASSESSMENT: QUARTER 2, 2011/2012 (PAGES 1 - 28)

To receive the exceptions report on performance information.

8. BUDGET MONITORING EXCEPTIONS REPORT (PAGES 29 - 42)

To receive the exceptions report on budget information.

9. SCRUTINY REVIEW UPDATE - ENGAGING WITH HARD TO REACH COMMUNITIES (PAGES 43 - 58)

To consider the update on the scrutiny review of Engaging with Hard to Reach Communities.

10. REVIEW SCOPING REPORTS - CHILDREN MISSING FROM CARE (PAGES 59 - 70)

To receive the scoping report for the review of Children Missing from Care.

11. BUDGET SCRUTINY FEEDBACK

To receive the recommendations of the Budget Scrutiny Panel. **(TO FOLLOW)**

12. FEEDBACK FROM CHAIRS OF AREA COMMITTEES

13. NEW ITEMS OF URGENT BUSINESS

14. MINUTES (PAGES 71 - 78)

To approve the minutes of the meeting held on 10th October 2011.

15. FUTURE MEETINGS

To note the following dates:

Wednesday 14th December 2011

Monday 6th February 2012

Monday 30th April 2012

16. SCRUTINY COMMITTEE ACTIONS REQUESTED (PAGES 79 - 148)

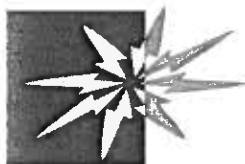
To note the actions completed since the last meeting.

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Member Services
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Friday 2nd December 2011

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Haringey Council

Report for:	Overview and Scrutiny 12/12/2011	Item number	
Title:	The Council's Quarterly Performance Assessment: Quarter 2, 2011/2012		
Report authorised by :	The Chief Executive 		
Lead Officer:	Eve Pelekanos – Head of Policy, Intelligence and Partnerships Telephone 020 8489 2508		
Ward(s) affected: All	Report for Key/Non Key Decision: For information		

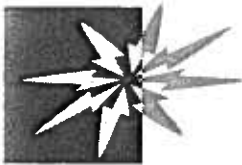
1. Describe the issue under consideration

1.1 This report provides Members with an update on progress against the Council's outcomes and priorities for the second quarter of 2011/12 (July-September 2011).

2. Introduction by Cabinet Member for Performance Management (Cllr Claire Kober)

2.1 I am pleased to see a marked improvement in the GCSE provisional results across the borough's schools, from 48% (2010) to 57% (2011) 5+ at grades A*-C. It is also encouraging to see Haringey as one of the best performing London boroughs in the recent Adult Social Care Survey around the way people are supported and treated. The progress made in reducing the borough's carbon emissions is significant, and I look forward to seeing continued improvement through the work of the Carbon Commission.

2.2 It is disappointing to see an increase in youth and gang-related serious violence, which is something I hope to see tackled by the Council's continued work with the police. I would also like to see significant improvements to the efficiency of our customer service for processing benefit claims.



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3. Recommendations

- 3.1 To note progress against the five outcomes in the second quarter of 2011/12.
- 3.2 To note the issues and challenges as we move into the next reporting period.

4. Other options considered

- 4.1 N/A

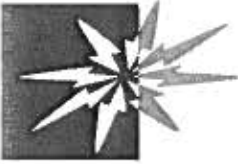
5. Background information

5.1 The key elements of the Outcomes Framework are:

- **Outcomes:** the goals we are aiming for, as agreed by Full Council in February 2011.
- **Areas we need to address:** identified through needs analyses, research and consultation as the strategic levers that will lead to better outcomes.
- **Priorities:** areas of focus for 2011-2014.
- **Actions:** to deliver agreed outcomes – these are derived from departmental business plans and feed into the Council Plan. Progress against the Council Plan will be reported twice a year.
- **Service measures:** directly linked to strategic priorities these tell us whether we are on track to achieve longer-term outcomes. Within the single framework, some measures are reported on quarterly and some annually. While the service measures have been agreed with managers, they remain work in progress and will be refined throughout the year. For Adult Social Care and Public Health, the National Outcome Frameworks have been taken into account. In addition to service measures the framework includes unit costs which will assess service value for money.
- **Operational Performance Indicators:** key indicators of our core business and service standards. These will be monitored at service level and used for the day to day management of services. These are held by individual department and are not covered in this report.

5.2 This joined-up approach to performance reporting links our key strategies, the council plan, departmental business plans and evidence from business intelligence data. It will help us to ensure that the services we commission are effectively focused on reducing inequality.

5.3 Appendix 1 sets out the Quarter 2 performance for the service indicators reported quarterly, by department under each of the five outcomes.



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5.4 Comparative Quarter 2 data for the 26 metrics agreed with London Councils is not yet available. For comparative data, please refer to the Quarter 1 report.

6. Comments of the Chief Financial Officer and Financial Implications

6.1 There are no specific financial implications arising from this report although the data and information presented has clear links to current financial performance and provides important management information in terms of feeding into the Council's Medium Term Financial Plan.

7. Head of Legal Services and Legal Implications

7.1 There are no specific legal implications in this report, with the exception of the new Code of Recommended Practice for Local Authorities on Data Transparency (see section 5). Whilst the guidance does not have binding legal effect it will be important in practice. Recent press releases indicate that it is the ministers' intention, subject to consultation, to make the code legally binding. The Information Commissioner has launched consultation until 21 December 2011 on a revision to publication schemes which includes a move to incorporate parts of this code of practice.

8. Equalities and Community Cohesion Comments

8.1 Reducing inequality is a key council commitment.

8.2 For 2011/12 the Council will endeavour to:

- Ensure that equalities monitoring information is collected and analysed in line with the Equality Act 2010.
- Continue to monitor the impact of the changed services to maintain good quality of provision and outcomes for service users with protected characteristics.

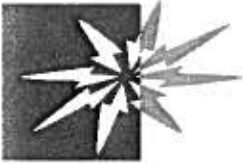
9. Head of Procurement Comments

9.1 N/A

10. Policy Implications

10.1 This report links to the following documents / strategies:

- Rethinking Haringey: One Borough, One Future
- Haringey Outcomes Framework
- Council plan (including departmental business plans)
- Key strategies



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11. Use of Appendices

- Appendix 1: Performance Assessment – Service Indicators

12. Local Government (Access to Information) Act 1985

- HR metrics
- Service performance indicator returns
- Council Plan (incorporating departmental business plans)

Introduction

1. The **Quarterly Performance Assessment** is based on the Haringey Outcomes Framework and covers the period July to September 2011. It provides an overview of recent progress against each of the five outcomes, for the relevant priorities for 2011-14 and areas to address, along with an assessment of the council's organisational effectiveness. At the end of each outcome the report identifies emerging issues on which CEMB and Members may wish to have a more detailed discussion. The report provides the latest information for each outcome, covering:

- performance progress
- recent data releases
- recent local and national developments
- emerging issues

Outcome 1: Thriving

Haringey's strategic priorities for 2011-14 mainly fall under this outcome¹. An update against each of the priorities is given below.

Quarterly Performance Highlights

- GCSE % 5+ A* - C (including English and Maths) has provisionally improved from 48% (2010) to 56.8% (2011)
- 4.8% of young people were Not in Education, Employment or Training (NEETs) as at August 2011. Noel Park (9.7%), Bruce Grove (9.7%) are the wards with the highest number of NEETs. The 'top' five wards account for 40.6% of the NEETs.
- At September 2011 there were 3,144 households in temporary accommodation (TA) a reduction of 150 since the end of March but remains significantly more than average.
- There have been 88 homelessness acceptances in this quarter, and 126 preventions in Quarter 2.
- 3,896 non-decent homes (24.18%) deteriorating but better than March 2012 target of 29.8% (see below for contextual information)
- 8,517 visits per 1,000 population to Haringey libraries against a target of 8,700 and below levels achieved last year.

For detailed performance information, including progress against targets, see Appendix 1.

2. A Member-led Partnership group to promote social inclusion and tackle worklessness is being established and will be chaired by the Cabinet Member for Economic Development and Social Inclusion. The working group will be responsible for:
 - Coordinating the work of the council and partners on poverty, worklessness and wider social inclusion
 - Agreeing an interim policy statement for promoting social inclusion

¹ The only exception is 'Enhance customer experience' which is covered in the Empowered section.

- Developing a longer term overarching statement outlining the Council's approach to social inclusion. This will incorporate the worklessness programme and work on child poverty.
 - Developing an Employment and Skills Plan.
3. The latest Child Poverty statistics (snapshot as at 31 August 2009) have been released by HM Revenue & Customs. 36.4% of Haringey's children live in poverty, down from 39.2% the previous year. This is the 8th highest rate of 32 local authorities in London (London – 29.6%, England – 21.3%).

Sustain improvement in educational attainment (Priority 2011-14)

4. There has been a significant improvement in GCSE provisional results.
- The percentage of pupils attaining 5+ A* - C (including English and maths) has increased from 48% in 2010 to a provisional figure of 56.8% in 2011 (National from 53.5% to 58.3%). Haringey's ranking has improved from 136th to 82nd place (out of 151 Local Authorities).
 - The percentage attaining 5+ A* - C has increased from 73 to 76.6% (National from 75.4% to 78.8%). Haringey's ranking has declined slightly from 114th to 118th place.
 - Provisional highlights in 5+ A* - C including English and maths include:
 - Gladesmore results improved from 41 to 62%
 - Highgate Wood improved from 46 to 67%
 - St Thomas More improved from 31 to 54%
 - Woodside High improved from 47 to 60%
 - Alexandra Park with 70% and Fortismere with 80% have the highest results in Haringey
 - Individual school results will be validated in December.
5. Provisional Key Stage 2 (Age 11) results (% attaining level 4+ in both English and maths) have improved from 68% in 2009 to 69% in 2011 (we expect this figure to rise to at least 70% when the data is validated). The 2010 result of 75% was artificially high due to the test boycott by 33 out of 53 mainstream primary schools. The provisional results indicate that there are 16 schools below the government target of at least 60% attaining level 4+ in both English and maths.
6. Results at Post 16 Level 3 (A level and equivalent) have also provisionally improved in a number of grade boundaries.
- The percentage of students attaining grades A* - E improved from 98.2 to 98.8%
 - Grades A* - C improved from 71.9 to 74.3%
 - The percentage gaining A* - B grades fell from 46.7 to 44.7%
 - Fortismere students achieved 67% and Alexandra Park 52% A* - B grades.
7. The DFE publishes local authority results using average points score. The total average point score per candidate has improved in Haringey from 623.2 to 652.9 (England from 732.9 to 733.1). Haringey's national ranking has improved from 135th to 122nd place in 2011. The total average point score per exam entry also improved from 211.9 to 215.0 (England from 213.8 to 215.5). Haringey's national ranking has improved from 57th to 41st place in 2011.
8. Progress continues on the provision of new school facilities and buildings.
- The first part of the new Inclusive Learning Campus building at Broadwater Farm has just opened. Pupils from Moselle and William C Harvey primary special schools (now combined to form the Brook special school) and Broadwater Farm primary school (renamed the Willows) are now working together on the new campus, which will be known as Broadwaters.

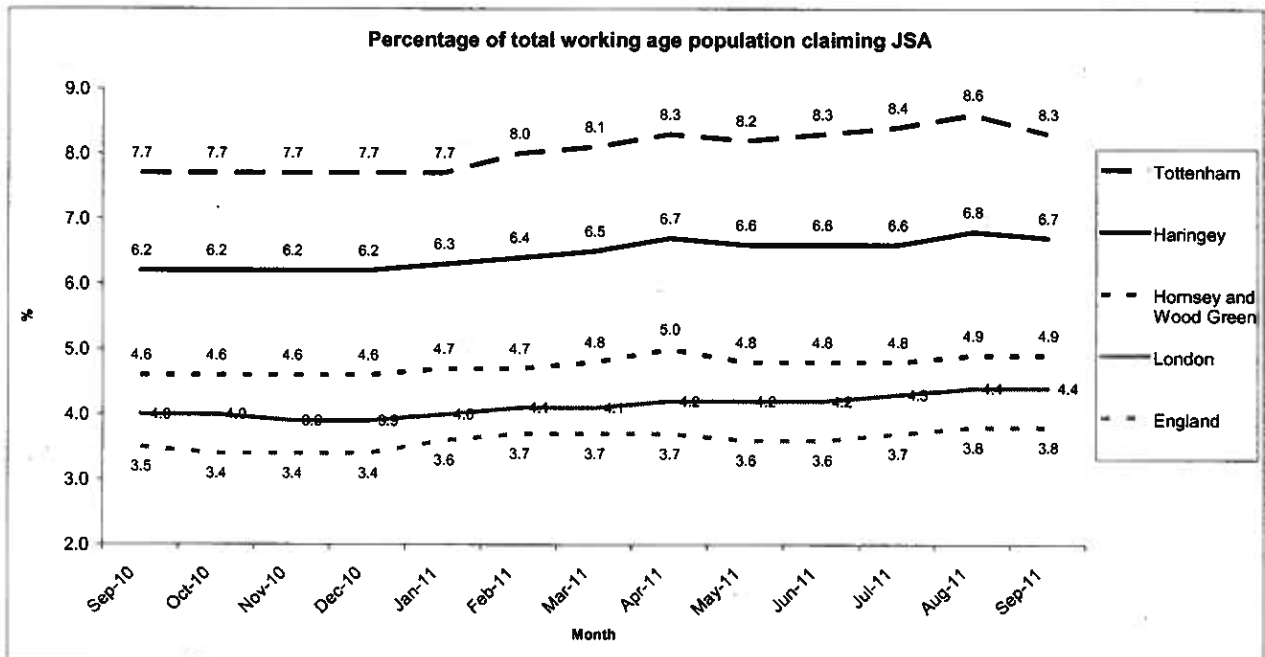
- The new foundation building has opened at Rhodes Avenue primary school providing new nursery facilities and an expansion from 2 to 3 forms of entry.
- Heartlands High school was officially completed in June with the handing over of the new North Wing. This provides art, drama and music facilities, the new learning resource centre and an assembly hall with a state of the art theatre.

9. Haringey continues to reduce the number of young people who are Not in Education, Employment or Training (NEETs) (4.8% in August against a target of 8.9% - this equates to 155 young people in years 12-14 out of a cohort of 7,749). Of the NEET cohort:
- 62.6% were seeking employment and training.
 - 15.5% were teenage mothers.
 - 40.6% of NEETs are short term (3 months or less), 29.7% have been NEET 6 months+.

Promote opportunities for employment (Priority 2011-14)

10. Jobseekers Allowance (JSA) claimant rates in Haringey remain significantly above the England and London rates. The graph below compares JSA claimant rates across the borough and with London and England between September 2010 and September 2011.

- The gap with London currently stands at 2.3 percentage points (equivalent to 3,469 claimants)
- The percentage of claimants in Haringey has increased from 6.2% to 6.7%, this equates to 10,105 claimants. The percentage of female claimants increased from 4.5% to 5.3%. Male claimants has almost returned to September 2010 levels (7.9%), having peaked at 8.2% in April.
- The parliamentary constituency of Tottenham has 5,919 claimants. The percentage of claimants in the Tottenham constituency increased from 7.7% to 8.3%. Female claimants increased from 5.4% to 6.5%. Male claimants has almost returned to September 2010 levels (10.1%), having peaked at 10.6% in August 2011.
- Northumberland Park ward continues to have the highest claimant rate of any ward in London (12.7%). 20.5% of JSA Claimants in Northumberland Park (225 claimants) are aged 18-24.



11. The Government is to launch sector-based work academies across England with the aim of tackling youth unemployment. The new academies will offer a combination of training, work

experience and a guaranteed job interview to up to 50,000 people over the next two years, with many going to young people. Sector-based work academies will operate in industries based on local labour market demand, including construction, contact centres, hospitality, logistics, and retail.

12. The Department for Work and Pensions (DWP) is currently procuring a programme to support families with multiple problems, with the intention of moving adult family members closer to employment. The bidding is restricted to those organisations who won the right to bid to deliver the Work Programme. The Council has received offers from five of these organisations to deliver elements of the service in Haringey as a sub-contractor.
13. The Council has submitted a successful bid to the UK Border Agency, in partnership with HALS and HAVCO to deliver a range of support services (including Information, Advice and Guidance (IAG), volunteering, pre-entry ESOL and employment support) for 480 third country nationals (any person who is not a national of an EU member state) over a three year period. The value of the project over the three years is £973,507.89 with a 75% contribution (£730,130.91) coming from the UK Borders Agency; the remaining 25% (£243,376.97) will be provided by Haringey Council and HAVCO.

Promote physical and economic regeneration (Priority 2011-14)

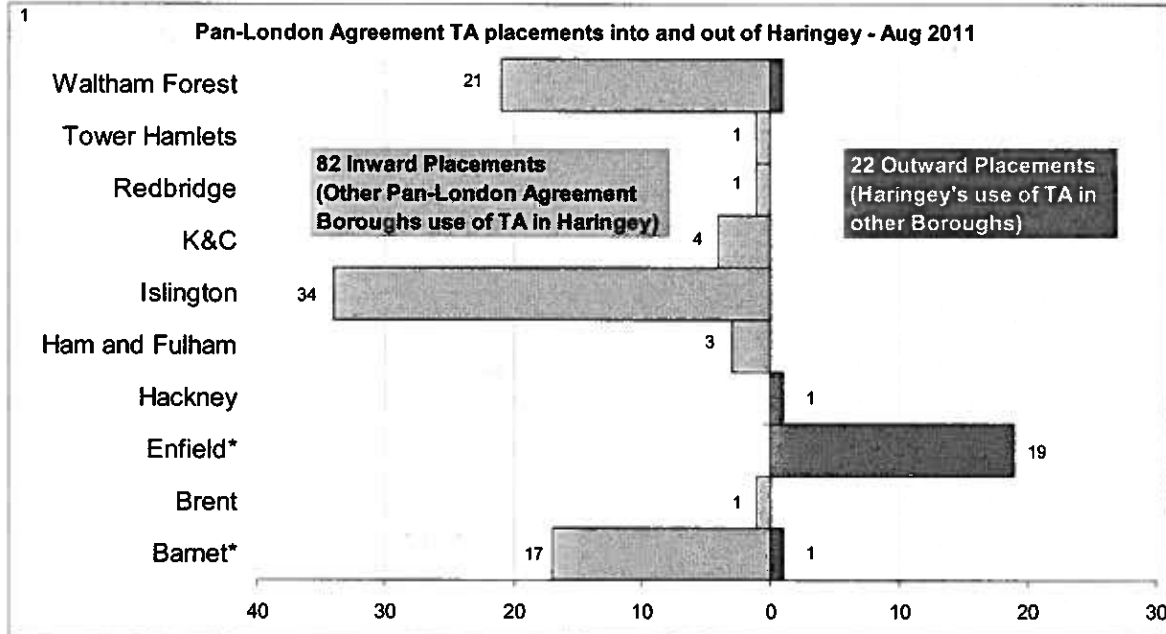
14. The Core Strategy Examination in Public (EiP) took place between 28th June and 8th July 2011. An independent Planning Inspector was appointed to hear the Examination. Although the hearings have now closed the Examination itself will continue until the Council receives the Inspector's report. Following discussions at the EiP, the Council is undertaking a revised consultation on changes to employment land designations and affordable housing policy of the Core Strategy. Consultation ends on the 3rd November. The responses to the Core Strategy consultation are being considered by the Council. The outcome of the consultation process, including copies of responses, will form part of the ongoing Examination into the soundness of the Core Strategy and will be forwarded to the Inspector who will decide whether or not to re-open the hearing sessions. Once the Inspector is satisfied that all issues have been discussed he will issue his report to the Council. The report is binding, i.e. the Council has to incorporate all of his recommendations before the Core Strategy can be adopted as the statutory spatial plan for the borough. The Core Strategy is a 15 year plan and is the key document within the Local Development Framework. It is anticipated that the Council will receive the Inspector's report later this year (exact date to be confirmed).
15. The Clarendon Square proposals for Haringey Heartlands have been approved by the council's planning committee. The scheme forms an important part of the council's regeneration plans for this area of the borough and will bring much needed new homes and employment opportunities.
16. In partnership with Homes for Haringey, officers are working on a Sustainability Index which uses social, environmental and economic indicators to assess the regeneration need of each of our estates. The project will give us quantitative and qualitative data that can be used to prioritise funding where it is needed.

Increase access to quality housing (Priority 2011-14)

17. There have been fewer homelessness acceptances (88) in this quarter, and slightly less preventions (126). In total there have been 189 acceptances in the first 6 months and 265 preventions, a ratio of 1.4 homelessness preventions to acceptances. The number of homelessness preventions continues to be adversely affected due to a shortage of affordable private sector tenancies; this is likely to have an adverse impact on future levels of homelessness in the borough.

18. At the end of Sept 2011 there were 3,144 households in temporary accommodation (TA) a reduction of 150 since the end of March and 48 since the end of Quarter 1. There is a sustained reduction although this has reduced in Quarter 2. The issue remains a severe shortage of affordable private rented accommodation in Haringey and neighbouring boroughs.
19. To help us continually assess the impact of changes in housing benefits we are monitoring the number of TA placements made by other London boroughs in Haringey.

Temporary accommodation placements made by other London boroughs in Haringey, August 2011 (Source: Pan-London Agreement)



* Member of Joint Agreement

20. The four borough agreement between Haringey, Enfield, Barnet & Camden launched in August has been received well by boroughs and suppliers of emergency accommodation alike. All of the properties advertised have been successfully let (bar 18 that were excluded because they were too expensive). The supply met all four boroughs' needs for emergency accommodation and the turnaround of properties has been made quicker with void periods minimised.
21. The pan-London agreement continues to be monitored on a monthly basis. Concerns are being raised with London Councils that some boroughs are not adhering to the agreement and are paying over the odds to secure accommodation in other boroughs.
22. The new Allocations Policy has now successfully bedded in, with the majority of allocations to clients from bands A and B. Band C re-registration has now been completed, resulting in a 50% reduction in the number of applicants in that band. Re-registration of the remaining bands (D & E) is currently underway and should be complete by the end of October (it is anticipated that numbers in these bands will also drop as a result of re-registration).
23. Haringey's Draft Homelessness Strategy is out for consultation until 31st October 2011. The strategy outlines the draft priorities to prevent homelessness and sustain tenancies, work in partnership, mitigate the negative impacts of welfare reform, increase the availability of affordable housing and improve the life chances of homeless people. A successful

consultation event took place on 13th October, representatives from 50 organisations attended.

24. The Decent Homes Programme has been affected by changed funding arrangements. As a consequence, Homes for Haringey has had to revise the scope of works included in the programme to ensure that absolute priorities are addressed. Following the submission deadline for the Decent Homes backlog funding required by the government last December 2010, the scope of works were revised in March when the government confirmed Haringey Council's reduced allocated budget by £50m for this year and next year. This has meant that the focus will move away from non-decent components such as kitchens and bathrooms so as to comply with the Government's revised guidance of switching from 'whole house' approach to 'elemental'. This also means that as decency is a cyclical process there are some new homes falling into the non-decency category that will impact on the percentage.

Thriving: Emerging Issues

Mayor's Housing Strategy

A revised Housing Strategy for London was published in August for consultation with the London Assembly and the GLA Group. The strategy sets out the Mayor's aims to build partnerships with boroughs, increase supply, raise standards, enhance mobility and choice, and tackle need. This revised strategy will cover the 2011-15 spending round and will reflect recent changes such as the implementation of the Affordable Rent model, it will be released for public consultation at some point in the new year.

Pan-London Mobility

A pan-London mobility scheme that will enable social renters to move around the capital is being set up by the GLA. The idea behind the scheme is to give social tenants the same rights and freedoms to move round the capital as are enjoyed by other Londoners, to help social tenants move for work, training or education, and to free up larger homes. The GLA is in the process of procuring a choice-based lettings system that will underpin the pan-London mobility scheme. They hope to have the scheme in place by January 2012.

Child Poverty

More than a million children and adults will be pushed into poverty by 2013 according to a report from the Institute for Fiscal Studies. The report claims that the net effect of the government's tax and benefit changes will have an adverse effect of the number of people in poverty in the long term. The report said that the introduction of universal credit as part of the government's welfare reforms would ease poverty by 2021. However, this would be offset by other proposed changes to the tax and benefit system.

Outcome 2: Sustainable

Quarterly Performance Highlights

- 26.7% of household waste was recycled, better than target.
- In Quarter 2 there was a total of 1,615 reported fly tips.
- Tranche 2 survey of street cleanliness was carried out in October and reported in November.

For detailed performance information, including progress against targets, see Appendix 1.

Carbon emissions and fuel poverty

25. The Department for Energy and Climate Change have published performance information on the per capita reduction in CO₂ emissions by local authority (formerly NI 186). Data for 2009 was published in September and shows Haringey's total carbon emissions decreased from 1035 kT CO₂ in 2008 to 937 kT CO₂ in 2009 (almost a 10% drop).
26. Haringey's Carbon Commission, in partnership with the New Economics Foundation (NEF), will bring together experts drawn from across the business, government and research communities to explore how the ambitious target of a 40% reduction in carbon emissions can be practically achieved by 2020 while taking an approach that puts reducing inequality at the heart of our low carbon transition. The Carbon Commission core group supported by 5 working groups began meeting in October and the resulting recommendations will be considered by the Council and Haringey 40:20 Steering Group in Spring 2012.

The five working groups supporting the work of the Carbon Commission will explore:

- Low Carbon Investment
 - Community Involvement
 - Sustainable Transport
 - Green Enterprise
 - Integrated delivery – sustainable regeneration of Tottenham
27. A range of evidence to support the work of the Carbon Commission has been developed with the support of funding from the Department of Energy & Climate Change's, Local Carbon Framework (LCF) Pilot. These reports and their findings have been made available to download on the Haringey 40:20 website. The reports look at housing retrofit potential in the north London sub-region, Green Enterprise potential in the Upper Lea Valley, Solar PV potential on Council property, Decentralised Energy 'Masterplanning Guidance' and a draft Supplier Services Agreement contract and market testing of a 'Licence Lite' contract.
28. Based on the LCF pilot findings of this study, in July 2011 Haringey Council formally committed an investment programme of up to £16 million for installing solar PV on our estate and social housing. The realisation of this programme stands to double the solar capacity of London:
- Up to £8 million prudential borrowing – Council buildings and schools
 - Up to £8 million roof-rental model – Social housing

29. Fuel poverty training for frontline staff has been carried out by National Energy Action in conjunction with the council. The training covered issues ranging from the causes and solutions of fuel debt, the responsibilities of customers, landlords and suppliers, understanding and interpreting fuel bills and potential sources of financial assistance.

Sustainable travel

30. The Council's Smarter Travel programme was launched on 18 September at Green Lanes festival. The programme includes a marketing and promotion campaign, work with local businesses on travel plans, promotion of cycling and walking in local shopping areas and participating in roadshows with our own vehicle.
31. Haringey's Transport Strategy [Local Implementation Plan] has been submitted to TfL for approval by the Mayor. This includes a three year delivery plan of transport projects and programmes estimated at £27m between 2011 and 2014.

State of streets and public spaces

32. There has been a total of 2,672 reported fly-tips in the year to September 2011. The largest proportion of reported fly-tips is in the Tottenham and Seven Sisters village.
33. The Government have provided £214,000 of additional funding for road repairs for the financial year 2011/12. Following a road survey carried out in August 2011 the Area Committees decided that the funding should be used to treat potholes which do not meet our normal intervention levels and where funding is available, for some additional patching or resurfacing works. These works should be completed by end November 2011. To ensure a consistent approach across the borough, the Council has also put in £40,000 of its own highways maintenance funding to repair all the potholes detected in the survey.

Sustainable: Emerging Issues

Renewable Heat Incentive policy

On 10 March 2011, the Government announced the details of the Renewable Heat Incentive policy which will provide long-term financial support to renewable heat installations, encouraging the uptake of renewable heat. Tariffs for non-residential systems should start to be paid from October 2011 which could have positive implications for the Borough's Decentralised Energy plans.

Warm Home Discount Scheme

Replacing a number of different schemes, the Warm Home Discount, worth £120 will apply automatically to pensioners on the lowest incomes. Households with disabled people or a child under five should also qualify for the discount if they are in receipt of a means-tested benefit, such as jobseeker's allowance. However, there is a limited pot for the scheme and most energy companies have said they will pay on a first-come-first-served basis.

Outcome 3: Healthier

Quarterly Performance Highlights

- 32.7% of social care clients receive self directed support. This is below the 34% target but numbers are increasing and significant progress has been made in the past two months.
- There were 8.64 delayed transfers of care per 100,000 population
- 56 permanent residential and nursing admissions for the first six months of this year compared with 53 admissions in same period last year.

For detailed performance information, including progress against targets, see Appendix 1.

34. The Adult Social Care Statutory returns for 2010/11 have been completed. Key highlights from this include:
- There were 5,374 clients receiving services, 89% of whom receive services in the community and 11% of whom receive residential/nursing care. Overall the number of clients reduced by 6.4% compared to 2009/10.
 - Haringey increased the number of adult social care clients receiving self directed support. Clients receiving Personal Budgets increased from 17 in 2009/10 to 278 in 2010/11. Considerable further progress has been made so far this year with 567 clients now receiving Personal Budgets (as at September 2011), an increase of 114 since last month.
 - Haringey has the highest number of carers receiving self directed support or direct payments in London.
 - The council's approach to reablement successfully supported 95% of older people to live independently at home after discharge from hospital (recorded at 91 days after discharge). This represents a 13% improvement from 2009/10.
35. Haringey's Health and Wellbeing Strategy sets out the council's commitment and approach to tackling health inequalities and promoting health and wellbeing locally. The priorities have been set in response to the issues we face, which are most starkly demonstrated by the gap in life expectancy between different parts of the borough. The draft strategy is out for consultation from 20th September to 20th January 2012.

Readiness for school²

36. The Marmot report highlighted that inequalities in later life arise because children do not receive appropriate support in their early years. The Healthy Child Programme (HCP) includes strengthened support for families during the formative early years of children's lives and helps parents to ensure that children are ready for early years education, school and later life.
37. Whittington Health (Haringey and Islington Provider Services) has been accepted as one of 20 pilot sites nationally and one of two in London, to be an Early Implementer Site (EIS) for the implementation of the Health Visiting Implementation Plan - A Call to Action. The plan sets out the Government's commitment to a larger, re-energised health visiting service to deliver a new model of support to families, building on the Healthy Child Programme.

² This links to the emerging Health and Wellbeing strategy.

Life expectancy gap²

38. In July a briefing paper focussing on reducing the life expectancy gap was presented to the cross party working group on health inequalities. The paper made recommendations for priority areas and informs the new Health & Wellbeing Strategy.
39. The latest statistics on NHS Stop Smoking services were released in August 2011. In 2010/11 there were 1068 smoking quitters in Haringey per 100,000 population (8th out of 31 PCT areas in London). 66% of smokers who set a quit date successfully stopped smoking (2nd out of 31 PCT areas in London).
40. 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. Following a successful bid, the CfPS is supporting Haringey undertake its scrutiny review into men's health inequalities.

Mental health²

41. The Council held a series of **Personal Budget Survey workshops** in September, for local providers, staff, carers and personal budget recipients. The aim was to gather views and experiences of personal budgets, identify concerns and opportunities for moving forward, and also aimed to address how we tackle the lower number of personal budgets in mental health. The sessions were led by In-Control, who co-published in June 2011 (with the Centre for Disability Research at Lancaster University), the biggest survey to date of people's experiences of personal budgets in England. Haringey was one of ten demonstration authorities involved in this work. As a result of these workshops, the Mental Health Service will be running a personal budget clinic whereby social workers will aim to convert the Clarendon Centre attendees onto personal budgets. The personal budget clinic took place on 17th October 2011.
42. Quarter 1 data for mental health, both early intervention services and crisis resolution services, showed that Haringey targets were achieved. There were 269 mental health home treatment episodes and 94.2% of Care Programme Approach (CPA) 7 day follow ups were achieved in Q1 just short of the 95% target.

Prevention and early intervention²

43. A consultation on the council's proposed community reablement service took place in August. The new service, due to open in February 2012, is designed to:
- Promote independent living, especially after hospital discharge;
 - Deliver an excellent customer-focused, cost-effective reablement service; and
 - Encourage life-time wellbeing at home.
- This will be achieved by:
- Closing the current in-house home care service by March 2012 at the latest;
 - Establishing a new, smaller and more flexible reablement service, supporting service users for a maximum of six weeks; and
 - Using independent sector partners to provide all long-term home care in future.

Healthier: Emerging Issues

The government's reform of the Blue Badge Scheme aims to create a central database of all Blue Badge holders, with secure printing, personalisation and distribution, with online applications and payments via DirectGov. It is hoped the measures will also lead to a reduction in fraud and abuse of the system. Local authorities are recommended to review their current Blue Badge process, charging and integration with existing systems. Additionally, each local authority must sign an access agreement with Northgate Public Services to develop and implement the Blue Badge Improvement Service.

Following a "listening pause" and publication of the NHS Future Forum's recommendations, the Health and Social Care Bill has returned to Parliament. On October 12th, 2 proposed amendments to the bill were defeated in the House of Lords, meaning the bill will now proceed to the normal committee stage. The Bill has so far spent longer being scrutinised than any Public Bill between 1997 and 2010 – 40 Committee sittings, and over 100 hours of debate.

Outcome 4: Safer

Quarterly Performance Highlights

- In the period April to September 2011 there were 1,866 violent offences. Quarter 2 saw a 9.5% reduction compared with the same period last year.
 - Serious Youth Violence, Knife Enabled Crime and Gun Crime have all increased by over 20% compared to this time last year, suggesting a predominance of youth and gang related serious violence.
 - In the period April to September 2011 there were 7,877 property-related offences. Quarter 2 is showing a 9.1% increase compared with the same period last year.
 - The increase in property-related offences is largely attributable to Haringey's Serious Acquisitive Crime rate, which is significantly higher than average for London.
 - At the end of September 2011 there were 290 children subject to a child protection plan. This is an increase from Quarter 1 (276) but lower than at this time last year (310)
 - 35% of children in care are placed within Haringey foster care provision, an increase from 2010/11 (33%). The target is to achieve 38% for this year.
 - 34 children have had 3 or more placements between 1st April and 30th September 2011 (5.5%). In the last 12 months 13% of children in care had 3 or more placements. This represents an improvement from last year.
- Children's safeguarding indicators will be reviewed in light of the Government's response to the Munro Review.

For detailed performance information, including progress against targets, see Appendix 1.

Anti-social behaviour

44. The Anti-social Behaviour Action Team (ASBAT) secured Haringey Council's first (interim) Gang Injunction on the 2nd September. The full hearing will take place later this year. Consultation on this matter has taken place with members of the Gang Action group. The ASBAT continue to work with the Police in taking action against other gang members.

Incidence and fear of crime

45. Data suggests that the increase in the Serious Acquisitive Crime rate (see Performance Highlights) is not purely attributable to the disturbances in August and is in fact part of a longer term trend. Property crime is therefore a real performance challenge. Renewed partnership effort includes an anti-burglary workshop in October scheduled by Haringey Safer Neighbourhood Team (SNT). Additionally a feature providing property crime prevention advice was included in October's edition of Haringey People. The Borough Intelligence Unit (BIU) are currently developing anti-property crime operations that will be put in place during quarter 3.
46. There has been a 14.8% reduction in alcohol attributable crime in Haringey (Primary Care Trust area) between 2006/07 and 2010/11. The England rate reduced by 25% over the same period. The improvement in Haringey's figures brings the crime rate attributable to alcohol closer to London. Forecasts show Haringey rates matching London rates by 2018.

Violence against women, including domestic violence

47. At the July meeting of the Domestic and Gender Based Violence Board, a set of performance outcomes were discussed. These will measure the effectiveness of domestic and gender based violence services and any providers funded via the council or the DGBV partnership will be required to provide evidence demonstrating the impact that they are contributing to agreed actions and outcomes from the performance outcomes framework and the actions set out in the delivery plan. Work is also under way to identify potential funding streams for DGBV work.
48. A survey of clients who visited Hearthstone revealed that 100% of domestic violence victims felt well advised and supported. There were numerous positive comments received in the feedback including:

"I feel relieved to be able to disclose what has happened to me and the support I am able to access. I feel my discussion was handled with sensitivity and care. Everything explained to me with clarity."

In Quarter 2, only 5% of Hearthstone clients returned to the service due to repeat incidents of domestic violence (6 out of 126 clients).

49. Children and Young People Services is currently in discussion with Tottenham Hotspur FC to develop an awareness campaign to end violence against women and girls with a pledge from key sports personalities to join the End Violence campaign. Spurs Safeguarding Children manager attended the Local Safeguarding Children Board(LSCB) domestic violence and child protection training and discussed with the trainer, Haringey's domestic violence co-ordinator, the possibility of training Spurs coaches in domestic violence awareness.
50. Haringey has welcomed the launch of a new government campaign to tackle abuse in teenage relationships. Challenging campaign ads will be shown in cinemas, on digital TV and in social media. There is an interactive website which will include advice on recognising and reporting abuse and will also host live web chats with organisations including Women's Aid. The website has been published on Haringey Youth Space and on the Council's domestic violence web pages. All secondary schools are being encouraged to involve young people in accessing the campaign, launched nationally on 1 September. Training has already taken place with designated teachers for child protection as part of the half-termly forum facilitated by LSCB. This campaign will add to the resources available to schools.

Safeguarding children and vulnerable adults

51. In the second quarter of the year Haringey Children and Families Services dealt with nearly 1,700 contacts, of which around 550 constituted a referral and nearly all of these required an assessment to be undertaken by a social worker.
52. Comparative data for 2010/11 has been published and shows that Haringey has the highest rate of Children in Care in London and one of the highest rates in the country (125 children per 10,000 population (under 18) compared to the National rate of 59). The overall number of children in care at the end of the second quarter of 2011/12 reduced from 638 at the end of June 2011 to 620 at the end of September 2011. A Transformation Delivery Team has been set up to work with CYPS managers to deliver a programme of improvement, particularly around children in care and children on the edge of care.
53. There has been an improvement in placement stability for children in care. 71% of children who have been in care for 2.5 years or more have been in the same placement for 2 years or more. 13% of all children in care have had 3 or more placements in the last year.

54. 290 children were subject to a child protection plan at the end of September 2011. This is lower than the position at the end of March 2011 (304) but has increased since reported at the end of June where 276 children were subject to a child protection plan. The rate of children subject to a plan in Haringey at the end of March 2011 is 65 children per 10,000 population (under 18) compared with a rate of 38 nationally. However, the rate varies across our 10 nearest comparators in London from 25 in Hackney to 65 in Greenwich. Haringey's Child Protection Advisors, who chair Child Protection Conferences, have completed a review of all Initial Child Protection Conferences undertaken in the first quarter of the year (the initial conference decides whether a child should become subject to a Child Protection Plan). The review found that in all cases the decision to make a child subject to a child protection plan was appropriate.
55. An Ofsted Inspection of Haringey's Fostering Service was undertaken in the Summer. Services were rated as 'satisfactory' with elements of 'good'. Positive feedback included the work of the Virtual School with children and carers.
56. CYPS is taking a strong lead in ensuring the voice of children whose mother's case comes to the police-led Multi-Agency Risk Assessment Conference (MARAC) is heard loud and clear. A domestic violence senior practitioner has been appointed to ensure that the child has a separate risk assessment and safety plan and that all actions are co-ordinated with the social worker as lead professional for the child.
57. A total of 259 Adult Safeguarding alerts were received by the Adult Protection Team between 1st April and 30th September 2011. The majority were from females and white British ethnicity. Of the 105 cases closed in that period, 87 cases did not require further action.
58. From September 2011, Haringey began to implement the new pan-London adult safeguarding procedures, this includes working with local partners.

Safer: Emerging Issues

Summer schools announced for disadvantaged children

Linking the recent riots with education failure, Nick Clegg has announced a £50m summer school pilot. Secondary schools will be asked to volunteer to host the schools, which could offer lessons in basic skills, such as literacy for 100,000 pupils. The fund will allow the scheme to be run for one year - with funding drawn from the pupil premium budget, which will help schools to provide extra support for disadvantaged pupils.

A study of recommendations arising from serious case reviews 2009-2010

The Department for Education has released a study presenting critical & thematic analysis of recommendations from 33 of the serious case reviews (cases of child death or serious injury through abuse or neglect) completed in 2009-2010. The central aim of the study was to consider what part recommendations can play in aiding agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children.

New fund for innovative crime reduction projects announced

The Home Office has made new funding available to encourage greater community activism, and to enable communities to develop innovative approaches to tackling the local crime issues that matter to them. The Community Action Against Crime: Innovation Fund will encourage voluntary and community groups to work with their community safety partnership to tackle local crime problems, including through co-design and co-delivery of initiatives to cut crime.

Outcome 5: Empowered

Quarterly Performance Highlights

- The first results for the national Adult Social Care Survey were published recently. This included two questions relating to empowering clients, as follows:
 - Haringey ranked 4th out of 31 London authorities with 64% of clients stating that "having help makes me think and feel better about myself".
 - Haringey ranked 3rd best in London with 62.9% stating that "the way I am helped and treated makes me think and feel better about myself"

For detailed performance information, including progress against targets, see Appendix 1.

Vibrant and effective voluntary and community sector

59. London's Capital Clean Up campaign kicked off in Haringey last week with up to 200 local volunteers clearing scrubland areas and collecting litter, to open up the woodland areas of Tottenham Marshes. Capital Clean-up is a four-week long drive aimed at encouraging communities to clear up areas blighted by litter, fly tipping and neglect.
60. September's Harringay Food Festival attracted around 20,000 visitors and reflected the real spirit of the Tottenham area with a wide variety of stalls and entertainment. The festival was organised by the Green Lanes Strategy Group which has helped transform the Lanes over the last nine years.
61. A new community network, Haringey Community Circles has been set up as a response to the recent London riots. The Crouch End based group asked locals to come together to explore the causes of the riots and find ways to prevent such circumstances arising again. The group is calling on Haringey residents to put forward ideas for projects that could help the local community thrive.
62. Consultation on Haringey's Voluntary Sector Commissioning and Funding Framework ended on 31 August. Following publication of the final version of the framework, work will begin on implementation across all council departments.

Encourage participation in local decision making

63. Consultation with residents on local priority setting has begun. Residents in each of the seven Area Committee areas are being asked to identify the most important issues for their areas. The results will contribute to the development of Haringey's Local Area Plans.

Enhance customer experience (Priority 2011-14)

64. Work on Haringey's Customer Service Strategy has recommenced. The aim of the strategy will be to design the delivery of our services around putting the needs of our customers first. Work is ongoing to develop greater customer insight to understand how we need to interact with our diverse customer base. Engagement with key staff across the organisation took place in October to inform the development of the strategy.

Enable self-reliant communities

65. The recent Adult Social Care Survey revealed that 71.3% of clients stated that they “had adequate or as much control as they wanted over their daily life” ranking 7th highest in London.
66. Two new funding streams for community-led projects in deprived areas of Haringey have recently been announced: Community First (funded by the Cabinet Office) and Big Local Trust (funded by the Big Lottery Fund). The council is currently examining eligibility and requirements for these two schemes and providing local intelligence to ensure that maximum benefit to local communities is realised.

Empowered: Emerging Issues

Open Services White Paper

In July, the government belatedly published its Open Public Services White Paper. The paper sets out the government’s approach to public services, applying the principles of choice, decentralisation, diversity, fairness and accountability. Haringey’s policy briefing on the white paper is available [here](#).

The Code of Recommended Practice for Local Authorities on Data Transparency

The Code sets out key principles for local authorities in creating greater transparency through the publication of public data. It says that local authorities should not pre-determine the value of their public data and the level of public demand; rather they should understand what they hold, what their communities want and then release it in a way that allows the public, developers or the media to use it. Published data should include:

- Expenditure over £500
- Senior employee salaries (above £58,200), names (with the option for individuals to refuse to consent for their name to be published), job descriptions, responsibilities, budgets and numbers of staff.
- An organisational chart
- The ‘pay multiple’ – the ratio between the highest paid salary and the median average salary of the whole of the authority’s workforce
- Councillor allowances and expenses
- Copies of contracts and tenders to businesses and to the voluntary community and social enterprise sector.
- Policies, performance, external audits and key inspections and key indicators on the authorities’ fiscal and financial position.
- The location of public land and building assets and key attribute information that is normally recorded on asset registers and
- Data of democratic running of the local authority including the constitution, election results, committee minutes, decision - making processes and records of decisions.

Organisational Effectiveness

Quarterly Performance Highlights

- 56.36% of council tax due was received against a target of 56%.
- Although year to date performance for the average time taken to process new benefit claims and change events remains on target at 19 days, Q2 performance has slowed to 27.7 days. This is longer than the average for London.
- In the rolling year to September, sickness absence per full time equivalent was 7.61 days against the 7.5 day target set for 2011/12.
- At Q1 51.5% of Haringey's top 5% of earners are women
- At Q1 16.84% of Haringey's top 5% of earners are from black minority ethnic communities down from 20.11% at Q4 2010/11.

For detailed performance information, including progress against targets, see Appendix 1.

67. This section of the report looks at measures of internal organisational effectiveness. Although not outcome focussed these are important either to our residents e.g. how we respond to their queries; or to the viability of the organisation e.g. council tax collection rates. Organisational effectiveness links to the Manifesto commitment to spend wisely and invest in the future thereby delivering value for money.

Staff engagement and motivation

68. The council is soon to complete an **Employee View Survey**. The survey will get staff feedback on a number of aspects of the employee-employer relationship contract at Haringey. Key issues to be explored by the survey will include:

- Reasons for joining the organisation
- What makes employees stay with the organisation
- What motivates employees
- What helps employees be effective
- What are the reasons which might lead employees to leave the organisation.

The fieldwork for the survey is due to be undertaken over the next period and results should be available in time for the Q3 performance report.

Quality services / Effective use of resources

69. Achieving performance on processing benefit claims remains challenging. Although there has been some improvement compared to this time last year, benefit demand is increasing monthly. New Claims are paid immediately when all information and proofs from customers have been received. The service currently receives 50-60 new claims per day either from customers moving into the borough or existing customers who switch 'in and out' of benefit due to employment. A total of 18,105 new claims have been received since May 2010 and the current caseload has increased by 5,000 since 2009. There are also approximately 200 changes to

existing benefit claims per day and managing this volume remains a constant concern.

70. Corporate Committee on 27th September agreed the integration of Benefits, Local taxation and Customer Services. 60% of the enquiries currently received by Customer Services are Benefits and Local Taxation related. The integration provides the opportunity to achieve efficiencies and performance improvements by providing a joint approach to customer demand and a merged front and back office. Benefits officers previously located in the back office have now moved to the Customer Services Centre so that they see customers face to face and can not only provide expert advice but will be able to process claims or changes while the customer is present. However, recruitment following integration and a changing operating model is only just being introduced and will take time to implement and drive up performance.
71. The draft Equal Opportunities Policy 2011-14 was discussed at the first meeting of the Corporate Equality Board on 6th September. A 3 month consultation on the Policy is underway, with a consultation event for the voluntary and community sector scheduled for December. The completed Policy will be launched in April 2012.

Appendix 1: Performance Assessment - Service Indicators Quarter 2, 2011/12

Key:

- Green Target achieved/ better than planned
- Amber Just below target (typically 5% tolerance)
- Red Target not achieved/ below expectation

1. Thriving

Dir.	Ref:	Description	2010/11		Q3 2010/11		Q4 2010/11		Q1 2011/12		Q2 2011/12		2011/12		Traffic Light
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target	
Children and Young People's	HY117	Academic Age Yr 12-14 % who are not in education, employment or training (NEET)	6.6%		6.5%		6.8%		5.4%		5% ¹		5%	8.9%	Green
Children and Young People's	HY103b	Special Educational Needs - statements issued within 26 weeks - including exemptions	91.1%		91.1%		92.0%		93.6%		86.0%		90.1%	93.0%	Amber
Children and Young People's	HY103a	Special Educational Needs - statements issued within 26 weeks - excluding exemptions	96.4%		95.3%		100%		97.8%		94.9%		96.8%	96%	Green
Place and Sustainability	HY22	Reduction in the number of people on out of work and on benefits	30,180 (Feb 2011)		27,260		27,380		data not available		See footnote ²			Target not set	
Place and Sustainability	HY85	Number of library visits per 1000 of the population	9,671		9,185		9,015		8,778		8,257		8,517	8,700	Amber
Adults and Housing	HY4	Prevent homelessness (Ratio of homelessness preventions to acceptances)	1.08		1.3		1.08		1.38		1.43		1.43	Target not set	
Adults and Housing	HY156	Number of households living in temporary accommodation	3,294		3,296		3,294		3,192		3,144		3,144	Target not set	Green

¹ There are 2 major changes in DfE requirements which affects how data is being collected from April 2011.

- Participation and NEET data is based on the clients academic age rather than their actual age (Academic Age Yr 12-14)
- For those in education the cohort is now based on the young persons borough of residency rather than the borough where they are being educated.

² Data sourced from NOMIS but there is a time lag in published data Nov 2010 30,010

Dir.	Ref:	Description	2010/11	Q3	Q4	Q1	Q2	2011/12	Target	Traffic Light
			Value	Value	Value	Value	Value	Value	Value	
Adults and Housing	HY293	Inward migration - number of Temporary Accommodation placements (All households) made by other London boroughs in Haringey				66 ³	190	256	Target not set	
Adults and Housing	HY293a	Inward migration - number of Temporary Accommodation placements (families) made by other London boroughs in Haringey	551	144	149	127	Awaiting Sept data ⁴	127	Target not set	
Adults and Housing	HY294	Temporary Accommodation (Out of Borough Placements) All households				28 ³	77	105	Target not set	
Adults and Housing	HY294a	Temporary Accommodation (Out of Borough Placements) Families only	286	59	80	82	Awaiting Sept data ³	82	Target not set	
Adults and Housing	HY158	% non-decent council homes	20.6%	21.5%	20.6%	20.4%	24.7%	24.7%	29.8% (March 2012)	Amber

³ Data collection started in June

⁴ This data is extracted from NOTIFY, a web based information system and records the TA movement of Families, there is a separate indicator (HY293) which includes all household moves including single household moves.

2. Sustainable

Dir.	Ref:	Description	2010/11		Q3 2010/11		Q4 2010/11		Q1 2011/12		Q2 2011/12		2011/12		Traffic Light
			Value	%	Value	%	Value	%	Value	%	Value	%	Value	Target	
Place and Sustainability	HY192	Recycling rate	28.11%		28.42%		27.6%		26.91%		26.69%		26.8%	26%	Green
Place and Sustainability	HY195a	Improved street and environmental cleanliness, levels of: Litter	3.3%		3%		3%		7%		6%		7%	10%	Green
Place and Sustainability	HY162	Reduction in the number of reported fly-tips	6,225		N/A		N/A		1,057 ⁵ May & June only		1,615		2,672	7,200	Green

⁵ New Contract meant April Figures not available

3. Healthier

Df.	Ref:	Description	2010/11		Q3	Q4	Q1	Q2	2011/12		Target	Traffic Light
			Value	Value	Value	Value	Value	Value	Value	Value		
Adults and Housing	HY130	Social care clients receiving Self Directed Support (2010 Definition)	23%		26.7%	30.1%	28.1%	32.7%	32.7%	34%		Amber
Public Health	HY39	Rate of Hospital Admissions per 100,000 for Alcohol Related Harm	1152			Awaiting data from NHS			Target not set			
Adults and Housing	HY131	Delayed transfers of care	4.6		5.2%	4.6	7.96	8.62	8.64	8.5		Amber
Adults and Housing	HY145 (NI 145)	Adults with learning disabilities in settled accommodation	49.1%		37.7%	49.1%	5.4%	21.5%	21.5%	22.5% (Q2) 45% 2011/12		Amber
Adults and Housing	HY38	Proportion of adults in contact with mental health services in paid employment	6.0%		6.5	6.0	4.6%	5.3% (Aug)	5.3%	6.0%		Red
Adults and Housing	HY41	Proportion of adults in contact with secondary mental health services living independently, with or without support	87.0%			86.8%	70.2%	72.2%	72.2%	87.0%		Red
Adults and Housing	HY42	Permanent admissions to residential and nursing care homes, per 100,000 population					14.12	31.64	31.64	35.4 Q2 (70.8 March 2012)		Green
Public Health	HY50	Number leaving drug treatment free of drug(s) of dependence					Awaiting data			Target not set		
Public Health	HY94	Childhood Vaccination Coverage (MMR) (2yrs)	85.3%		70%	85.3%	83%		83%	85%		Amber
Public Health	HY95	Childhood Vaccination Coverage (MMR) (5yrs)					74%		74%	85%		Red
Public Health	HY96	Number of 4-week smoking quitters who attended NHS Stop Smoking Services	304				1936		1936	1920		Green

Dir.	Ref:	Description	2010/11		Q3 2010/11		Q4 2010/11		Q1 2011/12		Q2 2011/12		2011/12		Traffic Light
			Value		Value		Value		Value		Value		Value		
Public Health	HY99	Screening uptake (Cytology)							Awaiting clarification on exact measurement to be used						
Public Health	HY102	Screening uptake (Breast 53 - 70 years)	62.6% (Q3 2010/11)		62.6%										Red
Public Health	HY105	Mental health admission rate for those with severe mental illness					Awaiting data								
Place and Sustainability	HY170	Sports & Leisure 60 Second Survey	70.6%		68.1%	68.5%	75%	81%	75%	75%	71%				Green

4. Safer

Dir.	Ref:	Description	2010/11		Q3 2010/11		Q4 2010/11		Q1 2011/12		Q2 2011/12		2011/12		Traffic Light
			Value		Value		Value		Value		Value		Value		
Chief Executive's	HY394	Number of incidents of anti social behaviour	14,593 (2009/10 or 64.77 per 1,000 population)						Baseline being established						
Children and Young People's	HY59	Percentage of initial assessments for children's social care carried out within 10 working days of referral	66.3%		68%	65%	57.1%	60.6%	59%	70%				Red ⁷	
Children and Young People's	HY64	Child Protection Plans lasting 2 years or more	5.8%		4.3%	7.9%	4.4%	1.7%	3.5%	6%				Green	
Children and Young People's	HY32	Percentage of children placed in Haringey Provision	33.0%				35.1%	35.3%	38.0%					Red	
Children and Young People's	HY62	Stability of placements of looked after children: number of moves	15.3%		15.7%	15.5%	13.4%	13.2%	13.2%	13%				Amber	
Place and Sustainability	HY23	Reduction in serious violent crime (KPI 1 Violence Portfolio)	2,304 Q2 2010/11				1,069	1,037	2,106	2258 (YTD to Q2)				Green	

⁷ Met the 70% target during September

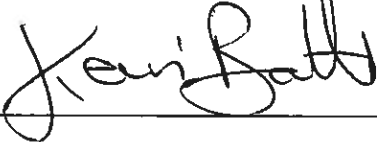
Dir.	Ref:	Description	2010/11		Q3 2010/11		Q4 2010/11		Q1 2011/12		Q2 2011/12		2011/12		Target	Traffic Light
			Value	Indicator	Value	Value	Value	Value	Value	Value	Value	Value	Target not set			
Adults and Housing	HY58	Victims of domestic violence feeling well advised and supported	New Indicator						N/A		100%	100%	Target not set		Green	
Adults and Housing	HY331	Repeat victimisation (Hearthstone)	New Indicator						N/A		5%	5%	Target not set			

6. Organisational Effectiveness

Dir.	Ref:	Description	2010/11		Q3 2010/11		Q4 2010/11		Q1 2011/12		Q2 2011/12		2011/12		Target	Traffic Light
			Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	Target			
Corporate Resources	HY181	Time taken to process Housing Benefit/Council Tax Benefit new claims and change events (days)	18		21		15		15		27.7	19	19	56% (93.75 March 2012)	Green	
Corporate Resources	HY9	% of council taxes due for the financial year which were received in year	94%		82.3%		94%		30.12%		56.36 %	56.36%			Green	
Corporate Resources	HY12	The no. of working days/shifts lost due to sickness absence per FTE employee Rolling Year. COUNCIL	7.96		8.75		7.96		7.67		7.61	7.61	7.5		Amber	
Chief Executive's	HY12a	Days sick per full time equivalent employee (Excluding Schools' Staff)	8.6		9.36		8.6		8.22		8.12	8.12	8		Green	
Chief Executive's	HY82	Agency usage (Council wide)	9.6%		9.0%		9.6%		8.9%		10.7%	10.7%	12.0%		Green	



Haringey Council

Briefing for:	Overview and Scrutiny Committee
Title:	Financial Performance Forecast as at 30 th September 2011
Lead Officer:	Kevin Bartle, Lead Finance Officer  21 Nov. 2011
Date:	12 December 2011

1. INTRODUCTION

- 1.1 The attached report, which was considered by Cabinet on 8 November 2011, is presented to the Overview & Scrutiny Committee for consideration.

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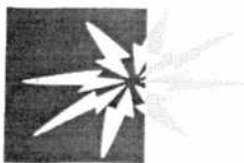
Report for:	Cabinet 8 th November 2011	Item number	
Title:	Financial Performance Forecasts as at 30 th September 2011		
Report authorised by :	Director of Corporate Resources <i>J. Parker 28/10/11</i>		
Lead Officer:	Graham Oliver Tel: 020 8489 3725; Email: Graham.Oliver@haringey.gov.uk		
Ward(s) affected: All	Report for Key/Non Key Decision: Key		

1 Describe the issue under consideration

- 1.1 To consider the forecast financial revenue and capital outturns for 2011/12 based on actual performance to 30th September.
- 1.2 To consider the proposed management actions and approve the budget adjustments (virements) in response to monthly budget management during the first half of the financial year.
- 1.3 **Cabinet Member Introduction**
- 1.4 Our budget for 2011-12 requires the delivery of an unprecedented level of savings. In that context the projected overspend of £1.75m (0.6% of the total budget) as set out in this report is a highly commendable achievement by the Council's officers.
- 1.5 Overall I will continue to ensure the budget is monitored closely and I do expect that the position will improve over the next few months.

2 Recommendations

- 2.1 To consider the report and the progress being made against the councils 2011/12 budget in respect of revenue and capital.
- 2.2 To approve the budget changes (virements) set out in Appendix 3 and the carry forward request in para 8.4.
- 2.3 To require the Director of Childrens Service to take the necessary action to bring current year spending to within the approved budget.



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3 Revenue Budget Projection

- 3.1 The overall forecast outturn position as projected by budget holders using financial information up to 30th September is shown in Appendix 1. The overall General Fund forecast is an over spend of £1.75m. However this is after containing a number of significant pressures both within and across the Directorates. The HRA is forecasting a £2.5m underspend. The financial position for each Directorate is discussed in more detail in the body of this report.

4 Adults & Housing Directorate

- 4.1 Overall the Directorate is forecasting an outturn position on the General Fund of £0.4m under budget.
- 4.2 Adult & Community Services
- 4.3 There are full year underspends projected in period 6 but these are being offset against the pressures anticipated in the second half of the financial year in relation to funding withdrawals for service users who no longer meet NHS North Central London funding criteria.
- 4.4 Additional care packages pressures have been identified across Adults commissioning for 2012/13. This budget pressure is the subject of on-going review and its potential impact on 2012/13 is being assessed.
- 4.5 Community Housing Services
- 4.6 Community Housing Services are projecting a £0.4m under spend at outturn, the major variances are detailed below:
- 4.7 Private Sector Leases are currently showing a projected underspend as a result of the successful renegotiations with landlords at the introduction of the new subsidy system.
- 4.8 Across the department delays in recruitment and the holding of vacancies are producing savings which are mitigating the pressures.

5 Chief Executive's Directorate

- 5.1 Currently the Directorate is forecasting a net over spend of £0.1m which is mainly as a result of pressures in Human Resources and to a lesser extent Communications, being offset by some under spends in other areas.
- 5.2 The HR forecast over spend is the result of the retention, to the end of September, of redundant staff, scheduled to be released from the



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beginning of the year, to support delivery of the significant organisational changes arising from the corporate savings programme.

- 5.3 The pressure in Communications is largely due to a delay in implementing the restructuring within translation and interpretation. This is being offset by under spends in Policy, Intelligence & Partnerships by holding vacancies ahead of further planned savings in 2012/3.

6 Corporate Resources Directorate

- 6.1 The Directorate overall forecast is a breakeven position although there are some pressures and mitigating underspends as set out below.

- 6.2 There are budget pressures of circa £0.2m in benefits and local taxation due to the increasing caseloads in the service and their associated costs. These budgets continue to be closely monitored to ensure a balanced position by the year-end.

- 6.3 The IT business unit is forecasting an under spend of £0.25m due to the renegotiation of the call costs and a one off rebate for last year.

- 6.4 To date there has been a significant pressure for the legal service as demand has been in excess of the allocated resources. All Directorates have been looking at ways of reducing demand and mitigating the position. However it is felt that as the demand levels as similar to that of last year reducing it in the short term is not realistic. An appropriate virement is to be made to reflect ensure the budget is at a realistic level. This issue was raised in the July Cabinet report.

7 Children & Young People's Directorate

- 7.1 The net outturn position for Children's Services is an overspend of £1.7m across the department. The factors affecting the gross position and the management action associated with minimising, as far as is possible, the net position, are set out further below.

- 7.2 The service has received significant investment as part of the 2011-12 budget setting process and the early indications were that the on-going pressures present in 2010-11, largely related to the number of Looked After Children (LAC) and their associated costs had not significantly subsided. However there is now some evidence that numbers have stabilised and they now stand at 588 (September 2011) compared with around 600 at the beginning of the year.

- 7.3 The Chief Executive has constituted a Transformation Board to continue to take forward improvements in Children's Services within the budget available both in 2011-12 but also going forward in 2012-13



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where savings attributable to reductions in the number of LAC are included in the Council's Medium Term Financial Plan.

- 7.4 There remains a residual risk associated with the implementation of the revised Children's Centres proposals which are now programmed for implementation in January 2012. The Corporate Committee recently considered the outcome of the staffing consultation which will enable the recruit to stay process to commence. Action has been taken to reduce costs as far as possible following the delay to the implementation of the proposals and the estimated cost of the slippage (£100k) is included in the overall overspend position for the service. At this stage there is sufficient provision which has been retained corporately, as part of the 2011-14 Medium Term Financial Plan, to cover risk in this area.
- 7.5 Looked After Children (LAC) Placements
- 7.6 Analysis of the Childrens Services budget identifies an overall gross pressure of £2.8m in safeguarding. The Directorate has taken management action to reduce this to a net outturn position of £1.6m.
- 7.7 The management actions that are currently in place are aiming to ensure that identified children, and particularly those in high cost placements, have strategies in place which move them into more appropriate lower cost placements during the course of 2011-12. There is evidence that these actions are starting to have a positive effect on the likely outturn position.
- 7.8 There are however still some significant risks associated with this budget particularly as the number of LAC are in excess of those assumed in setting the original budget, although some evidence of stabilisation in numbers has been seen over the last few months.
- 7.9 Children and Families Staffing Costs
- 7.10 As previously reported salary pressures are apparent in all of the key teams dealing with children's safeguarding services. Again management action is being taken to reduce reliance on agency staff and bring staffing numbers into line with the numbers of established posts.
- 7.11 Prevention and Early Intervention (PEI) – Youth Offending Service Staffing Costs
- 7.12 Some vacant posts have been held in this area, although the service anticipates being fully staffed from December. Taking into account the level of vacancies held, together with other outstanding issues such as pending single status appeals and the need for an appropriate adult



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contract, an under spend is anticipated by year end, which is offsetting other pressures elsewhere within the Directorate.

7.13 Prevention and Early Intervention - Schools

7.14 School balances have been falling in overall levels for the last few years and more schools are finding it necessary to seek Licensed Deficit arrangements. A panel of School Forum members met recently to agree the distribution of the contingency for schools in financial difficulty; these are typically those schools with deficit issues.

7.15 An enhancement to the Pupil Premium, which provides additional resources for each pupil entitled to Free School Meals, has been recently announced. The increase from £430 per pupil (with FSM) to £488 relates to 2011-12 with further increases announced over the period of the spending review.

7.16 The Council is also awaiting the outcome of recently closed consultations in respect of the methodology for calculating the Local Authority Central Services Equivalent Grant (LACSEG) and more fundamental arrangements for School Funding changes from 2013-14.

8 **Place & Sustainability Directorate**

8.1 The net outturn position for Place & Sustainability is a £0.4m overspend largely due to the underachievement of budgeted levels of rental income within Commercial Property.

8.2 There are a number of other pressures across the directorate being offset against early achievement of 2012-13 savings and one off increases in waste income.

8.3 Costs related to the creation of a Tottenham Regeneration team are still being evaluated and external funding is being sought where possible.

8.4 The 2011/12 budget contains £60k for Olympic legacy projects that are not in the base budget for 2012/13. In order to run a small grants programme in conjunction with the Olympics and to ensure funding is available to maximise the impact of the Torch Relay passing through Haringey it is recommended that an early decision is made to carry forward this funding into 2012/13.

9 **Housing Revenue Account**

9.1 The HRA is currently forecasting a year end under spend of £2.5m mainly due to capital financing costs being under the budget set. The overall budget position will continue to be monitored and consideration



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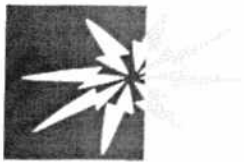
will be given to the options this offers to the council as part of setting the 2012/13 budget.

10 Non Service Revenue

- 10.1 The year end forecast for Non-service revenue (NSR), which largely consists of budgets for capital financing costs, levies and contingencies is an underspend of £0.1m which is the risk provision being used to offset the Children's Centres savings slippage. Overall for the £41m revenue savings in 2011/12 this currently the only area where it is anticipated that the full saving may not be achieved. There are shortfall in some other savings proposals but these are being met from elsewhere within the relevant services budgets.
- 10.2 The Council's £2m approved contingency is also held within this budget, which is available to support unplanned pressures that may arise across the council. One area of uncertainty is the overall costs of the riots in August 2011 and the extent to which funds spent can be claimed from government funding streams. This area will be carefully monitored.
- 10.3 The Alexandra Palace and Park Trust continues to work to maximise the profit generated and keep discretionary expenditure to a minimum and currently no additional contribution is anticipated for this financial year. Work is also progressing with the longer term regeneration master plan and it is proposed that any under spend the palace can achieve in 2011/12 is ring fenced for work on the regeneration project.

11 Treasury Management

- 11.1 During 2011/12 a total of £53.5m of long term borrowing is maturing and although internal balances can be used in lieu of borrowing to some extent, some refinancing of this debt is required. As a result of introduction of self-financing of housing, the Council is expecting to have £241m of PWLB loans repaid on 1st April 2012. It is in the Council's interests to maximise the amount of the loans with relatively high interest rates that are repaid by government. Therefore on the advice of the Council's treasury management advisers, it is planned to avoid taking any PWLB borrowing until after the repayment. As a short term alternative, £40m of loans have been taken from other local authorities for periods between 9 months and 1 year.
- 11.2 Cash balances averaged £41.9m during the first six months of the year and the average interest rate earned was 0.72%. Following a series of downgrades of UK banks, RBS, Nat West, Lloyds, Bank of Scotland and Nationwide Building Society were removed from the Council's lending list as they no longer meet the minimum criteria set out in the Treasury Management Strategy Statement. There are no outstanding deposits with any of these banks. The Council's funds are held in



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instant access accounts only to enable investments to be called back quickly if required while uncertainty remains in the markets.

12 Capital Programme

- 12.1 The overall capital programme is forecasting £4.18m under budget as set out in Appendix 2. The major variances are discussed in the paragraphs below. The Capital bidding process for 2012/13 is underway for those schemes where the Council provides the funding, the resulting recommended new year programme will form part of the Medium Term Financial Planning report to the December Cabinet. The recommended programme will factor in available resources. Schemes which have slipped into the following year will be resubmitted in the bidding process.
- 12.2 The final construction project (Woodside High School) within the BSF programme has now reached practical completion, and has completed on time and within budget at a total cost of £29.5m. This means that the construction element of the BSF programme has now closed, and the BSF Board approved the programme close report at its last meeting on 25th October. The total programme involved major construction works across 12 secondary schools, including the site acquisition and construction of the new school at Heartlands, plus significant investment in ICT and the procurement of a managed service ICT contract, which runs to August 2013. All projects were delivered within budget.
- 12.3 The total cost of the BSF programme from inception through to completion is £214m. BSF funding received from DfE totalled £186m, with a further £15m provided from other external grants. Additional funding from the Council of £13m has been provided from other capital allocations, revenue contributions, school contributions and planning gain (S106) contributions. Financial close of the programme will not be complete until 2013, once the ICT contract has concluded, and all outstanding fee and retention payments have been released at the end of the construction defects period.
- 12.4 The position of the affordable housing project is being reviewed to consider if the resources should be applied in a different way to achieve a better outcome. This will be considered as part of the councils overall review of the capital programme.
- 12.5 The variation on the information technology infrastructure programme is occurring due to the need to reassess the profile of the expenditure and taking into account the latest pricing information.
- 12.6 The project on the reprovision of the recycling centre is closely linked to a decision by the North London Waste Authority (NLWA) on recycling



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centres and at this stage no commitment have been made until the position with NLWA is known.

- 12.7 There is some slippage in the accommodation strategy spend due to the start dates on certain projects, however some costs expected to be incurred in 2012/13 on dilapidations have been brought forward.

13 Virements

- 13.1 The Council constitution determines the level of virements which fall to be approved by Cabinet and of those, which represent key decisions. They virements which require approval at the end of September (period 6) are presented in Appendix 3.

14 Comments of the Chief Financial Officer and Financial Implications

- 14.1 The comments of the Chief Financial Officer and Financial implications are included throughout the report.

15 Head of Legal Services and Legal Implications

- 15.1 There are no specific legal implications in this report.

16 Policy Implications

- 16.1 As a budget monitoring report there are no specific policy implications flowing from this report.

17 Use of Appendices

- 17.1 Appendix 1: Forecast Revenue Outturn by Directorate
17.2 Appendix 2: Forecast Capital Outturn by Programme
17.3 Appendix 3: Revenue and Capital Virements

18 Local Government (Access to Information) Act 1985

Budget management papers
Business plans

APPENDIX 1

Table 1: Revenue 2011/12 - The aggregate revenue projected position in 2011/12 is shown in the following

Directorate/Fund	Approved Budget	Projected variation
	£m	£m
Adults & Housing	101.00	(0.40)
Corporate Resources	7.61	0.00
Chief Executive	1.57	0.15
Place & Sustainability	53.65	0.40
Children & Young People	83.56	
- Children & Families		1.60
- Children's Centres		0.10
Public Health	0.81	0.00
Non-service revenue	38.00	(0.10)
Total - General Fund	286.19	1.75
Children & People (DSG) - Non Schools	0.00	0.00
Children & People (DSG) - ISB	0.00	0.00
Total - Dedicated Schools Grant	0.00	0.00
Total - Housing Revenue Account	(0.29)	(2.50)

Table 2: **Capital 2011/12** - The aggregate capital projected position in 2011/12 is as shown in the following table.

Capital Scheme	Approved Budget	Spend to Date	Projected Variance
	£m	£m	£m
Place & Sustainability Directorate			
Reprovision of Recycling Centre	0.90	0.00	(0.90)
Parking Plan	0.60	0.01	0.00
Street Lighting	0.80	0.25	0.00
Resurfacing	1.30	0.00	0.00
TfL	2.10	0.10	0.00
Solar Photovoltaic Programme	2.72	0.00	0.00
Marsh Lane Depot Project	0.26	0.01	0.05
Tottenham Hale Gyrotory	1.50	1.09	0.00
Affordable Housing	0.85	0.00	(0.78)
Corporate Management of Propert	0.81	0.08	(0.20)
Accommodation Strategy Phase 2	1.38	0.21	(0.53)
Lordship Recreation Ground	3.08	1.10	0.00
Other schemes under £1m	2.28	0.67	0.18
Total - Place & Sustainability	18.57	3.52	(2.17)
Childrens Directorate			
BSF Schools Capital Programme	11.60	5.88	(0.30)
ICT Managed Service Provider	2.56	0.18	0.00
Primary Capital Programme	12.71	5.38	(0.25)
School Expansion - Temporary	1.00	0.08	0.00
Repairs & Maintenance	1.00	0.30	(0.01)
Electrical and ICT Infrastruct	1.07	0.20	0.00
PFI Costs	2.43	0.27	0.00
Devolved Capital	2.04	0.00	0.00
Other schemes under £1m	1.32	0.30	0.00
Total - Childrens	35.73	12.58	(0.57)
Adult & Housing Directorate			
Adults			
DFG Agency	1.54	0.38	0.00
Housing Aids & Adaptations	1.20	0.51	0.00
Other schemes under £1m	0.53	0.32	0.00
Total - Adults	3.27	1.20	0.00
HRA			
Extensive Voids	0.60	0.33	0.00
Boiler Replacement	2.00	1.00	0.00
Capitalised Works	4.00	2.10	0.00
Lift Improvements	1.40	1.03	0.00
Decent Homes Standard	19.00	3.60	0.00
Saltram Close	0.00	0.00	0.06
Major Works Conversions	0.10	0.33	0.37
Professional Fees	1.41	0.69	0.00
Retained Hostels Borough Wide	1.00	0.00	0.00
Digital TV System (IRS)	3.50	0.59	0.00
Other schemes under £1m	1.55	0.36	0.00
Total - HRA	34.56	10.03	0.43
Corporate Resources Directorate			
IT Capital Programme	1.66	0.39	(0.07)
Infrastructure Programme	4.29	0.28	(1.81)
Alexandra Palace	0.78	(0.26)	0
Total - Corporate Resources	6.72	0.41	(1.88)
Total - Haringey Capital Programme	98.86	27.74	(4.18)

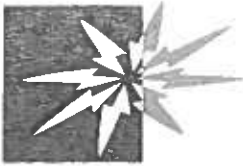
Table 3: **Proposed virements** are set out in the following table.

Revenue Virements					
Period	Service	Key	Amount current year (£'000)	Reason for budget changes	Description
6	CYPS	Revenue	126	Budget Realignment	Transfer of Young People s DAAT budget from Public Health to Children s Services
6	CYPS	Revenue	311	Budget Realignment	Re-allocation from Director's budget to service salary budgets
6	P&S	Revenue	100	Budget Realignment	Accommodation Strategy Savings - Removal of budget for 476 High Rd. to reflect accommodation strategy savings
6	P&S	Revenue	146	Budget Realignment	Property services - Reallocation of Property Service budgets to reflect current management structure
6	P&S	Revenue	150	Grant Allocation	Distribution of TfL grant across projects
6	P&S	Revenue	118	Grant Allocation	Distribution of Capital Ambition "Cashable Savings Delivery Project" Grant across projects
6	P&S	Revenue	150	Budget Realignment	Partner Contributions for ongoing projects Upper Lee Valley Partnership
6	P&S	Revenue	388	Budget Realignment*	Partner Contributions for North London Strategic Partnership projects
6	P&S	Revenue	347	Budget Realignment*	Realignment of Transport overheads as reflected in the new integrated Waste and Transport Contract
6	P&S	Revenue	673	Grant Allocation*	TfL Grant- Budget allocation to revenue nature schemes
6	P&S	Revenue	214	Grant Allocation	Dept of Transport grant - potholes funding
6	CR	Revenue	3,000	Budget Realignment*	Reallocation of resources to reflect forecast level of legal services work
6	CE	Revenue	422	Grant Allocation*	Allocation of budget to fund Children & Adults Social Worker training
6	CR	Revenue	195	Grant Allocation	Capital Ambition's London Energy project funding
6	CR	Revenue	380	Budget Realignment*	Realignment of Print and Design budget to reflect activity levels


Capital Virements					
Period	Service	Key	Amount current year (£'000)	Reason for budget changes	Description
6	A&H	Capital	567	Grant Allocation*	Capital Investment in Community Capacity Grant
6	A&H	Capital	4,000	Budget Realignment*	DCLG approved brought forward Decent Homes funding
6	P&S	Capital	111	Budget Realignment	Repairs & Maintenance to Schools - reallocation from planned maintenance to projects
6	P&S	Capital	1,500	Use of unapplied Capital Grant*	Transfer of unused GAF funding to Tottenham Hale Gyatory budget for completion of Phase 1

- Financial regulations require proposed budget changes to be approved by Cabinet. These are shown in the above table. These all changes in gross expenditure and/or income budgets between business units in excess of £100,000; and all changes in gross expenditure and/or income budgets within business units in excess of £100,000. any virement that affects achievement of agreed policy or produces a future year's budget impact if above £100,000.
- Under the Constitution, certain virements are key decisions. Key decisions are:
 - for revenue, any virement which results in change in a directorate cash limit of more than £250,000; and
 - for capital, any virement which results in the change of a programme area of more than £250,000.
- Key decisions are highlighted by an asterisk in the table.
- The above table sets out the proposed changes. There are two figures shown in each line of the table. The first amount column

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Report for:	Overview and Scrutiny Committee	Item Number:	
Title:	Scrutiny Review Update: Engaging with hard to reach communities		
Report Authorised by:	 Stuart Young, Assistant Chief Executive		
Lead Officer:	Stuart Young, Assistant Chief Executive		
Ward(s) affected:	Report for Key/Non Key Decisions:		
All	Non Key Decision		

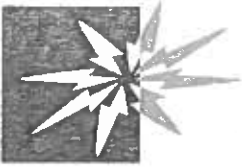
1. Describe the issue under consideration

During 2009/10 an Overview and Scrutiny review was undertaken regarding engaging with hard to reach communities in Haringey. Further information on this review is available [here](#). This report provides an update on the recommendations made as a result of the review.

National and Local Context:

This update is provided in a very different national political environment to the one in which the original review was undertaken. Recent government policy changes have revoked some areas of partnership work. In 2010 the Government withdrew *Comprehensive Area Assessments* and *Local Area Agreements*. In 2011 the Government repealed the *duty to prepare a Sustainable Community Strategy* and the *duty to involve*. In addition the Government's deficit reduction strategy has had a significant impact on the available funding and resources that the council and its partner agencies can draw upon. The *Area Based Grant* no longer exists.

Since the Overview and Scrutiny review was undertaken a separate review of partnership working arrangements in Haringey has also taken place. The Haringey Strategic Partnership no longer exists, and has been replaced by a Joint Leadership Group (JLG).



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Under the new JLG arrangements there will be three multi agency partnership bodies:

- Health and Wellbeing Board (in shadow form until 2013)
- Community Safety Board
- Social Inclusion and Worklessness Group

The core partners on the JLG include a representative from Health (NHS), the Police and Job Centre Plus (JCP). The Voluntary and Community Sector (VCS) is not represented on this group at this stage due to potential conflict of interest regarding the commissioning of future services. However, this will be reviewed at a later date once the approach and framework for future voluntary and community sector commissioning is finalised.

The JLG will:

- Provide the strategic direction and overview of partnership activity;
- Consider opportunities for aligning and sharing resources and delivery of area based (community) budgeting;
- Oversee the delivery of outcomes through the thematic boards;
- Commission task and finish groups to undertake specific pieces of partnership work as needed.

In light of these national and local changes, engaging with hard to reach communities remains a high priority for the Council. We have recently developed a new Voluntary Sector Strategy 2011-2011, with the vision of achieving a 'sustainable and independent Voluntary Sector'. Through this Strategy, we recognise the vital role of the Voluntary Sector in empowering our communities. We want to ensure that the needs and views of Voluntary Sector are championed, and that we have a robust commissioning framework in place to ensure the services this sector provides meet the needs of our diverse communities.

The Council is also developing a new **Customer Strategy**. Through this Strategy we want to ensure **proactive and purposeful engagement** with our communities, to enable our customers to be informed about their choices and empowered to make decisions.

Background to the original review:

Haringey is one of the most diverse boroughs in London with nearly half of its population from ethnic minorities.

The review looked at who in Haringey is considered hard to reach and what public and voluntary sector organisations can do in partnership to ensure that these groups have an input into the services they receive and are able to access the services they are entitled to.

A wide range of organisations were involved in this review, including a range of departmental representatives across the Council, NHS Haringey, the Metropolitan Police, Homes for Haringey and a number of voluntary sector organisations such



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as BME Carers, Caris and Sexual Health On Call. A full list of contributors is available in Appendix A to the full review on the Council website.

The review produced a number of recommendations. Appendix A provides an update on the work that has been undertaken towards these recommendations.

2. Cabinet Member introduction

Not applicable.

3. Recommendations

That Committee members:

- consider the update information provided in Appendix A
- inform officers if they would like any further information.

4. Other options considered

There are no other options to consider.

5. Background information

Background information is provided in section 1 of this report, and in the full 'Engaging with hard to reach communities' review.

6. Comments of the Chief Finance Officer and financial implications

There are no financial implications to raise arising from this report.

7. Head of Legal Services and legal implications

There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

Hard to reach communities are less likely to find the information or services which could support them to achieve better outcomes for themselves and their families and enable them to take their place amongst the community life of Haringey. Improving engagement with these communities will ensure that they are able to access services they are entitled to and that they are able to contribute their knowledge and skills to service developments.

9. Head of Procurement Comments

Not applicable.



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10. Policy Implications

The Council is currently consulting on a new Equal Opportunities Policy. The Policy demonstrates our commitment to reflecting the full diversity of the community we serve and to promoting equality of opportunity for everyone.

The Council is also developing a new Customer Strategy. It is intended that this will be published in 2012. The Strategy will help us to ensure that all our customers are able to engage with and access the services and support they need.

The Equal Opportunities Policy and Customer Strategy will help us to continue to work towards the recommendations made in this Scrutiny Review.

11. Use of Appendices

Appendix A: Hard to Reach Communities Scrutiny Review: Update for Scrutiny Committee, December 2011

12. Local Government (Access to Information) Act 1985

Not applicable.

Appendix A: Hard to Reach Communities Scrutiny Review: Update for Scrutiny Committee, December 2011

AGREED RECOMMENDATIONS	COMMENTARY	UPDATE DECEMBER 2011
<p>1. A multi-agency consultation network should be set up and include the following pieces of work in its work programme.</p> <p>a. The Consultation calendar should be further developed to include information on consultations being carried out by partners.</p> <p>b. Consideration should be given to an events calendar which would be accessible to all partners.</p> <p>c. An exercise going into the community and talking to specific groups identified in section 4.2 of this review report to establish how they prefer to be engaged with.</p> <p>d. Share good practice</p> <p>e. Ongoing review of who Hard to reach groups are</p> <p>f. Ensuring appropriate people on network from all levels of the partnership organisations.</p>	<p>The Community Engagement Framework already includes the following actions:</p> <p>Undertake a review of how different communities (including businesses) prefer to engage and support required [Priority 2: Promote inclusive community engagement processes]</p> <p>Build on existing Council consultation management system to establish a partnership management system to:</p> <ul style="list-style-type: none"> • Record details of upcoming engagement activities (for use by HSP partners and the public) • Record results and analysis of engagement activities • Undertake Equalities 	<p>(a) The consultation calendar does now include consultations from other partners and agencies (inc. <u>NIACE</u>, <u>TfL</u>, <u>central government</u>, <u>Tottenham Story</u>, <u>PCT</u>, <u>Hackney Council</u>)</p> <p>(b) A <u>consultation events calendar</u> has been created; partner events will be included where these form part of consultations included in the consultation calendar (e.g. as above)</p> <p>(c) This work was undertaken through the development of <u>Haringey's Community Engagement Framework</u></p> <p>(d) The current development of the consultation toolkit will include 'How to' guides and consultation case studies to share best practice;</p> <p>(e) This is undertaken on an ongoing basis through the <u>Equalities Impact Assessments</u> which are undertaken for every service provided to our customers, and for every change in service or policy.</p> <p>(f) Following the local government</p>

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	<p>Impact Assessments [Priority 4: Share community engagement good practice]</p>	<p>spending review and reorganisation of council directorates and partners (inc. Haringey Strategic Partnership) the Have Your Say Group has been reconfigured to focus on the development of a community engagement and consultation toolkit.</p>
<p>2. A customer journey mapping exercise to be undertaken for specific service user groups e.g. sex workers and personalisation agenda pathways. This should identify contact points with service providers and ways of overcoming barriers e.g. lack of Identification.</p> <ul style="list-style-type: none"> o Following on from this the information should be widely disseminated to both front line staff and elected Members; and reviewed and updated regularly. 	<p>Customer journey mapping is a methodology already in use and will continue to be used as appropriate when improving and designing services.</p>	<p>The emerging Customer Strategy will re-enforce the use of customer journey mapping as a methodology for re-designing services around the needs of our customers. The Customer Strategy will be agreed by the end of March 2012.</p> <p>The National Personal Budget Survey included responses from 110 personal budget holders in Haringey. Their responses have helped us to identify where the system is working well and where more support is needed in the personal budget process.</p> <p>Additionally, a series of focus groups for personal budget users was undertaken with Lancaster University.</p> <p>A Personal Budget User Forum (independent of the Council) has just been launched in Haringey. It is hoped that feedback from this</p>

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<p>3. That the Haringey Strategic Partnership consider how the borough is divided to ensure area boundaries are consistent and coherent across the partnership agencies, enabling localised joint working to engage with residents and communities.</p>	<p>Key partners attend area assembly meetings and report back on area based initiatives i.e. NHS Haringey has consulted on neighbourhood development plans and the police on ward priority plans</p>	<p>Forum will help us to continually review and improve the ways in which we provide Personal Budgets.</p> <p>We are in the process of agreeing local priorities and relevant professionals will be invited to inform and feedback to all Area Committees.</p> <p>Consultation with Chairs is taking place regarding identifying and reaching out to hard to reach groups.</p> <p>Single Frontline is looking at commissioning local MORI style surveys to reach a wider audience. The Neighbourhood Services Team is currently working on an engagement plan for the borough. The Team will work with the Chairs of the Area Committees to find local solutions to engaging with communities. Funding is currently being sought for a pilot community engagement project, possibly to take place in Tottenham.</p> <p>Police Safer Neighbourhood Teams have representation on all of Haringey's Area Committees. Veolia are also represented on all Area Committees. Homes for Haringey attend Area Committees if an issue has arisen which</p>

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<p>4. All consultation training provided should include specific sections on:</p> <ul style="list-style-type: none"> • Cultural awareness • How to engage with 'hard to reach groups' • Inclusive engagement e.g. not just consulting LGBT on sexual health or Drug users on drug services. 		<p>needs their attention, as do other partner agencies.</p> <p>Under the Health and Social Care Bill, groups of GP practices and other professionals will have responsibility for NHS commissioning in their area. These groups are called Clinical Commissioning Groups (in Haringey, the 'Haringey Clinical Commissioning Group). They have flexibility to work in partnership when commissioning services, for example, with other groups and local authorities.</p> <p>The Chair of Haringey's Clinical Commissioning Group sits on the new Joint Leadership Group.</p>
	<p>The Community Engagement Framework already includes the following actions:</p> <p>Establish a cross-sector engagement development programme (that can be undertaken by staff, community groups and community representatives) [Priority 3: Increase community engagement capacity]</p>	<p>Following the local government spending review and resulting budget cuts, corporate consultation training is no longer provided by OD&L.</p> <p>We will consider an alternative way of providing this.</p>

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<p>5. Raising awareness of Dual Needs should be incorporated into the review of the Haringey Compact (please see recommendation below).</p> <p>6. That the Haringey Compact is reviewed to ensure that all HSP organisations work to it. All elected Members should receive a copy of this renewed Compact.</p>	<p>A Compact Review is underway and will include consideration of people with dual needs</p> <p>The Community Engagement Framework already includes the following actions:</p> <p>Ensure community engagement awareness and COMPACT way of working included in staff induction programmes across HSP partners [Priority 4: Share community engagement good practice]</p>	<p>The Haringey Compact Implementation Group (HCIG) has oversight of the implementation of the Compact, which currently runs until the end of March 2012. The HCIG workplan includes refreshing the Haringey Compact in the last quarter of 2011/2012.</p> <p>The refresh will take into account new policies such as the Personalisation agenda which will include consideration of people with Dual Needs.</p> <p>Haringey's new <u>Voluntary Sector Strategy</u> reinforces our commitment to the Compact and its principles. We have recently developed a Commissioning and Funding Framework for the Voluntary and Community Sector. This also reinforces the Compact way of working.</p>
<p>7. That the Council Consultation Charter, Plain English Protocol and Community Engagement Framework Principles are adhered to and enforced.</p> <ul style="list-style-type: none"> That awareness raising of the use of plain English be carried out across all HSP partners. The Council could raise awareness through All Users emails, use of 	<p>Communications has publicised and promoted use of the best practice guidance on the right through a range of channels and will shortly issue reminders in internal media.</p> <p>The partnership consultation group (Have Your Say</p>	<p>The Consultation Manager sends out a regular Consultation News bulletin which sets out good practice in consultation and communications. The Consultation Manager also sends out updates when national issues arise which affect they way that consultation is undertaken – for example, if a public body has been judged to undertake a particularly good piece of work, or if it has been taken to court</p>

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<p>Team Brief and internal websites.</p> <ul style="list-style-type: none"> That the Overview and Scrutiny Committee, Cabinet, Haringey Strategic Partnership and Theme Groups ensure appropriate language is used on all documents that each body considers. 	<p>Haringey) promotes the use of Plain English in all on and offline consultation material to ensure that they are: user friendly; accessible; and adhere to the Councils Consultation Charter and Community Engagement Framework principles.</p>	<p>for failing to consult or communicate properly.</p> <p>The Plain English Guide, Publications Protocol, Consultation Charter and Community Engagement Framework are available at the links below:</p> <p>http://harinet.haringey.gov.uk/intranet/directories/pppc/communications/ccu_strategiespolicesinitiatives/plainenglishguide.htm</p> <p>http://harinet.haringey.gov.uk/intranet/directories/pppc/communications/ccu_strategiespolicesinitiatives/publications_protocol.htm</p> <p>http://harinet.haringey.gov.uk/index/council/haveyoursay/consultationcharter.htm</p> <p>http://harinet.haringey.gov.uk/index/council/hs/framework.htm</p>
<p>8. Support available to voluntary and community sector organisations in terms of capacity building and application/bid writing assistance should be mapped across the partnership and the information consolidated and widely publicised in a range of community languages.</p>	<p>Fund raising and application writing support is available via HAVCO with links via the HAVCO website. The CVST also signpost community organisations towards this plus other funding opportunities. All information in community</p>	<p>The Council's Voluntary Sector Strategy, and Commissioning and Funding Framework consultation will deliver on this recommendation. An independent review of the infrastructure and capacity building needs of voluntary sector partners in the borough is planned as part of the implementation of the strategy. The aim of the review is to ensure</p>

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	languages is available on request.	Haringey has a 'fit for purpose' arrangements in place that can effectively support, capacity build and help create and develop a strong voluntary and community sector (VCS), and that can demonstrate added value for money to the Council.
<p>9. All organisations commissioned by the Council and its statutory partners are clear in their publicity about who can access their services.</p>	<p>This is starting to be addressed through the development of an 'e-market' directory of services linked to the transforming social care programme. This web-based technology will enable residents and people who use services to access a wide range of information to signpost them to services available in the community. It will also be accessible to organisations themselves to update information about the services they offer. For individuals unable to access the internet, hard copies of information will be made available. Internet access is also available at for example Libraries.</p>	<p>The Council has developed a number of directories which provide information about services, support and activities available in Haringey. These services are provided by the Council, its partner organisations, organisations which the Council commissions and also community groups and charities which provide services independently of the Council.</p> <p>Work has taken place to develop HAricare, an online directory of services for adults in Haringey. The site provides information about services, support and activities in Haringey, and other forms of advice and information to users of adult social care services, and their families and carers.</p> <p>Haringey's <u>Family Information Service Directory</u> provides information about services, support and activities in Haringey, and national information to help parents, carers</p>

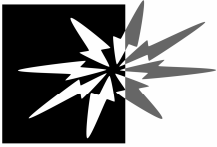
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	<p>Organisations commissioned by the Council are responsible for ensuring information about their services is available and in accessible formats (including different languages) within the funding they receive.</p>	<p>and their families.</p> <p>Haringey's new <u>Community Housing Services Directory</u> has been developed following consultation with residents using housing services. It provides information and advice for people with housing enquiries, and particularly those who are homeless or in temporary accommodation.</p>
<p>10. As part of the Information Governance work Business Units explore with IT Services the options to enable accessibility of data to be shared between the services.</p>	<p>The Information Governance Board will explore the best way to enable the sharing of information between services.</p>	<p>A number of information sharing protocols are now in place which enable services to share information effectively. In addition the Council is piloting Sharepoint (an IT software) with Homes for Haringey which will make file and information sharing much easier.</p> <p>Examples of information-sharing protocols which have recently been developed or improved:</p> <ul style="list-style-type: none"> • Children and Young People: Haringey's award winning First Response Team was identified as a key strength by Ofsted in October 2011 for its effective use of information and intelligence in ensuring that young people are properly protected. Inspectors stated that 'Contacts and referrals receive a timely response and

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		<p>in cases where significant harm is suspected, child protection enquiries are undertaken promptly following strategy discussions with the police.'</p> <ul style="list-style-type: none"> • Domestic Violence: Following the Serious Case Review of Family Q, the joint Local Safeguarding Children Board/Safeguarding Adults Boards protocol was signed off (May 2011) and shared across both groups, but this is more about recognition of risk to children and not specific to domestic and gender based violence. • Safeguarding Adults: Over the past year, Haringey has further improved the way it handles adult safeguarding alerts, and the support it provides. • The service has been restructured to develop a more effective multi-agency way of working. The service was re-launched in July 2010. This was supported by a publicity campaign to raise awareness about safeguarding and included a series of leaflets and posters as well as a Morrisons supermarket campaign. • New working arrangements have been established to deal with safeguarding

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<p>11. That the Haringey Strategic Partnership work with HAVCO to create and maintain a voluntary and community sector database as part of the action plan leading from the Third Sector Mapping exercise. This should:</p> <ul style="list-style-type: none"> • User friendly 	<p>This has been agreed by the HSP</p>	<p>referrals through our Integrated Access Team. This is helping us to process referrals quickly and deal with safeguarding issues.</p> <ul style="list-style-type: none"> • We have developed new adult safeguarding arrangements with the London Fire Brigade. By April 2011, they had their own procedures and referral form to enable better identification of safeguarding risks. <p>Haringey is currently piloting the 'Tell Us Once' programme. This is a major programme led by the DWP, to transform the way in which people can tell Government (central and local) about a change in their circumstances. Initially, this refers to births and deaths, but will extend to other information through our emerging Customer Strategy. Through this Strategy we will work on creating a 'Golden Record' for our repeat customers, so that they only have to tell us their information once.</p> <p>HAVCO has developed a contact database of approximately 850 groups and includes categorisation. HAVCO is currently working on a searchable database on their website to access key information about member organisations, where it is appropriate to do so</p>

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<ul style="list-style-type: none"> • Publicly accessible • Categorised <p><i>(this has since been agreed at HSP)</i></p>		<p>(for example, many member groups operate from home addresses, so their group details will be excluded).</p> <p>Whilst this web development work is ongoing, since May 2010 – HAVCO has been sharing the database with the Primary Care Trust and Haringey Council's Consultation department. This occurs at intervals following notable updates of the database, most recently on 20th September 2011.</p> <p>In September, 240 groups were members of HAVCO and 1500 groups were on the HAVCO mailing list.</p>
<p>12. The existing population needs assessment approach should be extended to include the following:</p> <ul style="list-style-type: none"> • Increased use of complaints and feedback information. • Effective equalities monitoring of services and use of information to inform service planning. • Systematic use of data from Equalities Impact Assessments. • Use of Neighbourhood Managers as experts in the local communities they serve. • Further use of MOSAIC data. 	<p>Funding has been agreed to purchase a local information system that will enable sharing and presenting of non identifying information amongst HSP partners. A PID is being completed.</p>	<p>Complaints and feedback information is analysed annually and reported in the Council's annual report. This information along with Mosaic will also inform the Customer Insight analysis currently under development which is aimed at developing a better understanding of our residents' needs.</p> <p>Information gathered from Equality Impact Assessments is used to inform service planning across the Council.</p> <p>It has not been possible to purchase a Local</p>

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<ul style="list-style-type: none"> Further use of borough profile data available on the web-pages. <p>With this in mind the panel supports the implementation of the Local Information System for the partnership.</p>		<p>Information System for the partnership due to financial constraints, however, borough profile data has been strengthened and is used to inform the design and delivery of services.</p> <p>A comprehensive overview of the needs assessment approach, including data, is available at the Haringey: Our Place webpages.</p>
<p>13. That "Access to Service" days continue to run and that further possibilities of working more closely with partner agencies should be investigated to maximise resources.</p> <p>The co-ordination of Access to Service days should be linked with the above population needs assessment approach to ensure that all communities, including new communities, are considered in each cycle.</p>	<p>Access to Services days will continue to be organised or supported by the Neighbourhood Management Service according to need and emergence of new communities.</p>	<p>Access to Service Days have ceased as part of the 2010/11 review of the Neighbourhood Management Service.</p>
<p>14. That the Overview and Scrutiny Committee commission a review into the services and resources that prevent children and young people (aged up to 14 years of age) becoming involved in youth crime.</p>	<p>This needs to be considered as part of the Overview and Scrutiny work programme planning 2010/11.</p>	<p>This review was undertaken in 2010/11. Conclusions and recommendations are currently being developed and will report to Overview and Scrutiny in due course.</p>
<p>15. That the Overview and Scrutiny Committee commission a review into Drug and Alcohol abuse.</p>	<p>This needs to be considered as part of the Overview and Scrutiny work programme planning 2010/11.</p>	<p>This review was not commissioned by the Overview and Scrutiny Committee but may be considered as a future topic.</p>



Haringey Council

Agenda item:

[No.1]

Overview and Scrutiny Committee

On 12 December 2011

Report Title: Scrutiny Review – Missing from Care and from Home	
Report of: Chair of Overview and Scrutiny Committee	
Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921	
Wards(s) affected: All	Report for: N/A
<p>1. Purpose of the report (That is, the decision required)</p> <p>1.1 To approve the draft scope, terms of reference and work plan for the scrutiny review on children missing from care and from home.</p>	
<p>2. Introduction by Cabinet Member (if necessary)</p> <p>2.1 N/A</p>	
<p>3. State link(s) with Council Plan Priorities and actions and/or other Strategies:</p> <p>3.1 Council Plan: Thriving and safer</p>	
<p>4. Recommendations</p> <p>4.1 That the scope, terms of reference and work plan for the review be approved.</p>	
<p>5. Reason for recommendation(s)</p>	

5.1	Included within the body of the report.
6.	Other options considered
6.1	Included within the body of the report.
7.	Summary
7.1	The Committee has commissioned a review into children who go missing from the care or from home. This report provides a background to the issue and proposals for the scope and terms of reference.
8.	Chief Financial Officer Comments
8.1	The production cost of protocols and procedures in respect of missing children is provided for within the relevant service budget. Any reduction in the number of missing children will lead to improved value for money in terms of staff time spent in administration and in supporting the child. There will also be improved value for money for the looked after children's placement budget as there will be less payment for empty bed spaces.
9.	Head of Legal Services Comments
9.1	The "Statutory guidance on children who run away and go missing from home or care" was issued in July 2009 under Section 7 of the Local Authority Social Services Act 1970 which means that except in exceptional circumstances the local authority must act in accordance with it.
9.2	The guidance serves to safeguard all runaways and to redress the imbalance that currently exists between services offered to runaways from the looked after children population and those who run away from home.
9.3	The Children's Society report <i>Stepping Up</i> found that half of local authorities surveyed had no protocol for managing cases of children missing from home however nearly 93 per cent had protocols for children missing from care.
9.4	This statutory guidance is supplementary to <i>Working Together to Safeguard Children</i> and should be read in conjunction with that statutory guidance because a swift and effective response for when a young person runs away is seen by the government as a key element not just in safeguarding young people but also in the link with work to raise their aspirations and improve their life chances.
10.	Head of Procurement Comments – [Required for Procurement Committee]
10.1	N/A

<p>11. Equalities & Community Cohesion Comments</p> <p>11.1 Work undertaken by Barnardo's has suggested that young people who are gay, lesbian and bisexual may be at greater risk from running away from home or from care.</p>
<p>12. Consultation</p> <p>12.1 Consultation will be an integral part of the review. The views of a wide range of stakeholders will be actively sought. Due to the nature of the young people involved, consulting directly with service users is unlikely to be feasible. However, their views could be fed in indirectly through interviewing people who have direct day to day contact with relevant young people and may therefore be in a position to provide feedback.</p>
<p>13. Service Financial Comments</p> <p>13.1 The cost of undertaking the scrutiny review is provided for in the budget for overview and scrutiny. In addition, value for money issues and any potential financial implications arising from the review will be considered in liaison with the service finance lead.</p>
<p>14. Use of appendices/tables and photographs</p> <p>14.1 None</p>
<p>15. Local Government (Access to Information) Act 1985</p> <p>15.1 Background papers are as follows:</p>

16. Report

Introduction

16.1 The Committee has commissioned a report into children missing from care and from home. This report provides some background to the issues and suggests some areas that the review may wish to focus upon.

Background

16.2 The Scrutiny Review of Corporate Parenting recommended that a review be commissioned by the Overview and Scrutiny on this issue in response to concerns

that were raised in the course of the review. This was agreed by the Committee at its meeting on 29 June.

- 16.3 The terms 'young runaway' and 'missing' refer to children and young people up to the age of 18 "who have run away from their home or care placement, have been forced to leave or whose whereabouts is unknown".¹
- 16.4 There is an important distinction between this and unauthorised absence, which is where the whereabouts of looked-after children are known or thought to be known but unconfirmed. In such circumstances, they are not considered to be missing but may instead be classified as absent without authorisation from their placement.
- 16.5 The only authoritative studies to determine the numbers of children who run away have been undertaken by the Children's Society. The most recent of these was published in 2005 and found that over 100,000 children ran away every year. A follow up study is currently being undertaken.
- 16.6 The Children's Society have established the following four key facts about children who run away:
1. Many children run away repeatedly. Just under a third of children who run away do it at least three times. 10% run away up to nine times. 5% run away ten time or more times.
 2. A significant proportion run way for long periods. 25% run away for between two to six nights and 20% for more than a week. 10% will be away for more than four weeks.
 3. Children are often forced to run away. 25% of children said that they ran away because they were told to or were physically forced to go.
 4. The vast majority are not reported as missing. Two thirds of children who run away from home are never reported to the Police as missing.
- 16.7 Some children are more likely to run away than others. Girls are more likely to run away than boys and most are between the ages of 13 and 15. However, a quarter of those who run away do so before the age of 13 and 10% before the age of 10.
- 16.8 Some specific groups of children are more likely to run away than others:
- Children in care. They are three times more likely to run away but only make up 2% of the total number of runaways.
 - Children facing difficulties at school
 - Children who use drugs and alcohol or are in trouble with the Police.
 - Children who consider themselves are disabled or having difficulties with learning
 - Children whose parent's relationship has broken down.
- 16.9 Children who run away can place themselves at considerable risk. In particular, there is danger form physical or sexual abuse and exploitation. For example, Barnardos services that work with sexually exploited young people have reported that more than half of those they support run away on a regular basis. Research from the Children's Society shows that 25% of those who run away each year will

¹ *Statutory guidance on children who run away and go missing from home or care; DCSF July 2009*

be at risk of serious harm. One in six interviewed said that they had slept rough, one in eight said that they had resorted to begging or stealing and one in twelve reported being actually hurt or harmed.

16.10 The Children's Society² have identified four recent trends that they consider to be significant:

- An increase in younger children coming to the attention of their projects.
- An increase in the number of boys
- An increased risk of sexual exploitation
- The use of technology to target vulnerable children.

16.11 They estimate that the overall cost of dealing with runaways is up to £82 million per year. Their view is that early intervention has the potential to result in net savings that range from £200 from less severe cases to up to £300,000 in more severe cases. The costs referred to arise from:

- Missing persons reports which are estimated to cost the Police £1,145 per incident, equating to a total cost of up to £47 million per year.
- The costs of children and young people stealing to survive
- Help from professional agencies. Two hours of support from a qualified children's social worker costs £144.

16.12 Support to a young person after they have run away for the first time is calculated to cost around £800. However, the Children's Society is of the view that if this can prevent two further incidents, it will save around £1,000 to the Police and other public services.

16.13 There is a detailed framework for how agencies should work together to respond to children who run away from care or from home. In 2008, the government published the Young Runaways Action Plan. Following this, statutory guidance for local authorities was issued in 2009, together with a national target (national indicator 71) requiring local areas to report on measures that they have in place to protect and support runaways. New guidance for the Police was also published that set out how incidents should be managed, recorded and investigated.

16.14 The new guidance put greater emphasis on the importance of young runaways being offered a return interview and stressed the importance of information sharing and using common assessment. It also explained the need for a named person to have responsibility at local level.

16.15 Three summary versions of the statutory guidance were also developed. These were for lead members of children's services, directors of children's services and care workers and foster carers. These explained their specific responsibilities to support these vulnerable young people.

16.16 The pieces of guidance cover what should happen when a child runs away and the protocols and procedures that should be in place and followed. These include the following:

- Local Safeguarding Children's Boards are required to define clearly in protocols the roles and responsibilities of different agencies in order to ensure a co-

² Make Runaways Safe launch report, the Children's Society; July 2011

ordinated response. Procedures must be formally agreed by the Lead Member for children's services and the Council committee responsible for corporate parenting. There should be a named person in the local authority responsible for children and young people who go missing or run away and details of preventative measures.

- Procedures should be in place for the recording and sharing of information between the police, children's services and the voluntary sector. Information should be used to analyse patterns.
- The need for the Police to conduct a "safe and well" check when a child returns from running away to determine their well being and whether they have been a victim of crime or abuse.
- A return interview to be carried out, if possible, by an independent person. This is to establish why the child ran away and what additional support might be required.
- All local authorities should have access to emergency accommodation. This should not be a police cell unless the young person is under arrest.
- Where a young person persistently goes missing, a multi agency risk management meeting should be organised.

16.17 The emphasis within the guidance is on the need for effective multi agency support to children and young people. Running away should be seen as an indicator of underlying problems rather than an isolated event.

16.18 The Children's Society have expressed concern that the changes outlined in the statutory guidance may not have led to the level of improvement intended and have highlighted a number of issues:

- A lack of consistency in the implementation of the statutory guidance
- A raising of thresholds for access to children's services
- National indicator 71 was introduced in 2009 and required local authorities to self assess how much progress they were making to protect and support runaways. It was scrapped last year by the government and it is now discretionary. The indicator was felt by many to assist in promoting action and improvement.
- A shortage of emergency provision. Only half of local authorities surveyed had access to emergency accommodation.
- Lack of awareness of the issue amongst some professionals working with children and parents.
- Cuts to specialist services. A number of services that provide specialised support for children who run away have suffered cuts to their budgets. Specialist services are felt to be best placed to meet the needs of some children who may be vulnerable and/or hard to reach.

16.19 There is a pan London procedure for safeguarding children missing from care and home that Haringey currently follows. This superseded the local joint protocol and practice guidance. However, it is intended to update the Haringey procedures and ensure that they expand upon the pan London ones and highlight responsibilities in risk assessing the difference between "missing" and "unauthorised absence".

16.20 The missing children that professionals deal with in Haringey fall into three categories:

1. Children missing from the Council's care. This covers children and young people who are fostered as well as those who are placed in residential homes within the borough.
2. Children missing from the care of other local authorities who have been placed in Haringey. In particular, there are a number of children's residential homes in the borough that take children from other local authorities. In such cases, Haringey's protocols and procedures apply.
3. Children missing from home.

16.21 The Corporate Parenting Action Plan includes provision to enable children and young people who go missing to be given the opportunity to meet with a designated independent person on their return. Action to implement this is currently being taken. A weekly spreadsheet is now in operation regarding tracking missing young people but the interview process needs to be finalised.

Performance

16.22 National indicator 71 was based on self evaluation. Each local authority was required to provide a score in a range from 0 to 3 (low – high) based on the following five criteria:

- Local information about running away is gathered
- Local needs analysis is in place
- Local procedures to meet the needs of runaways agreed
- Protocols for responding to urgent/out of hours referrals from police or other agencies are in place
- Local procedures include effective needs assessment protocols to support effective prevention/intervention work.

16.23 Haringey scored itself as achieving a score of 2 out of 3 for each these categories – a total score of 10 - in the period from October to December 2009, which is the last period for which statistics have been published. This is around the average for London.

Scope of Scrutiny Review

16.24 It is proposed that the focuses on each of the three specific categories of children and young people referred to above i.e.

- Children missing from the Council's care
- Children missing from the care of other local authorities who have been placed in Haringey
- Children missing from home.

16.25 There are differences in practices and procedures for dealing with the different categories that reflect their different circumstances.

Terms of Reference:

16.26 "To consider how the Council and its partners respond to instances where children or young people run away from home and from the Council's care and, in particular, its policies, procedures, practices and performance"

Sources of Evidence:

16.27 Suggested sources of evidence for the review are as follows:

- Research documentation, national guidance and targets
- Statistical evidence including relevant performance data and benchmarking
- Comparison with other areas such as statistical neighbours
- Interviews with a range of stakeholders

Key Stakeholders:

16.28 These are as follows:

Council Services:

C&YPS

First Response Team

Partners:

Police Missing Persons Unit

The Cabinet

Councillor Lorna Reith – Cabinet Member for Children and Young People

Other Groups/Organisations:

Barnardos – Runaways project/advocacy

Residential care providers

Foster carers

British Refugee Council

Private fostering agencies

Independent advocates

Consultation/Service User Involvement

16.29 Due to the nature of the young people involved, consulting directly with them is unlikely to be feasible. However, their views could be fed in indirectly through interviewing people who have direct day to day contact with them and may therefore be in a position to provide feedback. Barnardos undertake independent interviews with children who have returned after running away and could be in position to provide a view on their behalf.

Membership of Panel:

16.30 Membership of the Panel is as follows:

- Councillors: Alexander (Chair), Amin and Ejiofor

Co-opted Members

16.31 The Panel may, if it feels fit, consider co-opting specific individuals to assist it in its work. Whilst there are no specific criteria regarding their appointment, those best placed to provide assistance would generally be local people with particular

knowledge or experience of the service. Any co-option would be on a non voting basis.

16.32 As the review is likely to cover issues relating to the education of children and young people, the membership of the Panel will be required to include the statutory education co-optees that have been appointed to the Overview and Scrutiny Committee. These are:

- Yvonne Denny (church) and Sandra Young (parent governor).

Independent Expert Advice

16.33 In addition, the Panel may wish to consider if their work would be assisted by the provision of some independent expert advice. This could “add value” to the review by:

- Impartially evaluating current practice providing advice on successful approaches and strategies that are being employed elsewhere
- Suggesting possible lines of inquiry
- Commenting on the final report and, in particular, the feasibility of draft recommendations.

16.34 There is modest budgetary provision for this if required.

Timescale

16.35 It is proposed that the Review Panel aims to finish its work by the end of the municipal year.

Evidence Sessions

16.36 As follows:

Meeting 1:

Date: 18 October

Aims/Objectives:

1. To provide an overview of the issue and how it is addressed within Haringey
2. To finalise the scope and terms of reference

Background Information:

- Draft scope and terms of reference

Witness:

Debbie Haith, Deputy Director C&YPS

Meeting 2:

Date: 29 November

Aims/Objectives:

- To obtain evidence on the number of children that go missing in Haringey and how the Police work with other agencies to address the issue.
- To gain an understanding of potential risks, how they are assessed and the sort of interventions that may be effective.

Background Information:

- Relevant statistical information on missing children including aggregated annual figures.

Witnesses:

Police Missing Persons Unit
First Response Team

Meeting 3:

Date: 13 December

Aim/Objective:

To obtain an understanding of the reasons why children and young people might run away and how well statutory agencies address the issue

Possible Witnesses:

Barnardos
Foster carers
Independent advocates
British Refugee Council

Meeting 4:

Date: 24 January

Aims/Objectives:

To receive evidence on how residential care providers and private fostering agencies address the issue.

Background Information:

Possible Witnesses:

Residential care providers, including Council run homes
Private fostering agencies.

Meeting 5:

Date: TBA

Aims/Objectives:

- To consider further any issues that may have arisen in the course of evidence gathering sessions
- To consider appropriate conclusions and recommendations for the review

Background Information:

A digest of evidence received and key issues raised in the course of the review

Possible Witnesses:
C&YPS

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

Apologies Helena Kania

Also Present: **Co-optees:** Yvonne Denny

Councillors: Cllr Reith, Cllr Reece, Cllr Weber

Officers: Avi Becker (Business Intelligence Manager), Barbara Breed (Head of Continuing Professional Development), Jan Doust (Deputy Director – Prevention & Early Intervention), Debbie Haith (Deputy Director – Children & Families), Joan Hancox (Head of Sustainable Transport), Maria Kane (NHS – Mental Health Trust), Renee Taylor (Commissioning Manager – Carers Lead), Andrew Wright (NHS – Mental Health Trust), Barbara Nicholls (Head of Adults Commissioning & Voluntary Sector), Melanie Ponomarenko (Senior Policy Officer), David Rowe (Transport for London), Natalie Cole (Clerk)

**MINUTE
NO.**

SUBJECT/DECISION

OSCO42.	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies for lateness were received from the Chair, Cllr Bull; the Vice Chair, Cllr Winskill chaired the meeting in his absence.</p> <p>An apology for absence was received from Helena Kania (LINK Co-optee).</p> <p>Cllr Ejiofor gave apologies for leaving the meeting early due to a clash of meetings.</p>
OSCO43.	<p>URGENT BUSINESS</p> <p>AGREED to consider the following items as urgent business (recorded under minute number 54 below) :</p> <ul style="list-style-type: none"> a. Scrutiny Review on Benefits b. Budget Scrutiny Themes
OSCO44.	<p>DECLARATIONS OF INTEREST</p> <p>Councillor Engert declared a personal interest in agenda item 9 (minute number 50) – Sustainable Transport Scrutiny Review Update – as she was a member of London Travel Watch.</p> <p>Councillor Engert declared a personal interest in agenda item 11b (minute number 52b) – Worklessness Scrutiny Review – as she had a close acquaintance with someone who worked in a worklessness department (not in Haringey).</p>

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OSCO45.	<p>DEPUTATIONS/PETITIONS/PRESENTATIONS/QUESTIONS</p> <p>None.</p>
OSCO46.	<p>CABINET MEMBER QUESTIONS - CABINET MEMBER FOR CHILDREN</p> <p>In response to questions put to the Cabinet Member, Cllr Reith, on the Children's Services portfolio, the following was noted:</p> <ul style="list-style-type: none"> • Alexandra Park School had become an academy on 1st October 2011 and Woodside High School was in the process of also becoming an academy. • Despite concerns that 19 of Haringey's underperforming schools were being considered; only two of these schools met the criteria for becoming academies at the government's intervention. • The Cabinet Member agreed to provide a written response to enquiries about Heartlands School increasing its admissions intake for 2012 or 2013 (Action No. 46.1). She highlighted the importance that any increase in intake did not destabilise the admission figures for other schools in the area. • A meeting on 12th October would establish how many allocated school places had not been taken up. The Council could allocate some of these places to the 144 families who had made late applications for school places. • There was enormous pressure for school places, particularly in Reception Classes. The Council had established some "bulge" classes and was consulting on the permanent expansion of three schools in Haringey. • In the next week the Government would announce which local groups had been successful in their applications to become Free Schools, one primary school in Haringey had been accepted in the last round, providing 30 additional school places. • Particular areas of concern for the Children's Services department were: keeping inside the budget, academies and working with schools that were not performing and new arrangements for children's centres in the borough. • The volume of looked after children, placement costs and the cost of legal proceedings were causing budgetary concerns. Work was being conducted to keep costs down including comparing with other boroughs. • The Council had approximately 620 children in care, which was higher than other boroughs but the Council's thresholds for taking children into care were Ofsted approved. • New arrangements being considered included alternative care (including special guardianship orders, long term foster placements as well as adoption), reviews of less vulnerable children in care (conducted in conjunction with plans for them to return home or to relatives) and alternative ways to support young people living in the community (where there were no protection issues) as well as a review of children's homes run by the local authority. • A briefing on Child Protection Core Assessments will be presented at the next OSC meeting on 12th December (Action No. 46.2). • It was explained that the social worker training scheme was not continuing due to large numbers of newly qualified social workers available for employment. There was a need to recruit experienced social

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	<p>workers at present. A briefing note on the numbers of permanent and agency social workers employed by the Council would be provided to members (Action No. 46.3).</p> <p><i>Clerk's Note: 17:25 hrs - The Chair, Cllr Bull, arrived and took over chairing the meeting at 17:55hrs.</i></p> <p>NOTED.</p>
<p>OSCO47.</p>	<p>EXAM RESULTS</p> <p>The Committee received the report on the 2011 Provisional Results for the Early Years Foundation Stage, Key Stage 2 and GCSE, introduced by Avi Becker (Business Intelligence Manager) and the following was noted further to members' questions and comments.</p> <p>NOTED</p> <ul style="list-style-type: none"> • Members stated that Maths results (for the Foundation stage by network learning communities) should be reflected in the report. The Committee would receive current maths data (Action No. 47.3). • Local and national data showed links between poverty and deprivation and poor performance of pupils. It was anticipated that Haringey would benefit from the Government's new formula for funding to address deprivation issues. • Gaps between ethnic groups were closing with some groups making more progress than others. Schools offered support in English and Maths and structured speaking activities for these families. • There was still a gap in the performance of boys and girls generally and the difference between the attainment of children born at the start of the academic year and those born towards the end of the year was evident (particularly in the Foundation Stage). • Whilst the government no longer required local authorities to meet a "value added" target (using schools and pupils performance data Haringey still monitored this data. • Under performing schools were being linked with schools that were performing to a high standard in order to share good practice. <p>NOTED.</p>
<p>OSCO48.</p>	<p>REDEVELOPMENT OF ST ANN'S HOSPITAL SITE</p> <p>The Committee received a presentation updating on the development of the St Ann's site, introduced by Maria Kane (Barnet, Enfield & Haringey Mental Health Trust - Chief Executive) and Andrew Wright (Barnet, Enfield & Haringey Mental Health Trust - Director of Strategic Development). The Mental Health Trust was working in partnership with stakeholders and consulting widely. The general consensus had so far been that health services should be the main provision from the site. A discussion took place.</p> <p>NOTED</p>

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- Most services offered on the site would be primary and community care services and could accommodate any doctors' practices that wished to move to the site.
- Partners were committing to moving to the site and in response to the suggestion that dialysis training be conducted on St Ann's site it was noted that The Royal Free hospital had already offered to provide dialysis services from the site. **Suggestions about training to allow patients to conduct dialysis from their homes would be taken back and discussed with The Royal Free (Action 48.3).**
- Local residents' suggestions that accident and emergency services be provided from the site would not be sustainable and, once consultation had ended, responses would give reasons for rejecting any suggestions.
- **The Committee would be sent a document reporting on health planning conducted with the health providers and Primary Care Trust looking at the need for health facilities (Action 48.2)**
- It was recognised that the NHS was constantly changing and that a review of the site might be required in the future but it was vital to start planning now and get as much health care provision on the site as possible.
- A full environmental impact assessment will be conducted and will take into account the historical aspect of the site and planning applications submitted. **The clerk would contact Bruce Castle Museum to see if any historical memorabilia related to the old St Ann's Hospital was kept in the museum (Action 48.1).**
- The Mental Health Trust was in discussions with Transport for London about improving transport links to the area.
- It was recognised that moving mental health inpatient services to other sites possibly in Enfield and Barnet would create travel difficulties but with the rolling out of home treatments staff would only be travelling to the site for team meetings and other specific reasons.
- It was emphasised that the plans were still in the consultation stages.
- Thanks were given to Mental Health Trust officers for attending.

NOTED.

OSCO49.

SCRUTINY REVIEW UPDATE - SUPPORT TO CARERS

The Committee received the progress update on the recommendations of the June 2009 Scrutiny Review of Support to Carers, introduced by Barbara Nicholls (Head of Adults Commissioning).

NOTED

- Recommendation 4 – concerning signposting carers to advice and information (page 23 of the agenda pack) – It was explained that some carers had not been aware of the benefits of the assessment process and so work had taken place to emphasise the benefits of an assessment as well as on-going work with community groups to raise awareness.
- Recommendation 7 – funding for respite carers (page 29 of the agenda pack) – It was confirmed that a specific budget for adult community services existed for respite care as well as some other Council funding. There had been some funding available from the Primary Care Trust

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	<p>(PCT) but it had not been ring-fenced and Council officers are not aware of any specific spending plans since the funding was first provided to PCT's in 2009. Cllr Bull would send a letter to the PCT on behalf of the North Central London Joint Overview & Scrutiny Committee (JOSC) to seek clarification on why the PCT had not made available monies linked to the Carers Strategy for respite care for informal carers. (Action No. 49.1).</p> <p>NOTED.</p>
<p>OSCO50.</p>	<p>SCRUTINY REVIEW UPDATE - SUSTAINABLE TRANSPORT</p> <p>The Committee received the update on actions from the Sustainable Transport scrutiny review concluded in March 2010, introduced by Joan Hancox (Head of Sustainable transport) and David Rowe (Transport for London (TfL)), a discussion took place.</p> <p>NOTED</p> <ul style="list-style-type: none"> • The Committee asked for a structure chart of the Council's transport department to be circulated (Action No. 50.1). • TfL had been supporting the Council in progressing with its travel plan. • The Committee asked that the recommendation to invite London Travelwatch to Haringey to provide individual travel planning advice to local residents (page 57 of the agenda pack) be followed up (Action 50.2). • The Committee suggested that Political Party Chief Whips were informed about the recommendation for a Member Champion for cycling in Haringey (Action No. 50.3). It was reported that the local cycle group was involved in the detail of the designs for cycle schemes before they went out to public consultation. • In response to questioning why there was only one supplier for car club scheme parking bays Mr Rowe explained that there was little competition and the Council used the main provider, Zipcar. • Members were advised to pass any enquiries about bus routes in the Borough to Council transport officer, Malcolm Smith, who attended a public transport liaison forum where such issues could be raised. The minutes of the recent transport forum would be circulated to all members of the Council. (Action No 50.4). • There were no plans by TfL to close ticketing offices in its stations. London Overground, however, were closing ticket offices, although the Council had lobbied against this. • Officers recognised the Committee's concerns about the lack of disabled access at tube stations and highlighted that TfL maps displayed which tube stations were accessible. • In response to concerns about access getting into Sainsbury's on Green Lanes, Haringay, it was reported that the Council had conducted some work to improve the traffic junction but much of the problem was to do with egress from the Arena Retail Park and managing access to the car parking area. Cllr Alexander would try to obtain contact details for the new owners of the Area Retail Park and liaise with the Head of Transport regarding these matters (Action No. 50.5).

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	<ul style="list-style-type: none"> Regarding suggestions for a review of transport provision for elderly and disabled residents (page 65 of the agenda pack) it was reported that a study into the possibility of shared services for organising transport through a single, central service had been conducted. The Head of Sustainable Transport agreed to look into the possibility of better transport links to the St Ann's hospital site (Action No. 50.6). <p>NOTED.</p>
<p>OSCO51.</p>	<p>PROGRESS ON SCRUTINY REVIEWS</p> <p>No progress to report.</p>
<p>OSCO52.</p>	<p>REVIEW SCOPING REPORTS (IF ANY)</p> <p>a. <u>Health Inequalities</u></p> <p>The Committee received the scoping report for the scrutiny review of Men's Health: Getting to the heart of the matter (pages 67 – 124 of the agenda pack).</p> <p>RESOLVED that the terms of reference of the Health Inequalities review of Men's Health: Getting to the heart of the matter be approved.</p> <p>b. <u>Worklessness</u></p> <p>The Committee received the review scoping report for the scrutiny review of Worklessness (pages 1-18 of the additional documents pack).</p> <p>RESOLVED that the terms of reference for the Worklessness review among 16-24 year olds be approved.</p>
<p>OSCO53.</p>	<p>FEEDBACK FROM CHAIRS OF AREA COMMITTEES</p> <p>None.</p>
<p>OSCO54.</p>	<p>NEW ITEMS OF URGENT BUSINESS</p> <p>a. <u>Scrutiny Review on Benefits</u></p> <p>The Committee received the tabled briefing on the current challenges and performance of the Benefits Service, introduced by the Chair who suggested that this review be postponed.</p> <p>NOTED</p> <ul style="list-style-type: none"> In response to comments that enquiries to the Benefits service from residents and members were not being responded to the Chair agreed to organise a meeting between the Cabinet Member, Cllr Goldberg, the Head of Benefits and Local Taxation and Cllr

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	<p>Weber to discuss issues (Action No. 54.1).</p> <ul style="list-style-type: none"> • Cllr Weber was invited to sit on the Worklessness Review, which could include discussions around benefits <p>RESOLVED that the previously agreed scrutiny review on the Benefits Service be deferred and removed from the 2011-12 Overview & Scrutiny Committee work programme.</p> <p>b. <u>Budget Scrutiny Themes</u></p> <p>NOTED the following themes from the Council's 2012-13 Budget had been agreed for scrutiny by the Budget Scrutiny Panel:</p> <ul style="list-style-type: none"> • Looked After Children (including legal costs and comparisons to other local authorities) • Accommodation for the Homeless • How the borough's Co2 emissions could be reduced
OSCO55.	<p>MINUTES</p> <p>RESOLVED that the minutes of the meetings held on 27th June, 29th June, 15th and 24th August 2011 be agreed as a correct record of proceedings.</p>
OSCO56.	<p>SCRUTINY ACTIONS</p> <p>NOTED.</p>
OSCO57.	<p>ANY OTHER BUSINESS</p> <p><u>Action 39 arising from 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</u></p> <p><i>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</i></p> <p>The Committee agreed that the Chair would follow-up his letter of 4th September 2011 to the Cabinet Member for Finance & Carbon Reduction (Action No 57.1).</p>
OSCO58.	<p>FUTURE MEETINGS</p> <p>NOTED</p> <p>Monday 12th December 2011 Monday 6th February 2012 Monday 30th April 2012</p> <p>The meeting ended at 20.30 hrs</p>

COUNCILLOR GIDEON BULL

Chair

Councillor

Chair

SIGNED AT MEETING.....DAY

OF.....

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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?
175	21.02.2 011	Item 8 – Cabinet Member Questions – Cabinet Member for Finance and Sustainability 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) (<i>Cllr Winskill</i>)		Andrew Williams	complete	27.10.11
194	14.03.2 011	Item 11 – Mental Health Trust proposals 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	Complete	20.05.2011
205	16.03.2 011	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>		Dr H Pelentrides/ CE of GP Consortia/ Chair/ Scrutiny Officer	Dr Pelentrides to be invited to future OSC meeting	On-going
206	16.03.2 011	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	complete	Chair & Vice Chair have met with new CE and had discussions.

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
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	Complete	Report on Core Assessments coming to OSC on 12/12/11
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>	Report went to OSC May 2011	
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	December 2011 01/12/12 – draft report in clearing stage	
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	Cabinet Member Children's Services/ Deputy Director –	In progress	

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
17	29 June 2011	<p>to be made by other local authorities.</p> <p>Action No. 6.2 – The Cabinet Member agreed to provide the figures for improved health visitor services in the borough.</p>	<p>Children’s Network Cabinet Member Children’s Services/ Deputy Director – Children’s Network</p>	01/12/12 response with Cabinet Member for clearance	
33	15 August 2011	<p>Item 6 – Council Priorities <i>(Cllr Ejiofor)</i> – 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)</p> <p><i>(Cllr Winskill)</i> A briefing note on current local Place Based Budget projects would be circulated to Committee Members. (Action 17.2)</p> <p>Call-in of Cabinet decision CAB20 – proposed closure of three older people’s residential care homes and learning disabilities residential and respite care homes.</p> <p>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</p>	<p>Leader/ Director CYPS</p> <p>Chief Executive</p> <p>Chair</p>	<p>Dec 2011</p> <p>complete</p> <p>01/12/2011 Awaiting response from NHS</p>	<p>Core Assessments Report at OSC on 12/12/11</p> <p>27/10/2011</p>

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
46	10 October 2011	NHS supported the proposals with no concerns about long term effects on service users. Item 5 – Cabinet Member for Children’s Services The Cabinet Member agreed to provide a written response to enquiries about Heartlands School increasing its admissions intake for 2012 or 2013 (Action No. 46.1). Update briefing on Core Assessments to be presented at the next OSC meeting on 12 th December (Action No. 46.2). A briefing note on the numbers of permanent and agency social workers employed by the Council would be provided to members (Action No. 46.3).	Deputy Director, Prevention and Early Intervention (P&EI) / Cabinet Member for Children’s Service Deputy Director, Children and Families Specialist Services Deputy Director, Children and Families Specialist Services	01/12/12 with Cabinet Member for clearance Draft report due Fri 18 Nov/ Final 23 Dec 2011	12/12/11
47	10 October 2011	Item 6 – 2011 Provisional Results for the Early Years Foundation Stage, Key Stage 2 and GCSE Members stated that Maths results should be reflected in the report. The Committee would receive current maths data (Action No. 47.3).	Business Intelligence Manager	Completed	24/10/11
48	10 October 2011	Item 7 – Redevelopment of St Ann’s Hospital Site The clerk would contact Bruce Castle Museum to see if any historical memorabilia related to the old St Ann’s Hospital was kept at the	Clerk	Emailed 17/10/11 chased 23/11	23/11/11 Bruce Castle would

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
49	10 October 2011	<p>museum (Action No 48.1).</p> <p>The Committee would be sent a document reporting on health planning conducted with the health providers and Primary Care Trust looking at the need for health facilities (Action No 48.2)</p> <p>Suggestions about training to allow patients to conduct dialysis from their homes would be taken back and discussed with The Royal Free (Action 48.3).</p> <p>Item 8 – Update on the Review of Support to Carers</p> <p>Cllr Bull would send a letter to the PCT on behalf of the North Central London Joint Overview & Scrutiny Committee (JOSC) to seek clarification on why the PCT had not made available monies linked to the Carers Strategy for respite care for informal carers. (Action No. 49.1).</p> <p>Item 10 – Update on the Review of Sustainable Transport</p> <p>The Committee asked for a structure chart for the Council's transport department to be circulated (Action No. 50.1).</p> <p>The Committee asked that the recommendation to invite London Travel Watch to Haringey to provide individual travel planning advice to local residents (page 57 of the agenda pack) be followed up (Action 50.2).</p>	<p>BEH MHT Director of Strategy Development</p> <p>BEH MHT Director of Strategy Development</p> <p>Chair</p> <p>Head of Sustainable Transport</p> <p>Head of Neighbourhood Services</p>	<p>Response expected 11.11.11</p> <p>Response expected 11.11.11</p> <p>In progress 2/12/12</p> <p>Chased 01/12/11</p> <p>Chased 01/12/11</p>	<p>welcome any memorabilia from the site and currently holds very little</p> <p>09/11/11</p> <p>09/11/11</p>	

Minute Number	DATE OF COMMITTEE	COMMITTEE REQUEST / ACTION	OUTSTANDING ACTIONS LIST	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETED?
			<p>The Committee suggested that Political Party Chief Whips were informed about the recommendation for a Member Champion for cycling in Haringey (Action No. 50.3).</p> <p>Cllr Alexander would try to obtain contact details for the new owners of the Area Retail Park and liaise with the Head of Transport regarding access/egress issues at the site (Action No. 50.4).</p> <p>Members were advised to pass any enquiries about bus routes in the Borough to Council transport officer, Malcolm Smith, who attended a public transport liaison forum where such issues could be raised. The minutes of the recent transport forum would be circulated to all members of the Council. (Action No 50.5).</p> <p>The Head of Sustainable Transport agreed to look into the possibility of better transport links to the St Ann's hospital site (Action No. 50.6).</p>	<p>Head of Carbon Management Service</p> <p>Cllr Alexander & Head of Neighbourhood Services</p> <p>Head of Carbon Management Service</p> <p>Head of Carbon Management Service</p>	<p>November 2011</p> <p>November 2011</p> <p>Completed</p> <p>Nov 2011</p>	<p>Cllr Toni Mallett has agreed to become the Champion for cycling</p> <p>No feedback required</p> <p>03.11.2011</p> <p>This issue was discussed at the Public Transport Liaison meeting on 22 September. TfL would consider the needs of St Ann's Hospital site in the context of potential redevelopment.</p>
57	10 October 2011		<p>Item 16 – AOB</p> <p>The Committee agreed that the Chair would follow-up his letter of 4th September 2011 to the Cabinet Member for Finance & Carbon Reduction (Action No 57.1) regarding Procurement of IT services arising from the Call-in meeting on 24th August.</p>	<p>Chair</p>	<p>Completed</p>	<p>24.11.11</p>

Minute Number	DATE OF COMMITTEE	OUTSTANDING ACTIONS LIST COMMITTEE REQUEST / ACTION	RESPONDEE RESPONSIBLE	Date given by Director for final response	DATE COMPLETE D?
194	14.03.11	<p>Item 11 – Mental Health Trust proposals</p> <p>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). Cllr Newton</p>	MHT Chief Executive	Written response provided in letter to Cllr Winskill of 20 May 2011	20 May 2011
48	10 October 2011	<p>Item 7 – Redevelopment of St Ann's Hospital Site</p> <p>The clerk would contact Bruce Castle Museum to see if any historical memorabilia related to the old St Ann's Hospital was kept at the museum (Action No 48.1).</p> <p>The Committee would be sent a document reporting on health planning conducted with the health providers and Primary Care Trust looking at the need for health facilities (Action No 48.2)</p>	Clerk BEH MHT Director of Strategy Development	Emailed Castle 17/10/11 awaiting response Copy of Haringey Health Infrastructure Plan attached. This has been agreed by the Shadow Health and Wellbeing Board.	9 November 2011 9 November 2011

		<p>Suggestions about training to allow patients to conduct dialysis from their homes would be taken back and discussed with The Royal Free (Action 48.3).</p>	<p>BEH MHT Director of Strategy Development</p>	<p>Will pick this up with Royal Free once the renal centre at St Ann's is confirmed. There is currently another potential option elsewhere in Haringey being assessed by the Royal Free</p>	
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Dear OSC Members,

Please find below a response to the following action arising from OSC on 21st Feb.

Item 8 – Cabinet Member Questions – Cabinet Member for Finance and Sustainability

Re. Q6 – Committee Members noted that some NHS services would be moving into the 4th 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*)

Natalie Cole
Principal Committee Co-ordinator
River Park House, 225 High Road,
Wood Green, London N22 8HQ
Tel. 8489 2919
Fax. 8881 5218

Please do not print this e-mail unless you really need to

From: Shattock Jill
Sent: 27 October 2011 12:37
To: Williams Andrew; Baugh Carleen
Subject: RE: Overview & Scrutiny Outstanding Actions

As a result of the first stage of NHS transition (March 2-011) and the consequent impact on Haringey PCT, the shape of the NHS in Haringey changed. No NHS Services have been moved to River Park House, the staff that have moved are now what constitutes the Haringey Borough Presence, the terminology given to the local offices of the NHS North Central London cluster under whose auspices the NHS commissioning functions now operate. The provision of services part of Haringey PCT is now under the management of Whittington Health and I am not aware that any sites have changed since the transfer on 1st April.

Jill

Jill Shattock
Deputy Director - Clinical Commissioning Development
Haringey Borough Office
NHS North Central London

Tel: 020 8489 8405
Mob: 07825 871480

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4th Floor River Park House, 225 High Road, London N22 8HQ.

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OSC – 29th June 2011 - Item 6 – Council Priorities (Action no 17.2)

A briefing note on current local Place Based Budget projects would be circulated to Committee Members. (Action 17.2)

From: Crompton Kevin
Sent: 27 October 2011 12:45
To: McNicholas Jan
Subject: RE: Outstanding OSC actions

Dear Councillor Winskill

The prospectus for community based budget pilots is now available on the CLG website (Jan can we give the reference). This is later than I anticipated when I agreed the action at the June 29th O&S committee. Rather than send a retrospective list of previous projects(many of which are on the Total place website <http://www.localleadership.gov.uk/totalplace/news/pilots-final-reports/>) The LGA web site also has details on place based budgets. I have been concentrating our reduced resources on working on how we might develop a Haringey bid.

Now the prospectus is published I am working to develop our bid

I am taking the above to be sufficient to discharge the outstanding O&S action.

k

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Haringey Council

PLANNING, REGENERATION AND ENVIRONMENT

CARBON MANAGEMENT AND SUSTAINABILITY

MINUTES

Meeting : Public Transport Liaison Meeting

Date : Thursday 22 September 2011

Place : River Park House Wood Green

Present : Peter Howarth (TfL Surface Transport), Bob Pennyfather (Arriva), Carlton Fleming (Metroline), Mungo Duncan (LOROL), Nick Powell (Carbon Management), Malcolm Smith (Sustainable Transport)

Apologies : Cllr Nilgun Canver,

Minutes by : Malcolm Smith

Distribution : As above plus Tom Redfearn, Len Ray [TfL Buses], Gary Webb [TfL], Simon Heffer [Parking]

Item N°	Minutes	Action
1	<p>Minutes of meeting on 12 May 2011 and matters arising</p> <p>Muswell Hill Broadway – delays to buses on Sundays. BP still to provide evidence. BP to raise at a future Traffic Liaison meeting.</p> <p>Overcrowding on Barking – Gospel Oak line – MD to provide usage data.</p> <p>Route 141 – PH advised route to be restored at end November. TfL carried out loading surveys in June and September 2011. TfL considered crowding took place but consider capacity on other bus routes is sufficient.</p> <p>Bus stops on Wood Green High Road – PH confirmed Countdown will fit these stops.</p>	<p>BP</p> <p>MD</p>

Bus stop on Suffolk Road – TfL consider this additional stop is not needed due to close proximity to other stops and in addition it would require changes to parking control and a central refuge. PH to provide response.

PH

2 London Overground items

MD: London Overground tops the national train operator punctuality table. On closures on the Barking – Gospel Oak line a number are scheduled until January/February but then none are scheduled after this date. Ticketless travel is now very low at 4% of total number of passengers. In response to an article in the Daily Mail MD confirmed that there are no planned changes to ticket offices.

3 London Underground items

No London Underground rep attended. Item deferred.

4 London Bus items

(i) Update on Bus Stop Countdown programme

PH: TfL are rolling this out commencing 2012. Information on bus services for mobiles and on line will be launched on 3 October.

MS: raised anomalies between locations provided by TfL and the new policy that no location with an existing Countdown sign would lose the facility. MS to provide details.

MS

(ii) Autumn review of bus services routes 67, 230, 231, 143, N20

MS: TfL consulting on reviews of these routes. Comments were provided by the deadline of 16 September. Issue for route 67 was a lack of capacity and changes to the route to better serve St Ann's Road. In addition potential redevelopment of St Ann's Hospital may require new bus services or additional services on existing routes.

PH: advised TfL would consider the needs of St Ann's Hospital site.

(iii) Hail and ride route W4

MS: Cllr McNamara raised the issue of W4 stopping at the junction of Downhills Park Road and Downhills Way which obstructs traffic and blocks children from crossing to nearby schools. Cllr McNamara would like a review of preferred hail and ride stops for hopper buses.

BP commented that passengers tend to congregate at junctions. Buses stop where it is safe to do so. This should not be on a double yellow line but in practice passengers tend to want to alight and board where most convenient.

PH: Hail and ride sections can be replaced by fixed stops although there are issues with loss of parking arising from the need to have an accessible stop. PH to respond to Cllr McNamara's comments.

PH

	<p>MS: Cllr McNamara is also seeking a review of congestion points and potential for restricting parking on one side of the road citing as an example Philip Lane by the junction with Jansons Road. CF/BP to provide information on these congestion hotspots.</p> <p>MS: Cllr McNamara is also suggesting adding to the signage at the front of the bus to assist passengers in knowing which direction the bus is going. For example for route W4 if a passenger is getting on in south Tottenham it is not easy to know which direction to take the bus to Turnpike Lane and Wood Green as opposed to Tottenham Hale and Seven Sisters. He considers this is also an issue for route 184. PH to consider and respond.</p> <p>(iv) Bus driver training</p> <p>MS: Cllr Weber has raised the issue of driver training. Local residents have commented that bus drivers drive off from a bus stop prior to elderly or mobility handicapped passengers finding a seat leaving them holding onto an upright support. The councillor suggests schedules should be more relaxed if drivers are required to accelerate rapidly to maximum speed between stops.</p> <p>BP commented that a balance had to be drawn between allowing people to reach a seat before moving and maintaining a relatively fast service.</p> <p>PH noted the criteria for safe movement relates to access to handrails. Mystery Traveller surveys by TfL and similar scheme by Arriva look at driver performance. Bus driver training is through a BTEC which includes customer care. Safety of passengers is regularly assessed by TfL</p>	<p>CF/BP</p> <p>PH</p>
<p>5.</p>	<p>Parking</p>	
	<p>No specific issues. To be removed from future agendas.</p>	<p>MS</p>
<p>6.</p>	<p>AOB</p>	
	<p>PH: mentioned fare rises from January 2012.</p>	
	<p>PH: Olympics support for business planning. MS to check what advice the Council has received which should be through Olympics Co-ordinating Group.</p>	<p>MS</p>
<p>7.</p>	<p>DONM</p>	
	<p>Thursday 8 December 2011 at 16.00 in Committee Room 5, 1st floor, Civic Centre, Wood Green.</p>	

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Cllr David Winskill
Haringey Overview and Scrutiny Committee
London Borough of Haringey

Trust Headquarters
St Ann's Hospital
St Ann's Road
London N15 3TH

By e-mail only

Tel: 020 8442 5851
Email: maria.kane@beh-mht.nhs.uk

20 May 2011

Dear David

Follow up to visit to St Ann's

I am writing to follow up on the OSC's informal visit to St Ann's on 6 May. We found it a very helpful opportunity to update you, Cllr Browne, Yvonne Denny and Rob Mack on some of the key issues going on at the Trust at the moment, including our plans for the future of St Ann's and our current public consultation on becoming an NHS Foundation Trust. I hope you all found the tour around some of our facilities and the discussions with some of our key clinicians informative in giving you a better understanding of our services. I also hope it gave you an overview of some of the ways we are improving our services and some of the challenges we face in continuing to help support and care for local people.

You raised two important points and asked that I get back to you with some further information. Yvonne asked about our services for local children and young people, particularly in the key area of helping to identify potential mental health problems early. Our Child and Adolescent Mental Health Services (CAMHS) in Haringey provide a range of interventions for children and young people with complex mental health problems. The service is currently configured into three teams:

- Generic CAMHS Team – This is a multi- disciplinary team working with children and adolescents across the age range. We know that the complexity of cases in Haringey is higher than the national average and referral rates to the generic team have increased by approximately 20% over the last year. This Team has an important role in managing the single point of entry for all CAMHS providers in the borough.
- Adolescent Outreach Team - This is a specialist service providing rapid response and intensive support for adolescents with high risk presentations/mental states. Complexity ratings in Haringey are again considerably higher than the national average.
- CAMHS Learning Difficulties Team – This is another specialist service for children and young people with complex co-morbid mental health problems and learning difficulties.

In addition, we receive a small amount of funding from the Council to part fund the Primary Mental Health Team, which provides less intensive children and young people's services in GP practises, other primary care locations and, importantly, in schools. As you may know, the funding from the Council is currently under review due to the removal of the previous ring fencing from the grant source.

The Targeted Mental Health in Schools (TaMHS) programme in Haringey has been running for two years. This provides consultation, training and advice for targeted school staff, as well as clinical work. As part of this, we have been working with a number of local schools, particularly secondary schools to help educate children and young people about mental health issues and looking after their own and their family's mental health and wellbeing. The current funding for this programme expires this year, with no clear picture of any future funding, due to the current central Government funding and the grant source no longer being available after this year.

One of the most critical aspects of our work with children and young people is around Safeguarding and ensuring full integration of our internal Safeguarding arrangements with those of other agencies and partners across Haringey. The Trust is actively engaged in the key local multi-agency children's forums such as:

Safeguarding Resources Panel
Common Assessment Framework Panel
Local Safeguarding Children's Board
Complex Care Panel
Youth Offending Service Management Board

The other issue you raised was about the occasional use of Bed and Breakfast accommodation for patients. We recognise this is far from ideal, but I can assure you again that this is only used as a last resort and only when clinically appropriate. We do currently arrange over night accommodation for a small number of patients if there is not a suitable bed on an inpatient ward available. However, this is always related to the ongoing issues of delayed transfers of care. Unfortunately, there are patients sometimes on our wards who no longer need to remain there for clinical reasons but cannot be immediately transferred back home, or more commonly, to supported accommodation. As you know, this is an ongoing issue and we work very closely with our colleagues in Adult Services in the Council to manage these issues as effectively as possible.

During 2010, we arranged Bed and Breakfast accommodation for approximately 40 nights. We do not have exact records of how many patients this involved, although it is definitely less than 40, as some patients stay in Bed and Breakfast accommodation for a number of nights, returning to their ward at St Ann's during the day. This figure of 40 nights compares to a total of 3,851 bed days in 2010/11 where patients had to remain on one of our wards in Haringey when they were clinically ready to transfer, because no suitable alternative accommodation was available at the time. The costs of this are significant, both in terms of reduced quality of care for our patients and also financially for the Trust. Our estimate of the costs of delayed transfers of care in 2010/11 in Haringey is approximately £107,000, which would fund several additional nursing staff posts. Anything that you and your colleagues can do to help facilitate solutions to this issue would be very helpful.

We talked about our new Recovery Houses on 6 May and we are progressing well with these, so that there will be one new Recovery House open in each of the boroughs we work in this year. In Haringey, we are examining the option of using the current Alexander Road Centre, which is due to be closed by the Council, but we would like to lease to provide a new service for local people. The Recovery Houses will mean that some patients currently admitted to an inpatient ward will not need to be and other patients who are admitted to an inpatient ward but then have to remain there unnecessarily, will be helped into more suitable accommodation more quickly.

The Recovery Houses will essentially be 'step up, step down' services, to help improve the care we offer. We hope that they will also help us to manage our inpatient services more effectively and reduce the need to accommodate patients occasionally in Bed and Breakfasts.

I hope that my letter has been helpful in giving you more information on these issues and reassuring you on the use of Bed and Breakfast accommodation. Please let me know if you would like anything further on these issues before we see you again.

With my best wishes

Yours sincerely

A handwritten signature in blue ink that reads "Maria Kane". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Maria Kane
Chief Executive

CC: Cllr Gideon Bull – Chair, Haringey OSC
Rob Mack – Senior Scrutiny Policy Officer, LBH

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London Borough of Haringey
Draft Health Infrastructure Plan
2011 – 2026

October 2011

Stakeholder Involvement

The Health Infrastructure Plan (HIP) was agreed by partner organisations that were part of the Health Infrastructure Plan Board that was set up to develop it. The following partner organisations confirm their support for the vision outlined in this plan¹.



Marc Dorfman
Assistant Director, Planning & Regeneration

Maria Kane
Chief Executive



Haringey GP Consortia

Andrew Williams
Interim Haringey Borough Director

Dr John Rohan
GP Consortia Representative



Philip Ient
Director of Estates & Facilities
Director of Environment

Kevin Howell



The Laurels Health Centre

Dr Jeanelle de Gruchy
Joint NHS/Council Director of Public Health

Dr Alex Tsilegkeridis
GP

¹ This does not commit individual parties to specific projects in the Plan.

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Executive Summary

Introduction and status of the plan

- 1.1 The Health Infrastructure Plan (HIP) provides a vision for health infrastructure in the London Borough of Haringey (hereafter referred to as Haringey) over the next 15 years. In developing this plan, key public sector health providers came together and agreed a physical plan of where health services will be delivered from and how this will relate to service quality and health outcomes over the next 15 years. The plan includes analyses of existing facilities and a summary of planned infrastructure facilities including when and where they will be located, size, cost and funding sources.
- 1.2 Haringey is currently preparing its Local Development Framework Core Strategy – A New Plan for Haringey. This will guide growth in the Borough for the London Plan period to 2016 and beyond to 2026. The status of the HIP is that it is a London Borough of Haringey’s supporting document which feeds into Haringey’s Community Infrastructure Plan (CIP) which in turn is part of the Haringey’s Core Strategy. The Core Strategy is a spatial expression of the Sustainable Community Strategy (SCS). Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. It is also acknowledged that implementations of identified projects within the plan will be subject to appropriate prior consultations with relevant stakeholders.

How we have developed the plan

- 1.3 The HIP has been developed by the Haringey Health Infrastructure Plan Board that was composed of senior representatives from the following stakeholder organisations:
- London Borough of Haringey
 - Barnet, Enfield and Haringey Mental Health NHS Trust
 - NHS Haringey Borough Presence/NHS North Central London
 - Whittington Health NHS Trust
 - North Middlesex University Hospital NHS Trust
 - Haringey GP Consortium
 - The Laurels Healthy Living Centre
- 1.4 The *vision* developed and agreed by the health service providers represented on the HIP Board is:
- ‘Improving the health of Haringey residents and reducing health inequalities through facilities fit to deliver accessible, equitable, integrated, cost-effective services’.*
- 1.5 This vision supports that of the new shadow Health and Wellbeing Board (sHWB).
- 1.6 The scope of this plan is mainly restricted to primary care, GP and community health services, acute hospital and mental health services. The Plan makes some reference to dental, pharmacy, adults social care and children’s services which are addressed in more detail in other policy documents belonging to the local authority or partner organisations.

Strategic overview

- 1.7 The future commissioning and provision of primary care is undergoing a number of changes. The Health and Social Care Bill 2011 which is currently going through Parliament seeks to abolish Primary Care Trusts (PCTs) and transfer powers to commission services to GP Consortia and Hospital doctors and nurses.
- 1.8 Future investments in health infrastructure will be constrained over the next few years as the NHS seeks to achieve up to £20 billion of efficiency savings by 2015 through a focus on Quality, Innovation, Productivity and Prevention (QIPP).
- 1.9 A key element of NHS North Central London Sector QIPP strategy is the implementation of diabetes and dermatology services from Whittington Hospital to Hornsey Medical Centre. Other service models for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community are currently being looked at. The NHS NCL sector has a saving target of £4.9m for the care closer to home programme for 2011/12.

Haringey population

- 1.10 The population of Haringey stands at over 225,000 (ONS, Mid Year Estimates, 2010) and is projected to grow by over 15% to more than 260,000 by 2026.
- 1.11 Several geographical areas of Haringey have been identified as sites for regeneration and housing growth. Haringey Council's 15 year housing trajectory indicates that over 12,000 new units will be built in Haringey by 2026. The majority of these homes will be located in major growth areas identified in the emerging Core Strategy, namely Tottenham Hale and Wood Green/Haringey Heartlands. It is therefore predicted that the number of change in population will be greater in the eastern part of the borough hence the need for appropriate infrastructure.

Health inequalities

- 1.12 Health inequalities in Haringey are apparent with the most deprived areas tending to experience the poorest health. Type and levels of health issues vary considerably across Haringey and infrastructure planning has a role in meeting the health needs throughout the borough.
- 1.13 An analysis of high-level health needs and spatial distributions show that the main killers are cancer and CVD, accounting for 60% of deaths in the under 75s and a continuing east/west divide. Hypertension affects a large proportion of older people and 8.4% of the population in the west compared with 12.4% in North East neighbourhood. The North East Neighbourhood also has the highest levels for chronic kidney disease, smoking, dementia and stroke. The West Neighbourhood has the highest levels of cancer. The Central Neighbourhood has the highest levels of registered pulmonary heart disease, heart failure and chronic obstructive pulmonary disease. The east has higher rates of hospital admission for mental health needs. By 2025, it is predicted that 18,126 Haringey residents aged 65+ will be living with a limiting long term illness, approximately 75% of the 65+ population.

Primary care & GP services

- 1.14 Currently, primary care is mainly provided in GP practices, dental practices, pharmacies and optometry premises. There are currently 54 GP practices in Haringey employing 191 (WTE) GPs and 370 practice staff. The GP services have been organised into four collaboratives for the last three years: West Haringey, Central Haringey, North East Haringey and South East Haringey. 50% of the GP practices are single provider GPs nearing retirement age. GP services vary significantly depending on the practice in terms of access, quality, and condition of premises and range of services available.
- 1.15 Based on HUDU model of provision (1 GP per 1700 population), an assessment of GP provision in Haringey suggests that the overall number of GPs in Haringey is adequate for current and future needs. The calculations are purely based on the GP numbers and do not take into account the factors such as GP list sizes, the potential turnover of GPs due to age profile.
- 1.16 There is, however, a geographical mismatch in GP provision across the borough. There is a current GP deficit in the south eastern area where there are pressing health issues. There are also pressing health issues in the east /north east Tottenham area.
- 1.17 Most recent population projections (2010) from the GLA indicate that the primary care needs expressed as GP numbers associated with the predicted population growth in Haringey between 2010 and 2026 is about 12. The population growth is highest in the north east and south east collaborative areas, and this equates to approximately to 8 GPs, 2 of which relates to Tottenham Hale ward.
- 1.18 LBH and the local NHS are committed to ensuring health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in identified growth areas, Tottenham Hale and Haringey Heartlands - and to do this over the lifetime of the Core Strategy.
- 1.19 Subject to the local NHS QIPP programme, provision to support future healthcare could be achieved through improving or expanding existing accessible services, and development of new GP premises in the east of the borough.

Community health services

- 1.20 Borough-wide community health services are provided by Whittington Health. The facilities from where services are provided are generally good. A six facet survey was completed by Haringey PCT (commissioners) within the past 3 years which informed recent capital programmes.
- 1.21 With the planned redevelopment of the St Ann's site, it is anticipated that a range of services that are provided in the main to East Haringey residents will be retained on the new site.

Acute hospitals

- 1.22 Haringey does not have a general acute hospital within its boundaries and residents mainly use North Middlesex University Hospital in Enfield to the north or the Whittington Hospital in Islington to the south.
- 1.23 North Middlesex University Hospital NHS Trust currently provides 400 inpatient beds whilst Whittington Health NHS Trust has 467 inpatient beds. Standardised

admission ratios (expressed as a ratio of observed to expected admissions, multiplied by 100) for elective and emergency admissions in Haringey wards show that with the exception of Hornsey, those in the east are more likely to be admitted to hospital.

- 1.24 In terms of future health infrastructure investment, North Middlesex University Hospital has definite plans to invest a total £65m over the next 2 years to create:
- £22m, 120 additional acute beds to meet increased activity and
 - £10m, enabling works
 - £33m women's & children's unit to accommodate 1,500 births
- 1.25 Whittington Health NHS Trust, which became operational in April 2011, is currently reviewing its estate strategy.

Mental health services

- 1.26 Barnet, Enfield and Haringey Mental Health NHS Trust (hereafter referred to as the Trust) provides a range of mental health services to people living in boroughs of Barnet, Enfield and Haringey. The Trust owns the 29-acre St. Ann's Hospital site in Haringey and provides a range of mental health services on site. The Trust occupies just over half of the current buildings on the site, including the inpatient mental health unit for Haringey. Other users of the site include Whittington health NHS Trust, Moorfields Eye Hospital NHS Foundation Trust, North Middlesex University Hospital NHS Trust, North London Breast Screening Service and the London Ambulance Service.
- 1.27 The Trust undertook a survey of its estates in 2009 which found that 24% of its estate, mainly at St Ann's in South Tottenham, is early Victorian and built between mid 19th and early 20th Century. Most of these buildings are rigid in design and require modernisation to meet future health needs.
- 1.28 Mental health services are rapidly evolving, and future trend is to provide more mental health services away from inpatient settings and close to patients' homes, as this is generally better for them.
- 1.29 The Trust plans to redevelop the site to create an exemplar and vibrant modern community facility with a sustainable mix of primary care, community care, mental health and social care services including the existing Whittington Health NHS Trust, Moorfields Eye Hospital, North Middlesex University Hospital services and North London Breast Screening Service, with new housing, public open space and other community infrastructure, having strong links to its surroundings. The mental health facility will take account of the need for more services to be provided nearer to or in people's home and fewer but improved inpatient beds consolidated at Chase Farm Hospital, subject to consultation in early 2012. The Trust also intends to invest in a local recovery house in Alexandra Court in Wood Green which will serve Haringey residents.

Implementation strategy

- 1.30 A number of future health infrastructure projects have been identified. It is particularly difficult to establish definite timescales not only due to the difficult economic situation but also the ongoing reform of the NHS. It is recognised that progressing the identified projects involves collaborative working and is dependent on support of strategic planning policy, health service commissioners, health service providers, service users and other stakeholders.

1.31 Key planned projects include:

- NHS Haringey's extended or new GP premises as part of NHS Haringey collaborative primary and community health care network serving:
 - the north east of the borough, including Tottenham and the Tottenham Hale development
 - the south east of the borough. Options under development including new primary care local public health services premises associated with the re-development of the St Ann's Hospital site. These would be complementary to the Laurels and appropriate hospital and community care delivered closer to home.
- Barnet, Enfield and Haringey Mental Health NHS Trust's redevelopment of St Ann's Hospital site to provide integrated primary care, community care, mental health and social care services, GP, diagnostic and other outpatient services needed to serve south Tottenham and support growing list of patients at Laurels

1.32 Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. Given the current financial constraints in the public sector, successful delivery of the projects will depend on economic affordability, multiple sources of funding, joint delivery and co-location of facilities.

1.33 At strategic spatial plan level, the infrastructure delivery will be monitored through the Annual Monitoring Report. Over the life time of the Core Strategy, the LBH and local NHS will work together to keep the growth trends and the corresponding needs for health services under review as part of the monitoring work for the Core Strategy, Haringey's Community Infrastructure Plan and appropriate Health Plans; and utilise the monitoring of outcomes in shaping the future services in Haringey.

1. Introduction

1.1 The purpose and status of the Health Infrastructure Plan

1.1.1 The Health Infrastructure Plan (HIP) provides a vision for health infrastructure in the London Borough of Haringey (hereafter referred to as Haringey) over the next 15 years. In developing this plan, key public sector health providers came together and agreed a physical plan of where health services will be delivered from and how this will relate to service quality and health outcomes over the next 15 years. The plan includes analyses of existing and planned services and facilities. A summary of planned infrastructure facilities, when and where they will be located, size, cost and funding sources is also provided in a table in chapter 8.

1.1.2 Haringey is currently preparing its Local Development Framework Core Strategy – A New Plan for Haringey. This will guide growth in the Borough for the London Plan period to 2016 and beyond to 2026. The status of the HIP is that it is a London Borough of Haringey's supporting document which feeds into Haringey's Community Infrastructure Plan (CIP) which in turn is part of the Haringey's Core Strategy. The Core Strategy is a spatial expression of the Sustainable Community Strategy (SCS). Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. It is also acknowledged that implementations of identified projects within the plan will be subject to appropriate prior consultations with relevant stakeholders.

1.1.3 This document provides:

- An overview of Haringey's population in terms of its geography, demography and health needs.
- Current and future provisions and outcomes for the following key service areas: primary care (GP, community, dental and pharmacy services), acute hospital, and mental health services.
- Health infrastructure investment plan for period to 2016 and beyond.

1.2 How we have developed the plan

1.2.1 The HIP has been developed by the Haringey Health Infrastructure Plan Board that was composed of senior representatives from the following stakeholder organisations:

- London Borough of Haringey
- Barnet, Enfield and Haringey Mental Health NHS Trust
- NHS Haringey Borough Presence/NHS North Central London
- Whittington Health NHS Trust
- North Middlesex University Hospital NHS Trust
- Haringey GP Consortium
- The Laurels Healthy Living Centre

1.2.2 The health infrastructure planning process was intended to develop a new vision for health infrastructure in Haringey and provide:

- A physical plan for the Borough of where health services will be delivered from and how this will relate to service quality and agreed health outcomes over the next four years and beyond.
- Delivery mechanisms including phasing of development, funding sources and responsibilities for delivery.

1.2.3 The *vision* developed and agreed by the health service providers represented on the HIP Board is:

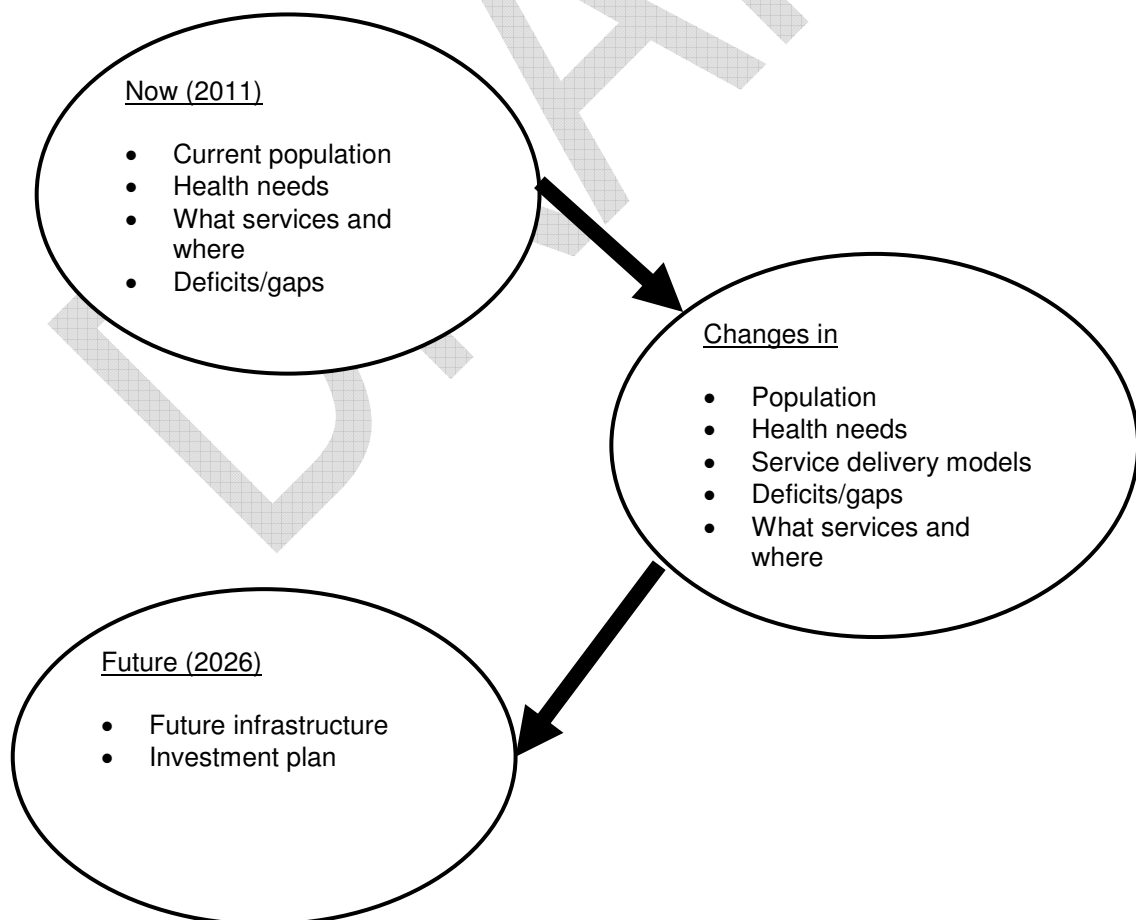
'Improving the health of Haringey residents and reducing health inequalities through facilities fit to deliver accessible, equitable, integrated, cost-effective services'.

1.2.4 This vision supports that of the new shadow Health and Wellbeing Board (sHWB) which is: 'We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life'.

1.2.5 Specific methods adopted in the planning process included review of existing service and estate strategies of service providers, questionnaires, one-to-one meetings, smaller working group meetings and HIP Board meetings to inform the development of the plan. Information obtained from these different sources assisted with the assessment of demand and supply considerations regarding geography and conditions of existing health facilities and the requirements for future health facilities for Haringey residents within the North London context, given the location of the main general hospitals outside the borough borders.

1.2.6 The framework that guided the infrastructure planning process is illustrated in the diagram below.

Figure 1.1: Haringey Health Infrastructure Plan Framework



1.2.7 The scope of this plan is mainly restricted to the following services and facilities:

- Primary care, GP and community health services
- Acute hospital and
- Mental health services

1.2.8 The Plan makes some reference to dental, pharmacy, adults social care and children's services. These services are addressed in more detail in other policy documents belonging to the local authority or partner organisations.

2. Haringey population

2.1 About Haringey

2.1.1 The London Borough of Haringey (hereafter referred to as Haringey) covers an area of 30 square kilometres. It is situated in north central London. Haringey is considered to be an outer London borough although it shares many characteristics with inner London boroughs. Due to its strategic location, Haringey is considered a focus for new housing growth and population increase by central government and the Greater London Authority (Haringey Core Strategy Submission, 2010).

2.1.2 Based on the Office for National Statistics (composite) Index of Multiple Deprivation Score 2010, Haringey is the 5th most deprived local authority among the 33 London boroughs and the 13th most deprived in England & Wales out of a total of 354 local authorities. Nearly 65,000 people (almost 30% of Haringey's residents), live in the 43 Super Output Areas in the borough that are amongst the 10% most deprived in England.

2.1.3 The Borough is geographically divided into two by the East Coast Mainline with higher levels of affluence and higher life expectancy in the West than in the East.

2.2 Population profile

2.2.1 The population of Haringey stands at over 225,000 (ONS, Mid Year Estimates, 2010). The population is projected to grow by over 15% to more than 260,000 by 2026.

Ward profile

2.2.2 Of the 19 wards in Haringey, Seven Sisters is the most populous with 13,620 residents (ONS Mid year estimates, 2005). Muswell Hill is the least populous ward with 9,928 residents. Between 2001 and 2005, population growth has occurred more in Seven Sisters, Harringay and Bruce Grove wards (Haringey JSNA, 2008).

Gender profile

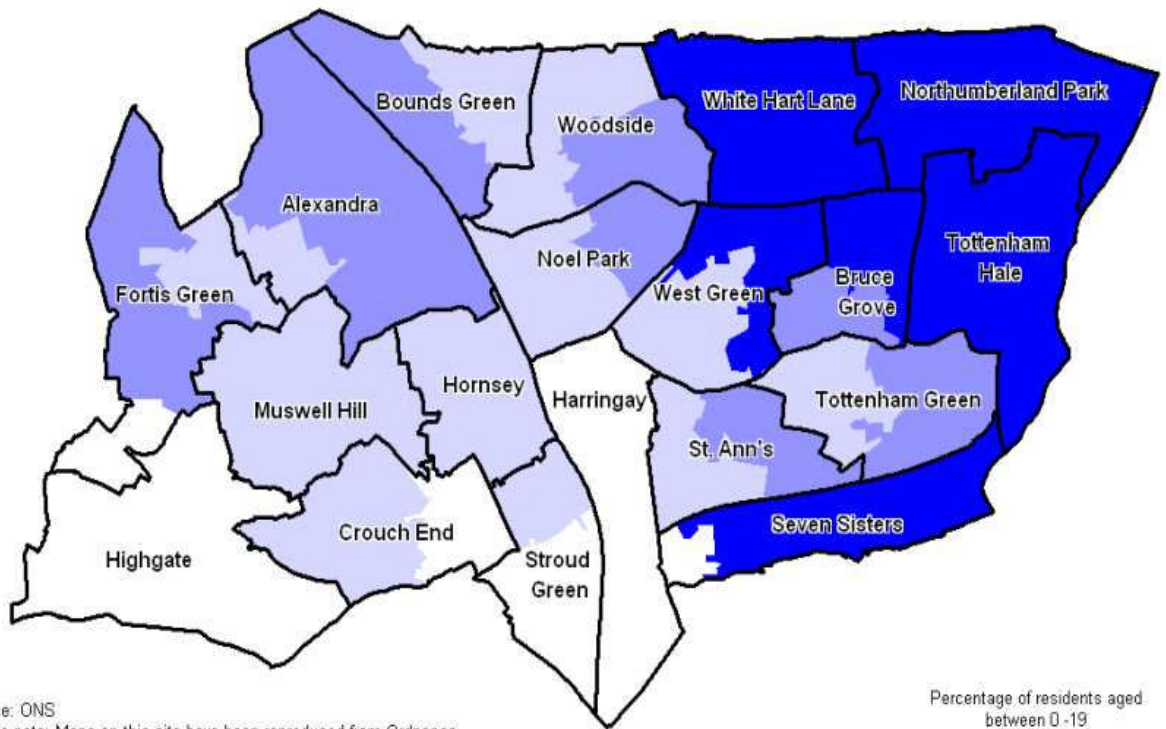
2.2.3 Parity has been achieved following the slight increase in numbers of males in Haringey over the last decade to 13,000 compared to 12,600 females (ONS, Mid-year estimates, 2006).

Age profile

2.2.4 Haringey has a young population with similar age profile to London. According to ONS, Mid-year estimates (2006), 31.6% of Haringey residents are aged less than 25 years compared to 30.4% in London. Over half of the population was aged less than 35 years. Wards with the largest number of people aged under 19 in Haringey are in Seven Sisters, Northumberland Park, Tottenham Hale and White Hart Lane (Figure 2.1). There is a marked geographical difference, with areas with higher proportions of young people predominantly in the east. Approximately 9.2% of the total population in 2006 were over the age of 65 (2006 Mid-Year Population Estimates, POPPI). As shown in Figure 2.2 the highest proportion of residents of retirement age are located in super output areas in White Hart lane, Highgate and Bounds Green, although the difference in areas follows no particular pattern (Haringey JSNA, 2008).

Figure 2.1: Percentage of population aged between 0 and 19 years, Haringey 2005 (Haringey JSNA, 2008)

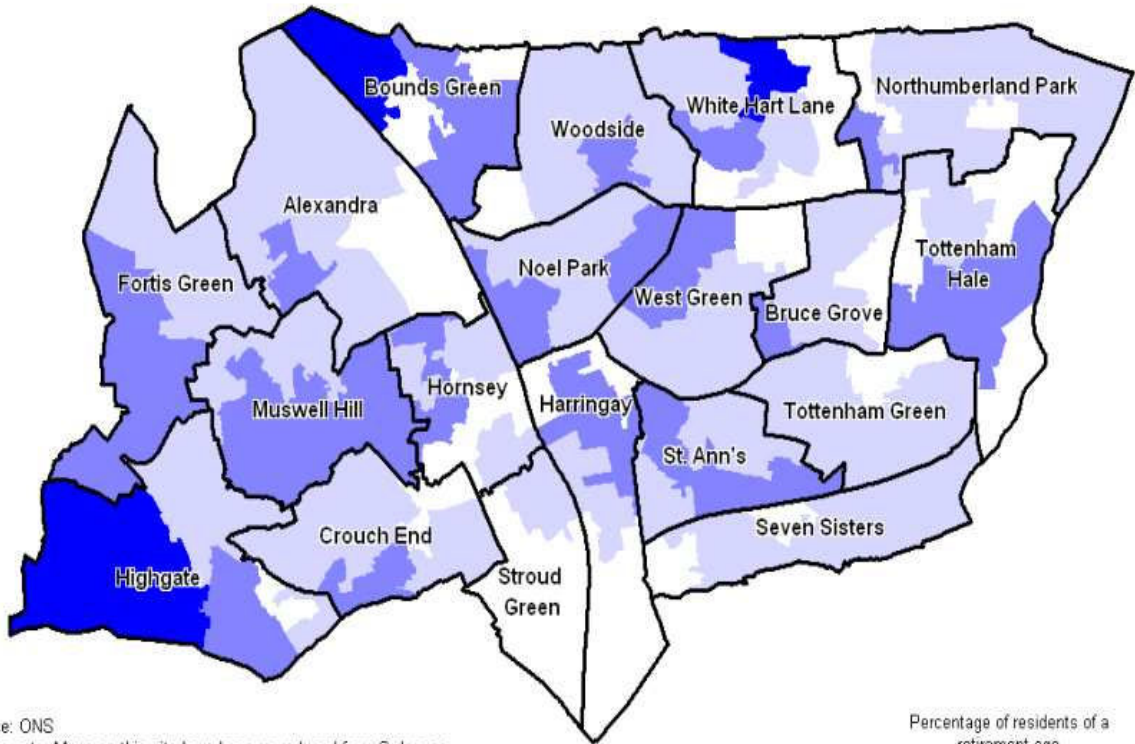
Percentage of residents aged between 0 - 19
Haringey Middle Layer Super Output Areas
2005 Mid Year Estimates



Source: ONS
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Figure 2.2: Percentage of Haringey residents of retirement age (Haringey JSNA, 2008)

Percentage of residents of a retirement age (Women 60+, Men 65+)
 Haringey Lower Level Super Output Area
 2005 Mid Year Estimates



Source: ONS
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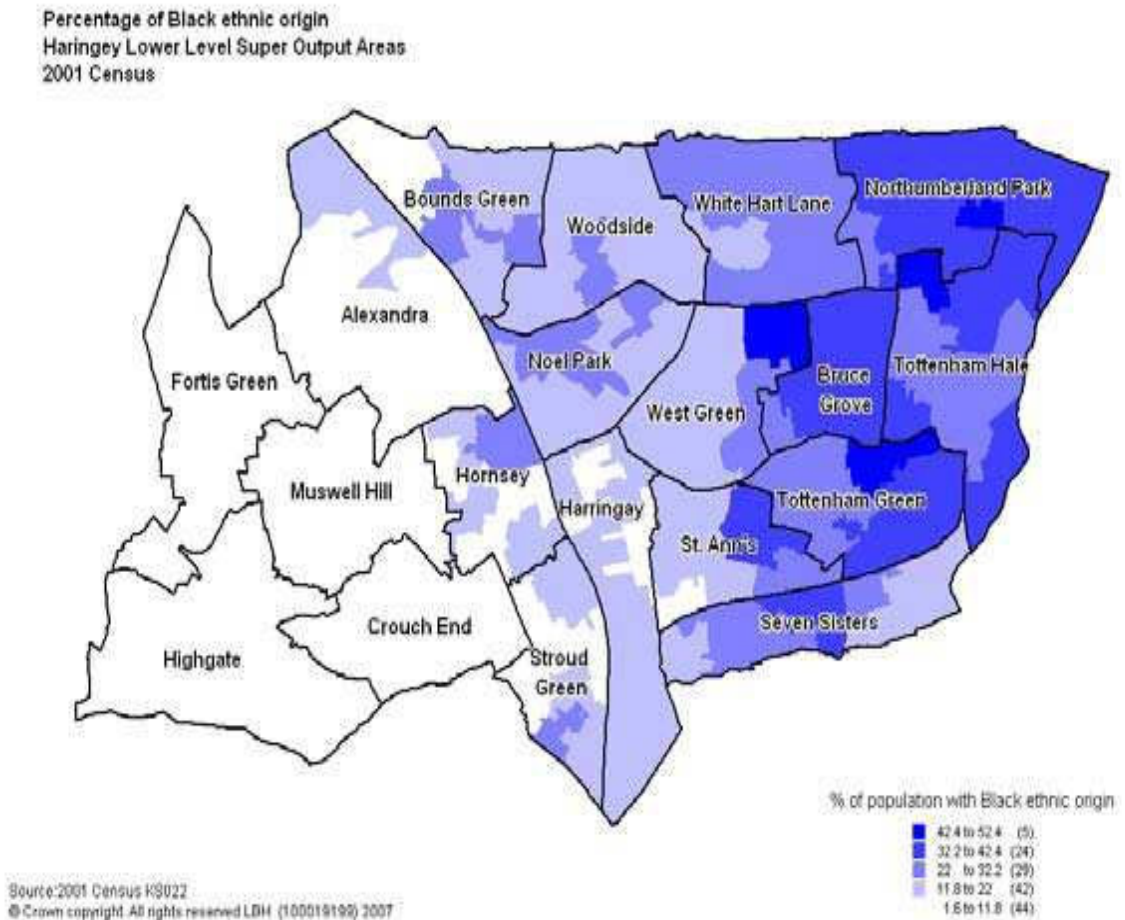
Percentage of residents of a retirement age

16.8 to 20.7	(4)
12.9 to 16.7	(35)
9 to 12.8	(75)
5 to 8.9	(30)

Ethnic profile

2.2.5 Haringey is the 5th most diverse borough in London, behind Brent, Newham, Hackney and Ealing. About half of Haringey's total population is from Black and Minority Ethnic (BME) groups. This includes a high proportion of asylum seekers and refugees. An estimated 193 languages are spoken in the borough. There are a greater number of people who classify themselves as White in the more affluent west of the borough, while Black African and Black Caribbean communities are concentrated in the less affluent east (Figure 2.3). Residents of Asian origin are concentrated in the middle of the borough.

Figure 2.3 Percentage of Haringey residents reporting that they are of Black ethnic origin based on 2001 Census (Haringey JSNA, 2008)



2.3 Population projections and likely impact

2.3.1 Haringey population is predicted to increase across all age groups with the exception of the 65-74 group which is set to decrease very slightly as a proportion of the total population. The 85+ age group is expected to increase as a percentage of the population of older people in Haringey between 2008 and 2025 rising to 13% of all older people (3,146). The prevalence of many diseases increases with age, particularly chronic diseases such as heart disease, cancers and diabetes. As people age, they have a greater chance of acquiring disabling conditions which will affect their ability to live independently. It is predicted that, by 2025, 12,135 residents of Haringey aged 65 and over will be living with a limiting long-term illness; this will be approximately 75% of the 65 or over population. *Haringey's Older People's Mental Health and Dementia - Commissioning Framework 2010-2015* provides a detailed analysis of the population projections for older people, likely impact and commissioning intentions.

2.3.2 The numbers of very young children are also predicted to grow, increasing demand for many children and family services.

2.3.3 The male population of Haringey is expected to grow faster than the female population, by 2029 there is expected to be 6,400 more males than females in the borough.

2.3.4 In preparation for the future, Haringey will need to plan for the health needs of children and families while also addressing the needs of an ageing and diverse population.

2.4 Sources of population change

2.4.1 Population growth in Haringey tends to be due to births outnumbering deaths rather than net inward migration. Since mid-2007 there have been 3,100 more births than deaths.

2.4.2 Haringey attracts a relatively large number of asylum seekers and migrants. The proportion of London’s asylum seekers settling in Haringey has fluctuated over the last 5 years between 8.6% and 11.4%, although in March 2006 it dipped to 6.1%. 37.1% of Haringey residents in 2001 were not born in the UK; almost half of these residents were born in Asia and Africa.

2.4.3 Several geographical areas of Haringey have been identified as sites for regeneration and housing growth. Haringey Council’s 15 year housing trajectory indicates that over 12,000 new units will be built in Haringey by 2026. The majority of these homes will be located in major growth areas identified in the emerging Core Strategy, namely Tottenham Hale and Wood Green/Haringey Heartlands. It is therefore predicted that the number of change in population will be greater in the eastern part of the borough hence the need for appropriate infrastructure (Figures 2.4, 2.5, 2.6 and 2.7).

Figure 2.4: Haringey’s housing projection to 2026

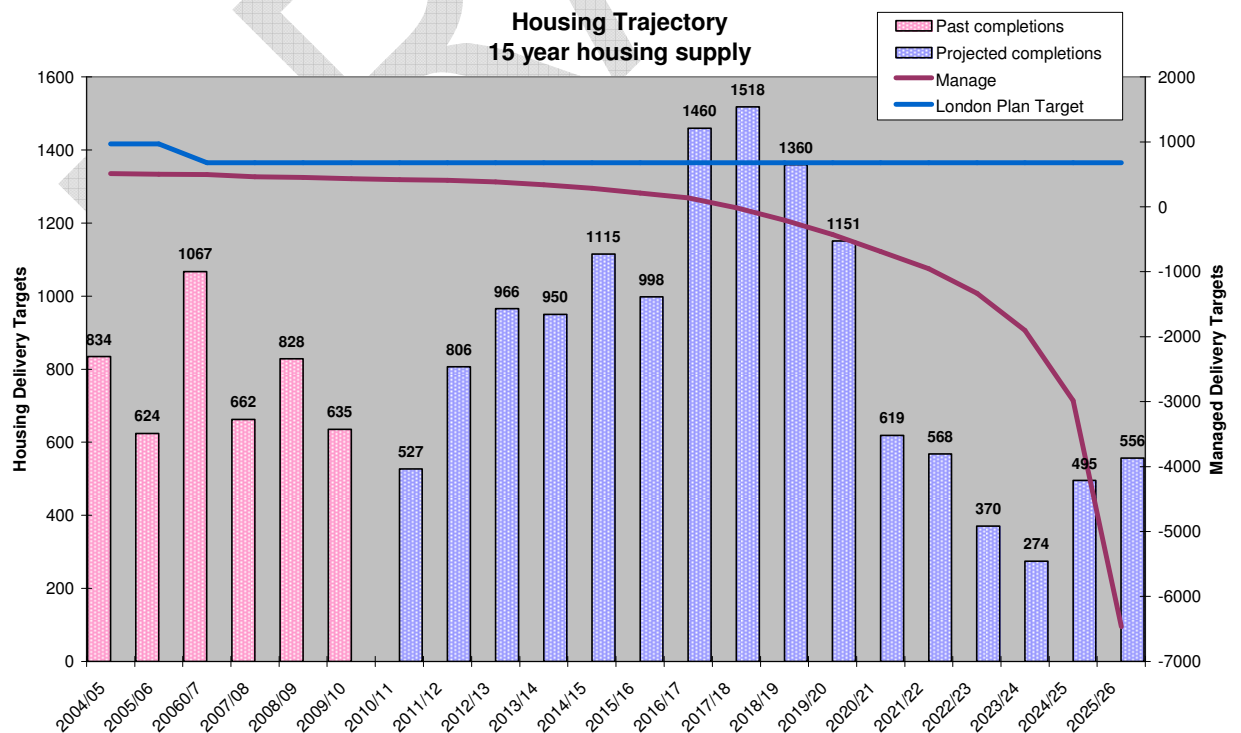
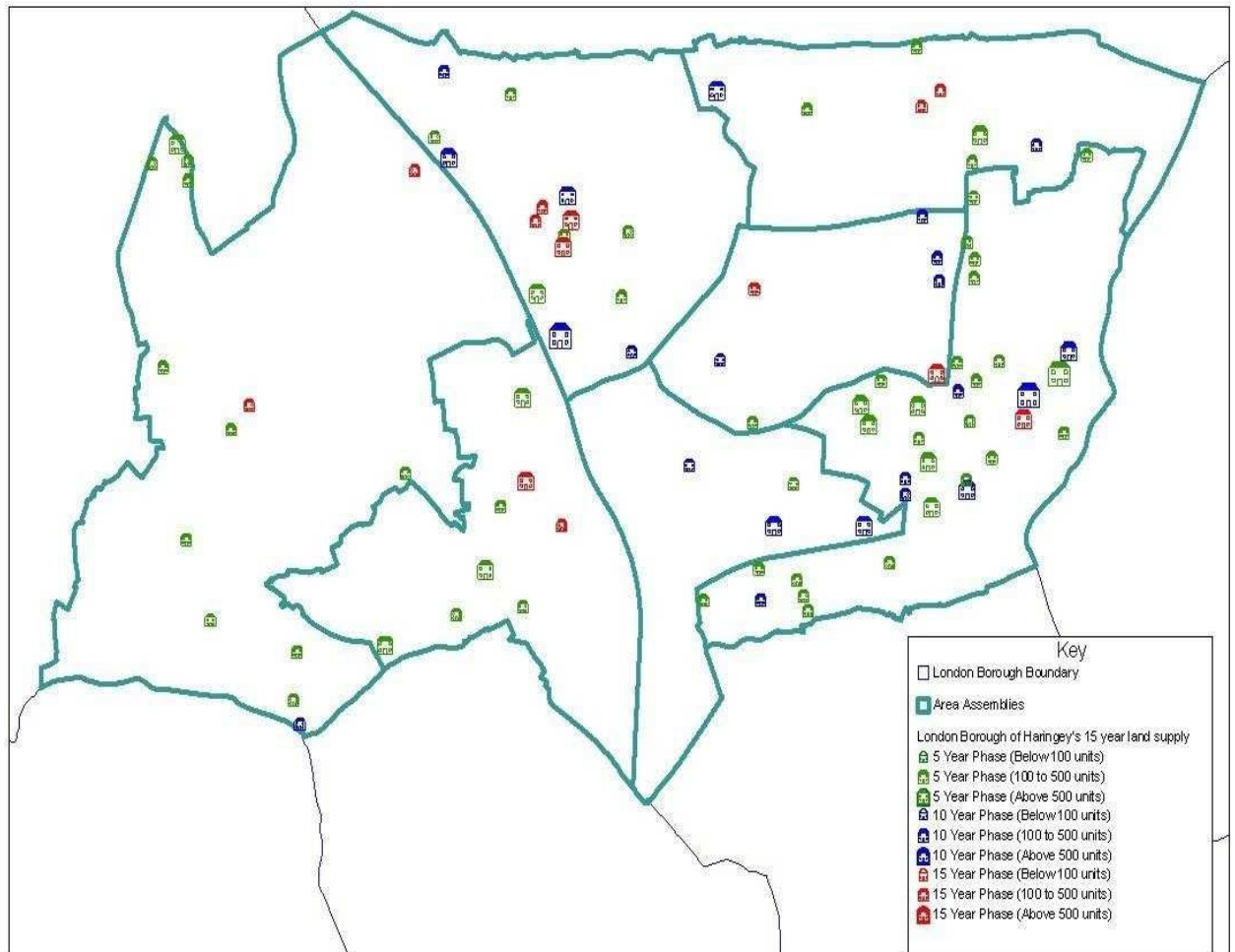


Figure 2.5: Spatial distribution and phasing of proposed housing developments (London Borough of Haringey Core Strategy, 2010)



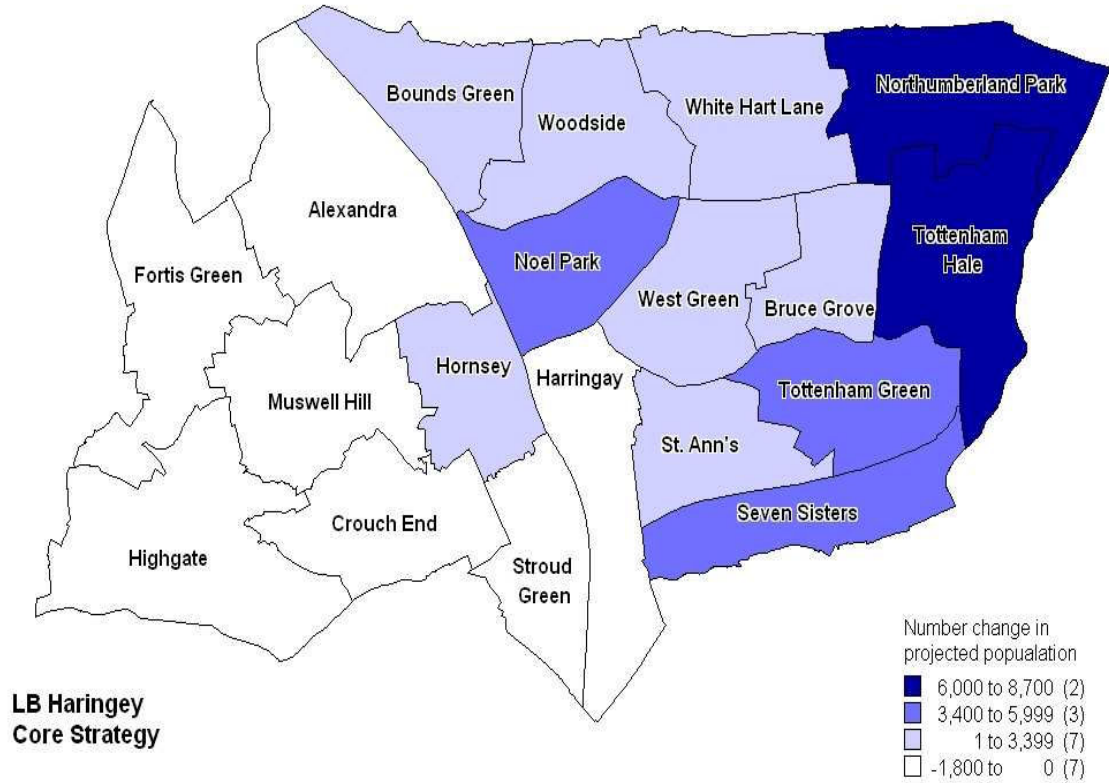
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Haringey's 15 year housing supply



Figure 2.6: Number change in projected population 2010 – 2026 (London Borough of Haringey Core Strategy, 2010)

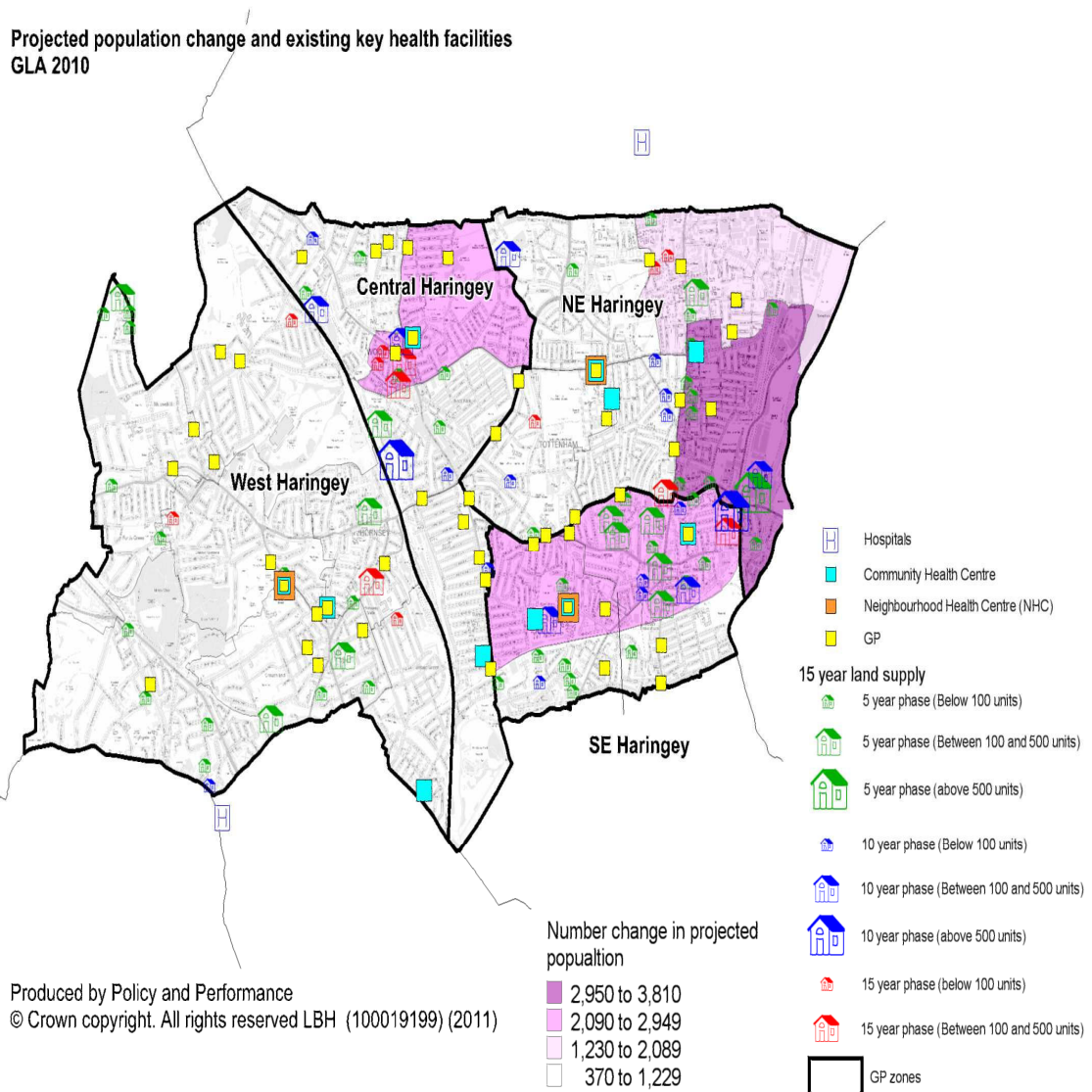
Number change in projected population 2010 - 2026
 GLA 2008 round (Low)
 Haringey Wards



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Figure 2.7: Projected population change and combined key existing health facilities



3. Health needs

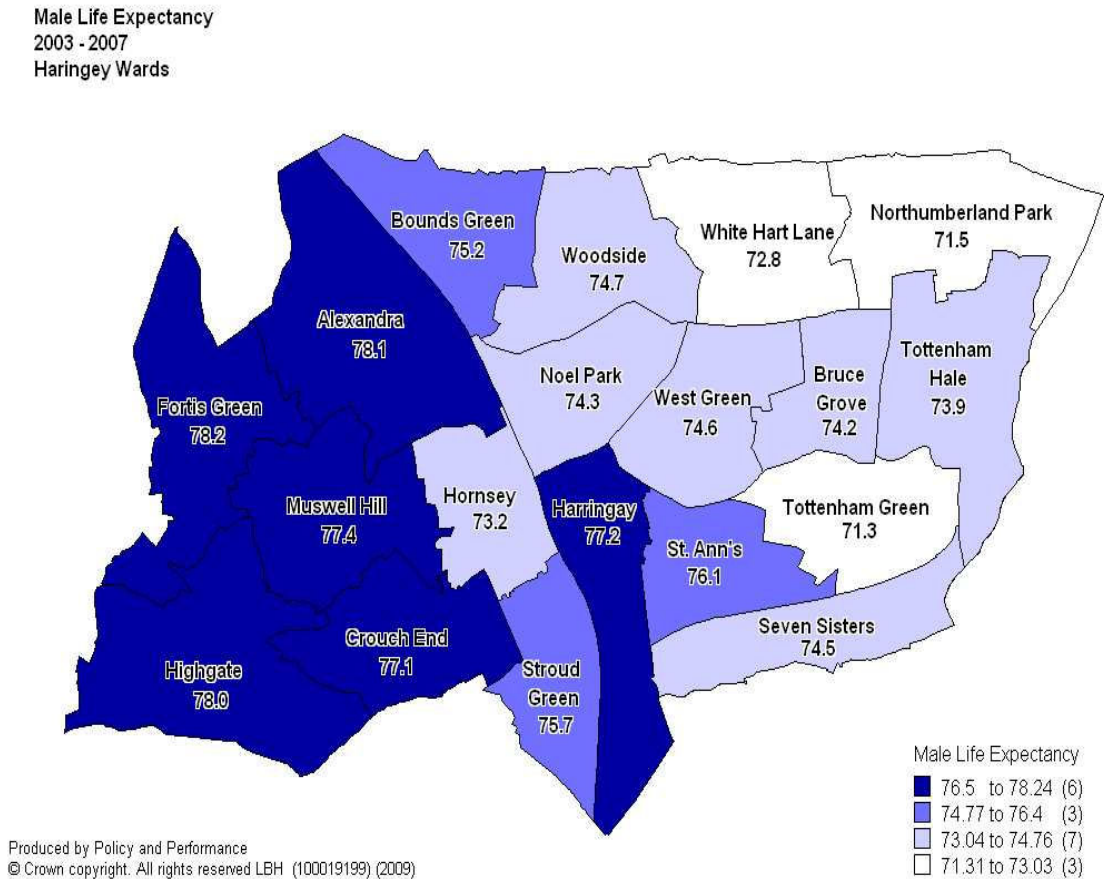
3.1 Health inequalities

3.1.1 For most aspects of health, there is a close relationship between deprivation, the need for health services and higher rates of ill health and premature mortality. Health inequalities in Haringey are apparent with the most deprived areas tending to experience the poorest health.

3.1.2 The HIP is intended to support the introduction of new or enhanced health facilities to assist with tackling health inequalities by improving access to services across the borough now and into the future.

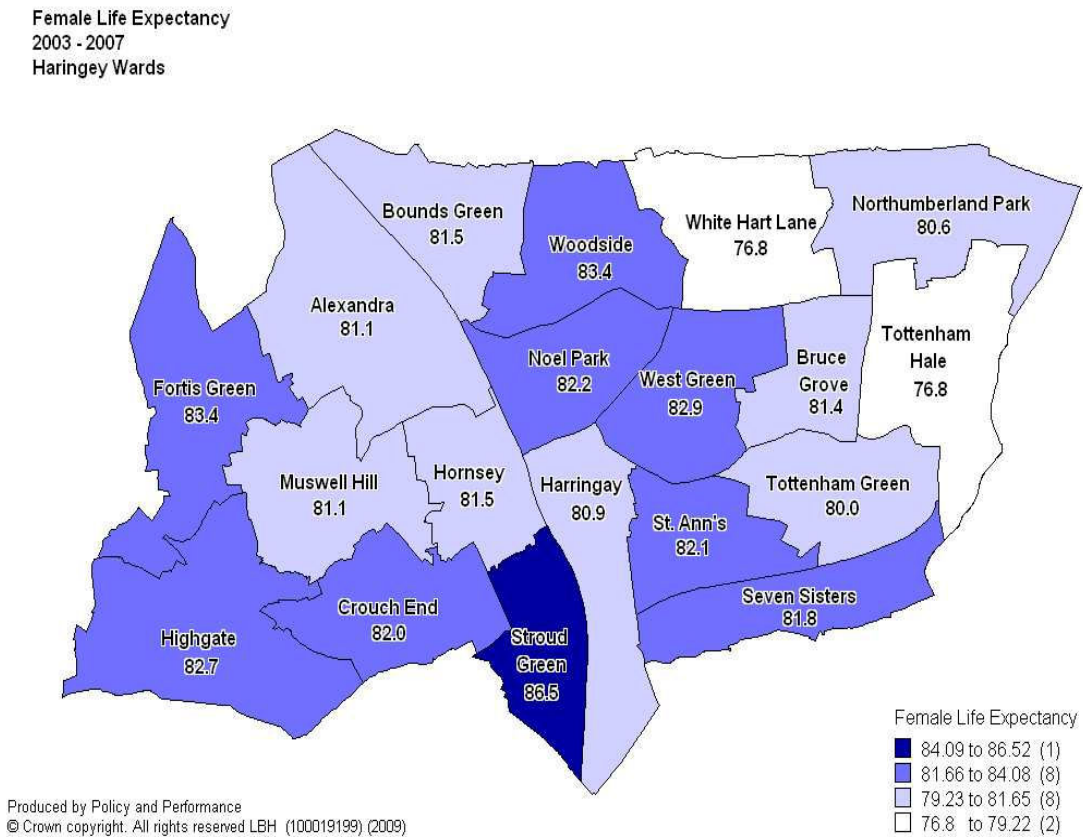
3.1.3 Type and levels of health issues vary considerably across Haringey and infrastructure planning has a role in meeting the health needs throughout the borough. Men in the west will live, on average, 6.5 years longer than men in the east (Figure 3.1). Based on 2006/08 data, life expectancy is 76.3 years and 83.1 years for Haringey males and females respectively (Haringey’s Borough Profile, 2010). Although life expectancy is rising generally, in line with national trends, male life expectancy in Haringey is below the national average. Within Haringey, life expectancy varies significantly between wards.

Figure 3.1: Male life expectancy by Haringey ward, 2003/07 (Haringey Borough Profile, 2010)



3.1.4 The difference in female life expectancy across the borough is not as marked as for male; however life expectancy is lower in wards in the east than in the west (Figure 3.2).

Figure 3.2: Female life expectancy by Haringey ward, 2003/07 (Haringey Borough Profile, 2010)



3.2 High-level health needs in the Haringey

3.2.1 A summary of high-level health needs are summarised below (NHS Haringey Strategic Plan 2009-2014):

- The main killers are cancer and CVD, accounting for 60% of deaths in the under 75s and a continuing east/west divide.
- Rates of stroke and diabetes are higher in Haringey than nationally.
- Hypertension affects a large proportion of older people and 8.4% of the population in the west compared with 12.4% in North East neighbourhood.
- The North East Neighbourhood also has the highest levels for chronic kidney disease, smoking, dementia and stroke.
- The West Neighbourhood has the highest levels of cancer.
- The Central Neighbourhood has the highest levels of registered pulmonary heart disease, heart failure and chronic obstructive pulmonary disease.
- By 2025, it is predicted that 18,126 Haringey residents aged 65+ will be living with a limiting long term illness, approximately 75% of the 65+ population.

- Levels of overweight and obesity are higher in boys than girls; there is a large variation across the borough with higher levels of overweight and obesity in the east.
- The east has higher rates of hospital admission for mental health needs.

3.2.2 The most recent survey of five year-olds appears to suggest that Haringey has a better standard of oral health than London as a whole. However, closer analysis reveals a wide variation in figures between postcodes and, indeed, schools. For example, using 2003/04 sample figures which were analysed in Haringey Borough Profile (2010), children in Seven Sisters in the east of the borough had four times more decayed teeth than those in Highgate and four times more dental disease than those in Muswell Hill in the west of the borough.

4. Primary care and GP facilities

4.1 Current provision

4.1.1 NHS Haringey, now operating as part of NHS North Central London, is the local NHS organisation which commissions the services of hospitals, local GPs, dentists, optometrists, the voluntary sector and other organisations to provide health services. NHS Haringey is expected to manage the transfer of its responsibility as the commissioner of a range of primary health services in the borough to the Haringey Commissioning Consortium from April 2013.

4.1.2 Primary care is mainly provided in GP practices, dental practices, pharmacies and optometry premises. Haringey has a diverse provider base with a large number of both GP and dental practitioners.

Haringey GP practices

4.1.3 There are currently 54 GP practices in Haringey employing 191 (WTE) GPs and 370 practice staff. The GP services have been organised into four collaboratives for the last three years: West Haringey, Central Haringey, North East Haringey and South East Haringey. A GP Clinical Director leads the work of each respective collaborative. The four collaboratives recently agreed to form a pan-Haringey Consortium. On 1st April 2011, the Department of Health announced that Haringey GP Consortium will operate as one of the GP pathfinders who will play an increasing role in commissioning healthcare. The Consortium covers the whole of Haringey and has 53 GP practices covering a population of 285,264. The interim Haringey GP Commissioning Consortium is chaired by a local GP.

4.1.4 Characteristics of the GP services in Haringey are described in the NHS Haringey's strategic plan (2009-2014) as follow:

- 50% of the GP practices are single provider GPs nearing retirement age.
- Despite the introduction of the polysystem model there is a fragmented provider base.
- There are 270,000 GP registrations in Haringey, higher than the estimated population figures of 226,000. This could mean that patients are registering from neighbouring boroughs.
- GP services vary significantly depending on the practice in terms of access, quality, and condition of premises and range of services available.

Variation in GP access in the east and west of the borough

4.1.5 The table below breaks down the existing and planned number of GPs by each Collaborative. The HUDU standard of 1 GP per 1,700 population is then set against the current. The West, Central and North East Collaboratives show a clear surplus of GPs. The South East demonstrates an existing deficit. Given the potential for new housing growth in the South East of the Borough, additional investment in this area may be required. The actual patient list in the table below shows that GPs appear to be serving higher level of population. This may be an indication of level of transience in Haringey and also the patients registering with Haringey GPs from neighbouring boroughs. The patient list also indicates that there is an existing deficit in the south east of the borough.

Table 4.1: GP services in Haringey (information sourced from NHS Haringey, 2011)

Collaborative	No. of Practices	No. of Existing GPs	Haringey Population served (ONS 2009 Mid Year estimates)	Required no. of GPs (calculations based on 1 GP per 1,700 population)	Current GP surplus/ deficit	Patient list (includes Haringey non-residents)	Patient/ GP Ratio
West Haringey	14	65	75,847	45	+20	86,571	1332/1
Central Haringey	13	50	46,723	27	+23	60,493	1210/1
North East Haringey	15	54	63,801	38	+16	75,975	1407/1
South East Haringey	12	22	39,158	23	-1	51,798	2354/1
Total	54	191	225,529	135	+58	274,837	

Note: Population and patient numbers do not necessarily correspond with geographical boundaries; for example people living in a given collaborative may register as patients in another.

4.1.6 Based on HUDU model of provision (1 GP per 1700 population), an assessment of GP provision in Haringey suggests that the overall number of GPs in Haringey is adequate for current and future needs. The calculations are purely based on the GP numbers and do not take into account the factors such as GP list sizes, the potential turnover of GPs due to age profile.

4.1.7 There is, however, a geographical mismatch in GP provision across the borough. There is a current GP deficit in the south eastern area where there are pressing health issues. There are also pressing health issues in the east /north east Tottenham area.

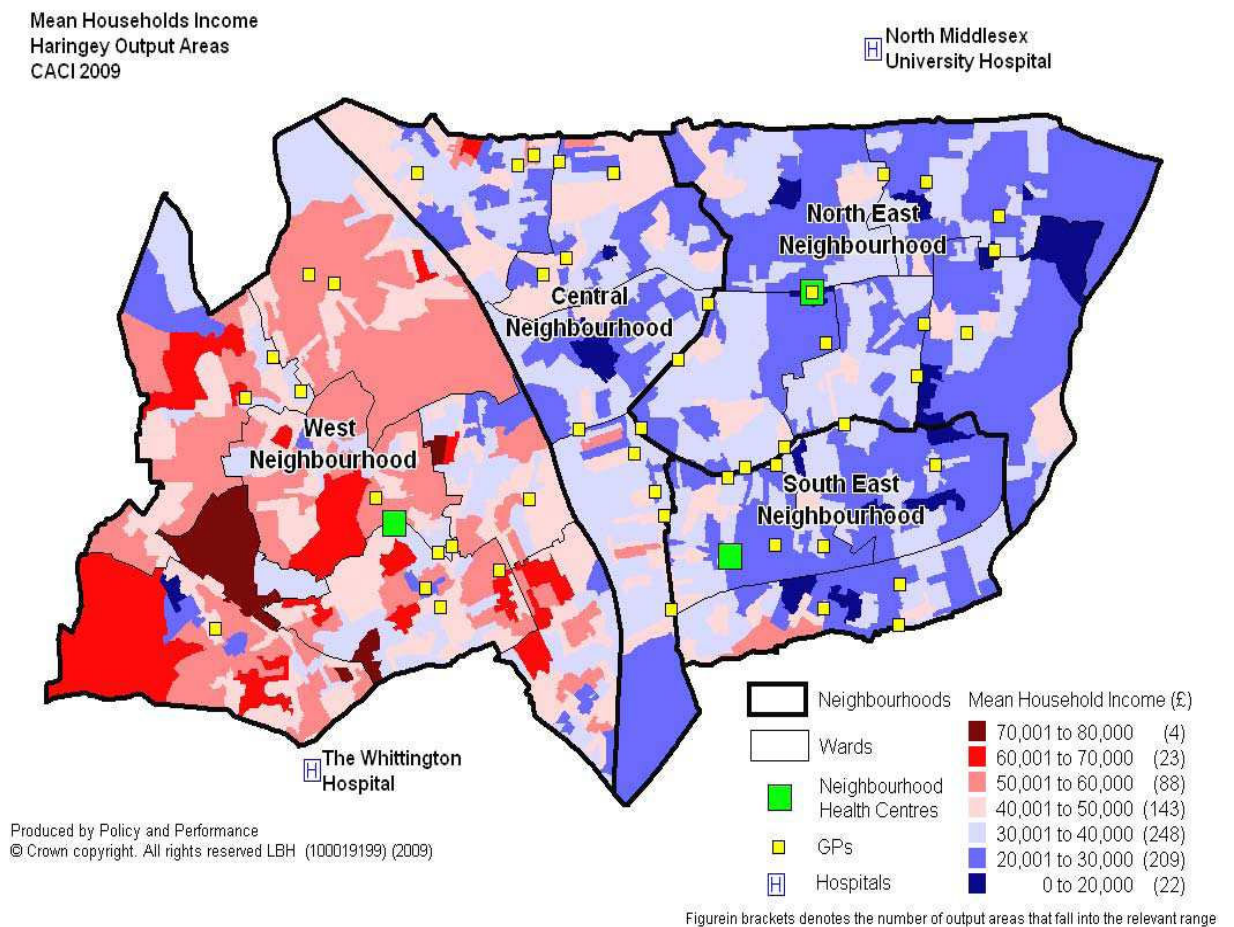
4.1.8 Most recent population projections (2010) from the GLA indicate that the primary care needs expressed as GP numbers associated with the predicted population growth in Haringey between 2010 and 2026 is about 12. The population growth is highest in the north east and south east collaborative areas, and this equates to approximately to 8 GPs, 2 of which relates to Tottenham Hale ward.

4.1.9 NHS North Central London is currently reviewing the state of its premises. The last assessment in September 2010 by NHS Haringey found that the suitability and capacity are good. However, certain areas of buildings need to improve their

utilisation. The capital funding allocated to the NHS Haringey in recent years has been used to address the maintenance of its estate together with the need to expand the clinical facilities within existing premises and align capacity with need.

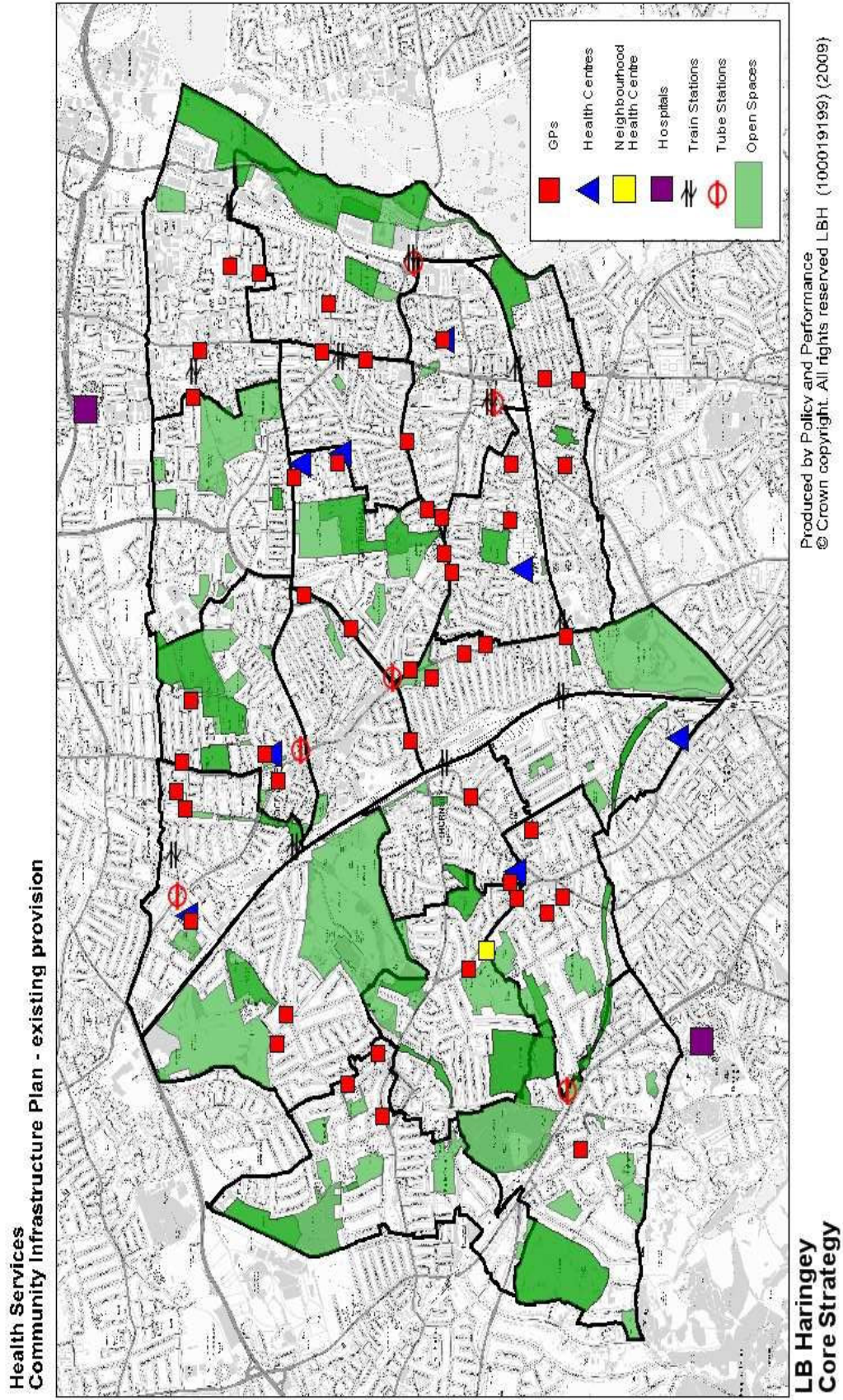
4.1.10 The poverty levels (as underlying determinants of health) associated with the east of the borough and the location of GP services are illustrated in the map below (Figure 4.1). The map also highlights the need for neighbourhood health centres in the north-eastern and central part of the borough.

Figure 4.1: Map showing location of primary care facilities in relation to the four neighbourhoods and mean household income



4.1.11 Figure 4.2 shows the spatial distribution of existing GP practices, neighbourhood health centres and other health centres in Haringey.

Figure 4.2: Key health facilities in Haringey (London Borough of Haringey Core Strategy, 2010)



Variation in GP quality and performance

4.1.12 The national Quality and Outcomes Framework (QOF) was introduced as part of the new General Medical Services (GMS) contract on 1 April 2004. Results of the QOF assessment in 2009/10 show that, in terms of total clinical results, the quality of GP services in Haringey varies significantly from 53.3% to 99.9%. The Haringey average of 93.1% is, however, broadly in line with the England average of 95.9%. The QOF data also shows that the patient experience (which measures ease of access to GP services) in Haringey is slightly below the national average with Patient Survey Total of 46.9% and Length of Consultations Total of 94.5% compared to national average of 55.4% and 98.3% respectively. Considerable variation from practice to practice in the patient experience has also been recorded (NHS Information Centre, 2011).

4.1.13 The NHS North Central London's 2011-2015 strategy which covers Haringey, *Now and into the Future*, aims to strengthen the primary care provider landscape and has identified that in Haringey and neighbouring boroughs there is:

- Need to improve access to GP services to drive up patient experience.
- A high proportion of small GP practices, often in poor buildings not fit for purpose into the future.
- Duplication of services across primary and community health services
- Need to integrate along many care pathways.

4.1.14 The HIP is intended to facilitate the development of modern GP premises and integrated primary, community health and social care services, particularly in areas of greatest need.

4.2 Future provision

4.2.1 The model of healthcare is changing and provision of healthcare nationally and in the borough is undergoing a number of changes. The Health and Social Care Bill 2011 which is currently going through Parliament seeks to implement the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes. The Bill proposes to abolish Primary Care Trusts (PCTs) by March 2014 and transfer powers to commission services to GP Consortia and Hospital doctors and nurses.

4.2.2 The NHS needs to achieve up to £20 billion of efficiency savings by 2015 through a focus on Quality, Innovation, Productivity and Prevention (QIPP). The QIPP programme is about ensuring that each pound spent is used to bring maximum benefit and quality of care to patients. QIPP is working at a national, regional and local level to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements. The draft North Central London Sector Commissioning Strategy and QIPP Plan, February 2011, indicates that the next few years will be extremely challenging for the NHS as it implements the vision contained in the coalition government's White Paper, 'Liberating the NHS' together with the Health and Social Care Bill 2011, and deal with the unprecedented financial challenges facing the NHS over the next four years. NCL and GP commissioners have so far agreed the following priorities that are reflected in the QIPP plan:

- transferring care, where appropriate, from hospitals to community and primary care settings
- improving services for mental health patients
- Improving patient outcomes in specialist services such as cancer and cardiovascular, local services such as maternity and
- improving areas where performance has been benchmarked against others and identified improvement opportunities.

4.2.3 A key local driver is the need to address health inequalities across the borough. The commitment to tackling health inequalities and improving health and wellbeing is set out in the vision of the new shadow Health and Wellbeing Board and will be central to the borough's new Health and Wellbeing Strategy; it is currently set out in various documents including the Sustainable Community Strategy (2007-16) and Well-being Strategic Framework 2010 (revised draft).

4.2.4 Another change relates to the shift from secondary care to primary care facilities with many minor assessments and procedures carried out near to patients' homes. A key element of NHS North Central London Sector QIPP strategy is the implementation of diabetes and dermatology services from Whittington Hospital to Hornsey Medical Centre. Other service models for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community are currently being looked at. The NHS NCL sector has a saving target of £4.9m for the care closer to home programme for 2011/12.

4.2.5 The NHS is also changing to give patients more choice and flexibility in how they are treated. Research has shown that patients want to be more involved in making decisions and choosing their healthcare, including which hospital they want to receive treatment at. It is believed that increasing choice also drives up standards in hospitals and so benefits patients.

4.2.6 NHS Haringey have advised that the impact of Coalition Government policies on its strategic planning assumptions include:

- Cessation of Healthcare for London, NHS London's strategy for service and organisational change to deliver health improvement
- Reduction and review of NHS funding allocations to NHS commissioners combined with demographic, non-NHS inflation and NHS technologies inflation resulting in static or reduced levels of growth
- Implementation of the NHS Operating Framework requirement on NHS organisations to deliver the Quality Innovation Productivity and Prevention programme to achieve £20bn savings in NHS expenditure to offset the cost pressures and sustain and improve quality of care outcomes.
- Transitional governance of NHS PCT decision making by the NHS North Central London Joint Boards pending the abolition of Strategic Health Authorities and PCTs and establishment of GP Commissioning Consortia and Health and Well Being Boards. This is subject to the outcome of the Government's review of the NHS Bill, currently paused within the parliamentary approval process.

4.2.7 NHS Haringey have also advised that the practical implications of the national policy changes are:

- Poly-systems and polyclinics are no longer the preferred service model for delivering enhanced public health, primary and community health care services and for enabling the transfer of services from hospital into the community
- Other service models are being developed for providing care closer to home
- Commissioning proposals or plans for new or significantly extended facilities have been replaced by plans to optimise existing investment by NHS Haringey in the premises infrastructure for primary and community health care and transferring appropriate hospital services into community settings
- Due to the imbalance in access to public health and primary care services and the focus of population growth, migration and turnover in the East of the Borough, continued expansion of general practice capacity and re-development of primary care premises is planned.
- NHS North Central London Senior Leadership Team, of which the Haringey Borough Director is a member, is tasked by the Department of Health, through NHS London, to develop a QIPP and Financial Plan for the period 2011/12 – 2014/15. This includes the requirement to achieve financial income and expenditure balance for both NHS Haringey and NHS North Central London in 2012/13.

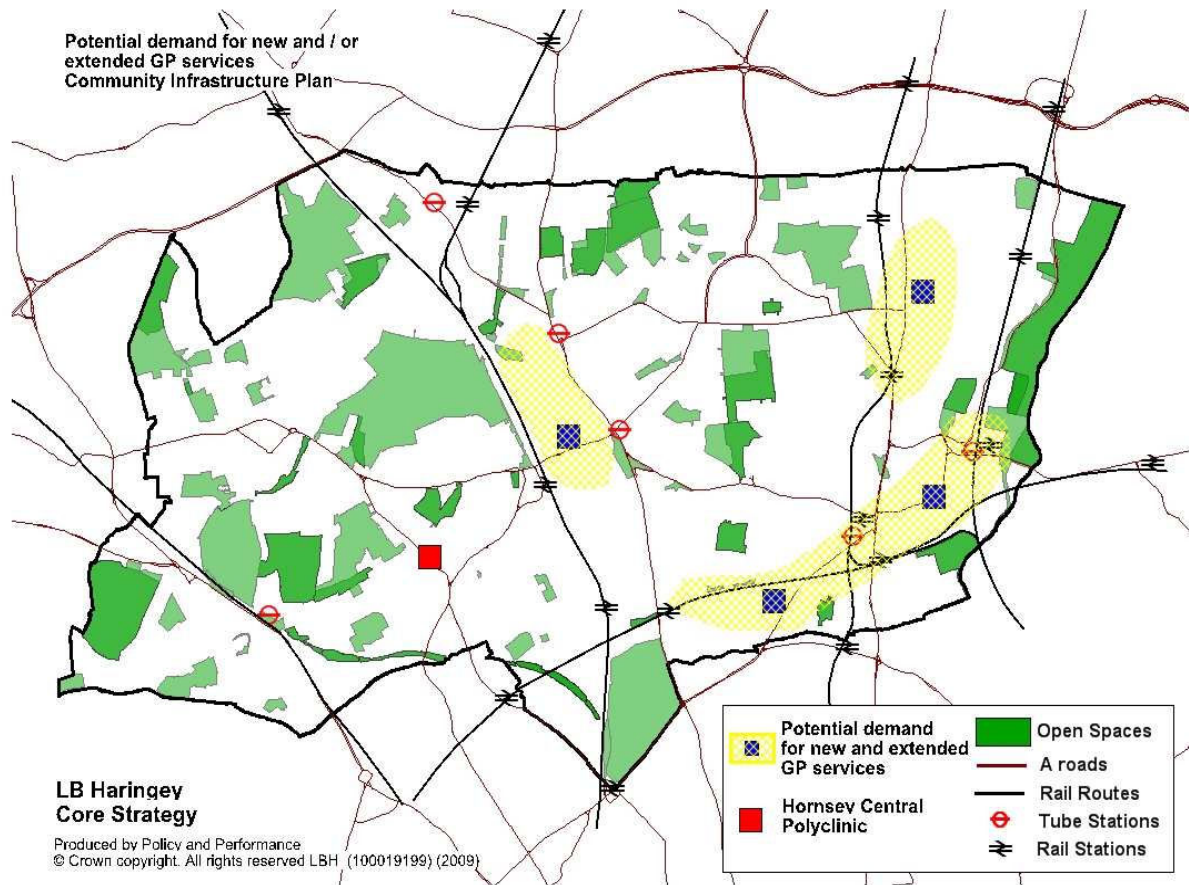
4.2.8 The assessment of GP provision in Haringey reported earlier suggests that the number of GPs in Haringey is adequate for current and future needs. With predicted population in 2026 of 260,000, the calculations show that current numbers of 191 GPs should be sufficient. There is, however, geographical mismatch with a GP deficit in the south eastern area where there are pressing health issues, as well as in the east /north east Tottenham area.

4.2.9 The NHS estate is undergoing review in the light of reduction in public spending. There is likely to be ongoing need to consolidate services into community settings. As future commissioners, the emerging GP Consortium for Haringey will need to ensure locations and facilities of primary care and community services address the geographical mismatch and improve accessibility as suggested in this Plan.

4.2.10 In the light of current uncertainties and changes in the NHS, the requirements associated solely with meeting the primary care needs of the net new population have been investigated below. While these needs may be met within the existing framework of services, this investigation can inform how the Council calculates contributions to health infrastructure by property developers as new housing comes forward.

4.2.11 Haringey Council's 15 year housing trajectory indicates that once the new London Plan is adopted, Haringey's housing target will increase by over 12000 new units by 2026. The new housing developments are expected to be located in and around the growth areas Haringey Heartlands (central Haringey) and Tottenham Hale (Figure 4.3).

Figure 4.3: Potential demand for new or extended GP services based on projected population growth in Haringey (London Borough of Haringey Core Strategy, 2010)



4.2.12 The health needs arising out of the anticipated growth in population is expected to be met by existing health capacities in the west. In the east, subject to the local NHS QIPP programme, provision to support future healthcare could be achieved through improving or expanding existing accessible services, and development of new GP premises. Therefore, given the current constraints on public spending, NHS Haringey's planning assumption is for an increase of 12 GPs by 2026, of which 8 GPs are associated with the east of the borough.

4.3 Health infrastructure investment plan

4.3.1 London Borough of Haringey and the local NHS are committed to ensuring health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in identified growth areas, Tottenham Hale and Haringey Heartlands - and to do this over the lifetime of the Core Strategy.

4.3.2 NHS Haringey has made major investments in the development of Neighbourhood Health Centres based at the Laurels, Lordship Lane – working together with Tynemouth Road - and Hornsey Central. NHS Haringey is aware of the need to develop modern healthcare premises in the east of the borough.

A strategic document approved by the NHS Haringey's Board in 2010/11 highlighted this need. NHS Haringey operates as one of the five PCTs that form the NHS North Central London cluster and through this accesses strategic and operational primary care development and asset and estates management functions to take forward its estate strategies. No further Neighbourhood Health Centre poly-system style developments are planned following the cessation of the Healthcare for London poly-systems programme and in response to the more primary care-led solutions promoted as part of the development of GP-led Clinical Commissioning Groups.

- 4.3.3 With the reduction in public spending, NHS Haringey reports that access to NHS capital funding in the future will be extremely limited. No material changes are planned in 2011/12. Future projects that have been prioritised for assessment by the Haringey Clinical Commissioning Group with the local Health and Well Being Board in developing commissioning plans include the development of NHS Haringey collaborative primary and community health care networks serving the north east and south east of the borough in line with NHS Quality Innovation Productivity and Prevention (QIPP) and Financial Recovery planning (Table 8.1).
- 4.3.4 The focus of future land and facility requirements for health commissioners will therefore be on ensuring there is adequate primary care provision in the borough to meet emerging national policies and reduce health inequalities, particularly:
- Additional primary care facilities and access to public health community based interventions in the East
 - Reducing inequalities in male and female life expectancy
 - Children and family support services
 - Older people services promoting prevention and reducing un-necessary hospital and care home admissions
 - Shifting care closer to home
- 4.3.5 Subject to commissioning plans and resources, NHS Haringey intends to extend or develop new GP premises as part of the collaborative primary and community health care network serving the north east of the borough, including Tottenham and linking to the Tottenham Hale development. Priorities for these developments include the improvement of access to public health interventions and primary and community care services. The aim is to deliver these from a range of facilities that are capable of supporting both good quality general medical services, with opportunities for enhanced primary care provision that shifts care closer to home.
- 4.3.6 The same aims apply to the south east of the borough. Options under development include new local public health services and primary care premises associated with the re-development of the St Ann's Hospital site. These would be complementary to the Laurels and provide integrated primary care, community care, mental health and social care services, GP, diagnostic and other outpatient services needed to serve south Tottenham and support the growing list of patients at the Laurels.

- 4.3.7 The Laurels is the Neighbourhood Health Centre (NHC) for South Haringey, with access to community health services at Tynemouth Road HC, which is also well located with capacity to serve the Tottenham Hale area. There are no NHS Haringey plans for another equivalent facility in South Haringey. Any plans developed as part of the St Ann's Hospital site re-provision and development programme would be complementary to the Laurels NHC and public health and primary care focused.

4.4 Community health services

Current provision

- 4.4.1 On 1st April The Whittington Hospital, Haringey and Islington community services joined together to become an integrated care organisation known as Whittington Health. Whittington Health is a new type of organisation- combining the activities of an acute general hospital with distributed healthcare delivered in the community.
- 4.4.2 Borough-wide community health services provided by Whittington Health include community dental health, sexual health services, IAPT (improving access to psychological services), audiology & vestibular medicine, nutrition and dietetics, outpatient physiotherapy, seating & mobility service, community nursing , community rehabilitation including neuro rehabilitation, inpatient stroke and non stroke rehabilitation, bladder and bowel services , specialist nursing and foot health.
- 4.4.3 The community health services are provided from 12 premises across Haringey, most of which are located in the east of the borough. The premises are mostly owned by NHS Haringey.
- 4.4.4 The facilities from where services are provided are generally good. A six facet survey was completed by Haringey PCT (commissioners) within the past 3 years which informed the capital programme that included sexual health (2010), dental services (2009), seating & mobility (2010), audiology (2010), Improving Access to Psychological Therapies (2010).

Future provision

- 4.4.5 Planned changes to facilities include transfer of inpatient stroke and non stroke rehabilitation from St Ann's to another location in the borough to facilitate the development of an alternative service model desired by NHS commissioners.
- 4.4.6 With the planned redevelopment of the St Ann's site, a range of services that are provided in the main to East Haringey residents would need to be retained on the new site. These services include community dentistry, seating & mobility, community physiotherapy, sexual health, IAPT (west and central), audiology, foot health and healthy community (formerly teaching programme).

Investment plan

- 4.4.7 Whittington Health has only just been created (from 1st April 2011) and its clinical strategy will influence where services are delivered from either within the hospital site or within Haringey. Further integration of health and social care services will, however, remain high on the agenda given the financial challenges ahead for public sector services. Therefore, proposals to integrate

community health facilities with other primary care and social care facilities on the redeveloped St Ann’s site would be viable and sustainable.

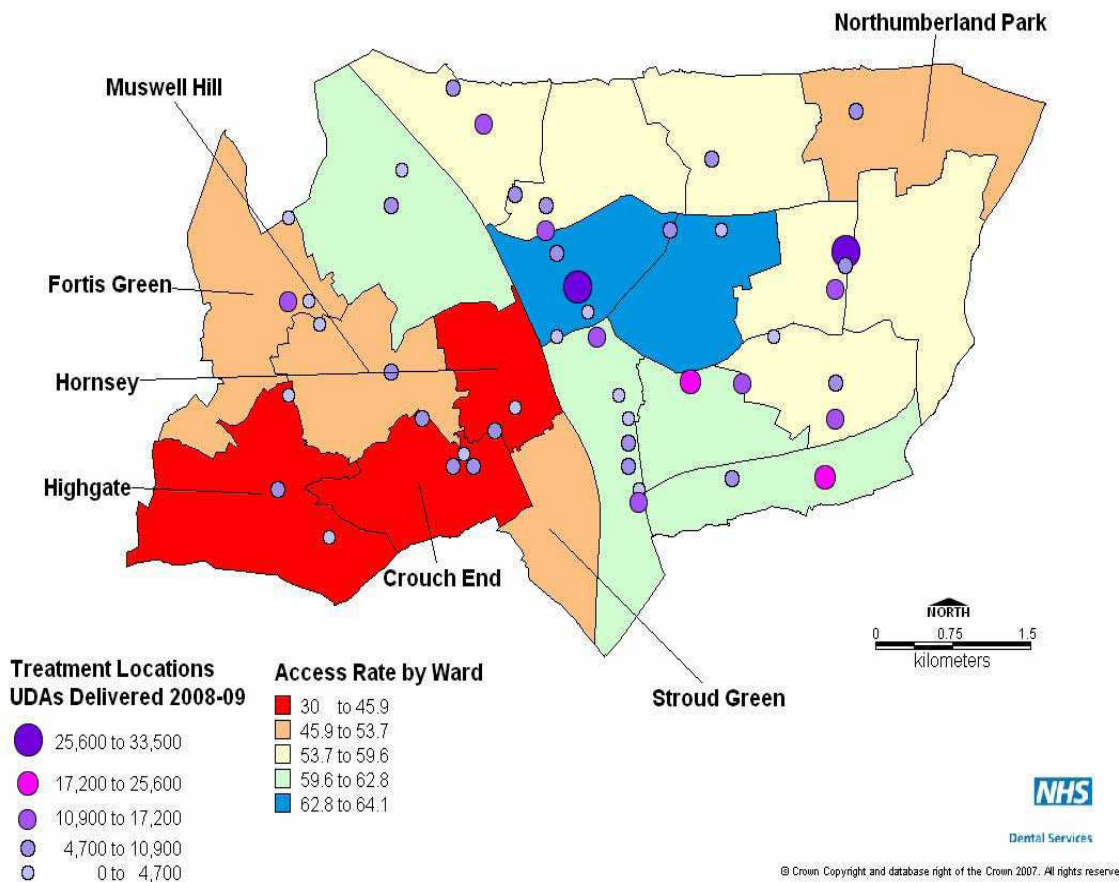
4.4.8 NHS Haringey has indicated that any plans developed as part of the St Ann’s Hospital site re-provision and development programme would be complementary to the Laurels Neighbourhood Centre and appropriate hospital and community care delivered closer to home.

4.5 Dental Services for Haringey

Current provision

4.5.1 NHS Haringey currently manages the contract for dental services in Haringey. There are 51 dental practices in Haringey, 48 contracted under General Dental Services and 3 contracted under Personal Dental Services. There is a wide range in the size and type of dental practices that provide NHS dentistry. The number of surgeries per practice ranges from one to five. There are a number of single handed practices while the largest practices in Haringey have up to eight dentists working from the practice (some on a part time basis). The location of practices across Haringey is shown below.

Figure 4.4: Treatment locations and ward level access rate (%) - 2008/09 (source: NHS Haringey)



- 4.5.2 Haringey's dental practices are located in a wide range of premises most of which were not purpose-built and many of which are converted residential properties. Many are above shops. As at April 2008 approximately half of practices had good wheel chair access and approximately a quarter had disabled toilet facilities.
- 4.5.3 NHS Haringey's *Oral Health Needs Assessment* in July 2009 indicates the need to improve access and tackle inequalities in oral health.
- 4.5.4 Haringey Borough Profile, *Healthier people with a better quality of life* (2010) reports that dental provision in Haringey is good. Haringey is ranked 13th out of the 152 NHS Primary Care Trusts (PCTs) nationally for the percentage of the population who visited a dentist regularly as an NHS patient in last 24 months.
- 4.5.5 Similarly, the proportion of the population who use NHS dentistry is high compared to other areas of London. Haringey is ranked in joint sixth place among 31 London PCTs for the percentage of respondents in the 2008 National Patient Survey in Haringey who said that they visit a dentist regularly (i.e. at least once every two years) as an NHS patient.
- 4.5.6 Access to primary care dentistry is measured nationally by counting the number of unique patients receiving NHS dental care over a two-year period. According to the NHS Information Centre (February 2009) the total patients seen as a percentage of the population in the previous 24 months ending at 31 December 2009 in Haringey was 65.9%, slightly higher than the percentage for England (54.7%) and London (50.6%).
- 4.5.7 In terms of uptake and deprivation, the level of dental activity (measured in Units of Dental Activity [UDAs], i.e. dental work carried out) in an area does not correlate to the level of deprivation (as one might expect, given the link between deprivation and dental disease). The disparity is most marked in Northumberland Park – one of the most deprived areas of the borough but on the second lowest level of UDAs carried out in the period (Figure 4.4).
- 4.5.8 It was reported by Hansard in December 2004 that Haringey had 61 dentists per 100,000 people (16 Dec, 2004 Column 1614). With a mid year population of 24,300 for that year, this means that Haringey had approximately 136 dentists.

Future provision

- 4.5.9 The NHS Healthy Urban Development Unit has also established benchmarks for the provision of dentists. A benchmark requirement of one dentist for each 2,000 of population has been established. The above suggests that Haringey's provision should be 112 Dentists.
- 4.5.10 While Haringey may appear to be over served, it is also possible that Dentists in Haringey serve population from neighbouring boroughs.
- 4.5.11 A population increase to 260,000 people by 2026, would generate a need for 130 WTE dentists. Existing dental practices should have the capacity to serve the increased population without the need for additional dentists.

4.6 Pharmacies

- 4.6.1 NHS Haringey has a network of 57 pharmacy contractors providing dispensing services and a range of other nationally and locally commissioned services to meet the needs of Haringey's diverse population e.g. medicines use review, smoking cessation, minor ailments scheme, emergency hormonal contraception, needle & supervised drug treatment (Haringey Primary Care Trust Pharmaceutical Needs Assessment, January 2011)
- 4.6.2 An assessment of the provision of essential pharmaceutical services against the needs of Haringey's population in Haringey in 2011 looked at the following key factors in determining the extent to which the current provision of essential services meets the needs of the population: distribution of pharmacies, their opening hours, the neighbourhood population, average travel times to the nearest pharmacy and the provision of dispensing services. It was concluded that Haringey's population currently has good access to essential, advanced and enhanced services at times and locations from where they are needed. The opening of four 100 hour pharmacies in the last five years together with eight extended hours pharmacies means that Haringey's population has improved access to pharmacies across an extended period of the day.
- 4.6.3 The Pharmaceutical Needs Assessment made no assessment of the need for pharmaceutical services in secondary care, however NHS Haringey is concerned to ensure that patients moving in and out of hospital have an integrated pharmaceutical service which ensures the continuity of support around medicines.
- 4.6.4 NHS North Central London (2011) has identified that use of the community pharmacy Minor Ailments service is currently patchy across the sector and increased uptake is required to reduce demand of GP time and possibly A&E usage. There is thus scope to integrate and promote other primary care services within community pharmacies.
- 4.6.5 In addition to the Enhanced Services that NHS Haringey currently commissions, NHS Directions include a list of Enhanced Services which PCTs may commission under local arrangements from community pharmacists. Where these services will sit in the future is not yet clear. NHS Health and Social Care Bill (2011) currently going through parliament suggests that some of these services would naturally sit with new clinical commissioning groups and others with public health in the local authority. It is hoped that the mechanism for taking forward these ideas will emerge as the details of the programme of change are confirmed.

4.7 Children's centres

- 4.7.1 Children's centres are dealt with in greater detail in Haringey's Community Infrastructure Plan (March 2010). Children's centres bring together a range of services for children under five and their families such as family support, health and education. They include good quality childcare, information and support across the local community. The idea is to make services easy to use and to give children the best start in life. There are 17 Children's centres in Haringey which cover the following network areas:

- North Network – 5 centres covering post codes in parts of N11, N17 and N8

- South Network – 8 centres covering post codes in N15 and parts of N4, N8 and N17
- West Network – 4 centres covering post codes in N6, N10 and parts of N4, N8, N11, and N22

5. Acute hospital services

5.1 Current provision

- 5.1.1 Haringey does not have a general acute hospital within its boundaries and residents mainly use North Middlesex University Hospital in Enfield to the north or the Whittington Hospital in Islington to the south. Other hospitals in the capital will also be used to provide specialist services for Haringey residents.
- 5.1.2 The catchments for general hospital services in London are not defined by fixed boundaries across all services and specialisms that may be provided. Haringey is served by overlapping catchments. This presents challenges in identifying surpluses or deficits that are specific to the London Borough of Haringey.
- 5.1.3 Previous analysis has identified that over three quarters of Haringey's households are able to access either the North Middlesex or the Whittington hospitals within a 30 minute bus journey, while 100% of households are able to access one of the hospitals within a 45 minute bus journey.

North Middlesex University Hospital NHS Trust

- 5.1.4 North Middlesex University Hospital NHS Trust currently provides 400 inpatient beds and the following range of acute services:
- 24 Hour Accident and Emergency and a comprehensive range of diagnostic and outpatient department services
 - Emergency medicine and elderly medicine;
 - Emergency and elective surgical specialties;
 - Intensive care, high dependency care and coronary care;
 - Maternity and Obstetrics
 - Specialist services (including Oncology, Gynaecology, Haematology, HIV/AIDS, Diabetes, Renal and Cardiology)
 - Children's Services: Paediatric inpatients and outpatients, paediatric A&E and neonatal
- 5.1.5 A £123 million new hospital building opened to patients on the 1st June 2010 providing:
- A bigger A&E department with an integrated Walk in Centre.
 - A dedicated 24/7 A&E for children.
 - 8 new operating theatres for both planned day surgery and emergency surgery.
 - A Diagnostics Centre incorporating new MRI and CT scanners, 4 ultrasound units and a new mammography unit.
 - A spacious Outpatients Department.
 - An Intensive Care Unit, with single rooms throughout in order to preserve privacy and dignity and provide the best infection control measures to most vulnerable patients.
 - 5 new inpatient wards.

- 5.1.6 The hospital which employs over 2600 staff serves a population of approximately 600,000 people from its north London location. Annual general service key outcomes include 130,000 (A&E), 250,000 (outpatient department) and 16,000 (elective theatres).

Whittington Health

- 5.1.7 The Whittington Hospital situated in Islington is operated by Whittington Health and serves mainly the west of the borough. It is an acute general teaching hospital which serves a population of approximately 250,000 people. The hospital has 467 beds and employs over 2,000 staff. The hospital is registered with the Care Quality Commission to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and midwifery services
- Termination of pregnancies
- Assessment or medical treatment for patients detained under the 1983 Mental Health Act

- 5.1.8 In the financial year of 2009/10, Whittington Hospital dealt with:

- 25,000 inpatients
- 11,000 day cases
- 4,000 babies born
- 83,000 Emergency Department attendees
- 215,000 outpatients

- 5.1.9 The Whittington Hospital delivers its activities from its main site, situated in Archway, and as of July 2010 a range of minor procedures and treatments are delivered from Hornsey Central Neighbourhood Health Centre in Crouch End.

Admissions of Haringey adults to all hospitals

- 5.1.10 Admission to hospital is broken down into elective, emergency and maternity episodes. Between April 2008 and March 2009 there were 56,169 admissions to hospitals. Half of these were elective admissions (28,278), a third were emergency admissions (19,333) with the remaining being for maternity (8,520).

- 5.1.11 It is reported that the current rate of emergency admissions is marginally higher than England with an extra 2,000 admissions per year since 2002/03 (Haringey Borough Profile, 2010). Standardised admission ratios (expressed as a ratio of observed to expected admissions, multiplied by 100) for elective and emergency admissions in Haringey wards show that with the exception of Hornsey, those in the east are more likely to be admitted to hospital.

5.2 Future provision

- 5.2.1 The NHS Healthy Urban Development Unit (HUDU) has identified a series of performance ratios that relate population to the number of care beds to be provided. These standards call for:

- 1 care bed for every 480 head of population
- 1 other acute care bed for every 1,430 head of population

5.2.2 It is considered that the use of national standards to assess future needs may not fully reflect the current thinking in the local NHS, and shift in activity from secondary to primary care. As required by the Department of Health and NHS London, NHS North Central London is developing a Quality Innovation Productivity and Prevention (QIPP) Plan and Medium Term Financial Plan extending the current plan assumption regarding secondary to primary care activity shift by two years to 2014/15. Given that QIPP model has overtaken the HUDU model, it is expected that the number of care beds required for a given population will reduce fairly significantly.

5.2.3 A recent analysis of emergency admissions to the Whittington by Islington Public Health (2011) showed a link between emergency admission and the level of deprivation experienced by Haringey residents. The most deprived Haringey residents used the greatest number of emergency admissions. This study suggests that reducing deprivation would help to reduce the use of emergency admissions and associated costs.

5.3 Health infrastructure investment plan

5.3.1 The hospitals services are subject to national policies and local commissioning intentions.

North Middlesex University Hospital NHS Trust

5.3.2 The North Middlesex University Hospital NHS Trust's service business plan is also governed by Barnet, Enfield & Haringey Clinical Strategy which is currently awaiting a review of the Independent Review Panel for the Secretary of State. North Middlesex University Hospital has definite plans to invest a total £65m over the next 2 years to create:

- £22m, 120 additional acute beds to meet increased activity and
- £10m, enabling works
- £33m women's & children's unit to accommodate 1,500 births

5.3.3 Further information about these projects is provided in Table 8.1.

Whittington Health

5.3.4 As a new organisation which became operational on the 1st April 2011, Whittington Health is currently reviewing its estate strategy.

6. Mental health services

6.1 Current provision

6.1.1 Barnet, Enfield and Haringey Mental Health NHS Trust (hereafter referred to as the Trust) provides a range of mental health services to people living in boroughs of Barnet, Enfield and Haringey. Its services across the three boroughs include child and adolescent mental health services, mental health services for adults and older people, substance misuse services, specialist

service such as eating disorders, forensic services and brain injury rehabilitation and community services in Enfield.

- 6.1.2 The Trust owns the 29-acre St. Ann's Hospital site in Haringey and provides a range of mental health services on site. The Trust occupies just over half of the current buildings on the site, including the inpatient mental health unit for Haringey. Other users of the site include NHS Haringey (outgoing), Moorfields Eye Hospital NHS Foundation Trust, North Middlesex University Hospital NHS Trust and the London Ambulance Service.
- 6.1.3 The Trust also seeks to address the high mental health need in geographical areas identified in chapter 3 by operating a set of smaller Mental Health centres located in the community, including Canning Crescent centre in Wood Green and Children and Adolescent Mental Health Services at Burgoyne Road in Harringay.
- 6.1.4 The Trust undertook a survey of its estates in 2009 which found that 24% of its estate, mainly at St Ann's in South Tottenham, is early Victorian and built between mid 19th and early 20th Century. Most of these buildings are rigid in design and require modernisation to meet future health needs. There is also a need for improved space utilisation including provision of integrated facilities.

6.2 Future provision

- 6.2.1 The predicted population increase in Haringey over the next 15 years is expected to be across all age groups with the exception of the 65-74 group which is set to decrease very slightly as a proportion of the total population. The 85+ age group is expected to increase as a percentage of the population of older people in Haringey between 2008 and 2025 rising to 13% of all older people. This increase is expected to be focused in the middle and east of the borough, the areas of highest mental health need.
- 6.2.2 A national Dementia Strategy has been launched nationwide (2009). The Trust recognises that old age dementia in the local area (as is the pattern nationally) is on the increase and is working with Haringey NHS to plan services how best to respond to the growing need for specialist dementia services.
- 6.2.3 Mental health services are rapidly evolving, and future trend is to provide more health services away from inpatient settings and close to patients' homes, as this is generally better for them. These services are currently the subject of forward planning by the Mental Health Trust and Haringey NHS. This is aimed at reducing hospital inpatient stays and treating more people at, or closer to, home. There are ongoing discussions among local stakeholders, along with the future role of St. Ann's Hospital generally. It is recognised that fewer inpatient beds will be required and more services will be delivered in primary and community settings. The 'personalisation' agenda discussed in the Social Care section below will also get implemented in some areas of mental health provision.
- 6.2.4 The Trust plans to redevelop the site to create an *exemplar* and *vibrant* modern community facility with a *sustainable mix* of primary care, community care, mental health and social care services including the existing Moorfields Eye Hospital and North Middlesex University Hospital services, with new housing,

public open space and other community infrastructure, having strong links to its surroundings.

- 6.2.5 The Trust is reviewing space requirements for retained services at St Ann's and may consider developing smaller and integrated facilities in partnership with other health and social care providers, commissioners and local stakeholders.
- 6.2.6 There are not generally accepted national standards for provision of mental health services set out per head of population. However, the care beds and acute beds requirement set out for hospital services in other parts of this Plan will include requirements for mental health provision.
- 6.2.7 A key commissioning intention of NHS Haringey is to take a robust approach to reducing over-reliance on secondary care-led provision and shift greater investment into primary and community-based mental health services. This means that the Trust needs to significantly change how and where it delivers its services.

6.3 Health Infrastructure investment plan

- 6.3.1 The Trust has plans to undertake comprehensive redevelopment of St Ann's site to provide modern and integrated primary care, community care, mental health and social care facilities. The mental health facility will take account of the need for more services to be provided nearer to or in people's home and fewer but improved inpatient beds consolidated at Chase Farm Hospital.
- 6.3.2 The Trust intends to invest in a local recovery house in Alexandra Court in Wood Green which will serve Haringey residents. This is currently the subject of a public consultation. Specialist rehabilitation services would be provided to help people return to as normal a life as possible. A range of other, non clinical, services would also be provided to support people's recovery, such as helping with employment and suitable housing.
- 6.3.3 A summary of projects is provided in Table 8.1.

7. Adult services and commissioning by Haringey Council

7.1 Current provision

- 7.1.1 The function of Haringey Council's Adult Services and Commissioning is to provide a range of personalised care services in partnership with other statutory agencies, such as the NHS, the third sector and private sector as well as internal partners. The services provide a wide range of information, advice and care services to support residents over the age of 18 and in particular provide support to older adults, carers, people with problems relating to mental health and substance use, people with disabilities, and people with HIV/AIDS. The Service has a lead role in safeguarding vulnerable adults and protecting people who are at risk of harm.
- 7.1.2 The current strategic objectives of Haringey Council's Adult Services and Commissioning are:
 - To implement the Council's budget strategy;

- To implement *Think Local, Act Personal: Next Steps for Transforming Adult Social Care* and personalisation and provide greater choice and flexible services through personal budgets, reablement, tackle the life expectancy gap by developing early intervention and prevention, improving mental health and wellbeing, and extra care, ensuring we deliver service improvements;
- To ensure strong safeguarding for vulnerable adults;
- To deliver value for money services through robust strategic commissioning; and
- To continue delivering statutory services within adult social care.

7.1.3 Service functions provided are briefly outlined below.

Assessment and Personalisation

7.1.4 This service delivers the following functions:

- Delivery of the personalisation agenda including personal care, budgets and comprehensive information and advice;
- Care management and assessment for older people and adults with physical and mental health disabilities; and
- No recourse to public fund.

Adult Commissioning

7.1.5 This service delivers the following functions:

- Value for money commissioning of adult care services;
- Market development and management;
- Council lead for the integration with the NHS;
- Mental health care for Adults and Older People;
- Strategic planning, development and management of the council wide voluntary sector; and
- Managing Supporting People programme.

Prevention Services

7.1.6 This service delivers the following functions:

- Reablement;
- Community alarm;
- Supported housing;
- Day opportunities;
- Integrated Community Equipment and Major Adaptations; and
- Occupational Therapy.

Learning Disabilities Partnership

7.1.7 This service delivers the following functions:

- Health and social care services for people with learning disabilities and their carers;

- Service planning, including identification of housing, leisure, employment and learning opportunities; and
- Transition from Children's to Adults' Services.

Safeguarding Services

7.1.8 This service delivers the following functions:

- Promoting awareness of adult safeguarding and risk assessment;
- Management and governance of the safeguarding process;
- Setting the strategic direction of safeguarding through the Safeguarding Adults Board; and
- Management of the Deprivation of Liberty Safeguards process.

7.1.9 Haringey Council currently has a mix of directly provided services (residential, nursing, day care and home care), but commissions most of its adult care in the Independent and Voluntary Sector. Demand for services is assessed through performance indicator returns, Joint Strategic Needs Assessments (JSNAs) and strategic commissioning plans.

7.1.10 Haringey Adult Social Care has received an Annual Performance Assessment (APA) rating by the Care Quality Commission (CQC) of "performing well" for the last three years. All of Haringey's internal provision (residential and home care) has been CQC quality rates as "good" for the last three years and all of its commissioning care services have performed in the top national quartile over the past two years, with its commissioned residential care services CQC rates as the best in London in 2009/2010. Haringey's joint stroke care services were also rates as top in London in 2009/2010.

7.2 Future provision

7.2.1 Alongside the financial challenges placed on adult social care, outlined in the Comprehensive Spending Review and Grant Settlement, the restructured service will work within a framework of new policy directives from central government. These policies include

- A Vision for Adult Social Care: Capable Communities and Active Citizens which sets out a new agenda for adult social care in England.
- The Localism Bill: which aims to decentralise power and empower communities.
- Draft Haringey Council Voluntary Sector Strategy: which is currently out to consultation.
- The NHS White Paper, Equity and Excellence: Liberating the NHS: which sets out the Government's long-term vision for the future of the NHS.
- The recent Public Health White Paper, Healthy Lives, Healthy People: which sets out the Government's long-term vision for the future of public health in England.
- The Department of Health's consultation on *Transparency in Outcomes: a Framework for Adult Social Care* which forms part of the transition in adult social care.
- Think Local, Act Personal: Next Steps for Transforming Adult Social Care: which is the sector-wide statement of intent that makes the link between the government's new vision for social care and Putting People First.

- 7.2.2 *Putting People First*, a shared vision and commitment to the transformation of adult social care, was published in December 2007 and set out the shared aims and values for transforming social care. The new Government continues to support the personalisation agenda which is a key principle specified in their *Vision for Adult Social Care*. The vision states that individuals not institutions should take control for their care.
- 7.2.3 *Adult Commissioning*: The Government propose a vision for a thriving social market in which innovation flourishes, with Councils playing a key role in stimulating, managing and shaping the market. Councils will need to support communities, voluntary organisations, social enterprises and mutuals to flourish and develop innovative and creative ways of addressing care needs. The first step in market shaping is for councils, in partnership with the NHS, to move away from traditional block contracts and support growth of a market in services that people want. The *Vision for Adult Social Care*, NHS white paper and public health white paper all set out the Government's requirement for councils to work closely with the NHS to pool budgets and jointly commission services.
- 7.2.4 *Health*: A number of recent policy directives from the Government, including the *Vision for Adult Social Care*, NHS white paper and public health white paper, have stressed the importance of joint working between the NHS and local authorities. This service will support partnership working with health colleagues, including joint commissioning and working with GP collaborative, the new Health and Wellbeing Board and the integration of health improvement functions within the local authority. The service will also take a lead role in revising the [Joint Strategic Needs Assessment](#) (JSNA), as outlined in the *Vision for Adult Social Care*.
- 7.2.5 *Mental Health*: The Adult Commissioning Service will be responsible for the mental health assessment and care management teams, and mental health commissioning budgets.
- 7.2.6 *Supporting People*: This service will continue to manage the Supporting People programme which delivers a range of support services, including housing related support, to over 9,000 people in Haringey. The new Government's *Vision* recognises that the Supporting People programme helps to avoid more costly interventions, improves outcomes for individuals and returns savings to other areas.
- 7.2.7 *Voluntary Sector*: The importance of the voluntary sector in achieving excellent health and social care outcomes is emphasised in all of the Government's new policy directives. Councils will work with the voluntary sector to stimulate the development of social capital to deliver early intervention and prevention, including strong neighbourhood wellbeing networks. The Comprehensive Spending Review stated that paying and tendering for services will be by results rather than the Government being the default provider. The Government will look at setting proportions of services to be delivered by independent providers, such as the voluntary sector. Key areas to be explored include the provision of adult social care and community health. The revised Voluntary Sector Strategy will provide a revised commissioning and funding framework which sets out the core principles for how the Council will support and work with the voluntary sector, including how the Council will fund and commission services.

- 7.2.8 *Prevention*: is one of the seven principles of the *Vision for Adult Social Care* published by the new Government. The *Vision* states that empowered people and strong communities will work together to maintain independence. Where the state is needed, it will support communities and help people to retain and regain independence. The *Vision* expects councils to commission a full range of appropriate preventative and early intervention services such as reablement and telecare. The Government is supporting the expansion of reablement. The Council has set up a new Early Intervention and Prevention Service to ensure it delivers against the prevention principle in the vision. Reablement covers a range of short-term interventions which help people recover their skills and confidence after an episode of poor health, admission to hospital or bereavement. Reablement can help people to continue to live independently in their own homes, avoiding expensive readmissions to hospital and ongoing social care packages.
- 7.2.9 *The Learning Disability Partnership*: contributes to the delivery of *Putting People First* and *Valuing People Now* by providing a range of personalised services to people with learning disabilities. This service will play a key role in continuing to deliver personal budgets to all adult social care users. The *Vision for Adult Social Care* recognises that people with learning disabilities, autism, disabled people and those with complex needs require person-centred planning to maximise choice and control, and appropriate help in cases where a direct payment is not chosen. The service contributes to this objective through the provision of advocacy to help people express views and receive the services they want. The service also plays a role in monitoring compliance with the CQC's essential standards of quality and safety at its registered locations.
- 7.2.10 *The protection of vulnerable people*: forms one of the key principles underpinning the *Vision for Adult Social Care*. With effective personalisation comes the need to manage risks to maximise people's choice and control over their care services. Individual risk assessment enables the safeguarding of vulnerable adults against the risk of abuse or neglect while allowing for individual freedom. The CQC's risk-based approach supports the safeguarding agenda by monitoring provider compliance with the essential standards of quality and safety and identifying where standards are at risk of failing. Targeted inspections will be carried out where a significant risk is identified. Inspections may also be triggered through performance information reported in the Quality and Outcomes Data Set, local intelligence or feedback from service users. In the context of localism, the local HealthWatch and other neighbourhood groups will become the eyes and ears of safeguarding, highlighting and reporting suspected neglect and abuse. The Adult, Commissioning and Safeguarding Quality Board oversees compliance against the essential standards of quality and safety to ensure robust practices are in place. This service will be key to continuing the successful delivery of the safeguarding agenda and risk management.
- 7.2.11 In the short to medium term, financial challenges placed on adult social care, outlined in the Comprehensive Spending Review and Grant Settlement will lead to rationalisation of premises and facilities and further strengthen the need for co-location and joint provision of services. As indicated previously, Barnet Enfield and Haringey Mental Health Trust propose to take over the care facility at Alexandra Court and turn it into a local recovery house to meet the mental health needs of Haringey residents.

7.3 Social care infrastructure investment plan

7.3.1 There are currently no plans to develop new facilities.

8. Implementation strategy for key infrastructure projects

8.1 Introduction

8.1.1 This section provides a summary of projects that have been developed to meet identified current and future needs of Haringey residents. The following factors were taken into account:

- Anticipated population growth, changing demography and health needs
- Areas of greatest demand and shortfall in service provision in the east
- Suitability of location, capacity and ease of access
- Health inequalities issues
- Reduced public sector funding in the short to medium term

8.1.2 Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. Each stakeholder organisation is expected to ratify and adopt this Health Infrastructure Plan as a first step in ensuring its implementation. The draft plan will be considered by appropriate Council decision-making bodies including the shadow Haringey Health & Wellbeing Board. Given the current financial constraints in the public sector, successful delivery of the projects will depend on economic affordability, multiple sources of funding, joint delivery and co-location of facilities.

8.2 Implementation strategy

8.2.1 Projects set out in Table 8.1 are broken down into primary care and GP facilities, mental health and integrated health care facilities including primary care, community health and social care, and acute hospital facilities. It is particularly difficult to establish definite timescales not only due to the difficult economic situation but also the ongoing reformation of the NHS.

8.2.2 It is recognised that progressing the identified projects involves collaborative working and is dependent on the following:

- Strategic planning policy
- Health service commissioners
- Health service providers
- Service users and other stakeholders

Strategic planning policy

8.2.3 The Council is currently preparing its Local Development Framework Core Strategy – A New Plan for Haringey. This will guide growth in the Borough for the London Plan period to 2016 and beyond to 2026. The HIP will be adopted as part of the Haringey's Community Infrastructure Plan and inform decisions about development sites for health facilities.

8.2.4 From 2014, Community Infrastructure Levy (CIL) will provide a way for developers to contribute towards infrastructure for the benefit of local

communities. The Council is currently preparing a Charging Schedule which sets out the levy rates for different types and locations of development. This Plan will provide evidence base to support the Council's determination of an appropriate charging schedule. Accordingly, CIL is expected to provide contributions towards new health facilities as shown in the table below.

Health service commissioners

- 8.2.5 To facilitate the successful delivery of the projects, it is important that current and future health service commissioners support the introduction of identified new or enhanced health facilities to assist with tackling health inequalities, particularly in the east of the borough. To this end, the support of emerging Health and Wellbeing Board (H&WBB) and GP Consortia will be vital to the implementation of the projects. It is recognised that, in the short-term, implementation of the NHS Operating Framework requirement on NHS organisations to deliver the Quality Innovation Productivity and Prevention programme to achieve £20bn savings will constraint delivery of new projects.

Health service providers

- 8.2.6 The HIP ensures that service providers throughout the borough are fully aware of future growth in the Borough and are sharing information and forward planning joint delivery of services where appropriate.
- 8.2.7 Each service provider is expected to include relevant projects into their key strategic plans and, given the current difficult economic climate, to work proactively towards integrated and co-location of services where it adds value. St Ann's provides the best opportunity to develop and enhance this approach given its location in the east of the borough, accessibility and plans for new integrated health and social care facilities.

Service users and other stakeholders

- 8.2.8 Service users, residents, LiNK, community and voluntary organisations will need to be involved by each lead partner organisation to ensure proposed scheme meets local needs. This is important in engendering community support and championing of the project.

Monitoring

- 8.2.9 At strategic spatial plan level, the infrastructure delivery will be monitored through the Annual Monitoring Report. Over the life time of the Core Strategy, the LBH and local NHS will work together to keep the growth trends and the corresponding needs for health services under review as part of the monitoring work for the Core Strategy, Haringey's Community Infrastructure Plan and appropriate Health Plans; and utilise the monitoring of outcomes in shaping the future services in Haringey.

Table 8.1 List of key projects

Name and location of new or enhanced facility	Need for facility	Requirements of facility (eg specific location, land, size/floor space etc)	Indicative cost	Lead Department/ Service	When	Sources of funding	Contingency if facility can not be delivered/ Any dependencies or funding gaps (if any)
Primary care and GP facilities							
NHS Haringey extended or new GP premises – Borough wide	To ensure health provision, (accessible services and buildings) that deliver good and equal health outcomes that meet the needs of the growing population in Haringey, especially in areas with future housing growth and undersupply. (GP numbers associated by population growth 2010- 2026 is approximately 12 GPs, 8 of which associated with north east and south east, 2 with central Haringey)	Accessible services and premises	£3 – 4m	NHS Haringey Borough presence/NCL sector team	By 2016-17 (2016-2021 2021-2026)	NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue	Contingency plan based on identifying appropriate sites. Some of these will be met by new primary care buildings (see next two rows below)

<p>NHS Haringey collaborative primary and community health care network serving the north east of the borough, including Tottenham and the Tottenham Hale development</p>	<p>Improvement of and access to public health, primary and community health care facilities</p>	<p>Options under development including mix of re-developed and new primary care facilities and resource centre/s for local public health services, 1-2 GPs in Tottenham Hale and appropriate hospital and community care delivered closer to home</p>	<p>£400/sqm based on assumptions for Hornsey Central</p>	<p>NHS Haringey Borough presence/NCL sector team</p>	<p>By 2015/16</p>	<p>NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue</p>	<p>This links in with the timeline for GP capacity growth in the first grid line above and NHS Quality Innovation Productivity and Prevention (QIPP)/Financial planning. Site options are being developed by NHS North Central London based on appraisal against care pathway plans under development with NHS Haringey's GP Commissioning Consortia Pathfinder.</p>
<p>NHS Haringey collaborative primary and community health care network serving the south east of the borough</p>	<p>Improvement of and access to public health and primary health care and facilities</p>	<p>Options under development including new primary care local public health services premises associated with the re-development of the St Ann's Hospital site. These would be complementary to the Laurels and appropriate hospital and community care delivered closer to home</p>	<p>£400/sqm based on assumptions for Hornsey Central</p>	<p>NHS Haringey Borough presence/NCL sector team</p>	<p>By 2015/16</p>	<p>NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue</p>	<p>This links in with the timeline for GP capacity growth in the first grid line above and NHS Quality Innovation Productivity and Prevention (QIPP)/Financial planning. Site options are being developed by NHS North Central London based on appraisal against care pathway plans under development with NHS Haringey's GP Commissioning Consortia Pathfinder.</p>
<p>Mental health and integrated health care facilities</p>							
<p>St Ann's site</p>	<p>To provide integrated primary care, community</p>	<p>6000 sqm (early estimate)</p>	<p>c£12m</p>	<p>BEH MHT</p>	<p>2014</p>	<p>BEH MHT</p>	<p>Site options being developed; delivery subject planning consent and joint working with</p>

	care, mental health and social care services. GP, diagnostic and other outpatient services needed to serve south Tottenham and support growing list of patients at Laurels	1500 sqm	£2-3m	LBH/GP Consortia	2014	NHS Capital Grant/NHS Revenue/Section 106/Community Infrastructure Levy	partners This proposed facility could be part primary and community health care network serving south east of the borough (see row immediately above); increasing capacity of the Laurels for GP and primary care services not an option as Laurels is too small and needs storage for medical records
Alexandra Court	To provide access to local recovery house in Wood Green area and prevent closure of local facility.	Lease and refurbishment of existing LBH facility.	TBC	BEH MHT	2011	BEH MHT	None
Acute hospital facilities							
Additional acute beds at North Middlesex University Hospital (NMUH) NHS Trust	More activity as hospital admission increases	120 beds / 5,000m ²	£22m	NMUH Environment Directorate	2011-13	Department of Health/NMUH Trust	Subject to the approval of Barnet Enfield and Haringey Clinical Strategy and Business Case.
New Women's & Children's Unit at NMUH	Increased births	1,500 births / 4,500m ²	£34m	NMUH Environment Directorate	2011-13	Department of Health/NMUH Trust	Subject to the approval of Barnet Enfield and Haringey Clinical Strategy and Business Case.
Enabling works for early transfer and	Allow current programme to	N/A	£10m	NMUH, Environmental	2011-12	DoH/NMUH Trust	Subject to the approval of Barnet Enfield and Haringey

service development at NMUH	progress whilst awaiting outcome of SoS decision but with sustainability included	Need for 28 – 40 additional hospital beds or equivalent appropriate alternative primary care facilities	£10 - £14.5m	Directorate	2015-6	TBD	Clinical Strategy and Business Case.
Secondary care facilities Haringey NHS/Neighbouring boroughs' NHS	This is a demand-led estimate by the Local planning authority.			NHS Haringey and/ NCL/GP Consortia			It is considered that the use of national standards to assess future needs may not fully reflect the current thinking in the local NHS, and shift in activity from secondary to primary care. As required by the Department of Health and NHS London, NHS North Central London is developing a Quality Innovation Productivity and Prevention (QIPP) Plan and Medium Term Financial Plan extending the current plan assumption regarding secondary to primary care activity shift by two years to 2014/15.

Background Documents

NHS Haringey/NHS North Central London

1. Health and Health Services in North central London, Now and into the Future: Evidence Pack 2011/2-2014/15, March 2011
2. NHS Haringey - Haringey Primary Care Trust Pharmaceutical Needs Assessment, January 2011
3. NHS Haringey Operating Plan 2010/11, February 2010
4. Working for a Healthier Haringey. NHS Haringey Strategic Plan 2009-14, January 2010
5. Developing World Class Primary Care Strategy 2008
6. Transport Accessibility Report 2009
7. NHS Haringey Strategic Plan 2008-2013
8. Oral Health Needs Assessment, July 2009
9. A segmentation Model of Haringey's Health Needs, Health Inequalities and Unmet Need, Dr Foster Research, 2009
10. NHS Haringey, Getting Better Together – North East Haringey, South East Haringey, Central Haringey and West Haringey
11. Completed Questionnaire for primary care services
12. Email correspondence from NHS Haringey Borough Director
13. Meetings with the NHS Haringey managers

London Borough of Haringey

14. Haringey Borough Profile, August 2010
15. Community Infrastructure Study, March 2010
16. Joint Strategic Needs Assessments, 2008
17. Haringey's Older People's Mental Health and Dementia - Commissioning Framework 2010-2015
18. Completed Questionnaire for adults services

BEH Mental Health Trust

19. Strategic Outline Case – Haringey Mental Health Services 2006
20. Completed questionnaire for mental health services
21. Meetings with the Service provider

North Middlesex University Hospital NHS Trust

22. BEH Clinical Strategy
23. Completed questionnaire for acute hospital services
24. Meetings with the service provider

Whittington Health

25. Completed questionnaire for community health services
26. Meetings with the service provider

Haringey GP Consortium

27. Meetings and correspondences with the representative

Glossary

Accessibility: Ability of people or goods and services to reach places and facilities.

Acute care: This is generally an inpatient service for a disease or illness with rapid onset, severe symptoms and brief duration.

Community Infrastructure Levy (CIL): This is a new levy that local authorities can choose to charge on new developments in their area. The money can be used to support development by funding infrastructure that the council, local community and neighbourhoods want.

Core Strategy: The Core Strategy is a Development Plan Document setting out the vision and key policies for the future development of the borough up to 2026.

Development Plan Documents (DPD): Statutory planning documents that form part of the Local Development Framework including the Core Strategy, Development Management DPD and Sites Allocation DPD.

Joint Strategic Needs Assessment (JSNA): This is a document that looks in detail at the needs of the population of Haringey.

Local Development Framework: Statutory plans produced by each borough that comprise a portfolio of development plan documents including a core strategy, proposals and a series of area action plans.

London Plan (The Spatial Development Strategy): The London Plan is the name given to the Mayor's spatial development strategy for London.

Personalisation: A government programme which will give people more control over their care and support by giving them Personal Budgets. People can then choose how their Personal Budgets will be spent.

Primary care: The collective term for all services, which are people's first point of contact with the NHS often the GP but not always.

Section 106 (S106)/Planning Obligations: This is a section of the Town and Country Planning Act 1990 which allows a local planning authority (LPA) to enter into a legally-binding agreement or planning obligation with a landowner in association with the granting of planning permission. The obligation is termed a Section 106 Agreement and is used where it is necessary to provide contributions to offset negative impacts caused by construction and development.

Super Output Area (SOA): is a geographical area designed for the collection and publication of small area statistics. It is used on the Neighbourhood Statistics site, and has a wider application throughout national statistics. SOAs give an improved basis for comparison throughout the country because the units are more similar in size of population than, for example, electoral wards.