Haringey Council

NOTICE OF MEETING

Special Overview and Scrutiny Committee

MONDAY, 20TH FEBRUARY, 2012 at 17:30 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

Please note that, this being a special meeting, under the Council's Constitution – Part 4 Section B paragraph 17 – no other business shall be considered.

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. DRAFT HEALTH INFRASTRUCTURE PLAN (PAGES 1 - 50)

The Committee to consider the attached plan which provides a vision for Health Infrastructure in the London Borough of Haringey over the next 15 years.

7. GP CONSORTIA UPDATE (PAGES 51 - 54)

The Committee to consider a summary about the establishment, governance arrangements and work of the Haringey Clinical Commissioning Group (CCG).

8. THE LAURELS (PAGES 55 - 58)

The Committee to consider an update on The Laurels Health Living Centre based at St Ann's Rd.

9. UPDATE FROM WHITTINGTON HEALTH (PAGES 59 - 92)

To receive an update from Whittington Health which will include the application for foundation status.

10. REGISTERED HOUSING PROVIDERS SCRUTINY REVIEW (PAGES 93 - 184)

To consider the final report of the Registered Housing Providers scrutiny review panel.

11. FUTURE MEETINGS

Monday 30th April 2012

David McNulty
Head of Local Democracy and
Member Services
River Park House
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Wood Green
London N22 8HQ

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10 February 2012

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Agenda Item 6

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 plan[1].

Haringey Council

Marc Dorfman
Assistant Director, Planning & Regeneration

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Maria Kane
Chief Executive

North Central London NHS
Barnet - Camden - Enfield
Haringey - Islington

Haringey GP Consortia

Andrew Williams
Interim Haringey Borough Director

Dr John Rohan
GP Consortia Representative

Whittington Health NHS

North Middlesex University Hospital NHS
NHS Trust

Philip Ient
Director of Estates & Facilities
Director of Environment

Kevin Howell

North Central London NHS
Barnet - Camden - Enfield
Haringey - Islington

Haringey Council

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.

Health Infrastructure Plan

Content

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 Wittington 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:

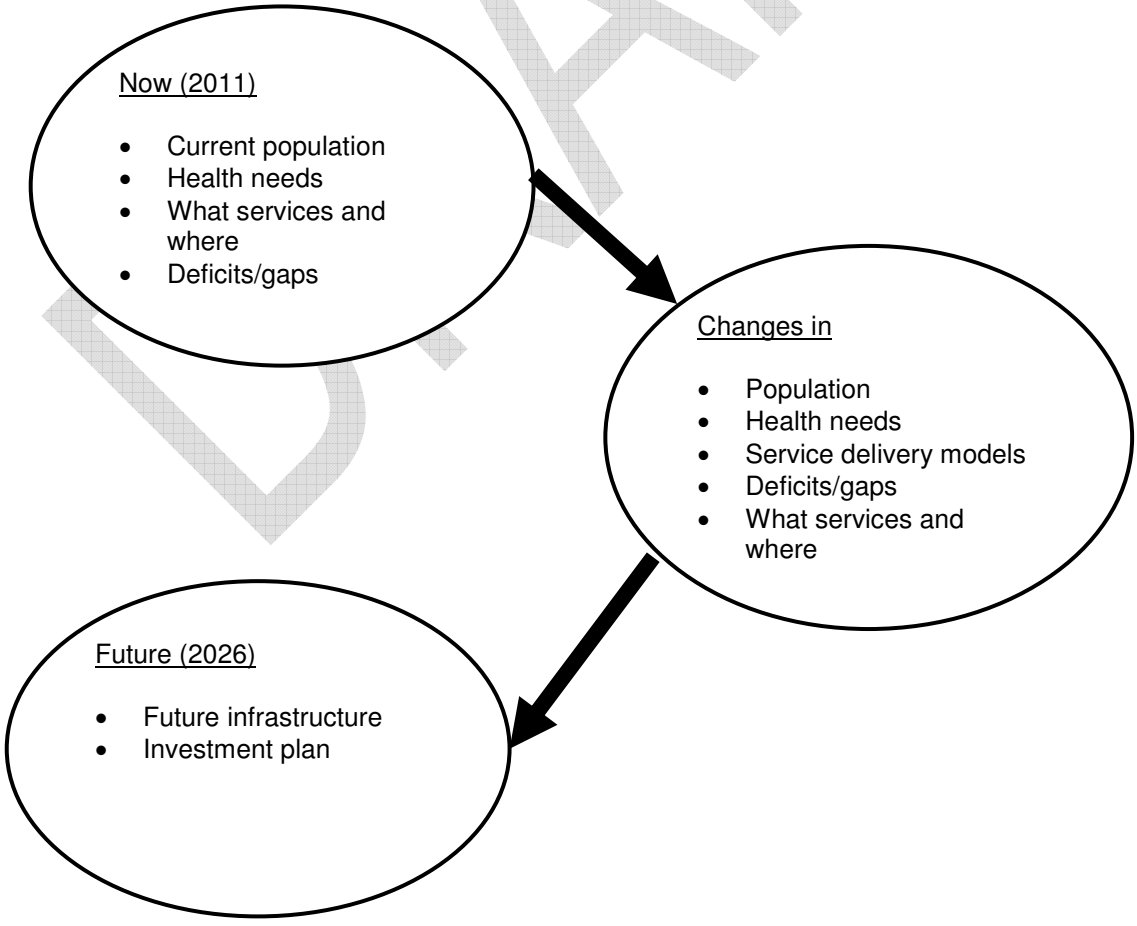
'Improving the health of Haringey residents and reducing health inequalities through facilities fit to deliver accessible, equitable, integrated, cost-effective services'.

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)

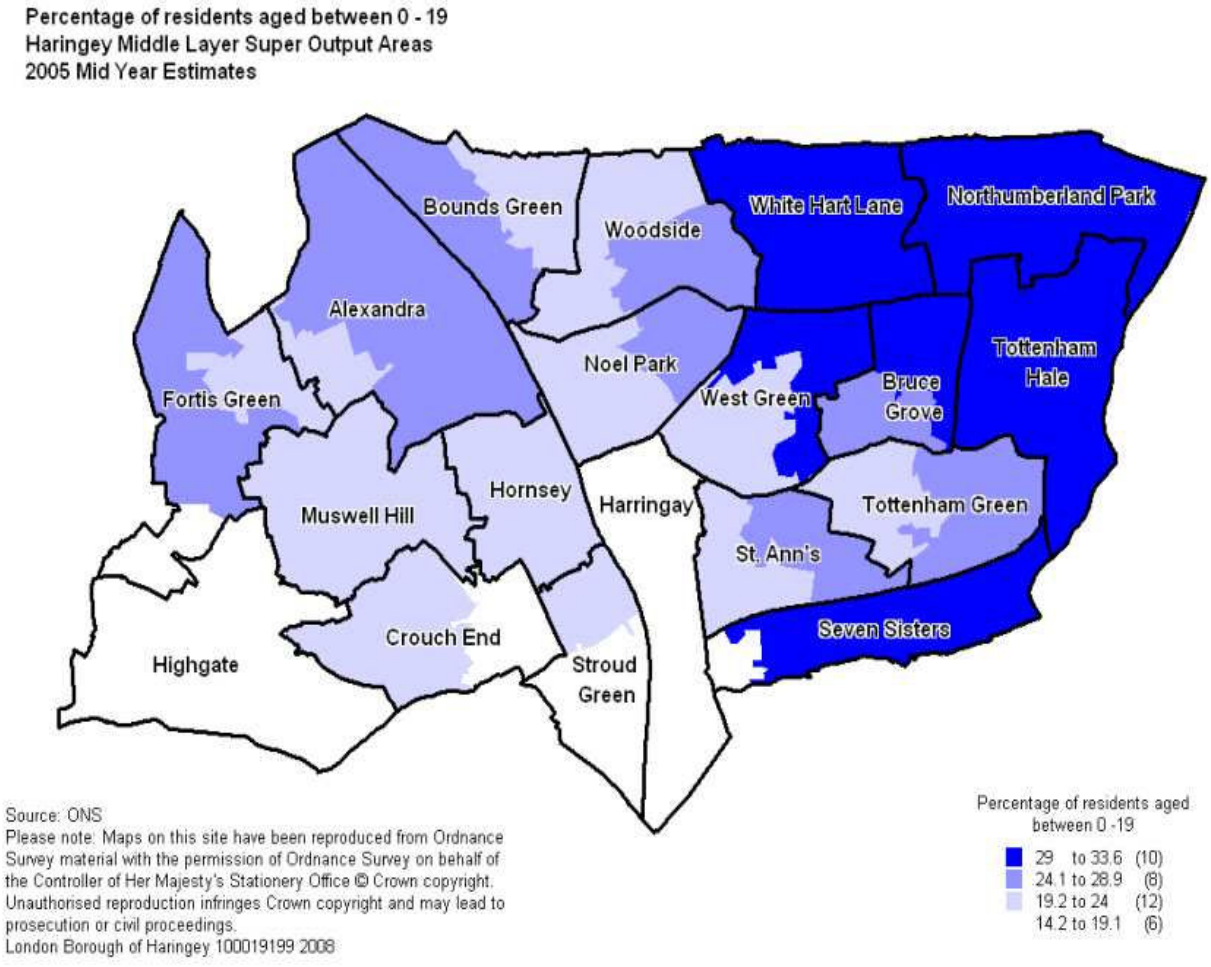
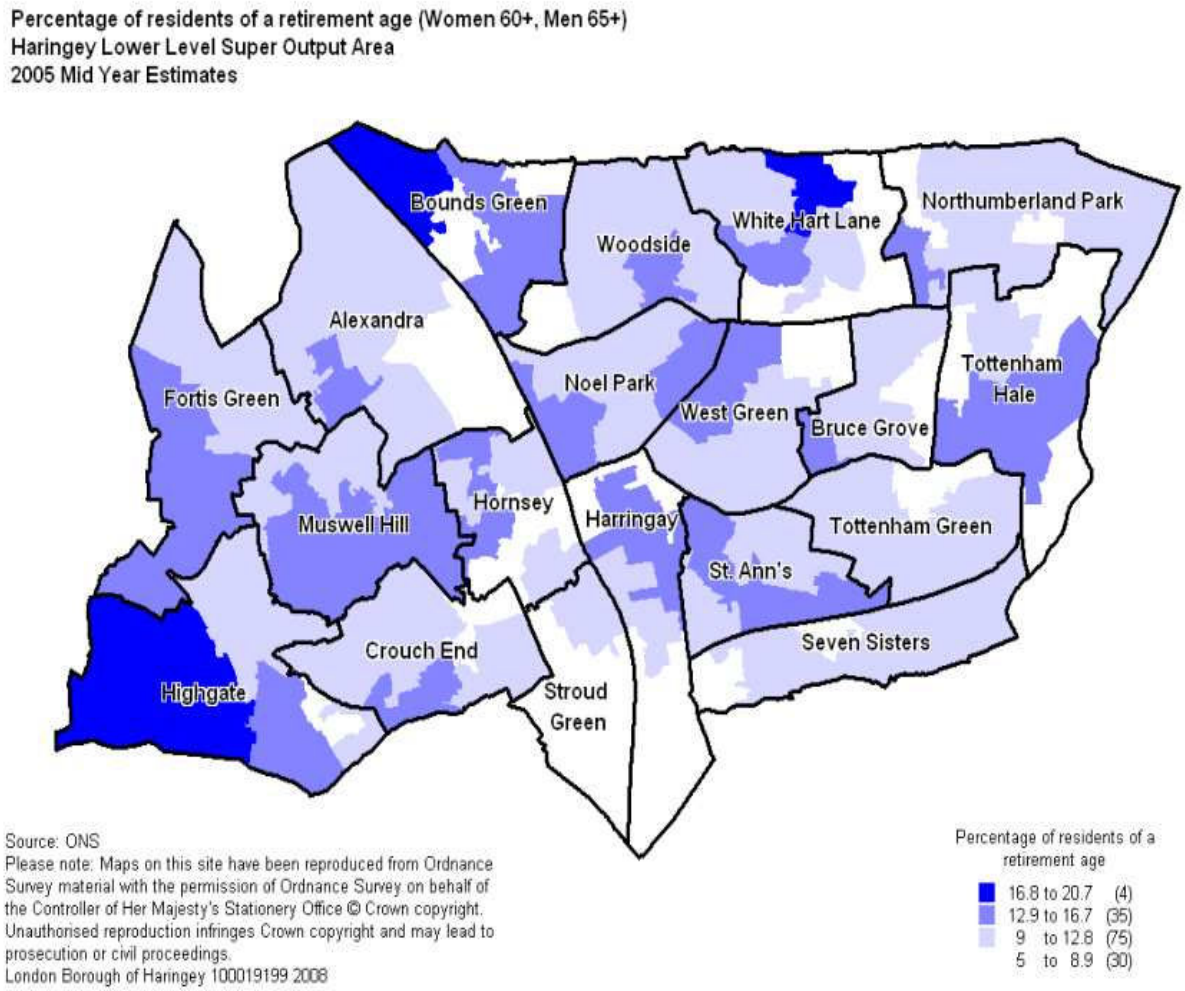


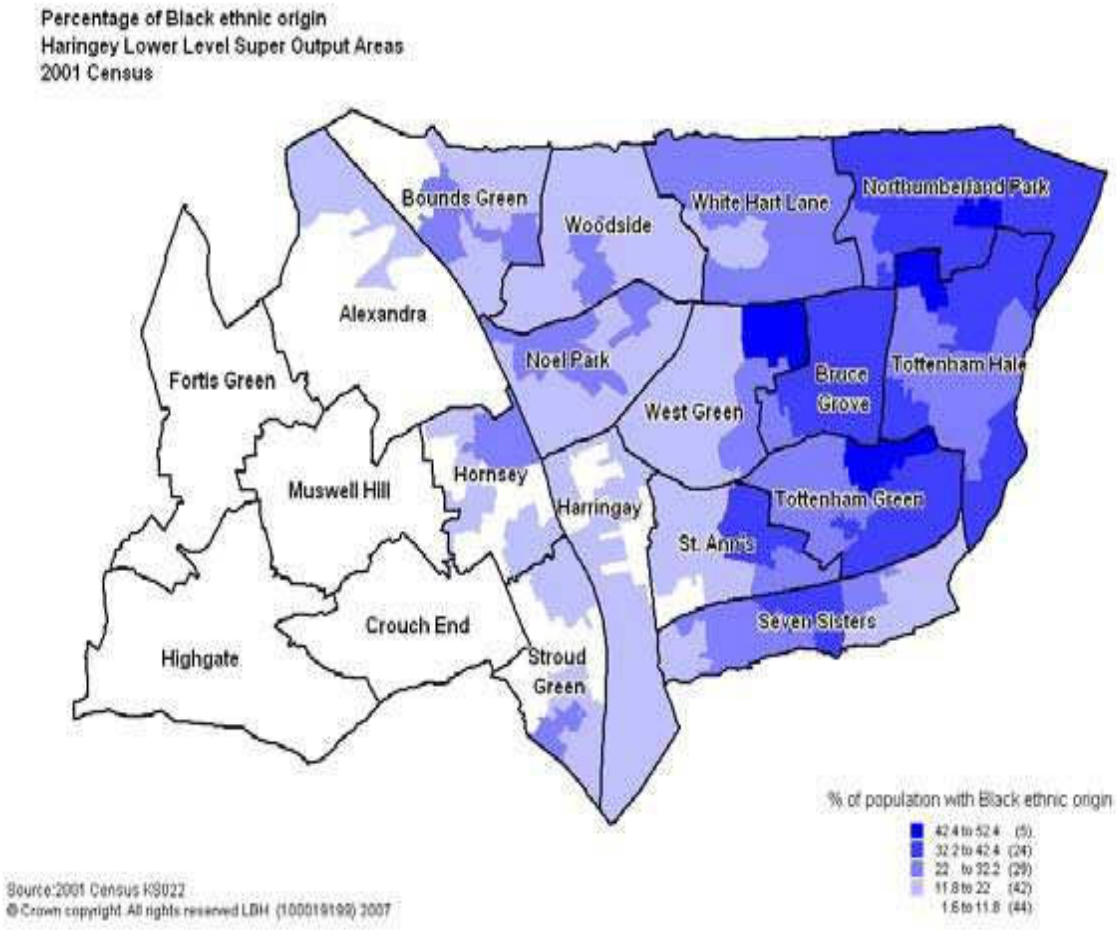
Figure 2.2: Percentage of Haringey residents of retirement age (Haringey JSNA, 2008)



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

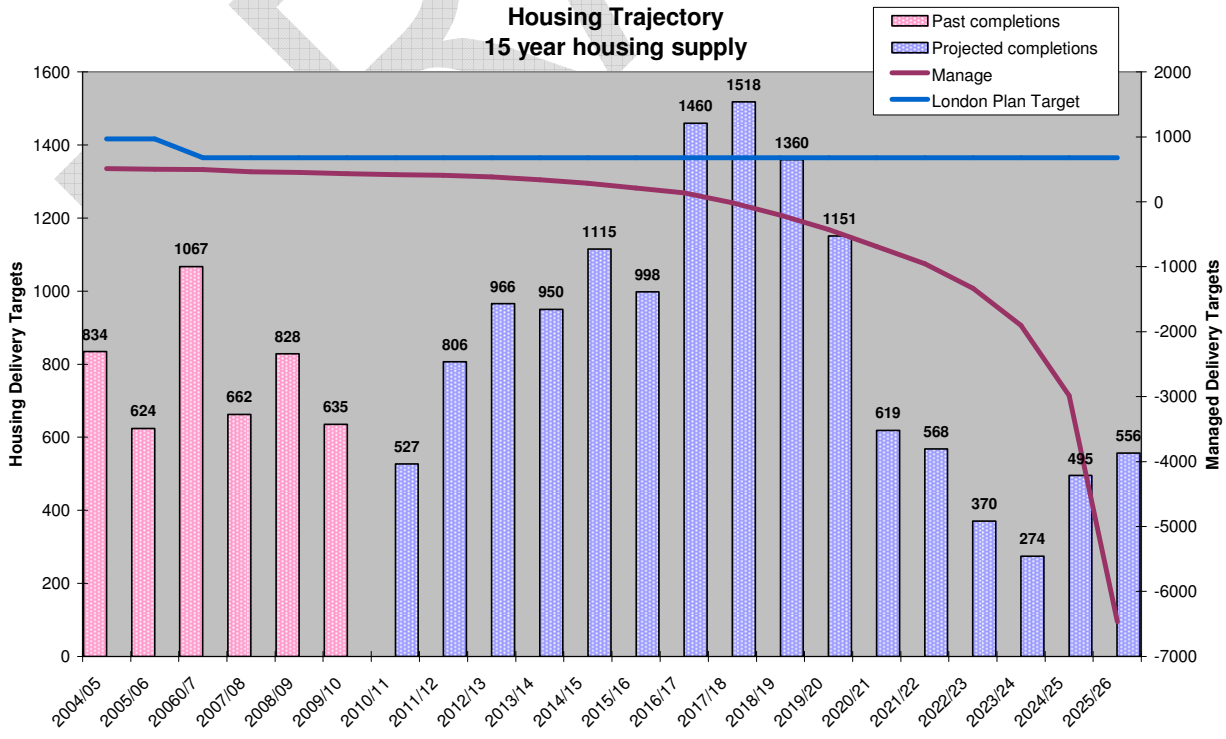
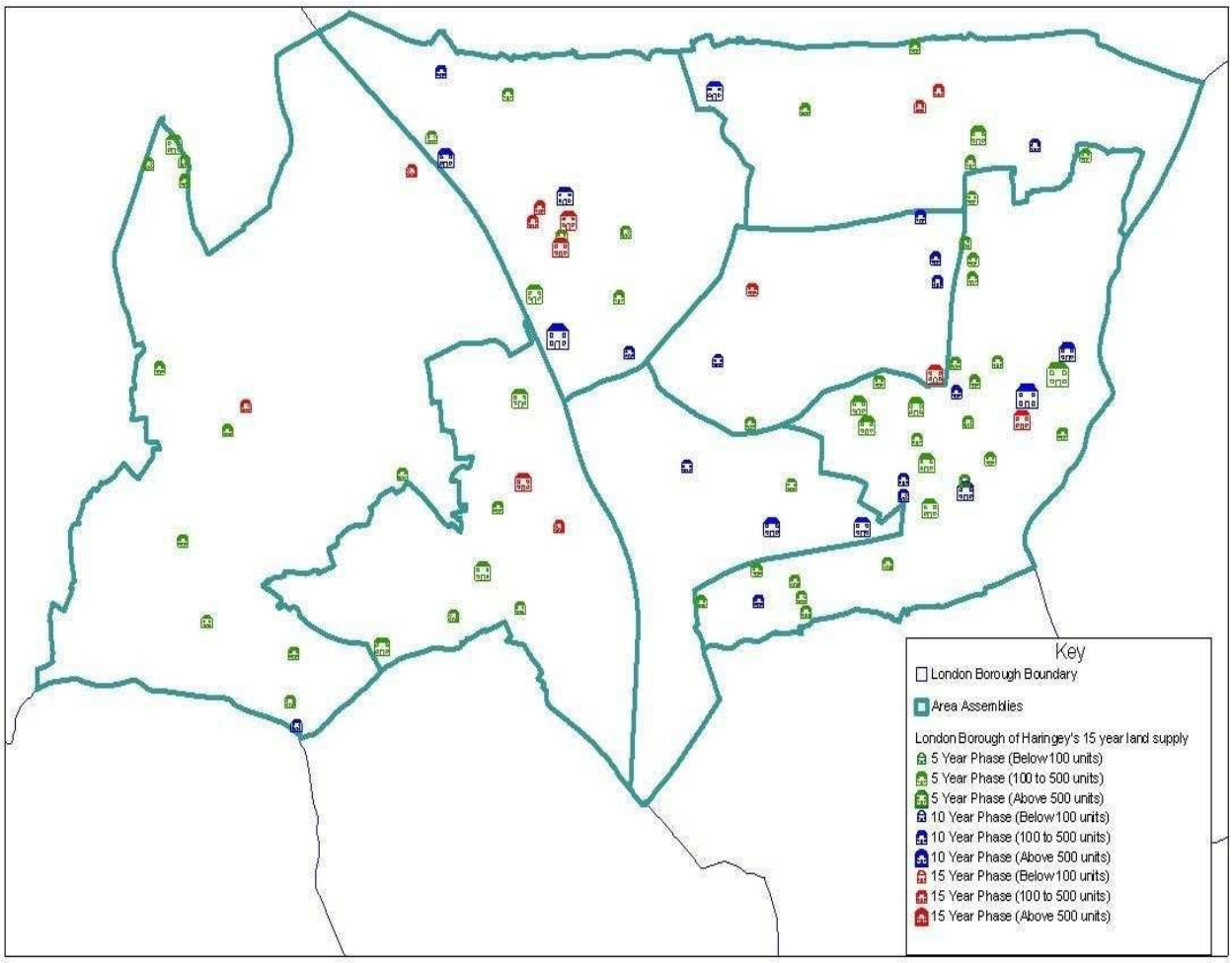


Figure 2.5: Spatial distribution and phasing of proposed housing developments (London Borough of Haringey Core Strategy, 2010)



Haringey's 15 year housing supply

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

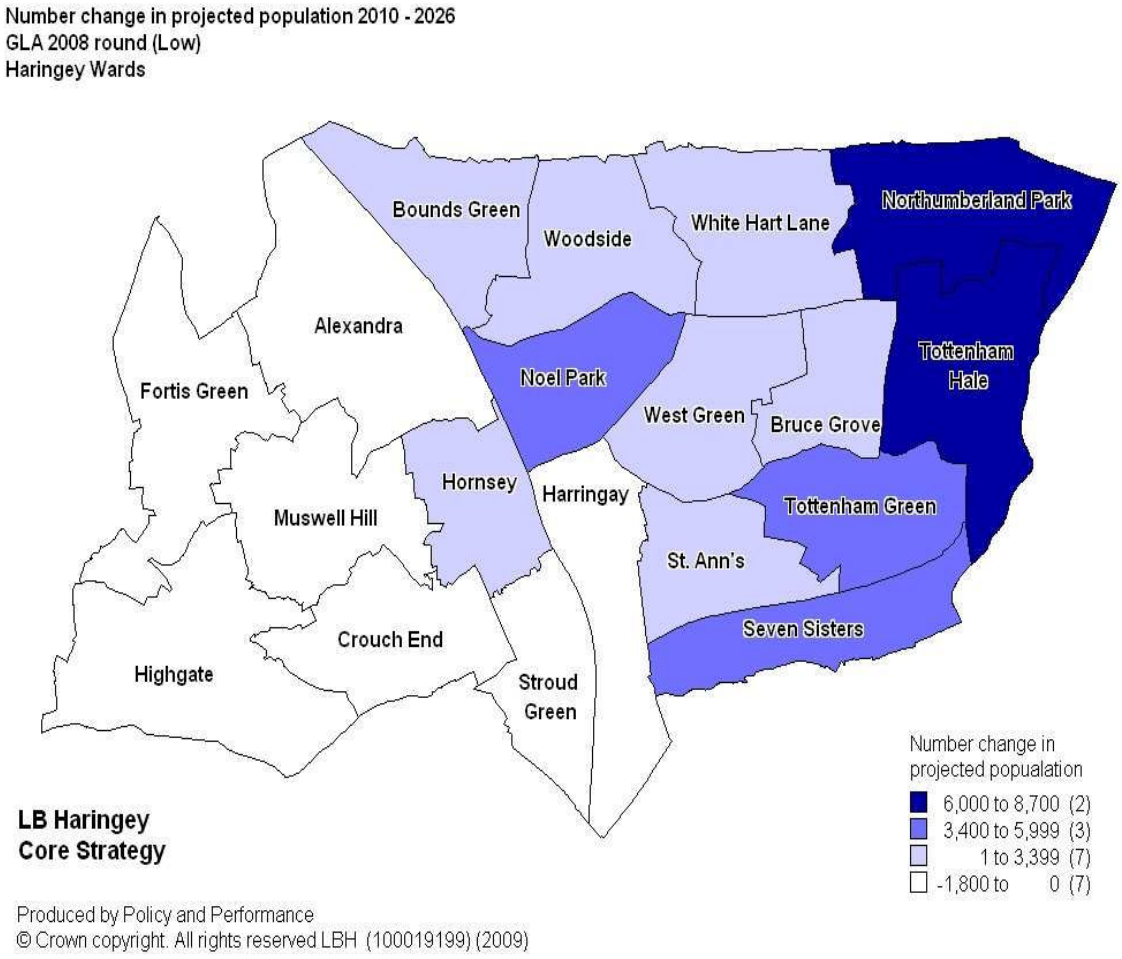
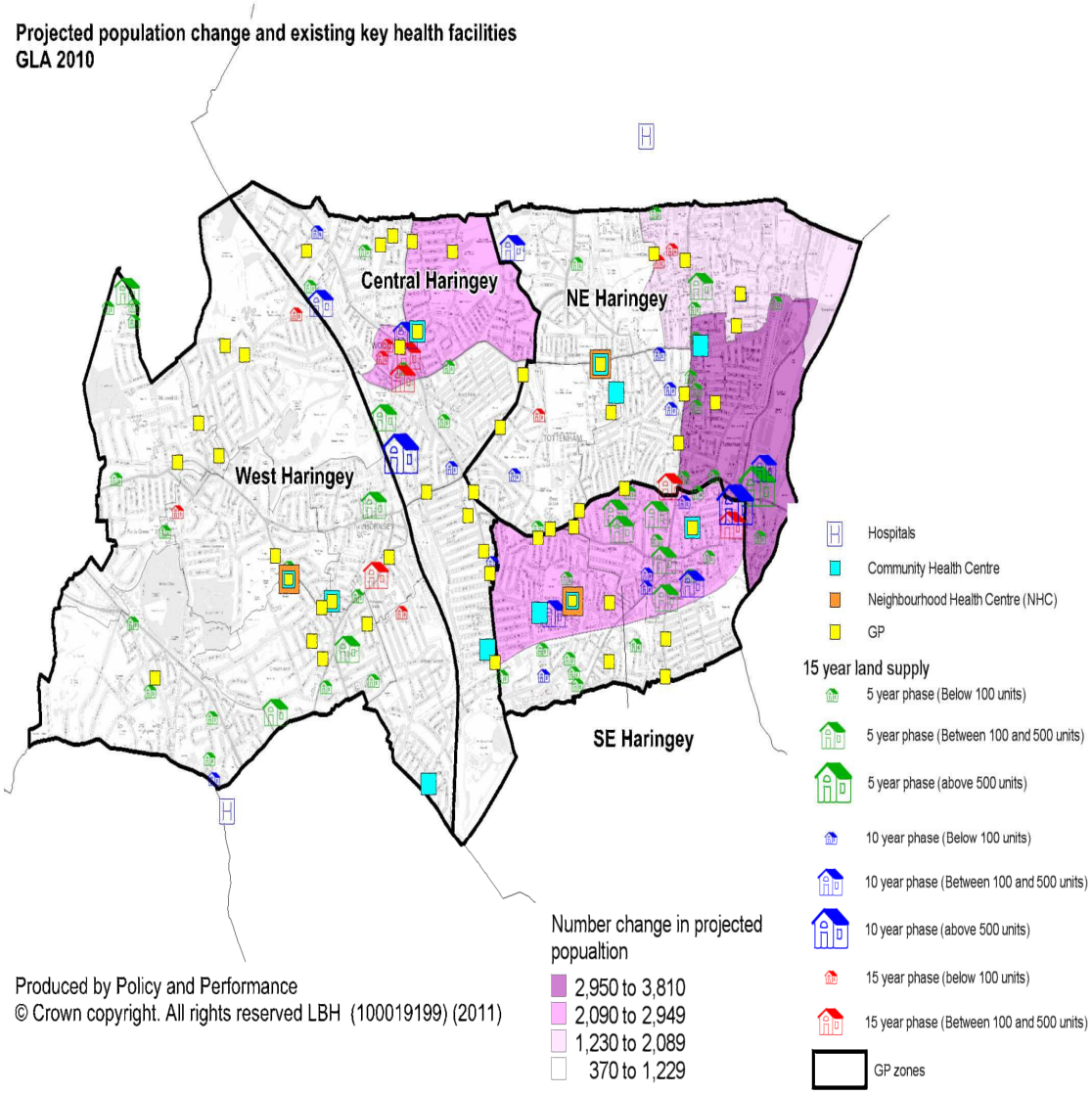


Figure 2.7: Projected population change and combined key existing health facilities



3. Health needs

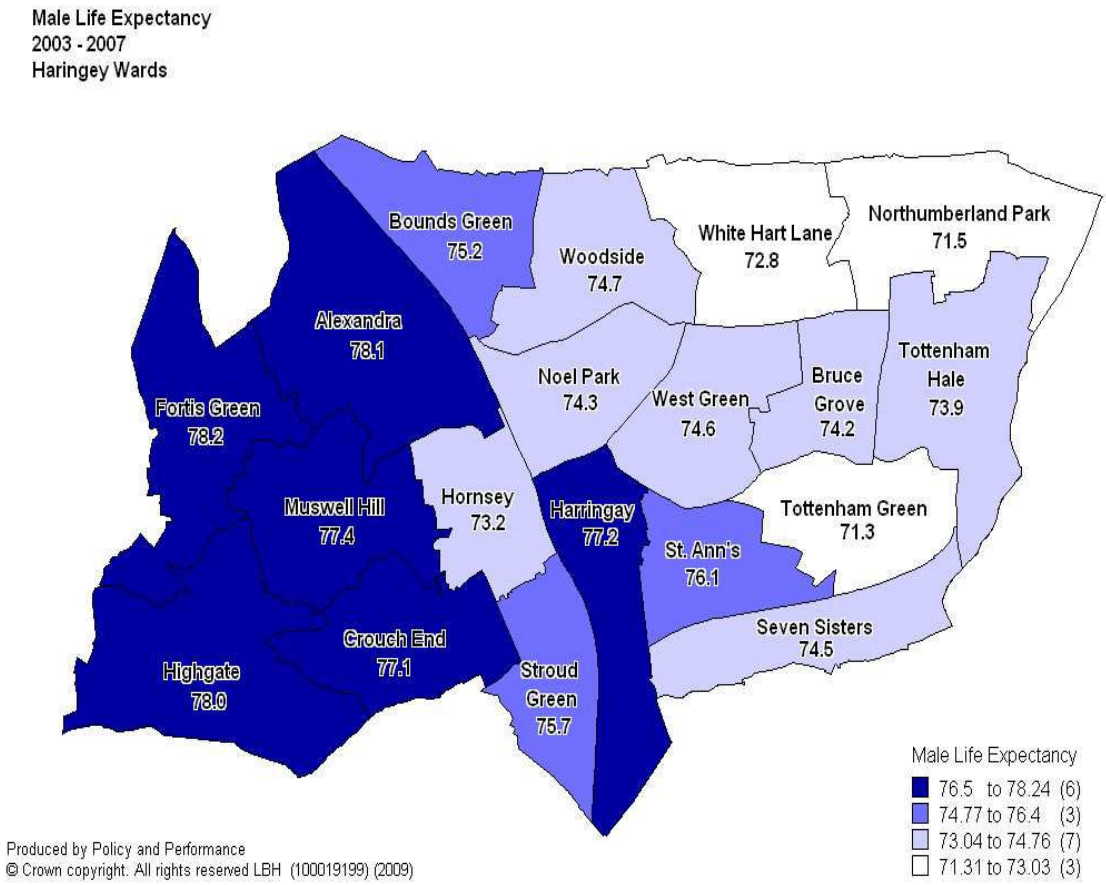
3.1 Health inequalities

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.

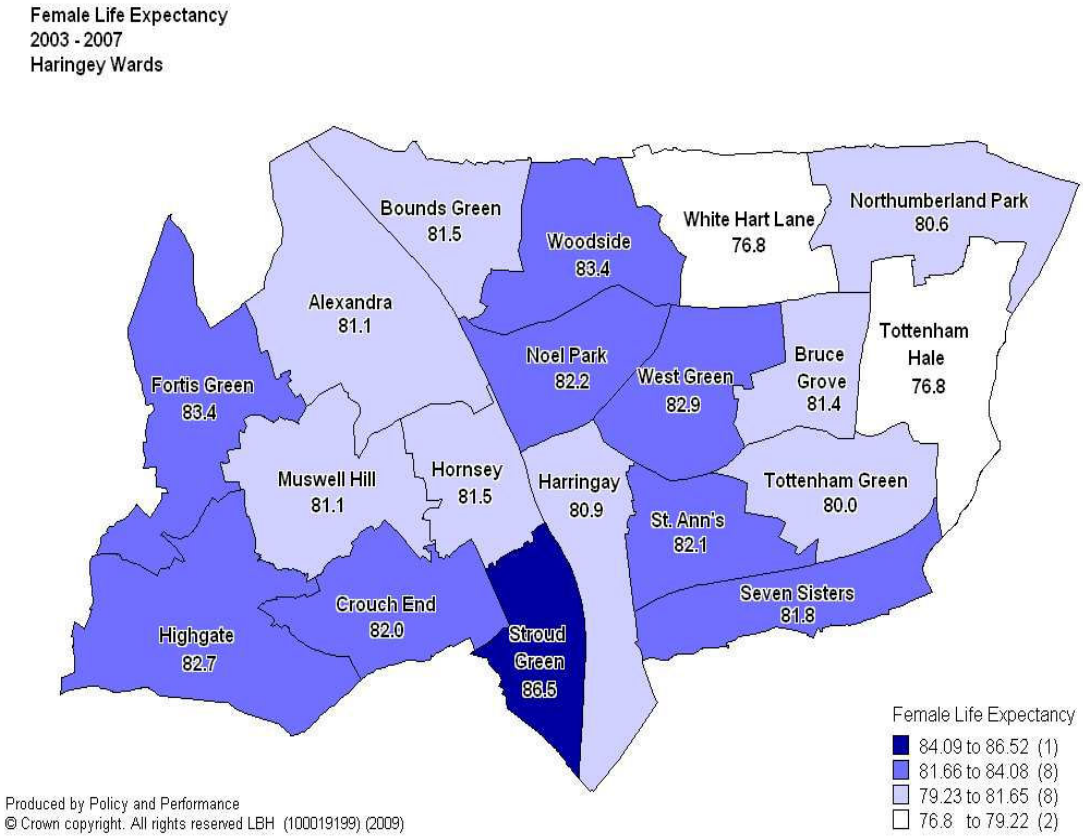
3.1.3 Type and levels of health issues vary considerably across Haringey and infrastructure planning has a role in meeting the health needs throughout the borough. Men in the west will live, on average, 6.5 years longer than men in the east (Figure 3.1). Based on 2006/08 data, life expectancy is 76.3 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.

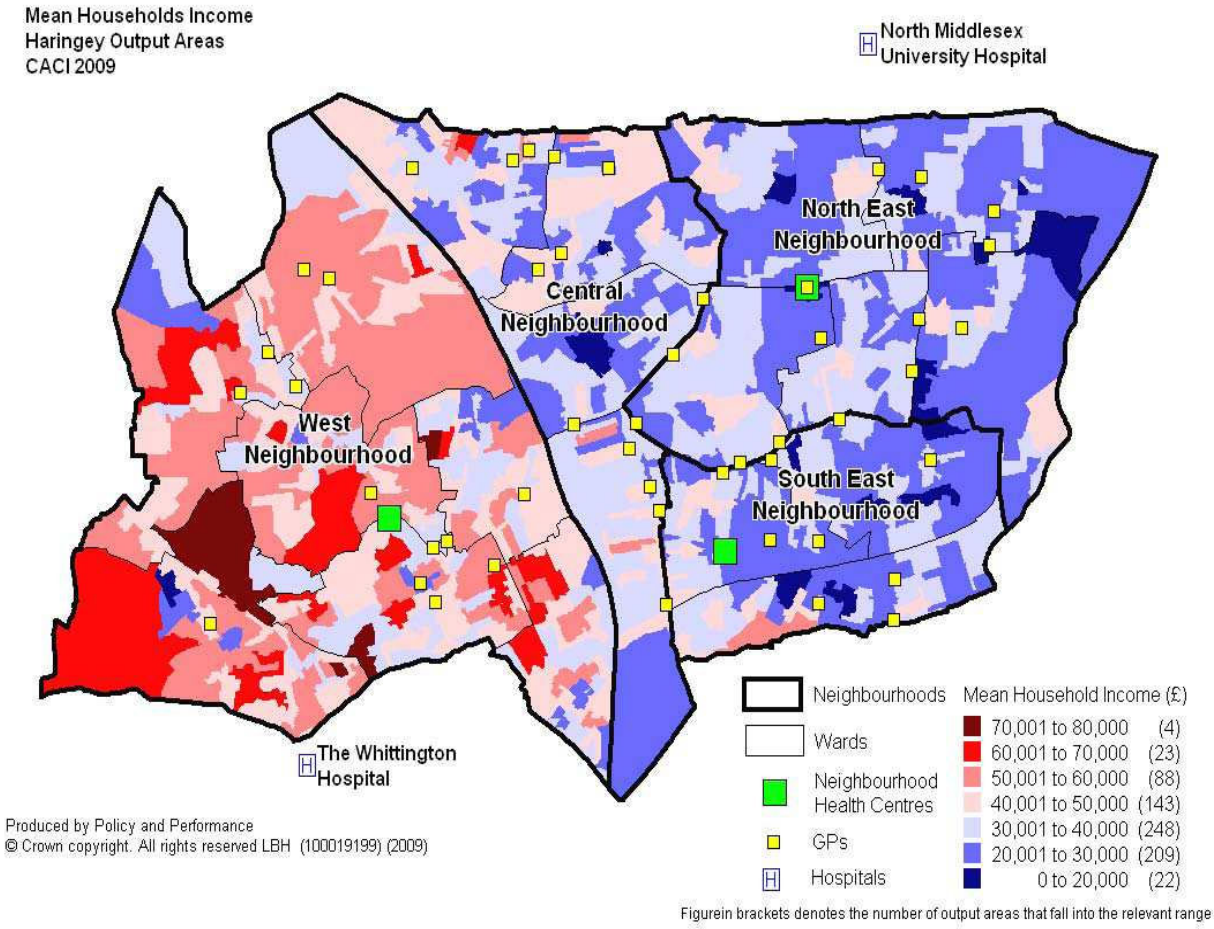
4.1.8 Most recent population projections (2010) from the GLA indicate that the primary care needs expressed as GP numbers associated with the predicted population growth in Haringey between 2010 and 2026 is about 12. The population growth is highest in the north east and south east collaborative areas, 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.

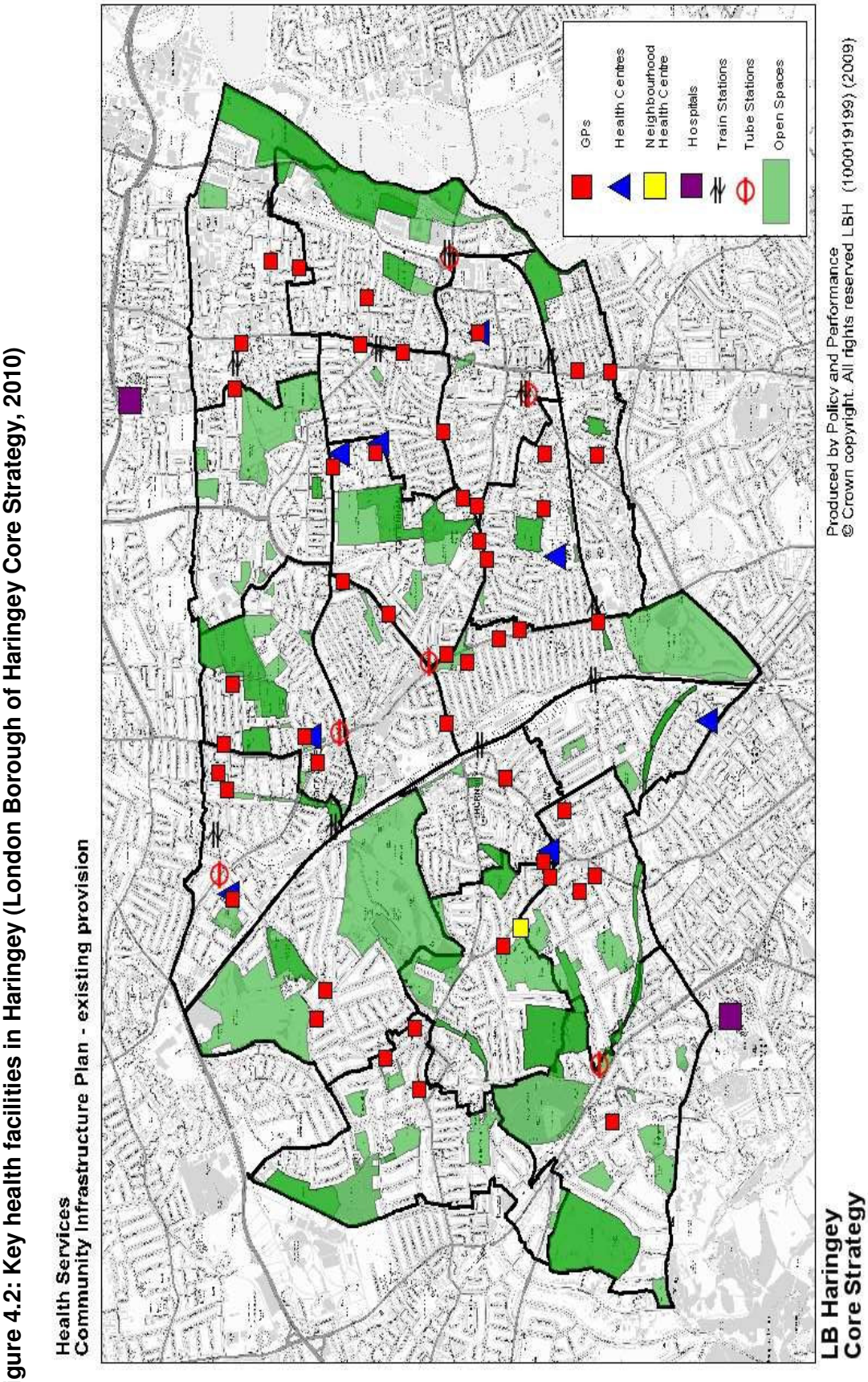


Figure 4.2: Key health facilities in Haringey (London Borough of Haringey Core Strategy, 2010)

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 patience 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 has 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.

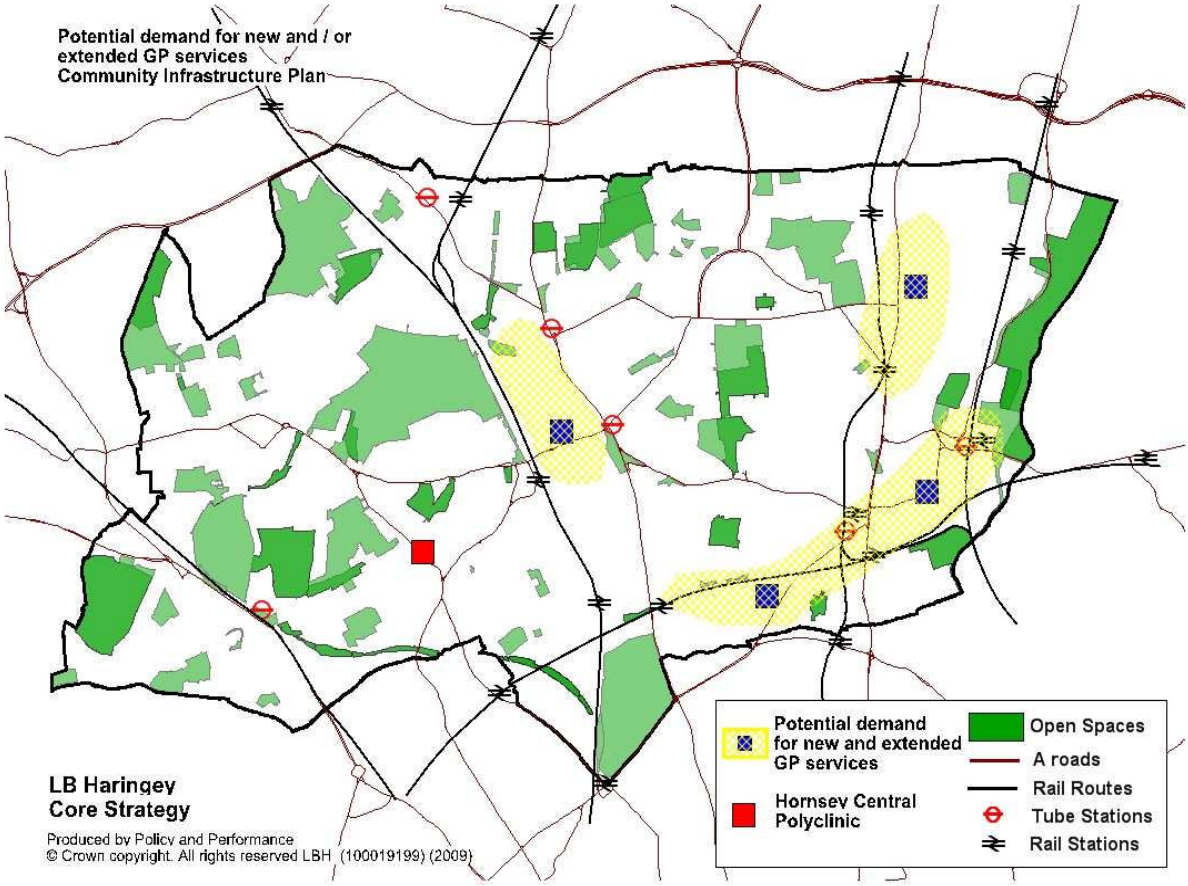
4.2.8 The assessment of GP provision in Haringey reported earlier suggests that the number of GPs in Haringey is adequate for current and future needs. With predicted population in 2026 of 260,000, the calculations show that current numbers of 191 GPs should be sufficient. There is, however, geographical 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.

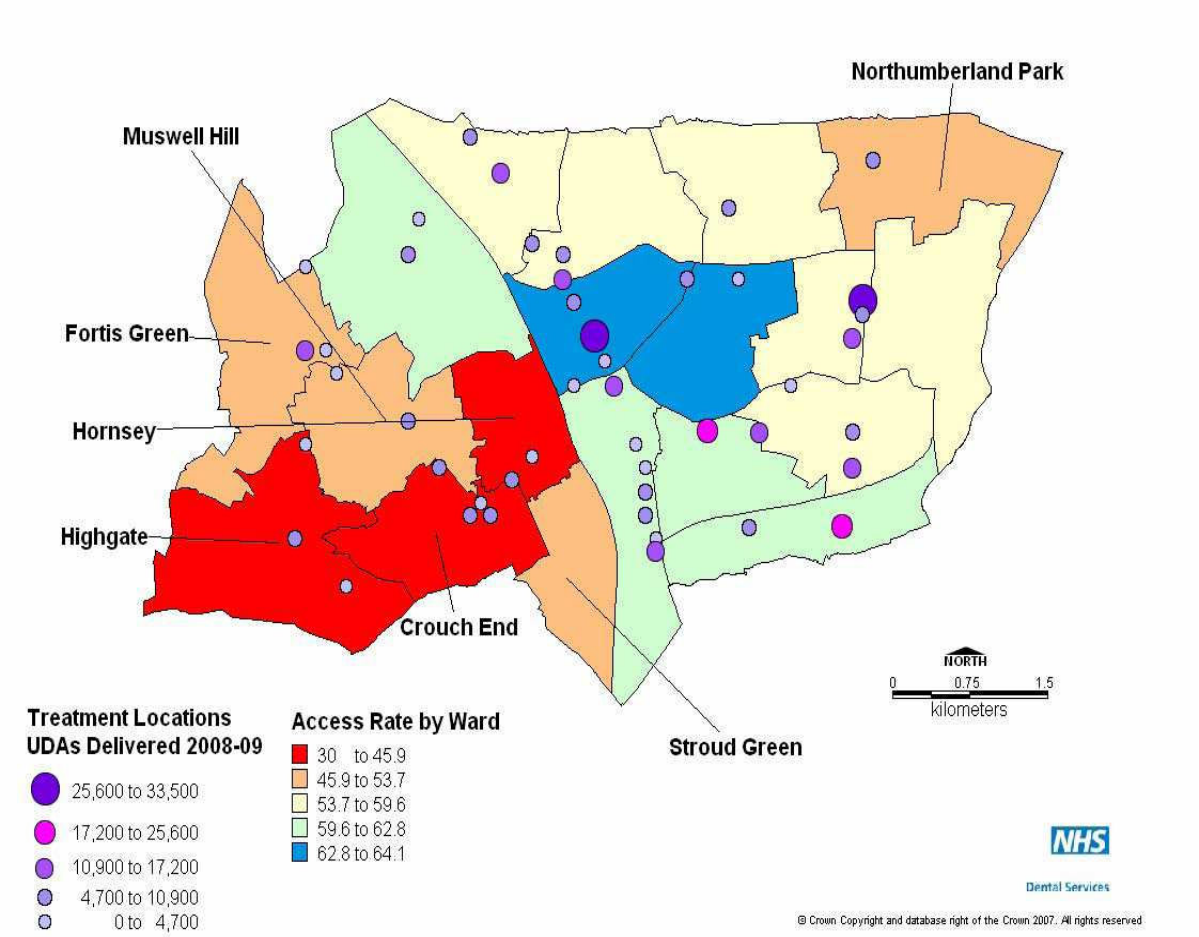
4.4.8 NHS Haringey has indicated that any plans developed as part of the St Ann's Hospital site re-provision and development programme would be complementary to the Laurels Neighbourhood Centre and appropriate hospital and community care delivered closer to home.

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
- Metal 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 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)*

NHS Haringey collaborative primary and community health care network serving the north east of the borough, including Tottenham and the Tottenham Hale development	Improvement of and access to public health, primary and community health care facilities	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	£400/sqm based on assumptions for Hornsey Central	NHS Haringey Borough presence/NCL sector team	By 2015/16	NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue	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.
NHS Haringey collaborative primary and community health care network serving the south east of the borough	Improvement of and access to public health and primary health care and facilities	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	£400/sqm based on assumptions for Hornsey Central	NHS Haringey Borough presence/NCL sector team	By 2015/16	NHS capital grant/ LIFT funding/ S106/CIL/ NHS Revenue	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.
Mental health and integrated health care facilities							
St Ann's site	To provide integrated primary care, community	6000 sqm (early estimate)	c£12m	BEH MHT	2014	BEH MHT	Site options being developed; delivery subject planning consent and joint working with

	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 / 5,000m2	£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 / 4,500m2	£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			Directorate			Clinical Strategy and Business Case.
Secondary care facilities Haringey NHS/Neighbouring boroughs' NHS	This is a demand-led estimate by the Local planning authority.	Need for 28 – 40 additional hospital beds or equivalent appropriate alternative primary care facilities	£10 - £14.5m	NHS Haringey and/ NCL/GP Consortia	2015-6	TBD	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.

HARINGEY CCG UPDATE – SUMMARY FOR OVERVIEW AND SCRUTINY COMMITTEE

The Haringey Clinical Commissioning Group (CCG) was created in 2011, following the publication of the White Paper *Equity and Excellence: Liberating the NHS* which set out the Government's vision to place lead responsibility for commissioning health services in the hands of GPs, on the basis that clinicians are best placed to understand local health needs. By empowering the full range of clinical professionals, CCGs are designed to realise the potential for clinical leadership.

CCGs will be responsible for commissioning the majority of healthcare for their local population. CCGs are designed to be truly different organisations through the clinical engagement and leadership GPs and other clinicians bring, the engagement of a range of health and care professionals, working in partnership with local government and the ability to be much closer to communities and patients. They will require good management and support to be able to function effectively.

Following GP elections organised by the Electoral Society, a shadow Board was established, made up of elected GP members and appointed members from the NHS North Central London Haringey Borough team, Public Health, Haringey Council, Haringey PCT non-executive directors and patient representatives. The Chair and Vice-Chair were both appointed following interviews.

The Shadow Haringey CCG Board is made up of the following members:

Dr Helen Pelendrides*	Chair / Central Lead
Dr John Rohan*	Vice Chair / North East Lead
Andrew Williams	Borough Director
Dr Peter Christian*	West Lead
Dr Muhammad Akunjee*	South East Lead
Dr Sharezad Tang*	Central GP Member
Dr Simon Caplan*	North East GP Member
Dr Gino Amato*	North East GP Member
Dr Dina Dhorajiwala*	West GP Member
Dr David Masters*	West GP Member
vacant	South East GP member
Dr Rebecca Viney*	Sessional GP member
David Maloney	Borough Head of Finance
Dr Jeanelle de Gruchy	Director of Public Health
Sue Baker	Non-executive
Cathy Herman	Non-executive
Patrick Morreau	Patient Representative (West)
Ivy Ansell	Patient Representative (East)
Mun Thong Phung	Haringey Council
Councillor Dogus	Haringey Council

* elected members.

In addition to the formal membership above, Sarah Timms is Nursing and Quality Advisor and other representatives of the NHS North Central London Haringey Borough team attend as appropriate.

The first shadow Board meeting was held on 13 July 2011. The Board meets bimonthly and four meetings have now been held since its inception.

The inaugural meeting focused primarily on governance issues, reflecting the embryonic state of the group. The second meeting (15th September 2011) centred on a detailed discussion of commissioning intentions, which would be developed further at the impending Health Leadership Summit and other CCG and HWBB meetings and forums, before being agreed at the CCG Development Meeting on 20 October.

The Board discussed the options for delegated commissioning budgets and agreed the delegation of the prescribing budget and the proposed timelines for delegation of subsequent budget sections and the consequent governance development required.

The third Board meeting on 17 November 2011 focused on strategy and development, with an update on the BEH Clinical Strategy, and detailed discussion of NHS NCL Commissioning Strategy and QIPP Development and local commissioning intentions, as well as discussion of delegated responsibilities, building on previous discussions concerning the assurance process around the delegation of commissioning budgets.

The most recent shadow Board meeting was held on 19th January 2012. The Board approved the approach to developing Haringey CCG and Haringey Health and Wellbeing Board Capabilities for locally-led joint commissioning. This had been previously approved by the shadow Health and Well Being Board.

The Board approved the proposal for the CCG to undertake delegated authority for the budgets for prescribing, planned care and A&E. This was an increase in what was envisaged at the previous meeting and indicative of the CCG's mounting confidence as it has developed over the past year.

In addition to the highlights above the Board also receives regular updates are also provided on the local QIPP delivery programme, the current financial position and forecast out-turn, performance, quality and safety and the local risk register.

The bi-monthly Board meetings outlined above alternate with bi-monthly organisational developmental sessions led by Entrusted Health Partnership to embed the individual and collective leadership skills required prior to establishment and authorisation. These workshops have focused so far on patient and stakeholder engagement, governance and commissioning.

In order to strengthen the CCG Board governance structure prior to it taking on delegated responsibilities a Finance sub-group has been created which will meet monthly to review finance reports, monitor financial risks and review all CCG service developments/decommissioning decisions (including QIPP plans) for their financial implications. A Quality and Safety Sub-group has also been created.

Each CCG will decide the extent to which it carries out services in house, or shares or buys in support services, especially from Commissioning Support Organisations (CSOs). NHS North Central London has joined forces with NHS East London and the City, and NHS Outer North East London to create a draft Commissioning Support Organisation prospectus, which was published in early January 2012. As the Haringey CCG develops towards authorisation it will continue to develop and firm up its operating model and structure.

Andrew Williams
Interim Borough Director
7 February 2012

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THE LAURELS UPDATE – SUMMARY FOR OVERVIEW AND SCRUTINY COMMITTEE

The Laurels Health Living Centre is based at St Ann's Rd, Tottenham, virtually opposite St Ann's Hospital. At present two GP Practices operate from the Centre – The Laurels Medical Practice and the Laurels Neighbourhood Practice.

Following the cessation of the Walk in Service and subsequent contractual changes the Bridge House Medical Practice now operate the Laurels Neighbourhood Practice, having been the successful bidder when the revised contract was opened to care-taking arrangements.

The practice has recently notified the PCT that following internal partnership changes, they no longer wish to continue with this contractual arrangement. In light of this, the PCT is now seeking a high performing and committed practice to take over this role for a defined period as a 'caretaker practice', prior to a formal procurement. All Haringey practices have been contacted and invited to submit an expression of interest to run The Laurels Neighbourhood Practice on an interim basis.

A package of support, consisting of an experienced senior GP and additional practice management is being provided to the Bridge House Practice over the next 6 weeks while the new arrangements are enacted. This will help to smooth the transition and ensure that any changes are communicated promptly to staff and patients.

Although there will inevitably be changes to the GP personnel, patients can be assured that there is categorically no intention to change the current terms and provision of services currently being offered at the practice. Patients will be notified shortly about the upcoming changes. Everything will be done to make the transition as seamless as possible.

Andrew Williams
Interim Borough Director
7 February 2012

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North Central London

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web: www.ncl.nhs.uk

Date: **26th January, 2012**

Cllr Gideon Bull
Haringey Council
River Park House
225 High Road
Wood Green
London
N22 8HQ

Dear Gideon

Re: The Laurels Medical Practice, St Ann's Road

I am writing to you in connection with the above, Jill Shattock, my deputy, can provide a further briefing at the OSC update meeting next week.

As you will remember from previous processes there are currently two GP Practices operating from the Laurels Health Living Centre. This briefing below relates to the practice that is currently being operated by the Bridge House Medical Practice, who were the successful bidder when the revised contract was opened to caretaking arrangements following the cessation of the Walk in Service.

Bridge House have indicated that following partnership changes, they do not wish to extend the arrangement. The PCT is, therefore, looking for a high performing and committed practice to take on the role for a defined period as a caretaker practice prior to a formal procurement. All Haringey practices have been contacted and invited to submit an expression of interest to run The Laurels on a temporary basis.

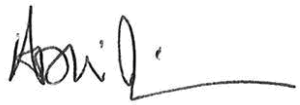
In order to provide additional support over the next 6 weeks while the new arrangements are enacted, a package of support at the Laurels in terms of an experienced senior GP and additional practice management is being provided to the Bridge House Practice. This will help with the transition and communications for staff and patients.

Formal communications are being drafted for wider circulation to both staff and patients, there is absolutely no intention to change the current terms and provision from what is currently being offered at the practice but there will be changes to the GP personnel but the intention is to keep the transition as smooth as possible.

If you need any further information please let me know.

Kind regards

Yours sincerely



Andrew Williams
Interim Borough Director
NHS North Central London

Cc: Lisa Redfern, Deputy Director of Adult and Community Services

Whittington Health NHS

Whittington Health update
North Central London Joint Health Overview & Scrutiny Committee

This brief updates members of North Central London Joint Health Overview & Scrutiny Committee on Whittington Health's Journey to foundation trust.

1. Whittington Health as an integrated care organisation (ICO) is almost eleven months into its journey to be an outstanding provider of joined up care to local people. The organisation provides acute hospital and adult and paediatric community services in Islington and Haringey. In Islington we are also integrated with social care. The five year strategy has been developed and approved by the Trust Board and is supported by our commissioners (Moving Ahead leaflet attached). The management of the organisation has been fully integrated and we are working in different ways across the hospital and community.

2. Becoming an ICO provides us with a unique opportunity to develop pioneering services that offer better value per pound spent and contribute to the significant financial challenges that the north central London health economy faces in its future. We are working with local GPs and other providers to develop integrated care in both Haringey and Islington. We are starting a pilot across 9 practices in North East Haringey, with colleagues from North Middlesex, Barnet, Enfield & Haringey MHT and the local authority to create multidisciplinary working, focusing care on people over 65 and those with long term conditions. The learning from this work will help us roll out a model across the whole of Haringey. We also have the following Initiatives underway across the organisation:

    - redesigning pathways of care for patients with long term conditions. The aim is to care for people closer to home and only admit people to hospital when they absolutely need to be there.
    - modernising our IT infrastructure across the organisation.
    - Applying principles of lean and enhanced recovery to how we work
    - Engaging our clinicians in increasing efficiency and productivity through the implementation of service line management

3. Whittington Health is on track currently to become a Foundation Trust by April 2013. Foundation trust status will make the organisation more accountable to local people through new governance structures that engage a public, patient and staff membership and an elected council of governors (CoG) that work alongside the trust board. The CoG will work with the Trust Board to ensure that the organisation responds the needs of local people. Additionally, foundation trust status will give the organisation greater financial and managerial independence that allows

us to develop services to meet local priorities. We currently have 4200 local people from all areas of our catchment as members and are aiming to recruit 6000 by end of 2012. There will be a process to elect Governors for the organisation over the Autumn.

4. To engage patients, public, our staff, and partner health groups, we launched a consultation on plans to become a foundation trust, our proposed governance arrangement and service development on 1 November 2011. Plans were sent out and consultation documents widely distributed to organisations such as voluntary sector groups, MPs and councillors, pharmacies, GPs, libraries, places of worship and other NHS and social care providers and commissioners. We have also visited a number of community and public events to gather consultation feedback. The consultation document is available in print and online and it has been circulated throughout north London boroughs.

5. Other indicators that may be of interest to the JHOSC relating to our current performance in improving quality and safety, and performance and money are:
   - The Standardised hospital mortality indicators were published in November by Dr Foster and the Whittington Hospital has the lowest mortality in the country. This is one indication of quality and safety within a hospital and is something we are proud of but continue to strive to improve quality across the Trust continuously.
   - The Trust had an unannounced CQC inspection in October over 2 days. The final CQC report has just been published. It is available on both the Trust website and the CQC website. Overall we met all standards with the CQC having some minor concerns.
   - The Trust continues to meet acute performance indicators. There was a dip in ED 4 hour performance in September which has now fully recovered.
   - Financially we are on track this year to achieve our £500k surplus at year end with 100% savings achieved against plan year to date.

ACTION - JHOSC members are asked to:

- to discuss and note the information
- to support our application for FT
- to respond to the questions within the consultation document formally

Whittington Health NHS

Moving Ahead

Whittington Health is a new innovative organisation that seeks to bring together healthcare provision, with partners in health and social care, and the local community, in North London.

Whittington Health has developed a new strategy for the next five years. Among those contributing have been patients and service users; staff, the community; general practitioners, councils and local providers of care. The aim is, moving forward, to ensure the best healthcare for people in the local area.

About us

The creation of Whittington Health came about as a result of joining together Islington and Haringey community adult and children's services with Whittington Hospital.

The organisation now provides hospital and community services for adults and children for the Islington and Haringey boroughs, as well as some for Barnet, Enfield and Camden.

Looking ahead

Whittington Health works to provide patients, service-users and carers with excellent care. This will be achieved in partnership with others, and educating the next generation of clinicians.

Our **vision** is to be an outstanding provider of high quality joined up healthcare to local people in partnership with GPs, councils and local providers

Whittington Health will be transformed by 2016. We will continue delivering medical and surgical services, but reshape them to become responsive, more cost effective and designed around the individual needs of patients and service users.

We will achieve our vision over the next five years through reaching our strategic goals:

- **Integrate models of care**, by redesigning services around individuals' needs. To achieve this we will partner with GPs, councils and local providers to ensure that the most appropriate care is provided in the right place at the right time.
- **Ensure no decision about me without me**, by working in partnership with our patients and service users to ensure they lead decisions about their care. We will patients, service users and their careers to stay healthy and live independent lives as active members of society.
- **Deliver efficient, effective services that improve outcomes** for patients and service users, while providing value for every pound spent.
- **Improve the health of the local people** through partnership with patients and service users. We will focus on improving life expectancy, reducing premature mortality and reducing health inequalities in our community. Treating all interactions as health promotion opportunities, identifying people at risk and intervening at an early stage are all central to achieving this.
- **Change the way we work by building a culture of innovation and continuous improvement**, by working flexibly and differently, we will ensure that quality and caring are at the heart of all we do. We will work with universities and others to develop new roles, continuing education and training programmes and research to deliver care that focuses on our population.

How we are taking the work forward

In order to achieve our vision we will reorganise around three integrated divisions to help people to work as one team across hospital, community services and social care.

Each division is led by a divisional medical director for clinical leadership and a director of operations for effective management. They report to the chief operating officer.

The divisions are:

- **Integrated care and acute medicine** covers services for patients with long term conditions, disabilities and conditions linked to the aging process.

  These services are delivered at home, in the community and in the hospital setting. They cover prevention, treatment and urgent emergency care.
- **Surgery, diagnostics and cancer services** provide care that meets the needs of the local population for all the common surgical conditions. These include cancer care, bariatric surgery and urgent surgical care. They also have close links with general practice to improve patient care.

  This division provides innovative care that enhances patients' recovery and enables quick access to a more appropriate home environment with close links to services such as rehabilitation. Community dentistry is also a key service in this division.
- **The women, children and families division** provides the community with a leading maternity service. This includes a midwifery led birthing centre, home births and births in hospital where appropriate.

  The division is supported by a dedicated team of midwives and doctors, who provide an excellent service that enables women to choose the most appropriate place for their care.

  This division also provides multidisciplinary services across health and social care for children with disabilities, and children services such as health visiting and school nursing provided.

What the vision will mean

- **For local residents**, success means access to services when needed; 24 hours a day; seven days a week; and, support in maintaining a healthy lifestyle.
- **For patients and service users**, it means excellent care, co-ordination and communication across services and an experience that they would recommend to others. It means being cared for by one team.
- **For staff**, it means continually improving, innovating and taking pride in the work. Staff will receive support, training and development to help them achieve of their best.

- **For students and trainees**, it means being provided with high quality education and training by committed trainers in an environment that supports the education of healthcare providers.
- **For local GPs**, it means listening and responding to needs; providing easy access to the most appropriate service; communicating clearly and helping patients to live as well and independently as possible. It also means offering a place for learning and research.
- **For social care**, it means working in an integrated manner, avoiding duplication in services and therefore achieving cost effectiveness by promoting independent living and active participation in the local community.
- **For commissioners**, it means a sustainable, effective organisation for the delivery of health care that meets locally the national strategy of the NHS.
- **For the NHS and local authorities**, it means a pioneering model of local provision that is focused on the needs of the local population. High quality services and value for money.

The future

The Whittington site will be transformed to reflect the shift from being a hospital towards being a more holistic healthcare provider.

Whittington Health will maintain access to care 24 hours a day, seven days a week.

Efficiency will improve by continuing to adjust the way the organisation works.

Whittington Health is committed to ensuring that a whole pathway approach is taken to care – from prevention and primary care through to acute and rehabilitation.

To achieve this, the different community services will play a fundamental role. Strong integration with social care will also be essential.

As the organisation moves forward, all stakeholders will be kept informed.

Any feedback will be welcomed and can be posted on the website at www.whittington.nhs.uk

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email communications.whitthealth@nhs.net

Whittington Health facts

- Whittington Health serves a catchment population of 440,000 people.
- Whittington Health is an organisation that costs approximately £277 million to run.
- Whittington Health employs over 4,000 staff.
- Whittington Health operates around 450 inpatient beds and day beds at the Whittington Hospital and at 16 health centres across the two boroughs.
- Whittington Health receives 86 per cent of referrals for acute services from Haringey and Islington GPs.
- Government figures, earlier this year, show that the Whittington is one of the safest hospitals in Britain.
- Whittington Health has a highly regarded educational role, teaching 200 undergraduate medical students, nurses and therapists each year.
- Whittington Health provides a range of educational packages for postgraduate doctors and other healthcare professionals. It is a partner for education and research with UCL Partners.

Caring for you

Be a part of your local health services

Public consultation

Our plans for becoming an NHS foundation trust

November 2011 - February 2012

Whittington Health NHS

Caring for you

Answering all your questions on becoming an NHS Foundation trust:

Whittington Health NHS

Introduction

Whittington Health is the new organisation which looks after your health, both within your hospital and in your community. On 1 April 2011, The Whittington Hospital NHS Trust came together with NHS Islington, NHS Haringey community teams and Haringey children's services to become an NHS integrated care organisation (ICO). This means that your healthcare throughout the boroughs is now managed by only one organisation. This new structure is explained in more detail throughout this booklet.

A few years ago, The Whittington Hospital NHS Trust was invited to apply to become a foundation trust. We decided not to go ahead at the time because health services in London were being reviewed and it was uncertain how this might affect us. Now that we are an ICO, we are re-applying to become an NHS foundation trust. We believe this will have advantages for our patients, others using our services, local people, our staff and our partners.

This booklet explains the reasons for becoming an NHS foundation trust organisation. It outlines our vision for the future and the benefits which foundation status will give us. It also explains how we envisage Whittington Health NHS foundation trust will be run and how you can get involved as a member of the foundation trust.

Throughout the booklet we have tried to answer the questions which we are sure you will want addressed. We also want to hear your views on our plans and hope that everyone who has an interest in the future of Whittington Health will let us know what they think.

This is your local NHS health organisation, so please have your say and consider becoming a member.

Joe Liddane
Chair

Dr Yi Mien Kon
Chief Executive

Who we are

About us

Whittington Health (trading as The Whittington Hospital NHS Trust) was launched on 1 April 2011 as an NHS organisation comprising The Whittington Hospital NHS Trust and community health services of NHS Islington and NHS Haringey. In May 2011, Haringey's children's health services also joined Whittington Health.

The Whittington Hospital and the community health services in Islington and Haringey are award winning organisations, delivering acute and community based health services to a population of 443,000 people. The new organisation is the biggest employer in the area, with over 4,120 staff and delivers healthcare not only on the acute hospital site, but also from a variety of other venues and through visits to people's homes. We aim to ensure that all our patients and service users receive treatment and care in the most appropriate environment for their health needs.

The high quality health services are provided in a caring, friendly and efficient way – we want you to be proud of your local healthcare and recommend it to your family and friends.

As an Integrated Care Organisation (ICO), Whittington Health offers greater opportunities to work across the boroughs to address the health needs of the local population. By integrating our hospital and community and social care teams, we aim to improve the quality of care to our patients and service users whilst reducing costs by working closely together.

Whittington Health works in partnership with GPs and other health, social care and voluntary sector partners in order to support patients and service users. From their initial appointment, whether it is with a community health team or at the hospital, we support patients and service users all the way through to treatment and tailored after care.

The history of the Whittington

Medical services have been delivered on the Whittington site since 1473, when a leper hospital was founded. It has also been a smallpox hospital, an infirmary and a nurses' home. Then finally in 1948, The Whittington Hospital was created under the National Health Service and at the time, there were over 2,000 beds across three hospital sites.

Today, The Whittington Hospital NHS Trust has joined with community NHS health services in Islington and Haringey to ensure treatment and care for our local patients are joined-up and efficiently delivered. We call this new NHS organisation Whittington Health.

New foundations

What is an NHS foundation trust?

NHS foundation trusts are a new type of organisation accountable to their local community rather than to central government. The intention is to make them more responsive to the needs and wishes of local people. They firmly remain part of the NHS and provide healthcare services consistent with NHS standards and principles.

An NHS foundation trust organisation is governed by a committee of local interested people called the council of governors, which is elected by Whittington Health's foundation trust membership. Patients, service users, the public, staff and local organisations can all become members. The council of governors work with the board of directors, who are responsible for the day-to-day running of the hospital, to agree its strategic direction.

Since our first application, we have been trialing the governing structure as we have around 4,000 local trust members from which trust governors have been elected. They have been working for approximately three years with the hospital's board and this experience puts us in good stead for the creation of, and the working with, our future council of governors.

Why is Whittington Health applying to become a foundation trust?

Becoming a foundation trust will bring more empowerment to our patients, service users and local people. It will bring more freedom in locally made decisions in how to spend funds to address the particular needs of our patients and service users. The government is encouraging all NHS trusts to achieve foundation trust status by the end of 2014. We feel confident in applying for our status in 2013.

What are the benefits of becoming a foundation trust?

For patients, service users and local people

Becoming a foundation trust will allow us to be more responsive to individual and local healthcare needs. We will develop closer links with local communities and other healthcare providers in the area.

Our new governance arrangements will make Whittington Health more accountable to patients, service users and local people. Local people can become members and be elected to the council of governors giving them a much greater say in how Whittington Health services are run and developed.

As a foundation trust, Whittington Health will have greater financial freedom. We will be able to seek new sources of income, retain any surplus and decide, in partnership with our governors, how best to spend our money to meet the needs of our patients, service users and local communities.

For our staff

With foundation trust status, staff will have a greater say in how Whittington Health's services are run and developed. All staff can become members and be eligible to be elected to the council of governors. As a foundation trust we will have greater freedom to respond to local rather than national staffing pressures. We will also have more freedom in how we reward and retain staff.

For our partners

The delivery of effective healthcare requires different agencies to work together to provide a fully joined-up service. Having our key stakeholders represented on our council of governors will enable this to happen more easily and give them a say in how our services are developed.

NHS FOUNDATION TRUSTS

- **Are part of the NHS**
- **Provide care on the basis of need, free at the point of use**
- **Are governed by local people**
- **Are not run for profit**
- **Have greater freedoms and flexibility in the way they are managed**
- **Are regularly inspected**

What does Whittington Health have to do to become a foundation trust?

Whittington Hospital NHS Trust (as the trading organisation) has to apply for a licence to operate as a foundation trust. To fulfil the criteria to apply, we have to prepare a five-year plan about how we are going to improve and grow our services for our local communities and beyond.

We need to put a strong case forward showing that:

- Our services are of a high quality and make a difference to people who use them
- Our risk of failures are low
- Our finances are in good order
- We have the right numbers of staff with the correct skills to deliver the services we provide now and want to provide in the future
- We can attract a strong and meaningful membership – to show how we plan to involve those who want to make significant contributions to how we manage our foundation trust.

Membership

Another condition of our application is that we need to consult widely with patients, service users, the public, our staff, local authorities, partnership organisations and our wider communities. This ensures that local people get an opportunity to comment on our plans in becoming a foundation trust and feedback on how we plan to operate and deliver our services. This consultation document will give you the opportunity to do that.

How the foundation trust will be managed

NHS foundation trusts are organised and governed in a different way to existing NHS Trusts and have three main components:

The membership made up of patients, service users, local people, staff and partner organisations, such as Primary Care Trusts (PCTs) and local authorities.

The council of governors which includes individuals elected from the membership and people appointed from partner organisations.

Board of directors made up of non-executive and executive directors and the chairman and chief executive.

Membership – getting involved and member benefits

Being a member of our foundation trust is free. Members will be kept informed about developments at the hospital and will have a say in what we do. Members will be invited to:

- Attend discussion forums and workshops on general or specialist topics
- Give feedback on their experiences of Whittington Health
- Vote to elect representatives of the council of governors
- Stand for election to the council of governors
- Have a say in any future changes or developments to our services.

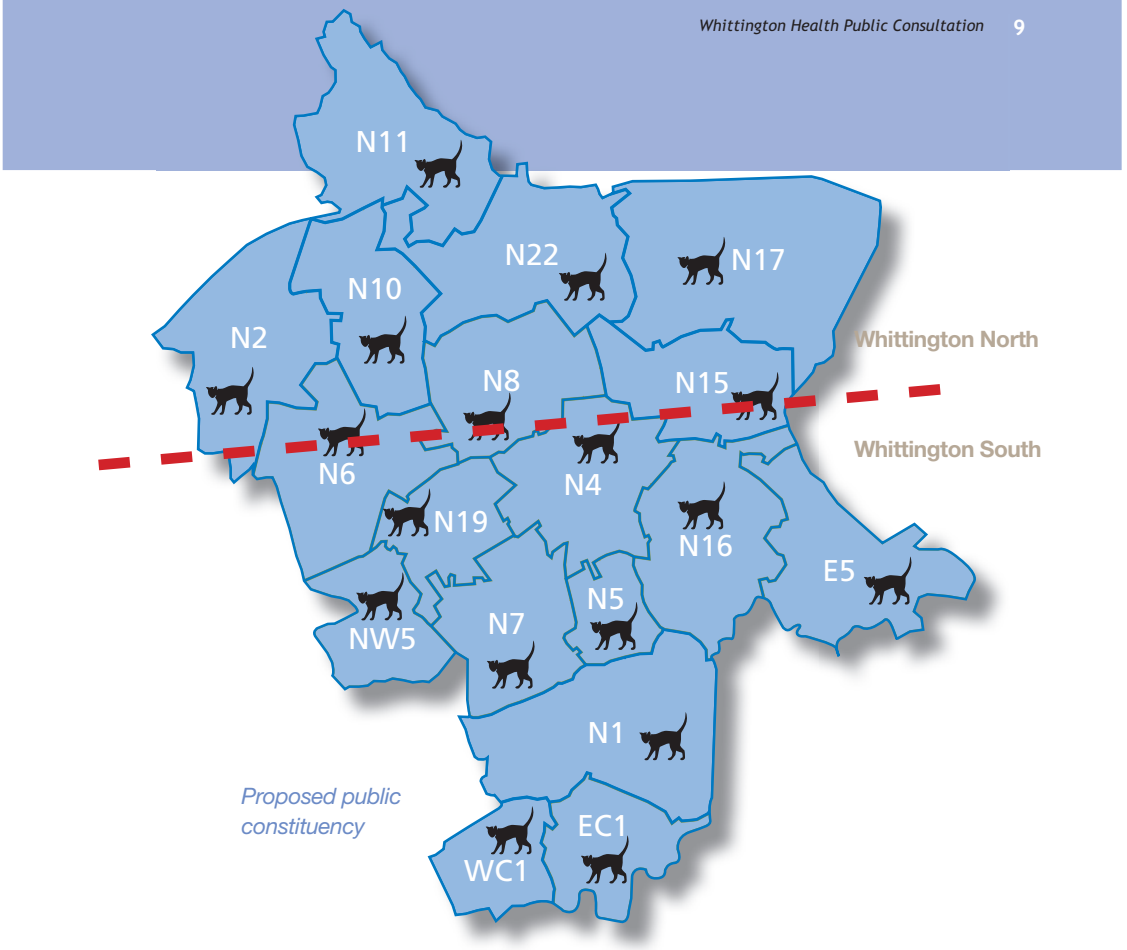
As a member, you also receive benefits such as high street shopping discounts from the NHS Discounts membership scheme; invites to Whittington events in addition to access to focus groups and to your local Whittington governor to raise issues from the community.

Who can become a member?

We are proposing three constituencies of membership:

Patients and service users

We believe that anyone who has been a patient or service user of Whittington Health within the last five years should be eligible for membership. Carers of patients or service users may also join the patient constituency provided they are not already eligible as staff or public members.



The public

Public membership will be open to all residents of the London Boroughs of Islington and Haringey. However, significant numbers of patients and service users travel from Barnet, Hackney, Camden, City of London and City of Westminster, whilst the London Borough of Camden is just across the road from the western side of The Whittington Hospital. We are therefore proposing that at least some electoral wards from these boroughs should be included in the public constituency, and the public constituency will be divided into Whittington North and Whittington South (see the map for more detail).

We believe the minimum age for membership from the patient and the public constituencies should be fourteen.

Staff

All staff, including volunteers, who have worked at Whittington Health for at least a year will automatically become members of the foundation trust unless they choose to opt out. Employees of other organisations working on Whittington Health sites may be invited to opt in to membership.

Individuals who are eligible to join more than one constituency will be able to choose which one to join, for instance a member of staff who is also a patient may choose to join as a patient member.

Structure

The council of governors

The council of governors will work alongside the board of directors to influence and shape the services provided by Whittington Health. Its role is to make sure that the views of the local community are taken into account and that information about Whittington Health is fed back to the members they represent. The council is not responsible for the day-to-day running of the organisation, which is the job of the board of directors.

Specific responsibilities include:

- The council works with the board of directors, to review and comment on the plans for the future strategic direction of Whittington Health
- Representing members as unpaid officials
- Appointing the chair of the foundation trust and non-executive directors
- Agreeing the remuneration of the chair and non-executive directors
- Appointing the organisation's auditors
- Reviewing Whittington Health's annual report and accounts
- Advising the regulator of foundation trusts (Monitor) of any serious concerns about the performance of the board of directors

This role is fulfilled through regular quarterly meetings held in public and the opportunity to influence members of the board of directors.

Proposed structure of council of governors

Whittington Health is committed to ensuring that patient and public members together represent over 50 per cent of the council of governors.

Partner organisations

The following partner organisations will be invited to have one seat on the council of governors.

Islington PCT

Haringey PCT

London Borough of Islington

London Borough of Haringey

Camden and Islington Foundation Trust

UCL Partners

Patients

We propose that there should be five governors elected by patient members.

The public

We propose that there should be four governors elected from Whittington North public members and four governors elected from Whittington South public members.

A Governor's View

by Ron Jacob, Lead Governor

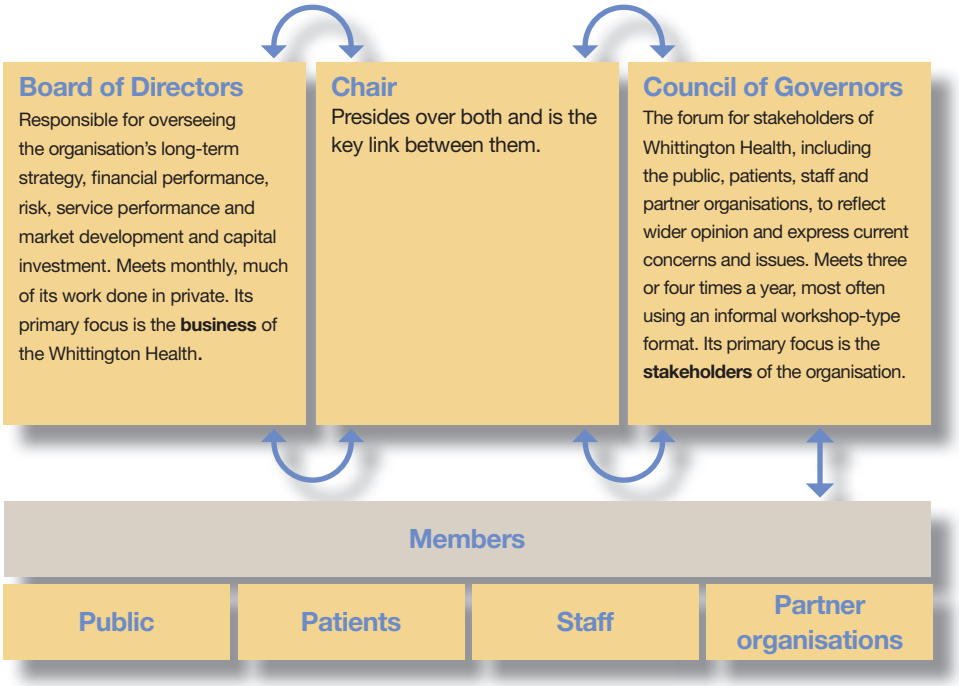
In early 2008, I read that the Whittington was applying to be a foundation trust. I decided to apply and support the hospital in some way because, like most of us who live close to the Whittington, I had attended several times, either for myself or because of my children's accidental injuries. Also my wife works at the Whittington so I had some knowledge of what was happening in the hospital. I have had an interest in health care for many years and I am directly involved in medical education. I felt therefore that I had something to offer the Trust.

As you can imagine, the running of a hospital is an immensely complex process and it takes time and commitment as a governor to learn about some of the broad issues surrounding the organisation. We as governors are here to represent the views of the community back to the Trust and yet making contact with a very varied community that potentially numbers more than 400,000 is a challenge! As governors we attend many public meetings sponsored by the hospital which have brought to light many important issues, and the best contacts have been talking to people at community events such as the Highgate Fair and at the Save the Whittington demonstrations.

So what have we achieved? We have set up several working groups to look at topics such as transport to and from the hospital, finding one's way around the hospital and seating for visitors. An example is that we pushed for seating to be available for those waiting at the Pharmacy. Several of us sit on some of the hospital committees such as those concerned with the organ donation programme, patient experience, clinical governance and carbon reduction strategy. This gives us an opportunity to put forward views that we think best reflect public opinion whilst at the same time learning more about issues facing the organisation.

We have been working over the past three years as a shadow council of governors, and the chairman of the trust, directors and management have been very generous with their time in supporting us, providing us with a flow of information and being present at regular meetings. I think I speak for all the governors in saying that their commitment to the council augurs well for a constructive relationship in the future when Whittington Health finally obtains its foundation trust status.

Working together



Staff

We propose that there should be four staff governors comprising one from each of the following staff groups:

- Doctors and dentists
- Nurses, midwives and health care assistants
- Other clinical staff
- Non-clinical staff

To choose governors to stand for patients, public and staff, we shall hold elections every three years by postal ballot to enable each constituency to vote in people who will best represent their needs and interests.

In total, we are therefore proposing a council of governors comprising of 23 people plus the chairman, who is also chairman of the board of directors and who provides a key link between the two bodies. The majority of governors represent patients or public as required by legislation and they are unpaid in their roles.

The board of directors

The board of directors is responsible for overseeing the long-term strategy of Whittington Health, its financial performance, service performance and capital investment.

Business Reply Plus
Licence Number
RLKZ-ZHRU-CRTG

Communications Office
Whittington Health
FREEPOST
London
N19 5NF

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Questionnaire

We are holding a period of public consultation between November 2011 to February 2012. We would welcome your views on the proposals explained in this booklet.

Please could you answer the questions below, and return by folding and sealing the page and sending in post (pre-paid) before 29 February 2012.

1. Do you agree with our vision for the future of the organisation as a foundation trust?

2. What do you think of the name 'Whittington Health NHS Foundation Trust'?

3. Do you agree that the membership arrangements are comprehensive and reasonable?

4. Do you think that the proposed composition of the Council of Governors is appropriate and are the partner organisations we are suggesting the right ones?

5. Do you agree with dividing up the public constituencies in two, Whittington Health North and Whittington Health South?

6. Is the proposed that the staff constituency is divided into the following four groups appropriate?

- Doctors and dentists
- Nurses, midwives and health care assistants
- Other clinical staff
- Non-clinical staff

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7. Do you have suggestions as to how the council of governors might become engaged with the community it represents?

8. Do you have any views on how Whittington Health foundation trust could work with other organisations to improve your health and that of your community?

9. How do you think we can create a more patient focused organisation?

10. Do you think you would benefit from being involved with the Whittington when it becomes a foundation trust?

11. Please tell us what you think are the most significant health problems that affect the health and wellbeing of people where you live?

- ❑ Alcohol/drug misuse
- ❑ Obesity
- ❑ Smoking
- ❑ Access to healthcare e.g. GPs
- ❑ Unemployment
- ❑ Stress
- ❑ Mental Health
- ❑ Others (please state below)

12. Is there anything you would like to comment on which is not covered by these questions?

Name:

Address:

Postcode:

Email:

Telephone number:

Membership number:

We would like you to join as a member.

Please tick here to become a member – it's free and provides many benefits ❑

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Real stories

Haringey's Combined team for people with learning disabilities

by Jessica Fitzgerald.

The community nursing team is part of the multi disciplinary Haringey community team for people with learning disabilities. Approximately 800 people with learning disabilities living in Haringey are known to our service.

People with learning disabilities do not always seek or receive education, screening, treatment, support or advice. Using a person-centred, holistic approach, our nurses use their specialist knowledge and skills to determine health needs.

Did you know that for people with a learning disability:

- Mortality rates among people with moderate to severe learning disabilities are three times higher than for the general population
- Rates of gastrointestinal cancer are higher (48-59 per cent versus 25 per cent of cancer deaths)
- Musculo-skeletal impairments are 14 times more likely
- Epilepsy is at least 20 times higher than the general population
- 40 per cent also have a hearing impairment
- One in three adults have unhealthy teeth and gums
- Challenging behaviours (aggression, self-injury and others) are presented by 10-15 per cent of people. In some instances, challenging behaviours result from pain associated with untreated medical disorders.

How we help

Our service enhances the health, education and safety of people with learning disabilities by working with them (and their carers as appropriate) on a one-to-one basis or through group work/ training. In addition, we can also provide awareness training around abuse and hate crime.

The early identification of illness in people with learning disabilities is of great importance and we train, support and provide consultations to GP's to enable improved care. A recent national audit showed that in Haringey 74 per cent of people with a learning disability had an annual health check, compared to the national average of 49 per cent, which means Haringey is the ninth 'best' in the country!

We assist in preparing "Health Action Plans" to address a person's health needs and to co-ordinate their health care. We also work in conjunction with mainstream NHS and social care organisations, providing advice to enable organisations to make "reasonable adjustments" thus meeting the needs of those with learning disabilities and communication difficulties.
We advise and support mainstream services with 'Mental Capacity' assessments when there are concerns over whether a vulnerable person is able to provide informed consent for necessary treatment or surgery. Where it is agreed that someone does not have the ability to understand the options to make a decision and communicate their wishes, we can organise and advise in a 'Best Interest Meeting' to agree consensus with the professionals involved and the patient's nearest relatives

Our aims

What are our plans for Whittington Health services?

Our five year vision

Our mission is to provide the best quality healthcare to our community. Whittington Health is uniquely positioned as an organisation to build on our partnership with GPs, to offer seamless care across hospital, community and social services that meet the needs of patients, carers and their families. To achieve this ambition, we will collaborate with other healthcare providers, specialist centres and independent and voluntary sectors and local authorities to ensure that the most appropriate care is provided at all times during a patient's journey. We will work with universities to develop new roles, continued education and training programmes to deliver care that focuses on our population. We will innovate to make sure that any change we introduce is better for patients, carers and their families and improves value. We will promote health and support self-care, by providing patients, carers and their families with expert backup whenever it is needed.

Our five year vision is for Whittington Health to be an outstanding provider of integrated acute and community health care to local people. In partnership with GPs, we aim to deliver excellent outcomes and patient experience whether in the hospital, the community or at home.

Our strategic goals

By 2016, our three key goals are to::

1. **Deliver high value care for patients, carers and their families** to ensure we can deliver services that improve the health outcomes that matter to patients, carers and their families and do this whilst providing value for money.

To support delivery of this we will:

a. Provide care in the right place at the right time
b. Listen to patients
c. Make sure our performance is as good as top performing hospitals and health services in the country

2

2. Improve the health of local people to improve life expectancy, reduce the risk of early death, and contribute to reducing the inequalities in health in our community by identifying people at risk and intervening at an early stage to help improve their health.

3

3. Build on our culture of innovation and continuous improvement to be a more efficient and effective organisation and to ensure quality and caring are at the heart of all that we do.

To deliver our strategic goals we will:

- Develop integrated models of care where all care providers work together in a more joined up way with the patient at the centre of what we do
- Work in partnership with patients and their GPs
- Make sure that all our services are as efficient as possible and we will routinely compare them for quality, safety, patient experience and costs against other similar services delivered else where
- Transform our culture ensuring that leaders support and educate staff to create a culture of care and compassion, innovation and excellence in order to continue to improve the quality of our care.

Real stories

Community chest!

Islington's services around COPD and smoking cessation by Myra Stern.

COPD Local Enhanced Service wins award

COPD, or chronic obstructive pulmonary disease, is a progressive disease that makes it hard to breathe. Smoking and living in areas of high pollution causes COPD, which is a major cause of disability and mortality in Islington and one of the major contributors to the health inequalities in life expectancy.

Islington has one of the highest emergency admission rates for COPD sufferers in London, with the disease being second on the list for A&E admissions.

Due to this high rate, a multi-disciplinary team of public health professionals, GPs and chest hospital consultants came together to find ways of reducing emergency admissions. This team, named the COPD Local Enhanced Service won an award at the Impress Conference 2011 due to the excellent results shown in only six months after the service was launched. The team are improving diagnosis, assessment and management of COPD at GP level, whilst also helping patients to manage their own condition. The team has also worked to ensure appropriate oxygen prescribing and increased referrals to pulmonary rehabilitation and to the smoking cessation service in Islington..

Islington's Quit Smoking

by Vicky Smith.

The Islington Stop Smoking Service has been providing advice and support since 2001. The Stop Smoking Service is part of the Islington Smokefree Alliance that promotes effective smokefree messages, and raises awareness on passive smoking, regulating tobacco products and educating businesses. The service is consistently amongst the highest achieving services in London and has repeatedly reached its quitter target.

The service is available to those who live, work, study or are registered with a GP in the borough and the intervention is free of charge including nicotine replacement therapy. The service also offers training and support to other health care professionals to enable them to offer brief intervention stop smoking advice. This includes practice nurses, pharmacists, school nurses, home support workers and midwives. There are also clear referral pathways into the stop smoking service throughout Whittington Health and our wider partners

Our future

Our future organisation

The way we work will be transformed to reflect the shift of focus from being a hospital to being a service provider focussed on its community. We will maintain 24/7 access to care. We are committed to ensuring that we take a whole pathway approach to care – from working in partnership with GPs through to acute care and rehabilitation. To achieve this, our portfolio of community services will play a fundamental role, and strong integration with social care will be essential.

Effective partnership and communication across professional groups and organisations will be critical to success. We are committed to working closely with colleagues at UCLH, North Middlesex Hospitals, and Royal Free Hospital; at Barnet, Enfield Haringey, and Camden and Islington Mental Health Trusts; HMP Pentonville; at the Local Authorities in Haringey and Islington; UCL partners and with the London Ambulance Service.

To help deliver this strategy, we will fulfil our ambition to become a foundation trust as soon as possible. In addition, we will develop the following enablers to support delivery:

- **Clear accountability.** Our staff working in teams will have a collective responsibility to ensure patients and service users receive high quality care. We will ensure that it is clear at all times who is accountable for each patient, helping to ensure that appropriate services are delivered with no duplication or unnecessary use of services.
- **Financial incentives.** We will work closely with our commissioners to agree financial systems that are consistent with the model of care we are committed to delivering.
- **Information.** We will ensure high quality, efficient care through careful information-sharing with easy access to up-to-date patient records by staff caring for you.
- **Education.** We will grow our profile as a leading campus for training medical and clinical staff. We will work with education providers to adapt training methodology and content to reflect the breadth of Whittington Health's services, and to ensure we are educating clinicians with skills to work in tomorrow's healthcare world.
- **Service Improvements.** We will promote clinical audit and participation in research and trials to support continuous improvement.
- **Estates.** We will ensure the premises from which we deliver care are fit for purpose, and remodel them as required based on population needs.

Our measures of success

What will success look like? Delivering on our vision and strategy will create the following outcomes for our stakeholders:

- **For local residents,** success means access to services when they need them, 24 hours a day, 7 days a week, and support in maintaining a healthy lifestyle.

- **For Whittington Health patients and service users**, it means excellent care; co-ordination and communication across services; and an experience that you would recommend to others. One team caring for you.
- **For local GPs**, it means listening and responding to your needs; providing easy access to the most appropriate service; open and easy communication; and, partnership in providing best value local services and helping your patients to live as well and as independently as possible. It means offering a place for learning together with secondary and community colleagues.
- **For Whittington Health staff**, it means continually improving, innovating and taking pride in our work. Staff will receive support, training and development to help them achieve their best and deliver innovative and excellent local healthcare.
- **For students and trainees** it means high quality delivery of education and training by committed trainers in an environment that supports the education of tomorrow's healthcare providers.
- **For Commissioners** it means a sustainable, effective organisation for the delivery of heath care that meets the national strategy of the National Health Service locally.
- **For the NHS** it means a pioneering model of local provision that is focused on the needs and preferences of the population and patients, and provides high quality services and value for money.

Why do we want to consult you on these foundation trust plans?

We want the opinions, concerns, feedback and interest from the communities we serve so that we can get the strategy and direction of our organisation right, thanks to your local voice. The plans above are not set in stone and they will be shaped again from the results of this consultation round. In the centre pages you will find questions to which we need answers in order to help establish our new health organisation

What if Whittington Health does not get foundation trust status – where does that leave the Whittington?

All our efforts and aims are around achieving foundation trust status and we believe that we are in a good position to attain it. However, if for some reason we are not successful we will need to further consult and decide with our local partners on the route ahead

Real stories

Whittington Maternity Services

by Jenny Cleary

Maternity staff have traditionally worked in both the hospital and community for many years as midwives provide ante-natal, labour and post natal care which can be delivered inside or outside the hospital. What has changed with the merger is that the staff which maternity services have liaised with in the past are now all working in the same organisation. This helps with communication between services and the development of new ways of working. It provides an exciting opportunity to ensure women and their families receive a seamless service from Whittington Health.

Women want the majority of their care to be in the community such as in Haringey and Islington children centres which are staffed by midwives. Pregnant women attending the centres are made aware of what services exist locally to help them in the transition into parenthood and the help available if their child needs additional care. The information that women receive around their pregnancy and labour is constantly updated on our maternity website and many advice booklets are available, hopefully promoting a more calm and informed experience for those going through the process of labour.

We are aiming to increase the homebirth service in the community - last year over 80 babies were born at home and we are working to increase this number. Our birth centre which opened in 2009 has proven to be very popular with over 1,000 births so far!

Meanwhile, our community midwives have worked very hard to ensure that at least 90 per cent of women are seen by a midwife before the thirteenth week, of their pregnancy in order to discuss the screening options available around conditions such as sickle cell, thalassaemia, HIV, hepatitis and Down's syndrome. Our labour ward has also received excellent feedback with 100 per cent of women saying that they felt very well supported when in labour.

Not only are we now looking to improve the post natal ward area to create a more comfortable environment, there are also plans to update all the wards in maternity – we look forward to the future as a foundation trust!

Real stories

Accident and Emergency

by Jeremy Nobes and Paula Mattin.

The Emergency Department at the Whittington provides care to approximately 85,000 patients a year who present with numerous illness and injuries. There are a total of 30 doctors and 89 nurses who work together providing clinical care 24 hours a day, seven days a week. More than 80 per cent of patients attending are seen, treated and discharged the same day by the Emergency Department. It is our aim to expand and continue to develop our department, focussing on quality of care and reducing or preventing inappropriate or unnecessary admissions and investigations..

It is our aim to expand and continue to develop our department, focussing on quality of care in addition to reducing inappropriate admissions, unnecessary investigations and preventing unnecessary admissions.

The development of Whittington Health and the creation of an integrated care organisation provides exciting opportunities and links for the emergency department and community services to work together to support patients after their discharge from the department. There are also opportunities for staff to rotate, share skills and training to expand care within the home.

Our emergency department has recently been recognised as leading in the development and training of staff in major incident management, whilst recent research projects undertaken in our department include the use of earlobe blood gases in COPD patients. We will be participating in many more studies as we progress throughout the year.

As part of the Whittington emergency department, there are many acute areas of focus:

- **Trauma unit:** The Whittington emergency department is now a trauma unit within the North East London and Essex Trauma network, with a 24 hour trauma team dedicated to providing excellent trauma care. We are working closely with the Royal London in creating a seamless system of care for trauma victims in our catchment area.
- **Paediatric Emergencies:** We have a clear philosophy of providing the highest quality paediatric emergency care in a dedicated child focussed environment.
- **Outpatient care** We have an 8 bedded clinical decision unit which is an integral part of the ED and is used for patients requiring short-term treatment, observations, are awaiting investigation results or needing social care input. This provides a safe, cost-effective and timely turn-around of specific group of patients where the length of stay is anticipated to be less than 24 hours.
- **Urgent Care Centre:** The urgent care centre has been designed to meet the needs of patients who have an urgent care need but who do not require emergency care. With the help of highly skilled nurses 'navigating' patients on arrival to the most appropriate service, this GP-led service sees approximately 50 per cent of all the departments' patients and serves as the single point of access for all emergency department patients who do not arrive by ambulance.

Next steps

Next steps

Thank you for taking the time to read this booklet. We would like to know what you think about our plans for the future of the hospital and your responses to the questions we have asked. Every response will be considered and will help us with refining final proposal to be included in our application for NHS foundation trust status.

You can respond in the following ways:

Write to us at
Foundation Trust Office
Jenner Building
Whittington Health
Magdala Avenue
London
N19 5NF

Visit our website and fill in our on-line questionnaire at
www.whittington.nhs.uk/FTquestionnaire

Email your views and comments to
foundationtrust.whitthealth@nhs.net

Or telephone the foundation trust office on
0207 288 5641

If you are a community or voluntary group and would like someone from the hospital to attend a meeting to discuss any of the issues raised in this booklet please contact the foundation trust office at the address above.

Please note that all views and comments need to be with us by 29 February 2012.

How we use your views about Whittington Health

At the end of the consultation period we will prepare a summary of all the responses received and the changes made to our plans as a result. A summary of responses (anonymised) will be available on our website. Your contact details received through the questionnaire will not be passed on to any third parties and will only be used with your permission to contact you regarding membership information.

If you would like a copy of this document in your language or help with interpreting it please ring 020 7288 5983.

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Bu evrağın kendi dilinizde kopyasını veya dilinize çevrilmesinde yardım istiyorsanız lütfen bu numaraya telefon ediniz 020 7288 5983

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Issue Date: November 2011

Whittington Health NHS

Agenda Item 10

Haringey Council

Report for:	**Overview & Scrutiny Committee** **20th February 2012**	**Item number**	

Title:	**Scrutiny Review of Registered Housing Providers**

Report authorised by :	**Cllr Alexander, Chair of the Review Panel**

Lead Officer:	Martin Bradford (Policy Officer) Tel: 0208 489 6950 Email: martin.bradford@haringey.gov.uk

Ward(s) affected: ALL	**Report for Key/Non Key Decision:**

1. Describe the issue under consideration

1.1 The scrutiny review of Registered Housing Providers was commissioned in 2010/11. This review sought to assess how partnership working among local housing providers can be further supported with the aim of delivering more effective and efficient services to local communities.

2. Cabinet Member Introduction

2.1 Not applicable at this stage. Once approved by Overview & Scrutiny Committee however, the report will be presented at the next available meeting of Cabinet following which, an Executive response will be produced.

3. Recommendations

3.1 The attached report details the work of the review panel and the conclusions and recommendations it has reached. The Committee is asked to consider and approve the recommendations contained within the attached report.

4. Other options considered

Haringey Council

4.1 The attached report details all the evidence considered by the scrutiny review panel

5. Background information

5.1 There are approximately 60 independent registered housing providers (RHP) that own or manage social housing in Haringey. Whilst a small number of housing providers (n=5) manage over 500 properties locally, the majority manage fewer than 100 properties.

5.2 Whilst such a broad range of provision can help to meet the diversity of housing needs in the borough, such fragmentation of supply presents a number of challenges to both the Council and to RHPs, particularly in respect of:

- effective communication, engagement and liaison strategies between housing providers
- differences in the way that local housing stock is managed
- variations in the nature and level of housing standards experienced by local tenants
- efficiency and effectiveness of housing service provision.

5.3 In assessing how best the Council should respond to these challenges, the review gathered evidence from a wide range of sources including officers from local services and representatives from national housing organisations. Most importantly, local RHPs were integral to the review process and were able to submit their views via both survey and focus group methods.

5.4 The panel made a number of key conclusions from its assessment of the evidence:

- the Council has a sound engagement structure to support dialogue with local RHPs, though there are areas in which this can be improved
- the 'common housing standards' agenda has largely been met through the establishment of a national service standards framework and the development of 'local offers' to tenants by housing providers
- further work needs to be undertaken to help prepare local members and officers for an enhanced role in the monitoring and scrutiny of local RHPs
- there is evidence that effective partnership working among RHPs can help to increase capacity, coordination and efficiency of local housing services
- there is significant and wide ranging potential to meet local housing and community needs through further support of effective partnership working among RHPs

Haringey Council

- although the rationalisation of the management of local housing stock presents numerous challenges, it can help to improve local partnerships, develop community engagement and increase cost effectiveness of services
- the Council should develop a stock rationalisation policy which supports those RHPs which are committed to the borough, work in partnership with other providers and provide a good service to local tenants

5.5 The scrutiny panel have made 5 recommendations (with component sub-recommendations). The recommendations of the review panel relate to the following areas:

- how the local engagement infrastructure between the Council and RHPs can be developed and improved
- how local members and officers can be further supported for an enhanced role in monitoring RHPs
- how partnership work can be further supported among local registered housing providers
- how the Council can support those registered housing providers considering the rationalisation of local housing stock.

5.6 The evidence for each recommendation (and sub recommendation) is referenced within the main body of the attached report.

6. Comments of the Chief Financial Officer and Financial Implications

6.1 Some of the panel's recommendations are likely to involve direct costs for the council in particular the recommendations on the STATUS report and GIS mapping of Social Housing. It will be necessary to identify the funding required through reprioritisation of existing resources before any recommendations are implemented.

6.2 The Council is currently preparing a new HRA business plan in the light of the new self financing regime. This includes an assessment of its housing stock. Aspects of recommendation five that have an impact on the HRA will need to be incorporated into this work.

7. Head of Legal Services and Legal Implications

7.1 When the Localism Act 2011 comes into force later this year it will introduce changes to the regulatory framework for social housing which are noted at paragraphs 1.15, 1.16 and 7.15 to 7.19 of the attached report. In addition to these changes, under the Act the Council will be able to offer flexible tenancies instead of secure tenancies and will have to publish a Tenancy Strategy that other registered providers of social housing in this district will have to take into account when formulating their own policies in relation to

Haringey Council

tenure. These changes give rise to the need for a more joined up approach to housing provision between the Council and its partners as proposed by the review.

8. Equalities and Community Cohesion Comments

8.1 A number of RHPs make an important contribution to meeting the specialist housing needs of different communities in Haringey (e.g. black and other minority ethnic groups, older people, women experiencing domestic abuse). It is therefore important that any action to streamline or rationalise local housing management or ownership should maintain the diversity of supply and its role in meeting local housing needs.

8.2 As well as providing housing, RHPs are significant investors in community services such as environmental improvements, anti-social behaviour initiatives and employment and training projects. More coordinated provision as advocated by the review may increase the capacity and effectiveness of housing service to meet the needs of local communities.

8.3 The support for more localised management of social housing outlined in this review may help to improve local engagement between housing providers and their tenants. This may facilitate greater community cohesion through a greater understanding of the needs of tenants and the communities in which they live.

9. Head of Procurement Comments

N/A

10. Policy Implications

Council priorities

10.1 A key theme running through the review was how RHPs can be supported in working together more effectively. The review has made a number of recommendations in this respect, and if implemented could the Council meet a key strategic priority: the delivery high quality, efficient services.

10.2 Recommendations contained within the review would also support key objectives of the local Housing Strategy (2009-2019):

- creating neighbourhoods where people choose to live
- ensuring that housing in the borough is well managed, of high quality and sustainable
- to provide people with the housing support and advice that they need.

10.3 The Housing Strategy has also outlined that partnership working in the housing sector will be a key process through which to achieve housing objectives. This is fully supported in the recommendations of the review.

Finance and value for money

Haringey Council

10.4 The broad thrust of this review is to develop the effectiveness of local partnerships within the housing sector. The review has demonstrated how local housing partnerships can contribute to improved efficiency, increased capacity and greater cost effectiveness in the delivery of housing and other community services. If implemented, it is hoped that the recommendations of the review may extend these benefits more widely.

10.5 There are a small number of recommendations that have direct resource implications for the Council, most notably the need to map social housing through Geographical Information Systems (rec 4c and 5b). The panel felt that it was important to retain this recommendation given that:

- it was central to improving partnership work and stock rationalisation opportunities in the local housing sector
- there are broader benefits to the mapping social housing, that is, it can be used to guide and inform developments in other policy arenas (e.g. ASB, benefits uptake)
- it may be possible to implement on a priority basis (i.e. those areas where there is known to be multiple providers) and therefore spread implementation costs a wider timeframe.

10.6 The implementation of recommendations is dependent on service priorities and officer resources within relevant housing services, particularly in the context of planned departmental restructures (Rethinking Haringey).

11. Use of Appendices

11.1 All appendices are included in the main body of the attached report.

12. Local Government (Access to Information) Act 1985

12.1 All references to published material used as evidence in this review is fully cited and detailed in the attached report.

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Haringey Council

Scrutiny Review of Registered Housing Providers in Haringey

www.haringey.gov.uk

A REVIEW BY THE OVERVIEW AND SCRUTINY COMMITTEE

February 2012

For further information:

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Strategic Support & Scrutiny
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Foreword

Registered Housing Providers (RHP) are a growing part of the social housing landscape. In Haringey alone, about 60 individual providers manage almost 12,000 homes. Whilst some of these providers manage many hundreds of or even thousands of homes, the majority manage fewer than 100.

Having such a large number of housing providers inevitably presents many *challenges.* How can the Council effectively engage with so many local providers? How can the Council help providers to work more efficiently together to better meet the needs of local people? This review has sought to help address some of these key questions.

The review has revealed many good examples of how housing providers work together to help improve services for local tenants. Furthermore, it has been apparent in this review that there is a considerable appetite for new and improved ways of working together, especially in such straitened times.

It is hoped that this report and the recommendations contained within it will help build on the good work that is already taking place in the housing sector in Haringey.

Finally, I would like to thank the representatives of local housing providers who came to the consultation events and provided invaluable feedback to the review and to all the panel members who have assisted in the review process.

Cllr Alexander (Chair of the Scrutiny Review Panel)

Other panel members: Cllr Adje, Cllr Beacham, Cllr Christophides, Cllr Schmitz and Cllr Watson

CONTENTS

What are the challenges of stock rationalisation?
The role of the Council in stock rationalisation

Appendices

Appendix A	Charts and Figures
Appendix B	Survey of Registered Housing providers in Haringey
Appendix C	Illustrated examples of the mapping of social housing in Haringey

1. Executive Summary

1.1 Registered Housing Providers (RHP) are independent not for profit organisations that provide a number of housing services to help meet local housing needs (e.g. social rented housing, supported housing and shared ownership). In addition, RHPs may also offer a range of extended services to support individual tenants and the communities in which they live (e.g. employment training, youth provision and estate services). In this context, RHPs are key local partners and local authorities should construct strong and effective partnerships with these organisations to support the effective delivery of local public services.

1.2 There are as many as 60 Registered Housing Providers (RHP) which own or manage social housing in Haringey. Whilst such a broad range of providers can help to meet the diversity of housing needs in the borough, the absolute number of housing providers presents a number of challenges to both the Council and to RHPs, particularly in respect of:

- effective communication, engagement and liaison strategies between housing providers
- differences in the way that local housing stock is managed
- variations in the nature and level of housing standards experienced by local tenants.

1.3 To enable the Council and RHPs respond to these challenges, Haringey Overview & Scrutiny Committee commissioned an in depth review. This review assessed the effectiveness of the local infrastructure to support engagement and partnerships between the Council and RHPs. In addition, the panel also explored ways in which the Council could support partnerships among and between RHPs and to help them identify shared solutions to common challenges and to enable them to work together more effectively in the provision of housing and other community services.

The review process

1.4 The overarching aim of this review was:

> *'To ascertain how the Council may support improved cooperation and partnership work among local RHPs to help develop shared solutions to common problems.'*

1.5 Within the overall aim of the review, the scrutiny panel sought to focus on a number of areas and to address a three key questions:

- how effective is the relationship between the Council and RHPs?
- how can the Council support greater partnership work among local RHPs?
- how can the Council support those RHPs considering the rationalisation of housing stock?

1.6 A wide range of local stakeholders were included within the review process including council officers: Strategic & Community Housing Service, Housing Enablement Team and Homes for Haringey. National organisations also gave evidence to the panel including the Tenants Service Authority (the social

housing regulator) and the National Housing Federation (the national association for social housing providers). Other local authorities were also consulted and gave evidence to the panel to help benchmark service provision and identify good practice.

1.7 Most importantly, RHPs that own or manage housing stock in Haringey were involved throughout the review process. RHPs were consulted at the commencement of the review to ensure that aims and objectives were correctly focused. In addition, a dedicated consultation session was held at which local RHPs (n=12), met to with the panel and officers to discuss engagement, partnership and stock rationalisation issues. Furthermore, an on-line survey was created to facilitate broader representation among local RHPs within this review.

1.8 Data drawn from local stakeholders has been analysed and has been presented within four key themes:

- engagement between the Council and RHPs
- service standards and regulation of social housing
- partnership working
- stock rationalisation.

Engagement (sections 6.1- 6.21)

1.9 The Council has a duty to engage local housing partners and develop strong working relationships to help deliver on local priorities. Working in partnership can help to increase the capacity, coordination and effectiveness of local services. The panel noted that RHPs are important contributors to local housing and community partnerships because:

- as the main providers of social housing, they are key players in meeting the housing needs of the local community
- in addition to housing services, they make considerable investments in neighbourhood and other community services investors (e.g. worklessness, environmental projects)
- as a front line service, they have important knowledge about the needs of local people
- RHPs are involved in supporting some of the most vulnerable people in the community.

1.10 The panel noted that there is a developed engagement infrastructure in Haringey which supports dialogue between the Council and local RHPs. From consultation with other local authorities, the panel noted that this infrastructure is not dissimilar to that provided elsewhere in London. The main components of this engagement infrastructure were identified as:

- RHP representation on local strategic partnership boards
- the operation of liaison forums (e.g. development forum, lettings forum)
- an annual conference for RHPs
- a 'Partnership Agreement' between the Council and RHPs.

1.11 RHPs that were consulted on the effectiveness of the local engagement infrastructure considered that generally, this provided a sound platform for communication and engagement between the Council and RHPs. The review

noted that there were high levels of awareness and attendance at local liaison forums, though there were a number of suggested improvements which could help make these more effective. These were identified as:

- reassessment of the terms of reference of liaison forums to minimise overlap
- creation of an annual meeting calendar across liaison forums to better able RHPs to plan attendance and that papers are systematically distributed to local RHPs
- ensuring that liaison forums are more outcome focused and deliver more practical benefits to local tenants.

1.12 A Partnership Agreement is also in operation between the Council and local RHPs to help bring engagement and closer working relationships between local agencies. The review noted that approximately one half of all local RHPs are a signatory to this agreement, and from the perspective of RHPs this had helped to increase awareness of local priorities and improved local engagement. There was a perception however that the agreement should be more widespread among RHPs and should become a more proactive tool in which to link RHPs to local priorities and services.

Standards of social housing and regulation (sections 7.1-7-30)

1.13 With a large number of RHPs owning or managing housing stock in the borough, it is inevitable that differences may emerge in the way that housing services are managed and the variations may result in the nature and level of services provided to social housing tenants. Some of the common issues to emerge included:

- different approaches to estate management issues (e.g. grounds maintenance, caretaking, car parking)
- responsibility for communal areas, particularity in respect of cleaning and rubbish collection
- inconsistent approaches to property maintenance (e.g. response times and quality of services)
- inconsistent and disjointed approaches to dealing with anti-social behaviour.

1.14 The panel noted that pursuance of a local 'common housing standards' agenda had largely been superseded by the creation of the national service standards for social housing (by the Tenant Service Authority) and the establishment of the process of 'local offers' (agreed priorities between tenants and their landlords). Furthermore, the panel noted that locally agreed service standards for tenants would be impractical to develop given that many RHPs manage housing stock across a number of local authorities.

1.15 In its evidence to the panel, the Tenant Services Authority (TSA) noted important changes to the regulatory framework for social housing to be introduced through the forthcoming Localism Bill. The panel noted that the emphasis of this Bill was to move towards a more localised system of housing regulation, its main provisions in this respect being:

- an emphasis on economic regulation through the Homes & Communities Agency (HCA)

- current regulatory role of the TSA transferred to the HCA and reduced to a backstop function (i.e. only dealing with cases of serious failure)
- greater emphasis on scrutiny and performance monitoring of housing providers at the local level (e.g. local authority, local Councillors).

1.16 As a consequence of the above, there is an expectation that local officials will play a more active and developed role in social housing regulation, particularly those relating to the resolution of tenant issues. To support this role, the panel have made a number of recommendations to support more proactive engagement and partnering role between RHPs and local officials. These include:

- updating and distributing RHP contact details to local councillors (e.g. the details of RHPs owning or managing housing each Ward)
- RHPs to inform local councillors when estate/ street walkabouts to take place
- where multiple housing providers are in operation in a local areas, estate or street walkabouts are synchronised
- Ward councillors to periodically hold surgeries on multi-landlord estates.

Partnership Working (sections 8.1-8.48)

1.17 The panel noted that number of RHPs working in the borough presented both challenges *and* opportunities to the local housing sector. The panel noted that the variety of RHPs that work in the borough offer an extensive pool of knowledge, skills and expertise in housing and other community issues and that there was a strong commitment within the sector to support local housing priorities. It was recorded that such diversity, skills and commitment offered a potentially rich seam of partnership opportunities in Haringey.

1.18 The panel noted that there were already good examples of local partnerships in the borough (joint procurement, pooled investment, shared services) which had helped to deliver tangible benefits to local stakeholders (RHPs and their tenants). It was noted that existing local partnerships had helped to deliver:

- increased capacity for services provision
- improved coordination of services
- more effective and efficient use of resources.

1.19 From the consultation processes undertaken within this review, it was apparent to the panel that RHPs face a number of challenges in partnership working and in developing other joint enterprises with housing providers. From this evidence, the panel noted that the main barriers to more effective partnership working included:

- identifying potential local partners (which providers own/manage properties and where)
- facilitating dialogue between providers
- lack of knowledge of local services and community organisations which may contribute to partnerships
- leadership and commitment from major RHPs and the Council
- the specific challenges that some providers face (such as smaller providers or those that manage street properties).

1.20 The panel noted that there was already evidence of commendable practice, which could guide and inform partnership work across the borough. The panel noted how Homes for Haringey and other RHPs had initiated the *Campsbourne Pilot Project*; an innovative partnership to respond to housing and other community issues on this estate in Hornsey. The panel noted that the achievements of this project derived from the practical and proactive approach taken by partners that focused on using the skills available to deliver practical benefits to local residents. The panel felt that this approach could provide a template to support the development of other housing partnerships across the borough.

1.21 From the Campsbourne Pilot Project and other successful partnerships across the borough, the panel noted that there were a number of critical elements to successful partnership working which should be recognised in efforts to promote and develop such work further. These included:

- establishing 'quick wins' for partners to help build trust and confidence
- collaborative tenant consultation provided a sound 'evidence base' and platform for joint working plans and relationships
- ensuring that partnership was a link-up of front line officers as well as managers
- ensuring that creative and committed officers were supported in respective organizations.

1.22 From its examination of local partnership working in the housing sector the panel noted that the local engagement framework supported such processes, but there were additional developments which the Council could enact to further support this work. The panel recommended:

- that social housing stock is mapped through Geographical Information Systems (GIS) to enable RHPs to identify potential partners and collaborative opportunities
- that a mechanism is devised which enables local RHPs to describe current and planned work programmes, to share good practice and identify partnering opportunities
- ensuring that the work of other local services and community groups is linked to housing partnerships
- ensure the partnering role of the Enabling Team is maintained within any restructuring of Strategic and Community Housing service.

1.23 Given the diversity of areas in which RHPs were already working together in partnership and the benefits that have been obtained, the panel concluded that there was significant and wide ranging potential to meet local housing and community needs through further supporting effective partnership working among RHPs.

Stock rationalisation (section 9.1-9.52)

1.24 Despite many mergers that have already taken place within this sector, the panel noted there were a number of housing providers whose housing stock was dispersed over wide areas and in many local authorities. In some instances, RHPs managed stock in over 100 local authority areas and held on average, less than 1% of their stock in each local authority area.

1.25 The panel noted that managing a small number of properties in a local area (stock dispersal) was not necessarily problematic as long as this was underpinned by high levels of client satisfaction, a demonstrable commitment to the locality and evidence of sound local partnerships to support local housing needs. Detached models of housing management however, have raised a number of challenges for the housing sector which included:

- inconsistent cooperation among RHPs
- increased unit costs to RHPs
- limited accessibility and accountability of RHPs to the local authority and their tenants
- difficulties in securing commitment to service improvement
- difficulties in engaging quickly and effectively to resolve local issues of concern.

1.26 In Haringey, the panel noted that of the approximate 11,000 homes managed by RHPs, just nine managed 200 or more properties locally. The majority of RHPs working in the borough (65%) managed fewer than 100 properties.

1.27 The panel noted that whilst stock rationalisation was not the answer to all problems in the social housing sector, on the evidence presented in the review, it was felt that in some instances this process could make a valuable contribution to the improvement of housing and other community services. In particular, the panel noted that more localised management of housing services could help to:

- improve local partnerships – with the local authority, other RHPs and other community organisations
- improve community engagement - through greater understanding of community and tenant issues
- improve cost effectiveness of services – through improved economies of scale and local partnerships.

1.28 From the consultation with RHPs, it was noted that some RHPs were active in the rationalisation of dispersed stock and a number had already had defined asset management strategies in place which underpinned this. But it was evident to the panel that stock rationalisation was not a straightforward process, and that RHPs faced a number of challenges in this process which included:

- the identification of possible partners with whom to swap or transfer stock
- difficulties in finding interest in the acquisition/ management of old housing stock
- complex legal and financial processes in property sales or exchanges (agreeing values, charges on properties)
- the levying of VAT on local management arrangements was a disincentive to the formation of such agreements
- requirement to consult and tenants and obtain their agreement.

1.29 To support RHPs that may be considering stock rationalisation, the panel made a number of suggestions in which the Council could support this. Most importantly, on the evidence of RHPs and other local authorities, it was

apparent that the development of a local stock rationalisation policy would help to identify how stock rationalisation can contribute to local priorities and help to identify roles and expectations of RHPs in this process. Other supporting developments that could be made by the Council included:

- GIS mapping of social housing stock to help RHPs identify partners with whom to swap, sell or purchase housing stock
- the adoption of a brokerage role by the Council, helping to link up RHPs that are interested in stock rationalisation
- support the adoption of a similar brokerage role at the sub-regional level.

1.30 Perhaps the most positive contribution that could be made to stock rationalisation by the Council however, was to lead by example. As an owner and manager of social housing stock (through Homes for Haringey) some of which is dispersed in other local authority areas, the panel noted that it may be beneficial to conduct an assessment of *all* its housing stock to identify units which may be beneficial to rationalise ownership (i.e. in other borough) or management (i.e. where it has a minority interest on a multi-landlord estate).

2. Recommendations

Recommendation 1

To develop and improve engagement between the Council and local Registered Housing Providers it is recommended that:

a) the terms of reference of existing liaison forums (development and lettings) are reassessed to:
- assess the need and viability of a dedicated management forum
- ensure that duplication is across forums is minimised
- that objectives and agendas are more outcome focused

b) that an annual calendar of meetings is developed and published in advance of all liaison forums

c) that associated papers/reports for liaison forums are systematically distributed to local RHPs

d) that the agenda for the Integrated Housing Board is distributed to all RHPs in Haringey

e) that the Partnership Agreement between the Council and RHPs is extended further among local RHPs and becomes a more proactive tool through which to link the priorities and services of both RHPs and the Council.

Recommendation 2

To support further liaison and partnership and to assist local officials in local scrutiny and performance management of RHPs:

a) that contact details of RHPs are updated and periodically distributed to all Councillors (with a named liaison contact)

b) that Councillors are notified of those RHPs that manage or own properties in their respective wards

c) to facilitate Councillors casework enquires, further consideration be given to the development of a mechanism which allows Councillors to identify specific housing providers (Council as an intermediary)

d) that RHPs inform Councillors of estate/ street walkabouts that take place in their ward (with 2 weeks notice)

e) that RHPs synchronise walkabouts on multi-landlord estates/ streets

f) that Councillors consider holding ward surgeries within multi-landlord estates on a periodic basis

g) that training be provided for local Councillors on their future role for the regulation of housing regulation as detailed under the Localism Act.

Recommendation 3:

That options for re-commissioning of the STATUS survey should be explored, possibly in partnership with other neighbouring authorities, or within the North London Regional Sub group.

Recommendation 4

To further support and develop partnership work across the local housing sector it is recommended that:

a) the critical learning and successes of the Campsbourne Pilot Project be disseminated across the borough to guide and inform partnership work on multi-landlord estates and across the sector more broadly
b) that the role of the Enabling Team in facilitating partnership work among RHPs on multi-landlord estates should be retained and extended within Restructuring Haringey Programme (i.e. its move from the housing service to the Place Directorate)
c) that all social housing stock is mapped through Geographical Information Systems[1] and that an accompanying dissemination strategy be devised which supports the communication of this information to social housing partners with a view to promoting local partnerships (and other local priorities)
d) that further engagement is developed between RHPs and broader Council services (e.g. environmental health, ASB, domestic violence) to help extend knowledge of local services and collaborative opportunities (possible develop a directory for physical resources, such as meeting places, which may also be available to RHPs)
e) that given their extensive local knowledge and experience, Homes for Haringey be encouraged to continue to play a lead role in developing and supporting local partnership opportunities
f) a mechanism is devised that helps to capture, collate and share information from the work of local housing providers that identifies and supports partnership opportunities, share good practice and identify other collaborative ventures across the borough.

Recommendation 5

That the Council should adopt a lead role in the rationalisation of social housing stock and support those RHPs considering the rationalisation of local housing stock through:

a) the development of a local stock rationalisation policy:
- which sets how the aims and objectives of that policy will help to support local priorities
- details the roles and expectations of local housing providers
- which is supported by published local guidance for RHPs

b) ensuring that all social housing in the borough is mapped through GIS to facilitate contact and dialogue between RHPs
c) the adoption of a brokerage role to facilitate contact and dialogue between RHPs with a mutual interest in stock rationalisation, and, that such a role be actively pursued in where local conditions would support more coordinated housing provision (i.e. multi-landlord estates)
d) ascertaining if a regional brokerage role could be adopted through the North London Strategic Alliance (other sub-regional body) to support stock rationalisation processes among RHPs

[1] If there are insufficient resources to do this on a borough wide basis, then a more selective approach may be adopted that prioritises those areas where there are known to be multiple housing providers.

e) provide a stock rationalisation lead and example by conducting an assessment of all its housing stock (in and out of borough) to identify those properties that may be beneficial to rationalise ownership or management

f) encouraging all RHPs to review the management of local housing stock and subsequent commitment to the borough, and where this falls short, to encourage partnership or stock rationalisation opportunities with other local providers

g) acknowledging the particular challenges that smaller RHPs may face in with stock rationalisation (and partnership working) and to develop mechanisms to support their local engagement

h) ensuring housing disposals through stock rationalisation do not lead to a reduction in the overall social housing estate and where possible ensuring to address the east /west imbalance in social housing in the borough

i) considering whether the planned annual conference for RHPs could be dedicated to consider local partnerships and stock rationalisation opportunities.

3. Introduction

3.1 Registered Housing Providers (RHPs) are valued partners in the delivery of social housing and other community support services to local authority residents. It is therefore important that local authorities and RHPs work closely together to ensure that services are coordinated, responsive and delivered as efficiently as possible to local tenants. However, with as many as 60 RHPs managing housing units in Haringey, this presents a number of challenges to both the council and RHPs (e.g. effective engagement strategies, different service standards experienced by local tenants, how providers manage dispersed stock and stock rationalisation).

3.2 To enable the Council and RHPs respond to these challenges, the Overview & Scrutiny Committee commissioned an in depth review. This review, which was undertaken by panel of local councillors, assessed the effectiveness of the local infrastructure to support engagement and partnerships between the Council and RHPs. In addition, the panel also explored the ways in which the Council could support local partnerships among and between RHPs to help them identify shared solutions to common challenges and to enable them to work together more effectively in the provision of housing and other community services.

3.3 Within this review process, the panel heard evidence from a wide range of informants, including Council Officers, Homes for Haringey (the Arms Length management Organisation of the Council), the Tenants Service Authority (the social housing regulator), the National Housing Federation (housing association representative body), other local authorities and of course RHPs themselves. It is hoped that the conclusions and recommendations reached within this report, will guide and inform the policy and practice of the Council in working with RHPs in the future.

4. Background

National Policy Context - to 2010

4.1 The Hills Report, *Ends and Means* (2007)[2] and the Cave Review, *Every Tenant Matters* (2007)[3] and provided a national policy framework for social housing up to May 2010. The Hills report which looked at the future role of social housing confirmed that:

- because of high demand and limited supply, tenants of social housing were most likely to be among the most vulnerable in society
- tenants of social housing should be given more choice about their homes and be able to become more involved in how they are run
- security of tenure was important, tenants, though additional flexibility may be needed (i.e. to help tenants move and apply for jobs)
- social housing remained the best option for delivering mixed communities.

[2] Ends and Means: the future roles of social housing, J Hills, DCLG / ESRC (2007):
[3] *Every Tenant Matters*; a review of social housing regulation M Cave, DCLG (2007)

4.2 Most importantly, in the context of this review, a central recommendation of the Hills report was that local authorities and RHPs should work more cooperatively together to develop and improve local housing provision. This cooperation should extend beyond the provision of housing services to include other neighbourhood and community services (e.g. employment opportunities, care services and ASB).

4.3 The Cave Review focused on the regulation of social housing. The key recommendations of this report included:

- the development of a single regulator for all social housing (i.e. the establishment of the Tenant Services Authority)
- the establishment of the Homes and Communities Agency to deal with housing investment and development issues
- that providers undertake more work to engage and empower tenants.

National policy context – post 2010

4.4 The accession of the coalition government in May 2010 brought fundamental changes to national policy and has heavily influenced all areas of public policy. The requirement to reduce the national deficit has led to reduced funding for most areas of public policy, including housing. Budget reductions have impacted on all aspects of housing policy including:

- reduced scope for funding new affordable housing through the Homes and Communities Agency
- reduced funding for housing capital investments (i.e. Decent Homes Programme)
- reductions to housing benefit and other associated entitlements for tenants.

4.5 In addition to budgetary constraint, new housing policies have been put forward. In November 2010, the Department of Communities and Local Government (DCLG) published a consultation paper on the future of social housing: *Local Decisions: a fairer future for social housing.*[4] The stated aims of proposals within the consultation were to:

- make the system fairer, striking a proper balance between the needs of new and existing tenants
- ensure that the support which social housing provides is focused on those who need it most for as long as they need it
- give local authorities and RHPs new powers to best meets the needs of individual households and their local area.

4.6 A number of key proposals were outlined within this consultation which, if enacted, would influence the way social housing is provided by the local authority and RHPs. A summary of the main proposals (to be introduced in the *Localism Act 2012l*) include:

- the introduction of **flexible tenancies** (for new tenancies and new stock) where social housing providers will be able to grant tenancies of varying length (minimum 2 years) to reflect local housing need.

[4] *Local Decisions: a fairer future for social housing, DCLG, (2010)*

- the introduction of **affordable rent tenancies** (for new tenancies and new stock) where social housing providers can charge above social rent and up to 80% of 'local market rent' for affordable housing. Tenancies still to be allocated within local allocations procedures and rental income to be used to develop new affordable homes
- new procedures to **devolve social housing finance** where councils will keep rental income from lettings (Housing Revenue Account)
- the development of a **new tenancy standard** to improve local challenge and scrutiny of local housing providers through the creation of tenant panels
- the establishment of a **new regulatory framework** where the Tenants Services Authority is abolished and greater expectation that tenancy complaints will be resolved at the local level through a designated person (e.g. Councillor or MP).

4.7 The combination of reduced central funding and new policy proposals will undoubtedly impact on the social housing landscape and the policies and practices of both statutory (local authority) and independent (RHPs) housing providers. But perhaps most importantly, as in other times of fiscal constraint, there will be considerable pressures on all social housing providers to:

- provide value for money for the services they deliver
- seek new ways of working to improve efficiency and cost effectiveness (e.g. shared services)
- prioritise services to those most in need
- concentrate on services which are core to their business.

Social Housing in the UK

4.8 In the UK, the social rented sector has traditionally been characterised as that of municipally built, owned, and managed housing stock. In recent decades however, a more pluralistic model has evolved, in which now include Registered Housing Providers (RHPs), Arms Length Management Organisations (ALMO) as well as services that continue to be directly provided by a local authority.

4.9 RHPs, are now the largest provider of social housing and account for nearly half (48%) of all lettings in this sector. ALMOs, which manage housing stock on behalf of a local authority, are also significant providers where nationally, they manage approximately 20% of social housing stock. Local authorities however themselves remain a significant provider of social housing in their own right and continue to own and manage 32% of housing in the social rented sector.

What are Registered Housing Providers?

4.10 RHPs, (previously known as registered social landlords or housing associations) are not-for-profit organisations, which own, let or manage social rented housing. As a not-for-profit organisation, revenue acquired through rent is generally reinvested to help maintain existing homes or build new ones. In

2009/10, RHPs built over 45,000 new homes, making them the most important supplier of new affordable housing.[5]

4.11 RHPs are independent publicly funded organisations, whose activities are directed by a board of stakeholders. Each RHP has its own constitution which may delineate or distinguish the services that each provides. For example, whilst some RHPs may focus on the provision of general needs housing, others may focus activities on more specialist housing services such as supported accommodation for elderly or disabled people, or for particular community groups (i.e. black and other minority ethnic groups).

4.12 RHPs own or manage approximately 2.5 million homes, the majority of which is for general needs. The nature and volume of housing provided by RHPs is summarised below:

Housing Type	*'000*
General needs	1,826
Supported housing	102
Housing for older people	316
Leasehold properties / shared ownership	140
Other	53

4.13 There is considerable variation in the size of RHPs and the scale of their operations, thus whilst a small number may manage or own in excess of 45,000 homes, many more have considerably smaller business involving 1,000 homes or fewer. Although there have been many consolidations and mergers in recent years, recent figures (2010) suggest the sector is predominated by a large number of smaller providers where of the approximate 1,500 RHPs:

- 379 manage or own more than 1,000 homes
- 63 manage over 10,000 homes.[6]

4.14 In addition to housing services, RHPs also make significant contributions to neighbourhood and other community services. Such investments are varied and diverse and are used to support a wide range of community initiatives such as tackling anti-social behaviour (ASB), supporting employment and training projects or environmental improvements. Total community investment is estimated to be £440m.

Local Policy Context

4.15 The Haringey Housing Strategy was developed by the Integrated Housing Board (IHB) as an over-arching policy document to set out the boroughs approach to housing over a ten year period (2009-2019). This multi-agency strategy aims to create neighbourhoods in which people want to live with a balance of different types of homes which offer quality, affordability and sustainability for current and future generations. Its key aims are:

- to meet housing need through mixed communities which provide opportunities for residents

[5] What is a housing association? National Housing Federation 2010
[6] 2010 Global accounts of housing providers, Tenant Services Authority (2011)

- to ensure housing in the borough is well managed, of high quality, and sustainable
- to provide people with the housing support and advice that they need
- to make all homes in the borough a part of neighbourhoods of choice.

4.16 In order to achieve these aims the housing strategy outlines an approach based on the following principles:

- partnership between organisations, agencies and residents in the borough
- strong relationships with government and national agencies (such as the Homes and Communities Agency and Tenant Services Authority) that will get the best deal for residents in Haringey
- engagement with residents and communities so that decisions and service improvements are shaped by what they want.

4.17 As is the case in other London boroughs, demand for housing in Haringey is high, which is reflected in rising house prices and a strong demand for affordable homes. Local demand for housing is expected to increase further as the population of the borough is anticipated to increase by as much as 10% over the next 20 years.

4.18 Further evidence of high local housing need is exemplified through:

- a growing housing register; with 20,000 households on the register and where more are joining each year than are being found homes[7]
- approximately 3,400 households live in temporary accommodation
- high levels (21%) of unsuitable housing (mostly overcrowding) in the private rented sector.

4.19 Residents surveys and other local consultations underscore the importance of the availability of social housing to local people. Data from the place survey (2008/9) found that the availability of affordable decent housing was among the six most important issues of concerns for local people and was similarly ranked among those issues which needed most improvement locally.

Social Housing in Haringey

4.20 Of the 98,000 dwellings in Haringey, a majority (72%) are privately owned, the remainder being owned by the council (through the ALMO) (17%) or by a RHP (11%) (Figure 1). Compared to regional and national figures, stock ownership is different in Haringey: Council owned stock (17%) is more than twice that recorded nationally (8%), conversely, the proportion of housing stock which is privately owned in Haringey (72%) is less than the national average (82%) (Figure 1).

4.21 Owner occupation (49%) is the largest group by tenure in Haringey, followed by social rented (29%) and private rented (22%). When compared to the national picture, housing tenure in Haringey is characterised by lower rates of owner occupation and higher rates of renting within both the social and private sector (Figure 2).

[7] Figures relate to 2010, also noting that the Council has a new Housing Allocations Policy.

4.22 Of the 28,000 households in the social rented sector in Haringey, 16,000 are managed by Homes for Haringey (being the ALMO of the Council) and 12,000 owned and managed by RHPs. Analysis of the social rented sector in Haringey from 1997-2009 suggests two distinct trends: a decline in council owned stock (-17%) and greater provision through RHPs (+30%) (Figure 3).

4.23 Social rented housing is not uniformly distributed across Haringey, with wide variations recorded when comparing east and west of the borough and across individual wards. In a number of wards (e.g. White Hart Lane) social housing accounts for over ½ of all tenures, yet in others (e.g. Muswell Hill) just over 10% of tenures are social rented (Figure 4).

RHPs in Haringey

4.24 RHPs manage a range of properties in Haringey. Whilst the majority of these properties are for general needs purposes, other more specialist lettings are also included such as hostels, almshouses, cooperatives, supported housing, sheltered housing and support for specific needs groups (e.g. Key workers, BME groups and older people).

4.25 The number of RHPs in Haringey is difficult to accurately state given the size of some of these organisations. Data from Housing Net (the directory of social housing), which includes more specialist social housing providers as well as general needs indicates that there are 62 different housing providers in Haringey. Data from the TSA (which restricts data to those RHPS managing general needs dwellings) estimates that there are 41 housing providers in Haringey.

4.26 The national pattern of stock ownership or management by RHPs (see 4.6) is mirrored in Haringey, where a small number of large stock holders are accompanied by larger numbers who have a much smaller stock holding in the borough. Analysis of the level of stock held by local RHPs (using TSA and local data) demonstrated that of RHPs with stock in Haringey:

- 28 out of 43 (65%) managed 100 homes or less (Figure 5a)
- 10 out of 43 (23%) managed between 101 and 500 homes (Figure 5b)
- 5 out of 43 (12%) managed more than 500 homes. (Figure 5c).

4.27 Using this same data, it is noted that the five largest RHPs in the borough (listed below) together manage between 60-65% of housing in this sector (excluding Homes for Haringey). The full distribution of stock holding among RHPs in this sector in Haringey is contained in Figure 6.

- London & Quadrant 2,421
- Metropolitan 2,345
- Circle 33 1,840
- Sanctuary 849
- Family Mosaic 819

4.28 As with Council owned stock, housing owned or managed by RHPs is not evenly distributed across the borough with wide variations recorded across different wards. Thus, while there were 2,442 homes owned or managed by

RHPs in Bounds Green ward, in Muswell Hill the comparative figure was just 100 homes (Figure 7).

4.29 The complex distribution RHPs housing provision is further illustrated in Figure 8, which depicts individual stockholding in each local authority ward in the borough. This demonstrates that up to 20 different RHPs may own or mange social housing in individual local authority wards. Furthermore, even in those wards with fewer than 500 social housing units, these may be owned or managed by as many as 16 individual RHPs. Thus for example:

- in Northumberland Park ward 524 housing association units are provided through 16 providers
- in Highgate ward 166 housing association units are provided through 11 different providers.

Challenges and Opportunities of the RHP landscape

4.30 The supply of social housing through a large number of RHPs has both advantages and disadvantages for the local social rented sector. It is apparent that such a large number of housing providers presents a number of challenges for the way that housing and other community services are coordinated, managed and delivered locally; in particular:

- communication and engagement between the Council and RHPs and among RHPs themselves
- differences in the way that local housing is managed
- variations in the nature and level of housing standards experienced by local tenants
- efficiency and effectiveness of local housing service provision.

4.31 The large number of RHPs can also bring diversity and choice to the social rented sector. Such diversity of provision can help Council to respond to local housing needs that are both varied and complex. Other opportunities presented through the diversity of local provision include:

- broad variety of knowledge, skills and expertise available to solve local housing issues
- potential to increase the pool of resources available to tackle housing issues.

4.32 The review will aim to assess how these challenges are addressed, and explore how best to such opportunities can be incorporated in to local housing provision.

5. Methods

Aim and objectives of the review

5.1 The panel agreed that the overarching aim of the review was:

> *'To ascertain how the Council may support improved cooperation and partnership work among local registered housing providers to help develop shared solutions to common problems.'*

5.2 Within this overarching aim, the review of RHPs encompassed a number of key themes and component objectives which are summarised below.

The relationship between the Council and RHPs:

- to assess the effectiveness of communication and support structures between the Council and registered housing providers and identify ways in which these can be improved
- to assess the effectiveness of the Partnership Agreement and other initiatives to support engagement between the Council and RHPs
- to compare services provided in Haringey against other local authority provision
- to assess local and national interventions to promote common management standards among RHPs
- to assess what role the council should have in performance monitoring and facilitating locally scrutiny of registered housing providers.

The potential for improved partnership working among RHPs:

- to identify obstacles to partnership working in this sector and how these can be overcome locally
- to identify what role the council can play in facilitating partnership work in this sector
- to identify ways in which local providers may work cooperatively for more efficient service provision (sharing best practice, pooling skills, sharing facilities)
- to identify models of partnership working among registered housing providers and identify if these can be replicated more widely across the borough.

The potential for stock rationalisation among RHPs:

- to assess the benefits and challenges faced by RHPS in stock rationalisation processes
- to identify what role the council can play to support those RHPs considering stock rationalisation in Haringey.

<u>Review process</u>

5.3 A review panel of six non-executive Members was convened to conduct this scrutiny review. Panel members were Cllr Adje, Cllr Alexander (Chair), Cllr Beacham, Cllr Christophides, Cllr Schmitz and Cllr Watson.

5.4 The review used a range of methods to ensure that Members had access to the necessary data to assist them in meeting the objectives set out above. Data was collected predominantly through a series of panel meetings, at which a number of key informants attended to present evidence (both oral and documentary). In total, 5 panel meetings were held at which the following stakeholders attended:

- Cabinet Member for Housing
- Council Officers (Strategic & Community Housing Service)
- Homes for Haringey (Arms Length Management Organisation)
- Tenants Services Authority

- National Housing Federation
- Other London Boroughs
- Registered Housing Providers

5.5 Given the centrality of RHPs to this review, two distinct processes were used to elicit their views within the review process. Firstly, a dedicated panel meeting was held for local RHPs who were signatories to the Partnership Agreement (see 6.13). In addition, to extend participation in the review, an on-line survey was developed and distributed to a wider group of 47 local RHPs.[8] In total, representatives from 12 RHPs attended the panel meeting[9] and 18 responded to the on-line survey. Quantitative data from the survey has been analysed and reported in its entirety in Appendix B. Representatives from Homes for Haringey (the ALMO) was also included in both consultations.

5.6 A number of London boroughs were directly contacted as part of this review to help compare and assess local service provision. A telephone consultation was conducted among a sample of other north London boroughs assess what services they provide to RHPs and to identify good practice in respect of local engagement structures and Council approaches performance management, partnership working and stock rationalisation.

6.0 Engagement with Registered Housing Providers

Importance of local engagement with RHPs

6.1 The Council has a clear '**place shapin**g' responsibility to create strong, vibrant, and sustainable communities in which local people want to live. In doing so, the Council has a duty to engage and work in partnership with local agencies that may share these aims and who can contribute to plans that deliver them.

6.2 The Haringey **Housing Strategy** (2009-2019) sets out a number of objectives to improve the diversity, quality, affordability and supply of housing in the borough. To support the delivery of these housing objectives, the Council will need to engage and work with a number of key housing partners, most notably RHPs.

6.3 The relationship between the Council and RHPs is of course particularly important for **new development** and the management of existing social housing in the borough. RHPs are significant providers of social housing in Haringey; together they manage about 12,000 homes or 44% of all social housing in the borough. Furthermore, as in many other local authorities, RHPs continue to be responsible for almost all new affordable housing built in the borough. In this context, engagement with RHPs is critical to help meet the housing needs of local residents.

[8] The survey sent to RHPs from the Council's RPH database and TSA data for the borough.
[9] Metropolitan, Circle 33, Family Mosaic, Sanctuary, Apna Ghar, Hill Homes, Genesis, Peabody, Hornsey Housing Trust, London & Quadrant, Newlon and Innisfree.

6.4 RHPs are also a significant investor in **neighbourhood services**. RHPs fund a wide range of initiatives that provide direct support to their tenants (e.g. training and employment opportunities) or in the communities in which they live (e.g. environmental projects or ASB). Engagement between the Council and RHPs is therefore important to ensure that such community investment is coordinated and compliments provision elsewhere in the borough.

6.5 As providers of social housing, by definition, RHPs work with those residents who are amongst the most **vulnerable people** in society.[10] It is therefore important that the Council (both housing services and its wider family of services) engage and work with RHPs at both the strategic and operational level to ensure that services which are provided for those most in need are coordinated and appropriately targeted.

6.6 RHPs, as a front-line provider of housing and community services, may also have further knowledge on the needs of local residents or the communities in which they live. Engagement and cooperation between the Council and RHPs therefore can help to **share intelligence**, which may help to plan more responsive services. Similarly, aligned priorities, shared skills and pooled resources may increase the capacity of both the Council and RHPs to meet local housing and community needs.

6.7 In its evidence to the panel, the TSA noted that there was an expectation in the current regulatory framework that RHPs should be willing and active local partners as this is specified within the '**community and neighbourhood standard**' of national service standards (see 7.8). Aside from any regulatory requirement, however, in the context of public sector spending reductions, engagement makes economic sense to RHPs in that it may help to identify partnerships or joint enterprise opportunities that may help to reduce costs or deliver other efficiencies.

Engagement infrastructure in Haringey

6.8 Given the benefits which may be accrued, is important that there is local infrastructure to support engagement between the Council and RHPs, and indeed, and among RHPs themselves. The panel heard evidence from both the Cabinet Member for Housing and officers from the Strategic and Community Housing Service (SCHS) which outlined the nature of the engagement framework in Haringey. The components of this framework, most of which had been in place since 2009, are described below.

6.9 Engagement between the Council and RHPs is supported at both the strategic level and on a more operational basis through a number of formal structures. To ensure that the views of RHPs are represented at key partnership and policy making boards in the borough, the panel noted that one place at the **Standing Leadership Conference** and four places on the **Integrated Housing Board**[11] were reserved for local RHPs. At the strategic level, the

[10] Ends and Means: the future of social housing, J Hills, DCLG / ESRC (2007):

[11] Four places are for representatives of RHPs and one for the Homes for Haringey (ALMO)

panel also noted that local RHPs were also active contributors to the development of the Housing Strategy (2009-2019) and other related housing policies (i.e. Homelessness Strategy).

6.10 The panel noted that a number of liaison forums were supported by the SCHS to facilitate engagement and partnership on key local housing issues; the **Development Forum** (i.e. the supply of new affordable housing) and the **Lettings Forum** (i.e. nominations for social housing). The panel also noted that there were other opportunities for RHPs to engage on a more thematic basis, such as through the **ASB Forum** which is hosted by the Community Safety Team.

6.11 The panel noted evidence from the Cabinet Member for Housing which highlighted that the Integrated Housing Board had facilitated many useful discussions around local housing policy, many of which would have been of interest to a wider RHP audience. It was suggested therefore, that the agenda for the Integrated Housing Board could be distributed more widely to allow broader participation among local RHPs.

Recommendation 1d : That the agenda for the Integrated Housing Board is distributed to all local RHPs.

6.12 The panel noted that the SCHS also holds an annual **conference** for RHPs. This event aims to bring together RHPs working in Haringey to discuss local housing issues. The conference also provides a further opportunity for RHPs to influence local housing strategies and policies.

6.13 A **Partnership Agreement** was introduced for RHPs in early 2010. This is a framework for partnership working among local RHPs. Although this agreement is not binding, it is a statement of intent and signatories provide a commitment to support the council in the delivery of key strategies as well as detailing roles and expectations in key local housing issues (e.g. management and repairs, nominations and lettings, development). 23 local RHPs are a signatory to this agreement.

6.14 Day to day relationships with RHPs (and those commitments within the Partnership Agreement) is maintained through the **Housing Enabling Team** (part of the SCHS). Regular and ad-hoc meetings are held with RHPs to discuss local housing issues (e.g. development opportunities, estate management issues). The Enabling Team also provides a lead for Members' enquires that relate to estate management issues on RHP or mixed landlord estates.

<u>Views of RHPs on local engagement structures</u>

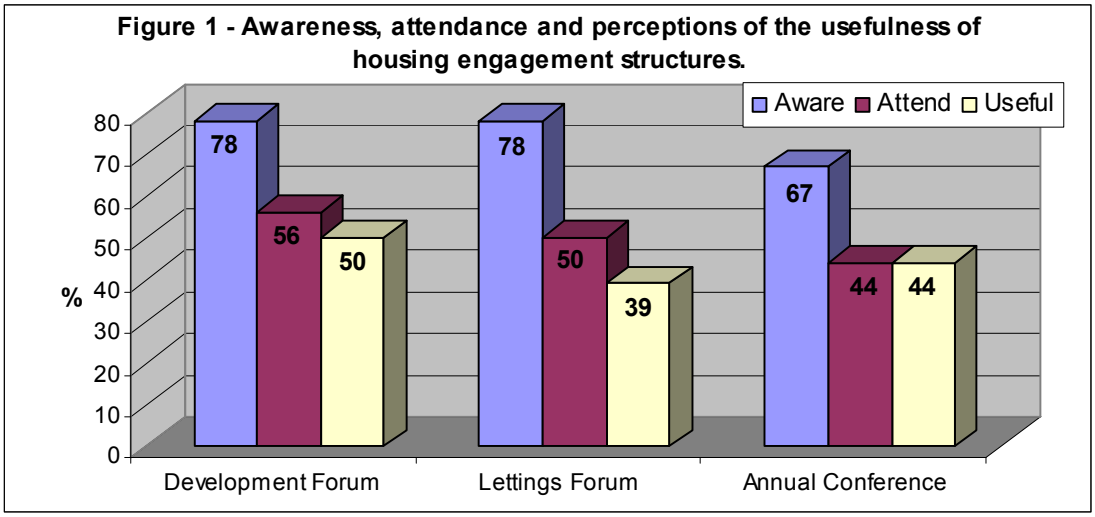
6.15 The views of RHPs themselves are of paramount importance in assessing the effectiveness of structures within the local engagement framework. The review used a number of processes to help capture this data; a focus group and an on-line survey. The following provides a summary of the evidence and conclusions drawn from this evidence, though the full report of the on-line survey is contained in Appendix B.

6.16 At the outset, it is important to highlight that RHPs face a number of challenges which influence their **capacity to engage** with other housing agencies at the local level. These are important as they appear influence subsequent assessments of local engagement structures. These are can be summarised as:

- dispersal of housing stock may require RHPs to engage with a number of authorities / localities (4 RHPs had stock in 51+ local authorities)
- staff reductions / staff turnover limits capacity and continuity for local engagement
- smaller RHPs may lack resources which may inhibit capacity for engagement
- larger RHPs need to ensure that appropriate officers are sent to meetings.

6.17 RHPs were broadly of the view that local engagement structures provided a **sound platform** for communication and engagement between the Council and RHPs. The evaluation found relatively high levels of awareness of local engagement structures; though actual attendance and perceived usefulness was proportionally lower (Figure 1).

Figure 1 - Awareness, attendance and perceptions of the usefulness of housing engagement structures.



6.18 A consistent theme within the responses was that engagement forums were most effective and useful where agenda items related directly to the business of RHPs or where the agenda of the forums focused on delivering **practical outcomes** for tenants. In this context, whilst existing engagement forums were felt to be useful, it was felt that their effectiveness could be improved through:

- a reassessment of the terms of reference to minimise overlap between forums
- making forums more outcome focused (delivering practical and tangible benefits to local tenants) as well as information sharing
- advanced publication of an annual calendar of meetings within the engagement framework to allow RHPs to plan attendance
- ensuring that relevant papers (e.g. agenda/reports/ minutes) of forums are systematically distributed to local RHPs.

Recommendation

1a : the terms of reference of existing liaison forums (development and lettings) are reassessed to 1) assess the need for a dedicated management forum 2) ensure that duplication is minimised and 3) objectives and agendas are more outcome focused

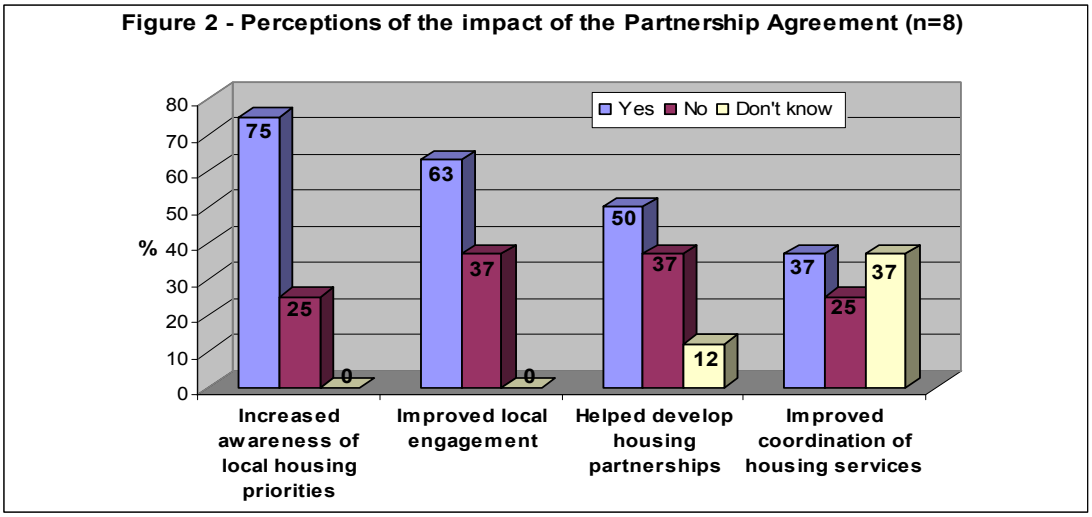
1b : that an annual calendar meetings is developed and published in advance of all liaison forum meetings

1c : that associated papers/reports for liaison forums are systematically distributed to local RHPs

6.19 Within the on-line survey, it was noted that dealing with ASB was a common concern among a number of RHPs. It was noted that the **ASB Forum** in Haringey had proved valuable, in that it had helped RHPs to engage with other agencies and to develop a common approach to this issue locally. It would appear however, that that this forum has operated irregularly, and would benefit from more consistent meetings.

6.20 RHPs views on the Partnership Agreement were tested through the on-line survey. From the 18 responses received, 8 indicated that they were a signatory to the Partnership Agreement and therefore able to provide informed evaluative feedback. Whilst it is clearly difficult to draw firm conclusions from such a small sample of respondents, it has provided an illustration of the benefits and challenges of the Partnership Agreement between RHPs and the Council. In terms of the benefits of the Partnership Agreement, analysis demonstrated it could help to increase awareness of local housing priorities, improve engagement and help to facilitate the development of local housing partnerships among RHPs (Figure 2).

Figure 2 - Perceptions of the impact of the Partnership Agreement (n=8)



6.21 Overall, there was little qualitative feedback from RHPs about the Partnership Agreement, which perhaps reflects the relative infancy of this initiative (it had only been in operation for about 12 months at the time of this assessment). What comments were received through consultation however, suggested that further benefits may be obtained if more local RHPs were to become signatories to the Partnership Agreement and if this was to become a more **'active'** local document.

Recommendation 1e: That the Partnership Agreement between the Council and RHPs is extended further among local RHPs and becomes a more proactive tool through which to link the priorities and services of both RHPs and the Council

Engagement structures in other local authorities

6.22 It was important to assess how other housing services in other local authorities engaged with RHPs to benchmark the engagement framework in Haringey. In this assessment the review panel assessed evidence from:

- a telephone survey with other London housing services in London (n=5)
- the experiences of local RHPs in other local authority areas
- specialist contributors (e.g. TSA and the NHF).

6.23 In attempting to benchmark local engagement, the panel were mindful of evidence from the National Housing Federation (NHF). This noted that there was no 'ideal' engagement framework and that each local authority should aim to develop a model which best reflected local housing conditions (housing needs and priorities) and was suited to meet those resources available to local stakeholders (number and size of RHPs).

6.24 From the evidence presented by RHPs, other local authorities and the NHF, it was apparent that the overall engagement framework in Haringey (i.e. an overarching policy group with a number of sub-liaison groups) is not dissimilar to that provided elsewhere. Of those 5 local authorities contacted, all appeared to have (in some form or other) both a development forum (supply of affordable housing) and a lettings forum (nominations and lettings for affordable housing). Additionally, local authorities operated a number of theme based forums on specific housing issues (e.g. ASB, homelessness, housing benefits).

6.25 An **annual conference** to discuss a topical housing issue of local importance, also figured prominently within the RHP engagement frameworks of other local authorities. Conferences were seen to offer real benefits by helping to bring local RHPs together and providing additional focus to help resolve local housing issues. These annual events also enabled RHPs to share information, exchange good practice and identify local partners.

6.26 Analysis of the evidence from both the NHF and from RHPs themselves would suggest that whilst a defined local engagement infrastructure is important, effective engagement occurs where this is underpinned by a defined purpose or practical outcomes. It was suggested to the panel therefore, that if a clear business case was presented to RHPs which offered practical benefits for their tenants, then effective engagement (and partnerships) would naturally follow. In this context, there was little evidence beyond those issues raised by RHPs themselves, to support the need for any substantive restructure of the engagement framework for RHPs in Haringey.

7.0 Service standards and regulation of social housing

Current issues

7.1 With such a large number of RHPs managing social housing in the borough it is inevitable that this may result in variations to the standard in which social housing is provided. This may include:

- differences in the way that social housing is managed (i.e. responsiveness of repairs services)
- differences in the level of services experienced (i.e. how frequently estates are cleaned)
- different approaches taken to resolving tenant issues (i.e. how ASB is dealt with).

7.2 Differences in the way that housing services are provided may result, not only from the number of housing providers in any one locality, but also from the resources available to individual RHPs and other housing providers. Of course, this does not relate just to financial resources, but also the skills or expertise available of staff within these organisations. Ultimately however, such differences can lead to variations in the way that social housing is managed and of course experienced by tenants.

7.3 The panel noted that there were a number issues arising from multiple housing providers and variations in service levels provided by RHPs. It was reported to the panel that multi-landlord estates had been the focus of a number of local problems. Different housing practices and procedures of RHPs working in such close proximity precipitated a number of issues:

- different approaches to estate management issues (e.g. grounds maintenance, caretaking, car parking)
- responsibility for communal areas, particularity in respect of cleaning and rubbish collection
- inconsistent approach to property maintenance (e.g. response times and quality of services)
- inconsistent approaches to anti-social behaviour.

7.4 In scoping this review however, panel members assessed that the need for inquiry in to common standards among RHPs had largely been superseded by developments at the national level, that is, the establishment of National Services Standards (see 7.8) and the requirement of RHPs to develop local offers for their tenants (see 7.9). It was expected that the development of national service standards would help to bring greater consistency to housing management among all social housing providers.

7.5 Furthermore, evidence from the NHF and RHPs themselves indicated that attempts to develop a rigid ‘common standards’ approach at the local authority level would be challenging given the dispersed nature of housing stock. In this context, it would be impractical for RHPs to develop and manage housing stock to individual standards established in each local authority area in which they held stock.

National Service Standards for social housing

7.6 The Tenant Services Authority (TSA) is the regulator for all social housing in England. The TSA is responsible for ensuring that social housing landlords provide decent homes and good housing services to their tenants. Its remit covers all social housing providers, including that directly provided by local authorities or appointed ALMOs as well as RHPs.

7.7 The overarching aim of the TSA is to raise the standards of service among social housing providers. The statutory objectives of the TSA are to ensure that:

- supply of well-managed social housing is adequate
- tenants have an appropriate degree of choice and protection
- tenants have the opportunity to be involved in its management
- landlords operate efficiently, effectively and economically
- landlords are financially viable and properly managed.

7.8 In April 2010, the TSA established a new regulatory framework for social housing. Here RHPs must demonstrate compliance with six service standards:

1. **tenant involvement** – developing customer choice and empowerment
2. **home** – improving the quality of accommodation, providing an effective repairs and maintenance service
3. **tenancy** – fair and efficient allocations, fair rents, secure and appropriate tenure
4. **neighbourhood and community** – neighborhood / communal areas kept clean and safe and work in partnership help promote social, environmental and economic well being in the community
5. **value for money -** manage resources in a cost effective way
6. **finance and viability –** ensure standards for governance and that providers are financially viable.

Local offers

7.9 The panel noted that 'local offers' also contribute to standard setting process for social housing providers. National standards, as set out above, are supplemented through local offers; these are service agreements reached between landlords and tenants on issues that matter most at the local level. Local offers can therefore include (for example) how local estates are managed, how repair services are run or how tenants are involved or consulted and help to reach localised agreements between landlords and tenants.

7.10 All social housing providers are required to consult local tenants in developing a local offer. In an area where there is more than one social housing provider, the panel noted evidence from the TSA, which indicated that it would be appropriate for RHPS to consult collaboratively and to develop a shared local offer. The panel noted that all local offers developed by RHPs became operational in April 2011.

The current regulatory framework

7.11 The panel noted that as independent bodies, regulation of RHPs rests predominantly with the TSA. Unlike the ALMO however, there are also no

formal lines of accountability between RHPs and the local authority area in which they may manage housing stock. The TSA gave evidence to the panel which outlined the approach that it took to the regulation of all social housing providers.

7.12 The panel noted that a **'co-regulatory'** approach was adopted by the TSA, which involved both the boards of social housing providers and the TSA themselves:

- the **boards** of social housing providers are expected to use a self assurance process to ensure that the organisation complies with required performance and financial standards
- the **TSA** makes a number of assessments which inform its regulatory judgment using data gained from inspections, audit of annual reports, analysis of complaints and validations from external partners.

7.13 Co-regulation has also developed a more **'localist'** approach which has brought greater prominence to the relationship between social housing providers and their tenants. This is exemplified through greater accountability in this relationship by the establishment of 'local offers' and **tenant scrutiny panels** (which help assess local performance).

7.14 The panel noted that the TSA sought to adopt a **risk-based** and proportionate regulatory approach and whilst it does have powers to intervene, it seeks to use these sparingly. The emphasis of the TSA was therefore on supporting self-improvement and closer working between social housing providers and their tenants. The TSA can take housing providers through a voluntary undertaking process, which requires them to commit to specific actions to ensure compliance to standards within the regulatory framework.

<u>Future changes to the regulatory framework</u>

7.15 In its evidence to the panel, the TSA highlighted a number of important changes for the future of social housing regulation. It was noted that the **Localism Bill** has proposed the abolition of the TSA with the regulatory functions being transferred to the Homes and Communities Agency (HCA). This will result in three important changes to the way social housing is regulated:

- an emphasis on economic regulation through the HCA
- backstop role for consumer regulation for HCA
- greater emphasis on scrutiny and performance at the local level

7.16 Modifications to the regulatory framework will place greater emphasis on **economic viability** and **governance** issues. The panel noted that sound governance and good financial management were of critical importance to RHPs, not just because of the current economic conditions, but also because such regulatory assessments were fundamental to their business operations. The panel heard that economic and governance assessments were used by lenders as a measure of confidence in RHPs which determine the level and rate at which monies are loaned for new development.

7.17 It is envisaged that what regulatory functions remain with the HCA in respect of consumer issues (e.g. tenancy, housing management, decent homes) will be reduced to a **backstop role**. Thus, although there will still be a role for a national regulator, it will operate on a more reactive basis which will mean that:

- routine inspections of housing providers will be discontinued
- the HCA will only intervene where cases where 'serious failings'[12] have been identified.

7.19 With more of a backstop role being adopted by the national regulator, this will transfer some of the regulatory burden away from central government to the local level. Thus, within the new regulatory framework, there will be greater emphasis on scrutiny and monitoring the performance of social housing providers at the local level, particularly in relation to resolving 'consumer issues' (i.e. tenancy issues). In this context, there will be and enhanced role for **local authorities** and **Councillors** and **MPs** in helping to resolve housing issues for tenants of social rented sector:

- Councillors to represent tenants where local complaints procedure has been exhausted
- assist economic regulation through scrutiny of business performance
- RHPs should cooperate with Councillors in resolving local complaints
- providing evidence to the Ombudsman to further cases of serious failure among RHPs.[13]

Recommendation 2g : That training be provided for local Councillors on their future role for the regulation of social housing as detailed under the Localism Act.

Supporting local involvement with housing providers

7.20 The panel explored the implications of greater local involvement in the regulatory process and to assess how such expectations could practically be supported.

7.21 The panel noted evidence from the NHF which indicated that RHPs should already be adept at working with local councillors and have the necessary systems in place to deal with their enquiries. The NHF were mindful however, that any further developments to support local scrutiny should be both balanced and proportionate. Thus, whilst local councillors can rightly expect to engage and challenge RHPs where their services fall below agreed standards, RHPs may less receptive to regulatory engagement which is prescriptive or unnecessarily burdensome (such as a common standards agenda).

7.22 The panel noted evidence from the SCHS that contact details of local RHPs had been distributed to local councillors to assist them in their ward casework.

[12] These are serious failings against national service standards or other regulatory requirements It is expected that this definition will be developed within the Localism Bill as it proceeds through parliament.

[13] Review of Social Housing Regulation DCLG, 2010

The panel noted that had been a very useful tool and that it would be helpful if this information were updated and redistributed to local councillors.

Recommendation 2a : That contact details for RHPs are updated and periodically distributed to local Councillors.

7.23 The panel noted additional information would be needed to assist councillors; in particular, details of which RHPs own or manage housing stock in their respective wards. The panel felt that this information would help councillors to establish contacts and to develop positive relationships with local RHPs. The panel indicated that this could represent a step forward for the early identification and resolution of local housing issues. The panel also noted that such information may also facilitate more coordinated and cooperative response to local housing issues where one or more RHPs may be involved.

Recommendation 2b : That Councillors are notified of those RHPs that own or manage properties within their respective wards.

7.24 As the ownership or management of individual RHP properties may not always directly be apparent to members, it is likely that some further mechanism is needed to support individual casework of local councillors. It was suggested that a local database of RHP properties could be maintained by the SCHS, which upon request, would provide some reference for local councillors that could help to support the resolution of local housing issues or enquiries.

Recommendation 2c : To facilitate Councillor casework, further consideration should be given to the development of a mechanism that would allow the identification of specific housing providers (Council as an intermediary)

7.25 From the consultation with RHPs, it was noted that RHPs regularly undertook estate walkabouts to identify emerging issues for tenants, such as fly tipping hotspots, graffiti and maintenance of communal areas). Both the panel and RHPs were of the view that estate walkabouts offered the opportunity to share local information and identify solutions to local housing and other community issues. In particular, the panel noted that:

- councillors could obtain further information about RHPs, their priorities and work plans for local areas
- RHPs may capitalise on the knowledge, skills and experience of local councillors in respect of tackling community issues, local resources available and potential collaborative partners.

7.26 Whilst acknowledging potential logistical problems, the panel suggested that where possible, all RHPs should synchronise walkabouts (on multi-landlord estates or streets where there are multiple providers) as this would help to develop a more collaborative approach to local housing issues. The panel noted that this was an expectation within the Partnership Agreement (see

6.13), and that RHPs should inform the council and local councillors when estate walkabouts would take place.

7.27 From the consultation undertaken with RHPs the panel noted that there was broad agreement for greater collaboration in estate walkabouts. A number of RHPs noted that estate walkabouts were already scheduled in advance and widely publicised on websites and other media, though admittedly this was mainly targeted towards social housing tenants.

Recommendation
2d : That RHPs inform Councillors of estate/ street walkabouts that take place in their ward.
2e : That RHPs synchronise walkabouts on multi-landlord estates/ streets.

7.28 In addition, it was also suggested that councillors may wish to consider holding local surgeries on multi-landlord estates where these occur within their wards. It was noted that this may also assist local councillors to identify housing and other related issues of common concern among local residents and help to develop coordinated approaches to resolve these.

Recommendation 2f: (Where these exist) that Councillors may consider holding ward surgeries on multi-landlord estates on a periodic basis.

Status Survey

7.29 The panel noted evidence from the cabinet Member for Housing concerning the abolition of the standardised tenant satisfaction survey (STATUS survey). This was an annual survey social housing tenants, which helped to provide a comparison of tenant satisfaction for key services among social housing providers. It was noted that this survey, which was carried out by an external organisation, provided an independent assessment of the performance of social housing providers.

7.30 The panel noted the importance of the STATUS generating independent assessments of the housing services. It was noted that this survey provided useful borough wide information about tenants' experiences social housing tenants and that options for its retention should be explored.

Recommendation 3: Options for re-commissioning of the STATUS survey should be explored, possibly in partnership with other neighbouring authorities, or within the North London Regional Sub group.

8.0 Partnership working

8.1 As has been previously documented, greater cooperation and collaboration among housing providers may contribute to improved housing and community services. Not only can such partnerships help to increase the capacity of local organisations to meet local needs, but effective engagement and collaborative

working can also ensure that services are more coordinated, efficient and delivered in the most cost effective way.

8.2 Given the potential contribution of housing partnerships to help meet local housing needs, the panel sought to make a number of assessments within the review which could further support and extend partnership working in this sector. In this context, the review looked at the following:

- the nature and extent of current partnerships within the sector
- challenges to effective partnership working
- benefits of partnership working
- critical elements for successful partnership working
- models of good practice
- the role of the council in supporting effective partnerships.

Partnership working within the local housing sector

8.3 From the analysis of evidence presented from local housing providers (both RHPs and Homes for Haringey), it was clear that there were numerous examples of successful local partnerships, many of which had delivered positive and tangible benefits to these social housing providers and their tenants. Whilst many housing providers were clearly not new to such partnerships, others evidently had less experience, and form this the panel concluded that there was further potential to extend local knowledge gained from this experience.

8.4 Through the on-line consultation and in evidence presented directly to the panel, social housing providers described a wide range of partnerships. It was evident that there were considerable variation in both the nature and scale of these partnerships and that in some instances, these extended beyond the housing sector to other statutory and community organisations (e.g. police, social care and youth support services).

8.5 Analysis of this same data demonstrated that the nature of partnerships was individual and in many cases, specific to the housing or community issue which brought housing providers together. It was possible however, to discern a number of characteristics or features which helped to define the nature of these partnerships:

- **Joined up approaches**: alignment of priorities for more coordinated service provision such as dealing with ASB in a local area with more than one housing provider
- **Joint procurement**: shared commissioning and or tendering processes for purchasing common services e.g.
- **Pooled resources**: joint investment for common priorities or common services, such as in community investments (e.g. neighbourhood resources)
- **Shared services**: joint commissioning and funding of a service spanning one or more organisations (e.g. customer contact centre, repairs services)

8.6 Whilst it was apparent that RHPs were engaging within partnership working, the extent to which such partnerships occurred in developed Haringey was less clear. Of the 18 respondents to the on line survey, just 8 RHPs were able

to provide practical examples of partnership projects actually taking place in Haringey. From this it could be concluded that there is considerable potential to further develop partnership working in the borough among housing providers.

Benefits of working in partnership

8.7 From the consultation with RHPs, it was evident that a number of practical benefits had been obtained from partnerships which had been developed with other housing providers. Analysis suggested that although there were wide ranging benefits for RHPs, these could be categorised in to three broad themes:

- increased capacity for service provision
- improved coordination of services
- more cost effective provision of services

8.8 As one might expect, the union of two or more housing providers helped to **increase the capacity** of RHPs to respond to local housing and community needs. It was noted however, that increased capacity was achieved through more than just pooling of financial resources, indeed, but also through bringing together the combined **skills** and **expertise** of officers in respective partner organisations.

8.9 It was also apparent that working in partnership had also allowed housing providers to share local knowledge and information which had helped to improve the coordination of services. Such an approach can help in the planning and delivery of services, and remove possible **duplication**, which was known to be an issue for community investments made by housing providers. Critically, cooperation between providers has helped to develop a more **comprehensive response** to housing and community issues, as is exemplified in the following experiences of two local RHPs:

> *"We have worked with RHPs, Councillors and the police to improve security and tackle ASB…. joint working ensured comprehensive approach to tackling problems and these have been resolved.' (RHP)*
>
> *'We have undertaken joint work to tackle ASB on estates and local neighbourhoods, sharing information and issuing ABCs[14] where youths are causing problems on estates away from the one they live on.'* (RHP)

8.10 In evidence to the panel, housing providers also noted that there were considerable **cost efficiencies** that could be achieved through greater cooperation and partnership working at the local level. Pooling resources and joint procurement had helped to deliver better **value for money** for services, as too had the development of shared services. In particular, RHPs noted that there were considerable cost savings which had been achieved in relation to management of local housing:

[14] Acceptable Behaviour Contract, a formal agreement in written between an individual and the RHP (or other statutory body).

'We have worked with [a large provider] on two estates to improve safety and security in response to resident requests…. When it comes to repairs & maintenance on the estate we can benefit from economies of scale in getting work done.'

8.11 In summary, the benefit of partnership working was in harnessing the pool of local resources (in whatever shape or form) and focusing these combined efforts in addressing local housing and community priorities of local residents.

The challenges for local partnership working

8.12 It was evident to the panel that local housing providers (both RHPs and Homes for Haringey) faced a number of challenges in seeking to develop local partnerships. Analysis of consultation data from RHPs (see Appendix B) and in evidence received from Homes for Haringey and NHF identified a number of key challenges which inhibited the development of local partnerships and other joint enterprises, these included:

- identifying potential partners
- facilitating dialogue between housing organisations
- availability of localised information
- street properties
- leadership and commitment
- smaller RHPs
- legal and technical issues

8.13 The panel had already noted that the number of providers working in the borough together with the dispersed nature of housing stock, made local engagement difficult. In terms of partnership working however, a more specific challenge was the **identification of potential partners**, that is, which housing providers owned (or managed) stock in the borough and exactly where this was located. Without this information housing providers could not identify potential partners, such as other housing providers on the same estate or the same street, with whom they may collaborate in the provision of housing or other community services.

8.14 Helping local social housing providers to identify potential partners is an important first step to support the development of local partnerships. A second consequential challenge which was identified by RHPs was the need to **facilitate dialogue** among social housing providers. Without local structures to support dialogue and communication, it was difficult for local RHPs to identify potential collaborative opportunities.

8.15 The panel also noted that the property portfolios of some RHPs lent themselves to potential partnership opportunities better than others. For RHPs that owned or managed properties in defined or discrete locations such as on multi-landlord estates, the case for local partnership was more straightforward than those RHPs who managed predominantly **street properties**. The panel felt that particular consideration should be given to such RHPs in the development of strategies which aim to support local partnership work.

8.16 Similarly, there was the perception that not all RHPs may have the same resources or local knowledge to enable them to take a **lead role** in partnership opportunities. In this context, the panel noted that there was an expectation that large RHPs with a significant presence in the borough or were a majority stock holder in a defined location (i.e. on an estate) would lead in the development of local partnership opportunities. It was noted that a lack of leadership had in some instances, hindered the progress of local partnerships.

8.17 A significant challenge identified by RHPs for local partnership work, was the difficulty of maintaining **commitment** for collaborative projects. RHPs noted that in addition to the large number of housing providers, the sector had also been associated with a high turn over of staff which had hindered the momentum and continuity for partnership projects.

8.18 In seeking to develop local partnerships, the panel noted that **smaller stock holders** faced particular challenges, not because they were not interested in participating or supporting such collaborative approaches, but because they do not have the capacity to engage. The panel noted that a key challenge for partnership projects was how to engage and support the participation of smaller RHPs.

8.19 RHPs also faced a number of **legal and technical** challenges in forging local partnerships. Social housing providers noted that the development of local partnerships may not always be straightforward, as occasionally there may be complex lease arrangements for certain properties which may restrict the potential for partnership working. Similarly, it was noted that the development of some shared services between providers may incur Value Added Tax (VAT), which can be a financial deterrent to such partnerships.[15]

Models of good practice – Campsbourne Estate and other local projects

8.20 Despite the challenges faced by housing providers, the panel noted many examples of good practice from local RHPs and Homes for Haringey which exemplified the creative and positive ways in which local housing and other agencies had worked together. The following provides a summary of a number of such projects and their successful approach.

Camspbourne Pilot Project

8.21 The panel noted that the Campsbourne Pilot Project was a partnership of social housing providers on the Campsbourne Estate in Hornsey, which included 4 RHPs[16] and Homes for Haringey. This project aimed to identify areas for joint working and to develop common approaches in response to locally identified priorities. The project was established in April 2010.

8.22 It was apparent that there were a number of defined processes which underpinned the work of the Campsbourne Pilot Project which included:

[15] This position may soon change however, as in June 2011, the HMRC launched a consultation on the levying of VAT on RHPs for shared services and management arrangements. (Inside Housing, June 30th 2011).

[16] Circle 33, Metropolitan Housing and London & Quadrant and Hornsey Housing Trust.

- defined strategy to **engage housing providers** within the locality
- the development of **practical partnerships** among participating organisations, particularly among front line staff who work with tenants
- collaborative approaches to **tenant engagement** and consultation to identify strategic priorities across RHPs
- an audit of **community initiatives** funded by RHPs on the estate.
- the **alignment of priorities** and **pooling of investments** to increase investment and make services more efficient.

8.23 One of the key successes of the Campsbourne Pilot Project was that it had engendered a more **proactive approach** to housing management issues among participating RHPs. In its evidence to the panel, Homes for Haringey noted that this project had helped to re-orientate the organisation to focus equally on issues of **place** rather than solely on **tenancy**. This had helped to develop a more planned and coordinated response to local housing issues.

8.24 It was noted by the panel that there were a number of key elements in the approach of the Campsbourne Pilot Project have contributed to its success. These were identified as:

- building **trust and confidence** in working relationships between RHPs
- focusing on **quick wins** to secure ongoing support and participation
- providing **leadership** to help coordinate partnership work
- developing **simple strategies** which focused on identified priorities
- **minimising formal reporting** to promote engagement.

8.25 From the evidence received, it was apparent to the panel that the Campsbourne Pilot Project had established a successful model for cooperation and partnership work among RHPs at the local level. It was noted that this project had delivered real and tangible benefits to the local community which extended beyond traditional housing issues. Indeed, the panel noted that the successes of the Campsbourne Pilot Project had been broadly acknowledged both locally and regionally.

8.26 Given this recognised success, there was a broad consensus among the panel and other participants within the review that the partnership model adopted by the Campsbourne Pilot Project could be used as template to further extend partnership work in similar locations across Haringey (i.e. multi-landlord estates). Furthermore, experience and key learning points derived from the project could also be used to guide and inform strategies to develop partnership working among RHPs across the borough.

Recommendation 4a: That the critical learning and successes of the Campsbourne Pilot Project be disseminated across the borough to guide and inform partnership work on multi-landlord estates and across the sector more broadly**.**

Housing Enablement Team

8.27 The panel received evidence from Cabinet Member for Housing which noted the positive contribution that the Housing Enablement Team made in facilitating partnership work among RHPs and other Council services to help

resolve housing and community issues on multi-landlord estates. Key aspects of the work of the Enabling Team were noted to include:

- responding to and resolution of tenant complaints
- supporting dialogue and action among RHPs (joint estate walkabouts and shared action plans)
- introducing the wider family of Council services to help resolve local issues (e.g. Anti Social Behaviour, SNT, Resident Consultation)
- establishing an approach which supports longer term cooperation among providers to help tackle ongoing and future housing issues.

8.28 Two examples of the work of the Enabling Team were provided to the panel. On **Eleanor Close**, a partnership among three RHPs (ASRA, Family Mosaic and Lien Viet) was facilitated by the Enabling Team. A number of local issues had arisen which included a lack of coordination in redecoration and housing improvement cycles, street cleaning not being synchronised and persistent low level ASB across the estate. Following an estate walkabout with RHPs, a local Councillor and the team, an action plan was developed which involved RHPs and other organisations (e.g. Safer Neighbourhood Team). The panel heard that this has resulted in significant improvements for the estate.

8.29 The Enabling Team facilitated three RHPs (Family Mosaic, Paddington Churches and Apna Ghar to work collaboratively to resolve local security and ASB issues on **Academia Way**). After a site visit, RHPs agreed that the entrance doors should be upgraded to make them more secure and prevent public access. As a result of this work, it was noted from the police had received fewer crime reports from this location.

8.30 It was emphasised that although interventions may have been relatively small these had achieved significant service improvements for local tenants. In particular, the panel were impressed with the way that the Enabling Team had helped to bring RHPs together to help resolve community concerns on multi-landlord estates. It was apparent that there have been some real achievements from this team in helping housing providers to work more cooperatively together. The panel noted however, that the Enabling Team is to be restructured which may impact on its capacity to fulfil existing roles (set out 8.27). The panel were keen to ensure that this work is retained within future restructure (as specified in Rethinking Haringey).

Recommendation 4b : That the role of the Enabling Team in facilitating partnership work among RHPs on multi-landlord estates should be retained and extended within Restructuring Haringey Programme (i.e. its move from the housing service to the Place Directorate)

<u>Elements critical to the success of effective partnership</u>

8.31 The panel were keen to identify elements which were critical to successful outcomes in partnership working and which could further inform the development of new partnerships in this sector across the borough.

8.32 In evidence to the panel, the NHF noted that there were a number of issues which were important to successful partnership working in the social housing sector. The panel noted from this evidence that:

- successful partnerships were dependent on **creative and committed officers** in respective organisations
- **quick wins** were important to help build trust and encourage ongoing support for the partnership
- **sharing good practice** helped prevent organisations having to 'reinvent the wheel' and sharing local successes helped encourage further work
- ensuring that partnerships were informed by **local knowledge** of housing issues and utilised local resources available
- engaging and **consulting tenants** provided guidance for partnership priorities and actions, and helped to build support within the community.

8.33 Evidence from RHPs and Homes for Haringey confirmed many of the essential ingredients for successful partnership working to that identified by the NHF. In addition however, RHPs and Homes for Haringey also noted that effective partnerships were dependent on:

- ongoing opportunities for focussed discussions to help identify issues of common concern among providers
- planned work that was focused, time-limited and had defined outcomes
- the inclusion of front-line staff.

<u>How best can the council support local partnerships?</u>

8.34 In its consideration of partnership work among RHPs, the panel concluded that there were examples of this taking place in Haringey, many of which had already delivered tangible benefits to local communities. It was also apparent however, that there was significant potential to develop this work further given the willingness of local providers to identify local partnership opportunities and the wide ranging benefits that could be obtained.

8.35 From the evidence received, it was also apparent to the panel that the Council could play an enabling role in supporting the development of local housing partnerships. This enabling role in supporting local housing partnerships was identified in the following areas:

- helping RHPs to identify potential partners through geographical mapping
- providing leadership in those areas where partnerships would be most beneficial in supporting the needs of local people
- providing links to other Council services, community organisations or other local resources which may contribute to local partnerships
- helping to disseminate examples of good practice, among RHPs and share, skills and expertise in the sector
- helping to coordinate social housing tenant involvement – to identify common issues and approaches.

Helping to RHPs to identify potential partners

8.35 The panel heard evidence from a number of informants who indicated that the mapping of social housing in the borough was fundamental to facilitating partnerships in the housing sector. The panel noted that the SCHS together with the Geographical Information Systems service (**GIS**) within the Council

had already undertaken some preliminary work to map social housing provision across the borough. The panel noted that through this process it was possible to map the stock distribution of individual RHPs as well as more detailed mapping for more localised areas (Appendix C). GIS mapping of social housing was a labour intensive process however, and the panel noted that additional investment would be required if this were to be rolled out across the borough.

8.37 The panel noted that RHPs and Homes for Haringey were both of the opinion that detailed GIS mapping of social housing represented a significant opportunity to develop and improve local engagement and partnership working across the social housing sector. This assertion was substantiated within the evidence from other local authorities, which noted that GIS mapping of social housing stock had been integral to their work with RHPs.

8.38 The panel also noted evidence from other local authorities which suggested that once GIS mapping had been undertaken, other data could be overlaid (e.g. child poverty, ASB, benefits take up) which may help to plan and direct other services more effectively. Similarly, the panel heard that Homes for Haringey had profiled its housing stock and had begun to map service hotspots for ASB, youth disengagement and other locally held data.

8.39 Panel members also noted that the mapping of social housing may also help to empower local residents and communities. It was suggested to the panel that that the mapping of social housing could also help residents to link up with other neighbouring residents to form local residents or community associations. Such organisations would help to share information and develop common approaches to community issues.

Recommendation 4c: That all social housing stock is mapped through Geographical Information Systems[17] and that an accompanying dissemination strategy be devised which supports the communication of this information to social housing partners with a view to promoting local partnerships (and other local priorities)

Leadership role

8.39 It was evident that in supporting partnership there was also an expectation that the Council would provide additional support, beyond that of putting housing partners in touch with each other. Analysis of consultation data also suggested that it may also be appropriate for the Council to adopt a lead role in developing local partnerships, particularly when this related to local priorities or objectives. This was exemplified in statements provided in the on-line survey of RHPs:

> *'[The Council] could lead on identified areas for joint working to ensure all appropriate partners are actively involved.' RHP*

[17] If there are insufficient resources to do this on a borough wide basis, then a more selective approach may be adopted that prioritises those areas where there are known to be multiple housing providers.

8.40 Whilst it was acknowledged that the Council already takes the strategic lead and developing partnerships for more strategic areas of work (e.g. Homeless Strategy), it was felt that there may also be a role for the Council to help potential partners know the local area better, what services are available and, what other providers are doing and how they can contribute to local projects.

8.41 This was verified within responses to the on-line survey which suggested that the Council could facilitate further partnership work through making RHPs more aware of what resources might be available locally, such as links to council services, local community groups active in the area or physical assets (e.g. community buildings) which could support such joint enterprise.

'Keep a register of community resources - community rooms/halls that could be shared with other local RSLs or the council.' (RHP)

'We would also like to see periodic meetings with practical issues are on the agenda. This, again, will enable us to work in partnership to improve service delivery. [We] suggests that specialist services are invited to these meetings, for example, the noise section of Environmental Health, ASB or domestic violence advisors or other workers with similar specialism.' (RHP)

Recommendation 4d: That further engagement is developed between RHPs and broader Council services (e.g. environmental health, ASB, domestic violence) to help extend knowledge of local services and collaborative opportunities (possible develop a directory for physical resources, such as meeting places, which may also be available to RHPs)

8.42 As the ALMO, the panel noted that Homes for Haringey was in a good position to have a detailed knowledge of local housing issues, such as tenants concerns and issues affecting local housing stock. The panel also noted that Homes for Haringey had consulted extensively with local tenants which had helped to further extend their understanding of local housing. It was recognised that this local knowledge and understanding developed by Homes fro Haringey had the potential to increase their place shaping role, particularly when this was applied in collaboration with other RHPs.

8.43 The panel noted that this had to some extent already been exemplified through the Campsbourne Pilot Project, where Homes for Haringey had demonstrated the benefits of a more proactive model to housing management. In this context, and with their extensive local knowledge of local housing issues, the panel noted that Homes for Haringey has a key role leading and supporting local housing partnerships.

Recommendation 4e: That given their extensive local knowledge and experience, Homes for Haringey be encouraged to continue to play a lead role in developing and supporting local partnership opportunities.

Disseminate Good Practice

8.44 In evidence submitted to the panel, it was clear that there is already good partnership work already being undertaken by social housing providers. RHPs noted however, that the challenges and successes of such projects may not be widely known outside the partnership. In this context, it would be helpful to have a local mechanism which could share information about local partnerships and disseminate good practice among local housing providers. Such information could help housing providers share information and skills and help to coordinate and improve partnership opportunities (i.e. 'reinventing the wheel').

8.45 Evidence received from a number of other local authorities noted that they published an annual review of RHPs. Such reviews were used to collect performance data (i.e. new homes, tenant satisfaction, compliance with decent homes standard) but also a vehicle to collate information about the broader activities of local RHPs, particularly those that supported the authority's local objectives. In this context, the panel noted that the annual review of RHPs in some authorities had become a tool through which to showcase and share good practice among RHPs and the wider community.

8.46 It was clear that a similar such tool or process could be used to support partnership work across Haringey, as this could help to capture and disseminate the work of RHPs more widely, may help RHPs identify possible partnership opportunities.

Recommendation 4f: That a mechanism is devised that helps to capture, collate and share information from the work of local housing providers that identifies and supports partnership opportunities, share good practice and identify other collaborative ventures across the borough.

Tenant Consultation

8.47 In evidence to the panel, a number of RHPs highlighted that other authorities have held successful borough wide tenant conferences. It was noted that these had been a very helpful process through which to engage tenants from all RHPs and had helped to identify areas of common concern. More importantly, this approach had helped to develop shared solutions to some of the problems identified by tenants. In this context, the panel noted that tenant conferences had been a useful process through which to:

- inform local priorities
- help housing providers to align and coordinate services
- support local partnerships.

8.48 The panel also noted that tenant consultation was critical to the success of local partnership projects (such as the Campsbourne Pilot Project) which underlined the need for this to be undertaken on a collaborative basis as more than one RHP existed. The panel also noted that collaboration among providers was also possible in consulting tenants of street properties, where a number of RHPs had instigated some pilot work. The panel concluded that tenant consultation was clearly important to partnership working and other joint enterprises.

9.0 Stock rationalisation

Stock dispersal

9.1 National data presented to the panel, provided further insight in to stock dispersal issues among RHPs. This data noted that in terms of general needs dwellings, individual RHPs may own or manage properties in up to 178 different local authority areas. [18] Even accounting for the size of individual RHPs, it was still noted that it was not uncommon for RHPs to manage (on average) less than 3% of their housing stock in each local authority.

9.2 Further evidence of stock dispersal in relation to the size of RHPs which was provided to the panel is presented below:

- Among larger RHPs (10,000+ units):
  - the RHP with the most dispersed stock managed properties 31,000 properties across 178 local authorities (average of 177 units or 0.6% of stock in each local authority)
  - 4 RHPs managed housing stock in more than 100 local authorities
  - 3 managed (on average) fewer than 200 properties per local authority
- Among middle ranking RHPs (5,000-10,000+ units):
  - the RHP with the most dispersed stock managed properties 8,000 properties across 90 local authorities (average of 89 units or 1.1% of stock in each local authority area)
  - 2 managed properties in more than 50 local authority areas
  - 6 managed (on average) fewer than 200 properties per local authority
- Among smaller RHPs (2,500- 5,000 units):
  - the RHP with the most dispersed stock managed properties 4,900 properties across 111 local authorities (average of 44 units or 0.9% of stock in each local authority area)
  - 9 managed properties in more than 25 local authority areas
  - 21 managed (on average) fewer than 200 properties per local authority

9.3 Equally significant however, this same data set identified that some RHPs may have a significant 'tail' in there housing portfolios where a small number of properties are managed in a relatively large number of local authority areas. Thus from this data it was noted that:

- one RHP holds fewer than 10 properties in **35** local authority areas
- one RHP holds fewer than 30 properties in **59** local authority areas
- one RHP holds fewer than 30 properties in **48** local authority areas.

9.4 More locally, the panel also noted social housing ownership in Haringey was also dispersed (see 4.26-4.30). To reiterate, it was recorded that a majority (65%) of RHPs own or manage less than 100 properties and just 21% of RHPs manage more than 200 properties (Figures 5a-5c). In some local

[18] RSLs geographical dispersal suggests scope for rationalisation R Cowley in Social Housing V.16 No.10 October 2009

authority wards, as many as 16 RHPs may be involved in the provision of just over 500 homes.

9.5 It was also noted to the panel that the Council itself was a significant stock holder, and of the 16,000 social rented properties managed by Homes for Haringey on its behalf, a number were located outside Haringey. It was noted that due to historical factors, approximately 450 properties were dispersed across three main locations: along Haringey borders with Enfield and Hackney and more remotely, in Waltham Cross. It was noted that the disposal of any stock would need be negotiated with housing providers willing to take on the stock (e.g. price, decent homes investment, local nomination rights) and that tenants consent would need to be obtained.

The challenges of dispersed stock

9.6 Dispersed social housing stock is of course not by definition problematic, as RHPs or other social housing providers may continue to manage a relatively small number of properties in large number of local authorities effectively and to the satisfaction of their tenants. As the Homes and Communities Agency have suggested however, individual RHPs which manage properties over a number of key areas face a number of challenges:

- managing key strategic relationships across a number of areas (how many can they manage?)
- ensuring that there is sufficient engagement at the local level to develop key local partnerships that support tenants and their community
- are there areas where they manage housing stock where there is little prospect of new development?

9.7 In terms of stock rationalisation, the panel noted evidence from the TSA which suggested that it does make related assessments of RHPs in terms of how they manage their assets and the value for money of the services that they provide. The TSA have suggested, for example, that managing 45 properties instead of 450 properties in a local authority may impact on the unit cost and quality of services provided to tenants. As independent providers however, the decision to rationalise housing stock remained with individual RHP boards.

9.8 The TSA has however published a toolkit to support stock rationalisation and suggested that the following questions should be used to guide RHPs in assessing whether stock rationalisation should be considered:[19]

- Is dispersal or distance from management centres a barrier to service improvement?
- Are residents in dispersed stock less satisfied than those in concentrated stock?
- Does it cost significantly more to maintain dispersed stock?
- Does it take longer to respond to local problems, such as anti-social behaviour, in areas where homes are dispersed?

[19] Location, location, location, Achieving efficiencies through stock rationalisation TSA 2009

- Is it possible to engage with the wider agendas, among them regeneration, neighbourhood management and tackling worklessness, in areas where homes are thinly spread?
- Are too many RHPs in one neighbourhood a barrier to progress with these agendas?

9.9 Evidence submitted to the panel from other local authorities noted that stock dispersal among RHPs had given rise to a number of challenges at the local level. Of particular importance, it was noted that RHPs with dispersed stock sometimes had an underdeveloped local presence (e.g. a housing office or housing officer) which meant that there was little opportunity to engage with the local authority and other local stakeholders. With little local engagement it was suggested that some RHPs did not have a complete understanding of local concerns which inhibited their ability to develop effective responses.

9.10 From evidence given directly to the panel and through the telephone audit of local authorities, it was apparent that there were a number of challenges to the housing sector where stock was dispersed and where RHPs had little local presence. Some challenges identified by other local authorities included:

- detached housing management services resulted in inconsistent engagement and cooperation and accountability issues for tenants and local authority
- difficulty of securing commitment to service improvement when there was not the critical mass or capacity to engage effectively/ multiple small providers
- inconsistencies in the management of estates/ properties
- difficulty engaging quickly and effectively with remote RHPs
- poor coordination community investment by RHPs i.e. ASB, wordlessness etc.

Increased Unit costs

9.11 Managing a limited number of stock in distant local authority may have financial impact on RHPs as well as for their tenants. The unit costs of RHPs vary considerably depending on a number of factors such as regional wage variations, social deprivation where stock is held and the nature of stock held (i.e. general needs or supported housing). The panel noted that there was evidence to suggest that dispersal of housing stock contributed to additional costs for RHPs, where:

- stock held in pockets of less than 100 per local authority was associated with higher costs of £1,300/unit per annum
- stock held in pockets of less than 50 per local authority was associated with additional costs £2,300/unit per annum.[20]

9.12 From this same data, it was calculated that the 83,000 general needs units which are owned by RHPs with fewer than 100 units in a local authority area were associated with additional costs of approximately £100m per annum.

[20] Understanding unit costs of housing associations – regression analysis Tenant Services Authority SA 2011

What is stock rationalisation?

9.13 Over a period of time, RHPs may develop housing portfolios which incorporate stock that is owned or managed either remotely or as part of multi-landlord estates. In many instances, this may not be problematic, but this can precipitate issues for stakeholders concerned:

- RHPs – though increased costs as compared to other units
- Tenants – through variations in the level and quality to which housing is managed
- Local Authorities – through difficult engagement or securing involvement in solving a local problems (e.g. ASB)

9.14 There are a number of processes however in which a housing provider can rationalise its housing stock, and focus business operations within a smaller number of localities which can contribute to improved outcomes for stakeholders concerned. There are four main stock rationalisation processes which can be summarised as:

- **stock swaps** – where, for example, a RHP with a small amount of stock in a local area swaps over this stock to another with a larger presence and the reverse process takes place in another local area.
- **stock transfers**– where stock ownership is transferred to another RHP
- **management or leasing agreement** – where an RHP retains ownership, but housing stock is managed or leased to another local RHP
- **disposal –** where housing stock on the open market.

9.15 Nationally, there is substantive evidence that RHPs have actively taken up the stock rationalisation agenda, with a number having explicit stock rationalisation programmes. A number of the larger stock rationalisation programmes which have been recorded include:

- Origin HA, which transferred 632 homes to other RHPs which reduced the number of local authorities it works with from 26 to 17[21]
- Orbit housing transferred 841 homes in the South West Region to another RHP to help improve the range and quality of housing services to those tenants[22]
- Family Mosaic have developed a stock rationalisation programme where less than 100 units are owned in an area these are transferred to another RHP, and where 100-500 units are owned it has tried to set up management agreements with RHPs which have a larger local presence.

9.16 The panel noted evidence from the on-line survey of RHPs which noted that a number of local housing providers had undertaken some stock rationalisation, and similar to other providers elsewhere, had developed an stock rationalisation policy. Survey data suggested that just over half (56%) of local RHPs had undertaken some form of stock rationalisation, though just 6% undertaken this process actually in Haringey (Appendix B).

[21] Stock transfers J Obertelli, Inside Housing, Jan 2011

[22] Location, Location, Location: achieving efficiencies through stock rationalisation Tenants Services Authority (2009)

9.17 Among the stock rationalisation processes reported to the panel by RHPs it was noted that successful stock rationalisation partnerships that had occurred between local partners, though not necessarily had occurred within Haringey:

- Innisfree HA had been the beneficiary of a stock transfer from Family Mosaic of 49 units which were adjacent to its head offices in Camden.
- Metropolitan Housing Trust noted that it was difficult to maintain same level of services or commit to neighbourhood areas in which it had fewer than 1-200 properties. It was therefore considering a stock rationalisation programme in which it was seeking to half the amount of local authorities in which it maintains properties to 30. Haringey, in which it managed over 2000 properties, would remain one of its core boroughs.

What are the benefits of stock rationalisation?

9.18 The panel noted evidence from the TSA which suggested that there were a number of possible benefits that could be obtained from stock rationalisation processes. From a number of case studies of stock rationalisation it was noted that improvements were derived in three key areas from the rationalisation of housing stock:

- improved partnerships – with the local authority, other RHPs and other community organisations
- improved community engagement - through greater understanding of community and tenant issues.
- improved cost effectiveness of services – through improved economies of scale, improved local partnerships.[23]

9.19 The panel heard evidence from a number of other **local authorities**, some of which had supported an explicit stock rationalisation programme within their area. From this evidence, it was noted that stock rationalisation had helped to improve local relationships with RHPs and had secured more focused and active contributions from housing partners. Some of the key benefits of stock rationalisation identified from other local authorities were:

- improved concept and more focused contributions to neighbourhood management – ensuring that RHPs are committed to local communities
- improved cost efficiencies for housing management
- improved services for tenants – bringing housing management closer to residents and greater linkage with other local services
- providing more focused and targeted support for vulnerable residents.

9.20 **RHPs** which were consulted in the review described a number of benefits to their organisation from stock rationalisation. A consistent theme in this evidence was that a more developed understanding of local tenant and community issues was obtained when housing management was devolved to a more local provider. RHPs noted that an established local provider taking on housing stock may also have resources in place to support tenants (i.e. a housing office or housing officer) which helped top deliver a more **responsive service**. This was exemplified in the submissions of RHPs:

[23] Location, Location, Location: achieving efficiencies through stock rationalisation Tenants Services Authority (2009)

'Most importantly, [stock rationalisation] has been beneficial to the tenants who now have a better housing management service.'

'We transferred four sheltered housing schemes in South Devon to a local organisation which was better placed to provide a more responsive service.'

9.21 Such stock rationalisation was also seen to be beneficial to RHPs in receipt of housing stock (whether owned or managed), in that this had helped to increase its **presence** in an area where it has established business interests, and delivered more **efficient housing management** through improved economies of scale. In this context, it was evident that there may be multiple benefits for such RHPs including the improvement of housing stock and increasing tenant satisfaction:

'Benefits for us were that it increased our stock in a key Borough, implemented a decent homes programme and completed within 6 months and increased resident satisfaction in the area.'

9.22 Stock rationalisation was also seen as a process through which additional **capital investment** might be secured for investment in housing stock. It was noted that some RHPs, for example, may not have the necessary capital to ensure all of its housing stock meets the decent homes standard. Therefore the disposal or transfer of stock to another RHP that had sufficient capital to invest for such purposes could be seen to be beneficial to both RHPs and of course, tenants:

'We transferred 600 properties in Croydon to [another provider] who had the resources to bring them up to Decent Homes Standards and already had a large presence in the borough.'

What challenges do RHPs face in stock rationalisation?

9.23 It was evident to the panel, that irrespective of the potential benefits, stock rationalisation was not straight forward, indeed, it was noted that this could be a complex, lengthy and resource intensive process.

9.24 It has previously been reported that RHPs faced significant challenges in identifying other housing providers in the development of local housing partnerships, and this was also the case for stock rationalisation opportunities. From the consultation data it was noted that RHPs found it difficult to **identify potential partners** or had insufficient local contact to ascertain if there were mutually beneficial opportunities to rationalise housing stock. Identifying potential partners was also noted to be difficult for:

- smaller RHPs as they may not have as many established working relationships with other providers
- RHPs whose property portfolio comprised of mainly street properties had limited natural partnerships
- RHPs whose housing stock was old and in need of investment.

9.25 The actual process of stock rationalisation was also cited as a barrier to successful link-ups and completions. RHPs noted that there were complex legal and financial processes which needed to be undertaken as part stock

rationalisation which could impede progress or indeed, curtail its progress. Some of the key stumbling blocks included:

- agreeing **values** for stock to be transferred between RHPs
- **charges**, **legal title** restrictions or other **planning permissions** which may limit the buyers opportunities to develop the stock
- **VAT** on housing management arrangements[24]
- legal and other project **costs** associated with transfers
- obtaining **consent** of tenants.

9.26 For smaller RHPs, stock rationalisation can be particularly problematic as they may lack the overall capacity or resources to operate an asset management strategy or the resources to actively engage in a borough where they may have comparatively limited stock. In this context, there was a belief that stock rationalisation had been focused within larger RHPs as the scale of their operations and the dispersed nature was conducive to stock swaps with other large RHPs. A number of smaller RHPs noted that this limited development opportunities for their own organisations.

9.27 Stock rationalisation was also noted to have risks for RHPs as stock transfers and leases may have longer term implications. Changes in stock holding clearly affect RHPs asset management strategies and their subsequent ability to borrow money and develop new housing. There are also inherent risks in taking on the ownership or management of housing stock of which there has been little previous knowledge or experience.

9.28 Stock rationalisation not only presents challenges for RHPs, but this process can also raise issues for other local stakeholders, such as the local authority and of course tenants. For the local authority, stock rationalisation can present a number of challenging issues, most significantly ensuring that stock rationalisation does not lead to a decline in affordable homes available (i.e. where stock is sold to a non RHP).

9.29 It was also noted to the panel, that the Council was an owner of housing stock, which is managed through Homes for Haringey (the ALMO). As has been recorded earlier, housing stock owned by the Council is also dispersed with approxianmltey 450 units located in other boroughs. Similarly, it may also be appropriate for the Council to rationalise stock it owns or manages within the borough, for example, where it has a minority interest on a multi-landlord estate. Thus the Council and Homes for Haringey, are faced with many of the same challenges as other local RHPs in respect of stock rationalisation.

9.30 The transfer of ownership or management of housing stock can also precipitate concerns among those tenants involved. Social housing tenants are by definition those people in greater need and the transfer of the management of their tenancy may create some anxiety among them. RHPs noted that stock transfers were especially worrying where sheltered

[24] As stated earlier, this position may change as HMRC have launched a consultation on the levying of VAT on RHPs for shared services and management arrangements. (Inside Housing, June 30th 2011).

accommodation was involved and considerable work needed to be undertaken to allay the concerns tenants.

The role of the Council support RHPs considering stock rationalisation?

9.31 The panel assessed what role the Council could take to support those RHPs considering stock rationalisation. Whilst it was acknowledged that the Council cannot dictate such processes, it has a legitimate role in shaping and improving local communities and may seek to influence the plans and agendas of local organisations to help meet local priorities and objectives.

9.32 A consistent theme in the responses of RHPs themselves in this review was that if the Council was to adopt a proactive role in stock rationalisation, then this should be accompanied by greater clarity in the aspirations of the Council for stock rationalisation, in particular how these relate to local needs and priorities. Furthermore, RHPs noted that if a more proactive approach to stock rationalisation was developed, this would need to be consistently supported across the business of the Council. This was exemplified in responses to the survey:

> *'The [Council] needs to be more specific as to what they want from us [providers]. We sometimes get mixed messages, for example, we are asked for wheelchair units but lettings are not always forthcoming. Planners also make things difficult to manage and let e.g. no cars, communal roof gardens…and unrealistic sustainability agenda.'*
>
> *'Willingness of housing, legal and planning colleagues to vary planning consents or lift charges where restrictions are proving a barrier to stock modernisation or meeting housing need.'*

9.33 In this context, and in relation to the above comments, it is suggested that the development of a stock rationalisation *policy* may be of benefit, as this would clearly set out the Councils ambitions and the strategic priorities. Such a policy could also help to identify roles and expectations of housing providers and identify how priorities can be supported through the broader activities of the Council.

Recommendation : That the Council should adopt a lead role in the rationalisation of social housing stock and support those RHPs considering the rationalisation of local housing stock through

5a : the development of a local stock rationalisation policy that sets out:

- how the aims and objectives of that policy will help to support local priorities
- the roles and expectations of local housing providers
- which is supported by published local guidance for RHPs

9.34 As has been noted earlier (9.24), a barrier to those RHPs considering stock rationalisation was the identification of potential partners. In this context, there was an expectation from providers that the Council should adopt an enabling role and facilitate contact between local RHPs. To support this

enabling role, a consistent request among RHPs and other informants to the panel was the need to map all social housing stock in the borough through GIS. Mapping of social housing units, was seen as instrumental in facilitating contact and dialogue among local RHPs.

Recommendation 5b: Ensure that all social housing in the borough is mapped through GIS to facilitate contact and dialogue between RHPs

9.35 The Council was noted to have an established Enabling Team which had regular dialogue with a number of local housing providers. Communication between and among RHPs however was less certain and in this context, there was strong support for the Council to adopt a **brokerage role**; in which it facilitated contact between RHPs that were interested in stock rationalisation. This was exemplified in the responses of one RHP to the on-line survey:

'Act as a broker where you identify a larger or more remote [registered provider] for whom Haringey is not a core borough. Suggest likely recipients and bring them together.'

9.36 It was noted that such a brokerage role could save time and expenditure of those RHPs that are interested in stock rationalisation in the borough:

'If we were to consider taking on other [registered providers] stock in the borough we would wish the [Council] to hold a dialogue with those partners first to ensure that they had a desire to consider such a transaction. A lot of time 'could be wasted shopping around to no avail.'

9.37 The panel also noted that a brokerage role to support stock rationalisation could also be focused on a particular area, to help bring greater coordination in the efforts to resolve local issues of concern. The panel noted that an area based approach to stock rationalisation had been adopted within another local authority, and had helped to develop a more coherent and consistent approach to housing issues among 14 RHPs in an area of high social deprivation and persistent ASB.

Recommendation 5c: That the Council adopt a brokerage role to facilitate contact and dialogue between RHPs with a mutual interest in stock rationalisation, and, that such a role be actively pursued in where local conditions would support a more coordinated housing provision (i.e. multi-landlord estates).

9.38 The panel noted that other councils were actively considering stock rationalisation policies. It was therefore noted that if such a brokerage was to be adopted by the Council, it may be practical to synchronise such an approach with other local authorities on a sub-regional basis. In evidence to the panel, it was noted that other sub-regional housing partnerships had taken an active role in stock rationalisation. It was noted that the SE London Housing Partnership Group aimed to facilitate stock rationalisation within the region through:

- encouraging RHPs to conduct asset management strategies and assess the distribution of housing stock across the region
- dissemination of good practice
- challenge of RHPs with outlying stock about future plan
- support of small local RHPs in acquisition of stock from larger RHPs.

9.39 At the consultation with RHPs, it was also noted that there was the potential for greater partnership work among councils on cross border issues. It was recorded that there could be potential in developing sub-regional stock rationalisation brokerage role through the North London Strategic Alliance (or other similar body).

Recommendation 5d : that the Council should ascertain if a regional brokerage role could be adopted through the North London Strategic Alliance (other sub-regional body) to support stock rationalisation processes among RHPs

9.40 As an owner and manager (through Homes for Haringey) of social housing stock, the Council faced many of the challenges that RHPs currently face in relation to dispersed stock. It was suggested moves to transfer stock to another housing provider could deliver more localised management and help to reduce costs. In addition, transfer could also possibly increase access to Decent Homes funding as well as increasing capital receipts for the Council.

9.41 The panel noted evidence which suggested that the Council was already active in the area of stock rationalisation. It was noted in evidence from the SCHS, that tenants of some remotely held housing stock (in Waltham Cross) had already been consulted by the Council with a view to transfer to local RHP ownership. Depending on the consent of being obtained, it was anticipated that a report would go before Cabinet to discuss and agree future options for this stock. It was noted that there may also be a small number of rationalisation opportunities within the borough, where for example, the Council has a minority holding on a multi-landlord estate.

9.42 In the context of the above, it was suggested that the Council should continue to lead by example in support of any agreed stock rationalisation policy or process. Such an active policy should encompass an assessment of all social housing stock, internal and external to the borough, to assess whether stock transfer, localised management or other stock rationalisation process would be of local benefit.

Recommendation 5e: That the Council provide a stock rationalisation lead and example by conducting an assessment of all its housing stock (in and out of borough) to identify those properties that may be beneficial to rationalise ownership or management.

9.43 From the consultation with RHPs and from evidence from the SCHS itself, it was noted that there were a number of risks associated with a stock rationalisation policy which need to be assessed and managed locally. These were identified as:

- to need protect the diversity of social housing provision
- to ensure that stock rationalisation does not lead to disposal, and loss of borough social housing estate.

9.44 The SCHS emphasised to the panel, that stock rationalisation was not solely about reducing the incidence of stock that wasn't locally managed. In the view of the SCHS, stock rationalisation was primarily concerned with promoting *good housing management*; where RHPs provide a good service to local tenants, worked with the local authority and other RHPs and were committed to supporting local priorities. In this context, the size of the RHP or its stock holding in the borough did not necessarily matter.

9.45 It was apparent therefore, that a stock rationalisation policy supported by the Council should be accompanied by an active process of engagement and dialogue with all local RHPs (irrespective of their size), to enable them reflect on their commitment and contribution to the local area, and where appropriate, encouraged to seek partnerships or stock rationalisation opportunities for local stock holding. The panel also noted that the Council would welcome dialogue from those RHPs who considered that the management of local stock was too expensive, or found it difficult to provide an adequate level of service.

Recommendation 5f : The Council should encourage all RHPs to review the management of local housing stock and subsequent commitment to the borough, and where this falls short, to encourage partnership or stock rationalisation opportunities with other local providers

9.46 The role of the small RHP in stock rationalisation processes should also warrant further consideration within in any stock rationalisation policy, as it was clear that smaller RHPs were important to maintaining the diversity of housing service provision and the delivery of more specialised housing services. This needs to be acknowledged in any approach to stock rationalisation adopted by the Council to ensure that the important contribution that **smaller RHPs** make to the local housing sector is retained.

9.47 Furthermore, given the specific challenges faced by small RHPs (e.g. resources, staffing and contacts) further work may be needed to identify how they can be best supported to engage further locally (e.g. partnerships or stock rationalisation).

Recommendation 5g: That the Council acknowledge the particular challenges that smaller RHPs may face in with stock rationalisation (and partnership working) and to develop mechanisms to support their local engagement.

9.48 The panel heard evidence from the Cabinet Member for Housing and SCHS which noted that a strategic aim of the service was of course, to retain and develop further social housing within the borough. Thus there was natural concern that stock rationalisation, in some instances, could lead to the loss of local social housing stock if a disposal approach was taken by RHPs.

9.49 The panel noted therefore, that those RHPs considering disposal as mechanism through which to rationalise of local stock holding, should actively engage with the Council to identify a strategy to ensure that investment within the social rented sector is maintained.

Recommendation 5h: That the Council should ensure housing disposals through stock rationalisation do not lead to a reduction in the overall social housing estate and where possible help to address the east west imbalance in social housing in the borough.

9.50 Whilst RHPs may have a duty to cooperate with the local authority and other services, evidently some RHPs are more able to engage locally than others. The panel noted evidence from other local authorities which noted therefore that it was important for the Council to promote the possible benefits of joint enterprise (cost reduction, improved services and more satisfied tenants) to encourage local engagement.

9.51 The panel noted that a local authority had successfully used its annual conference for RHPs to focus on partnership and stock rationalisation. The panel noted that this provided an opportunity for local RHPs to discuss work programmes and identify partnering and rationalisation opportunities. It was noted that there were many practical achievements which stemmed from this conference, which included:

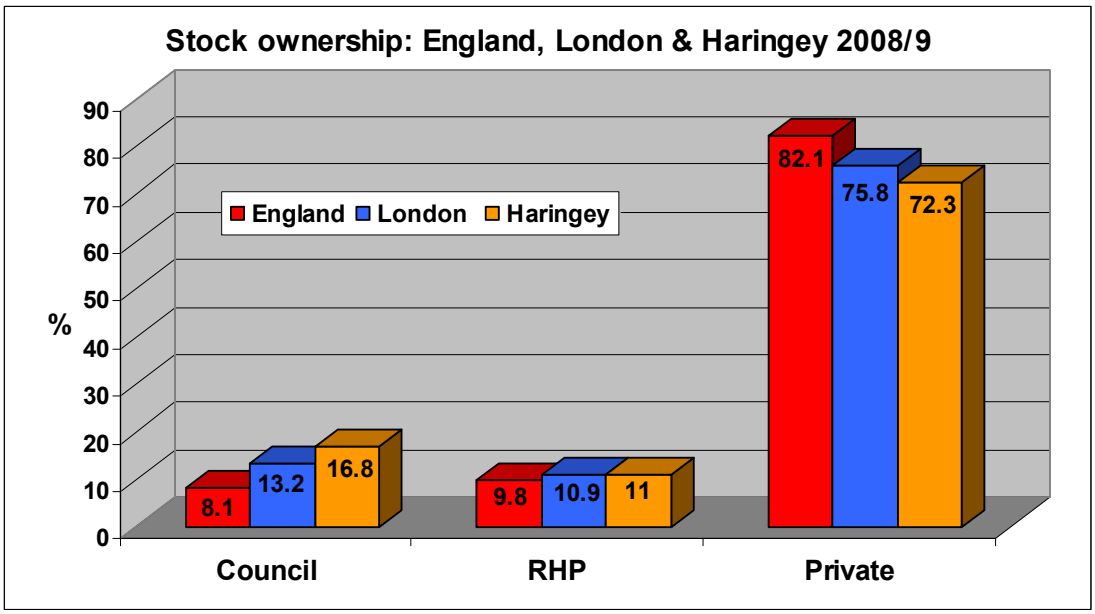
- sharing of local good practice
- one local RHP which worked with elderly and disabled people, took on the management of other special needs stock held by other RHPs in the authority.

Recommendation 5i: That the Council consider whether the planned annual conference for RHPs could be dedicated to consider local partnerships and stock rationalisation opportunities.

9.52 As has been documented earlier in this report, RHPs that may be considering stock rationalisation may face a number of significant challenges, which may be complex, lengthy and time consuming. Further still, as has been seen above, stock rationalisation is not without risks to all local stakeholders involved; the local authority, tenants as well as RHPs themselves. In this context, RHPs consulted within this review reiterated that stock rationalisation may not be the answer to all the ails of social housing, though it may help housing providers to refocus provision and garner further support and commitment to local communities and services.

Appendix A - Charts

Figure 1 – Stock ownership England, London, Haringey (2008/9)



Source: DCLG

Figure 2 – Housing tenure in England and Haringey (2008/9)

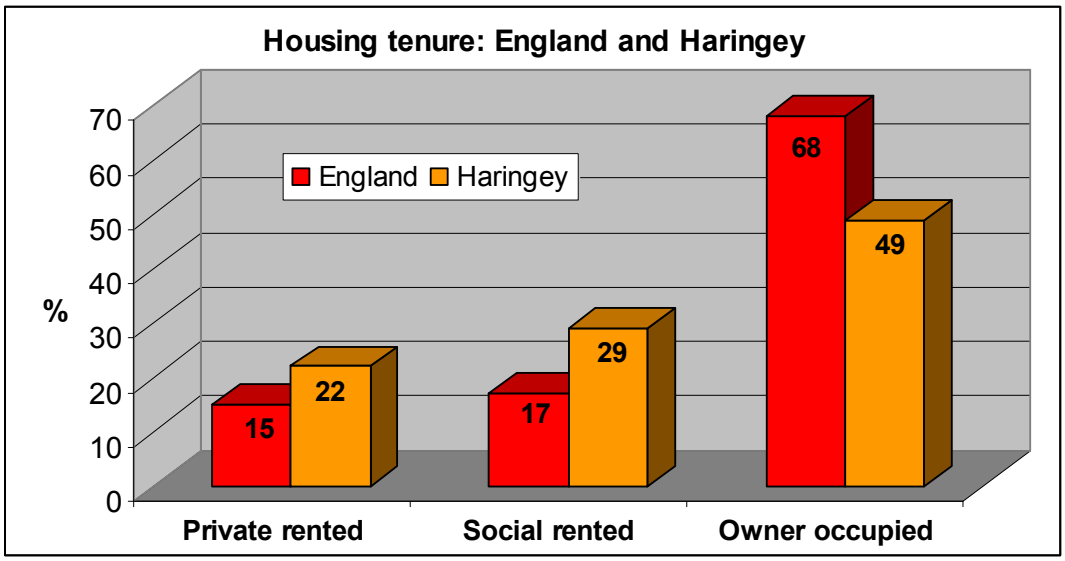


Figure 3 – Social housing dwellings in Haringey 1997-2009

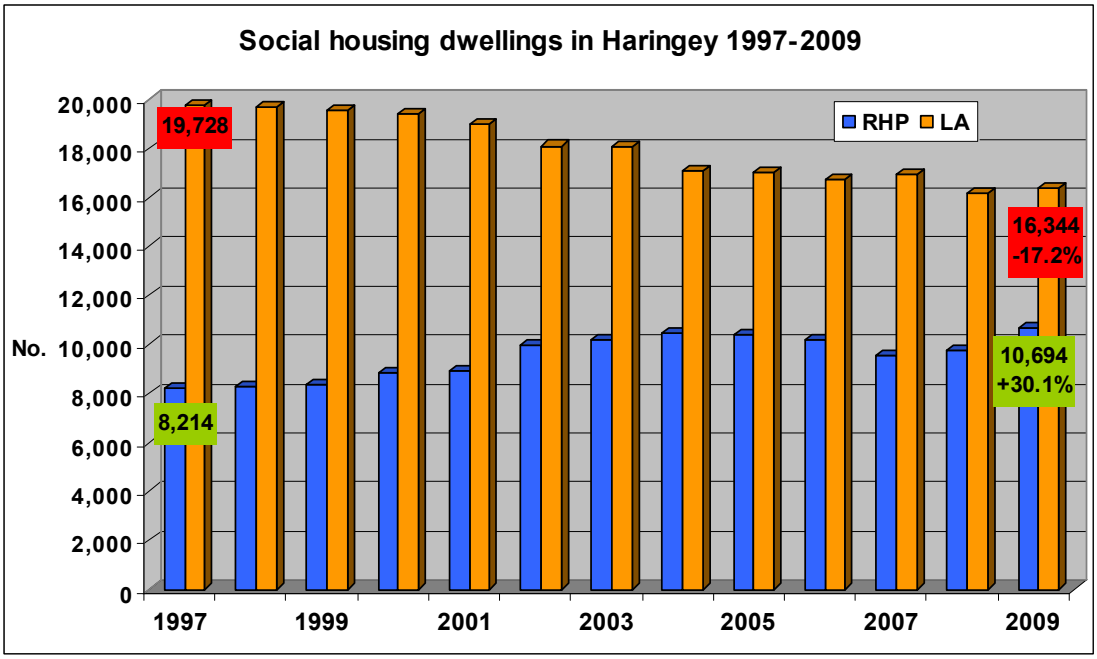


Figure 4 – Social rented housing in Haringey by Local Authority Ward.

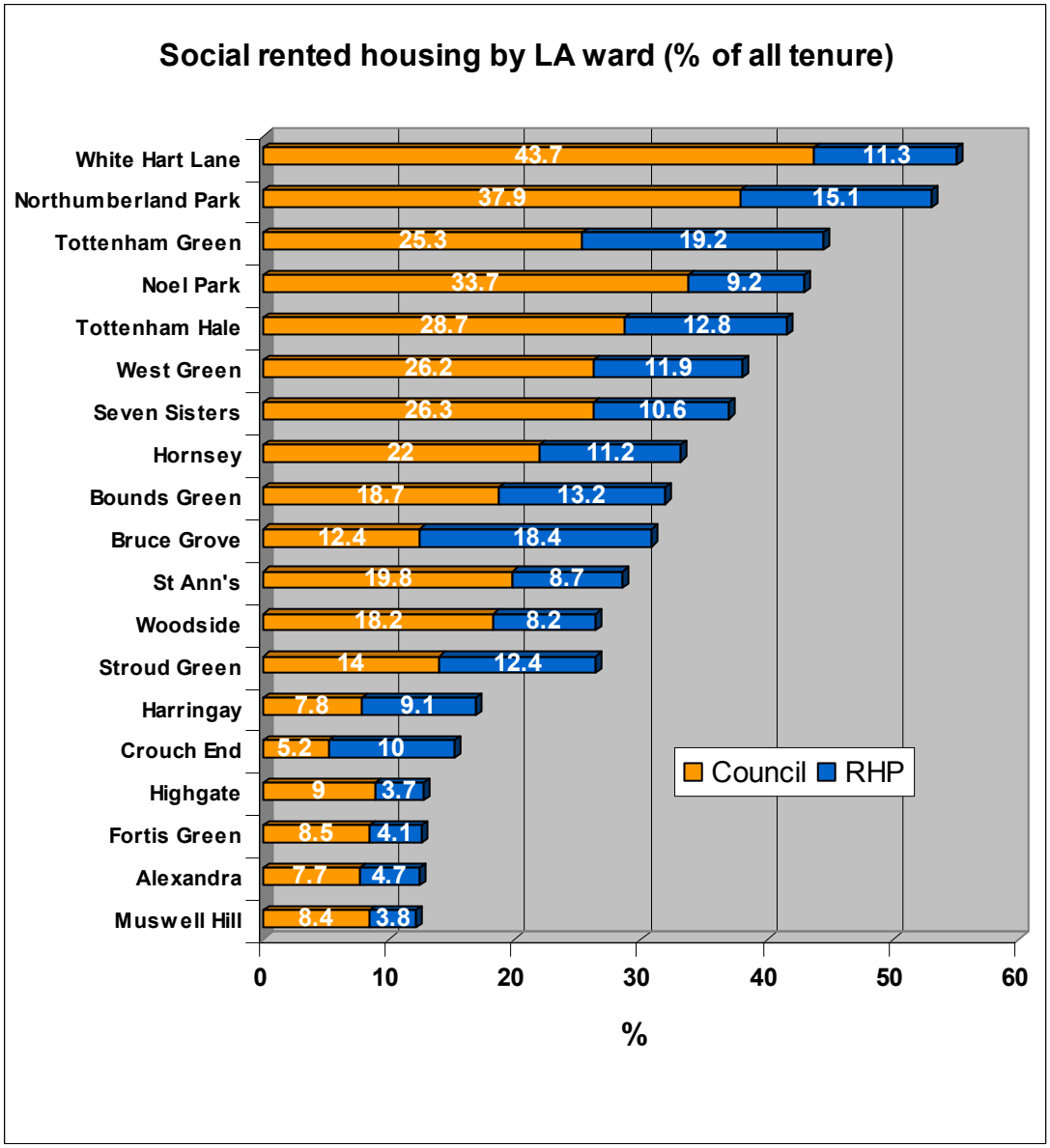


Figure 5a - Distribution of RHP stock size 0-100 units.

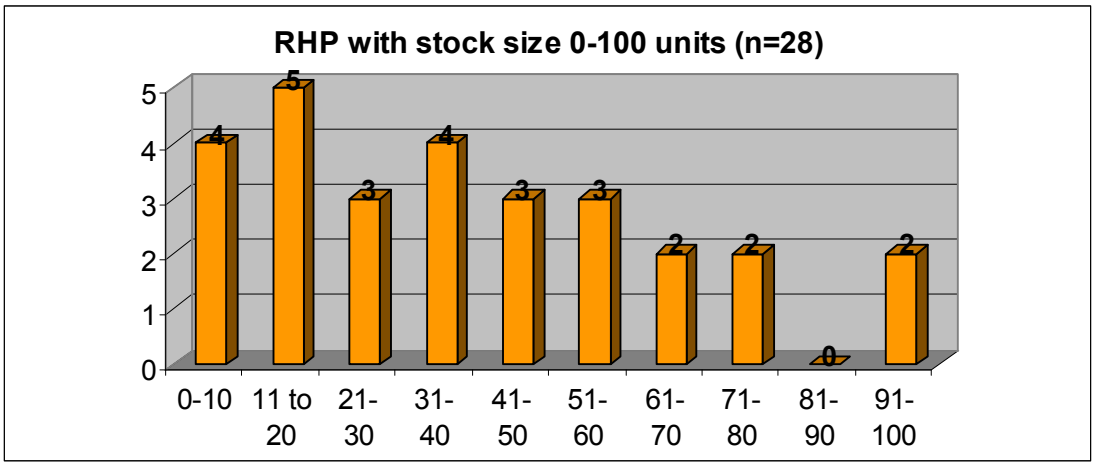


Figure 5b - Distribution of RHP stock size 0-500 units.

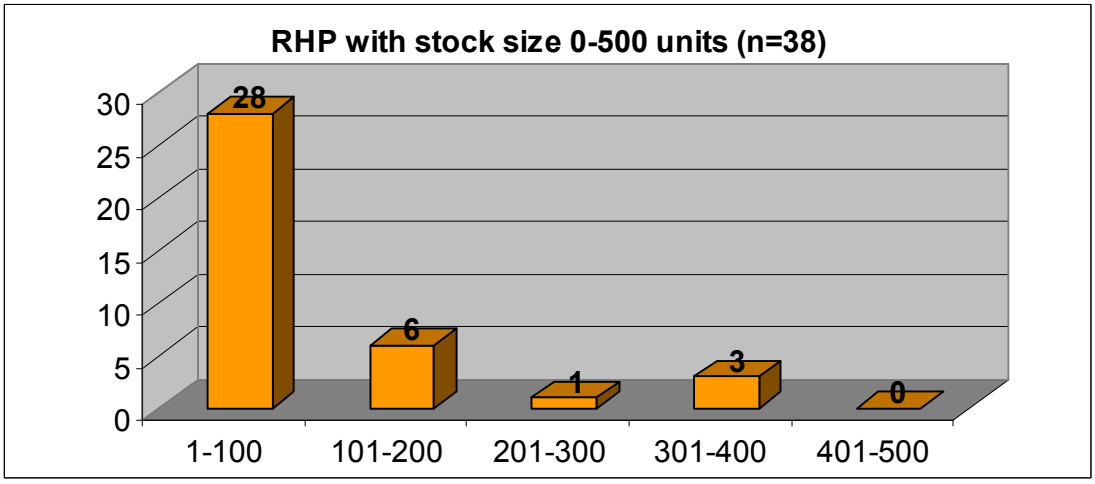


Figure 5c - Distribution of RHP stock size 0-2,500 units

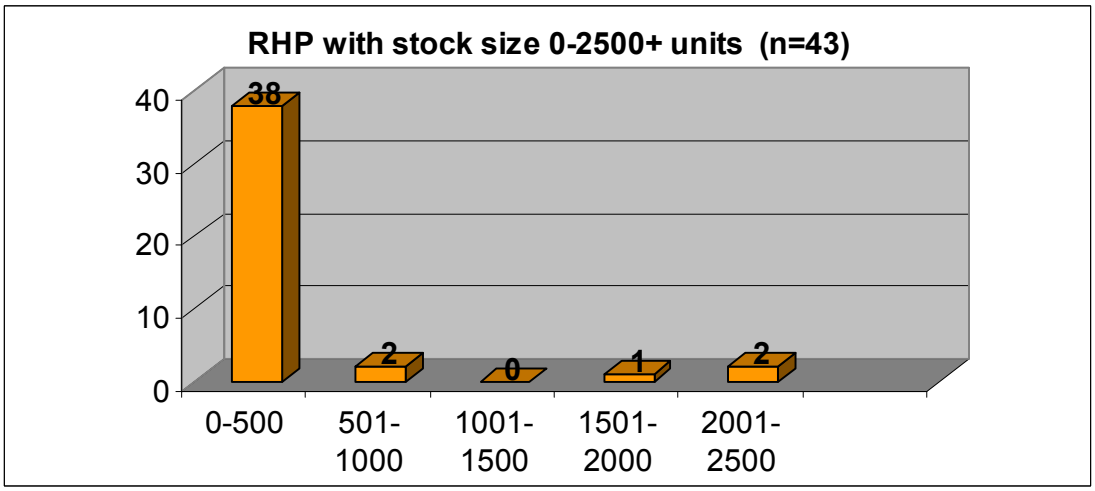


Figure 6 – RHP stock numbers in Haringey (2010)

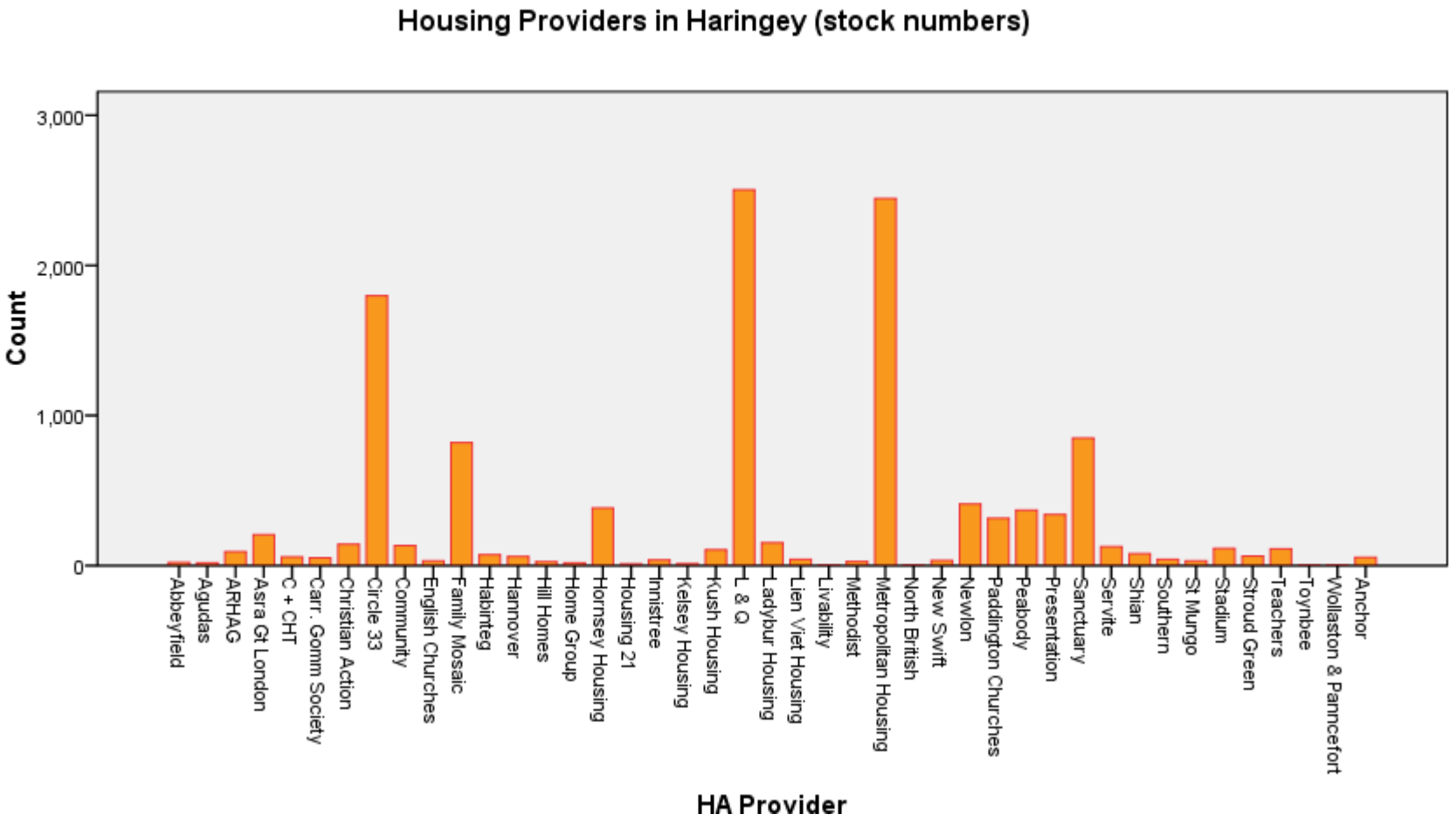
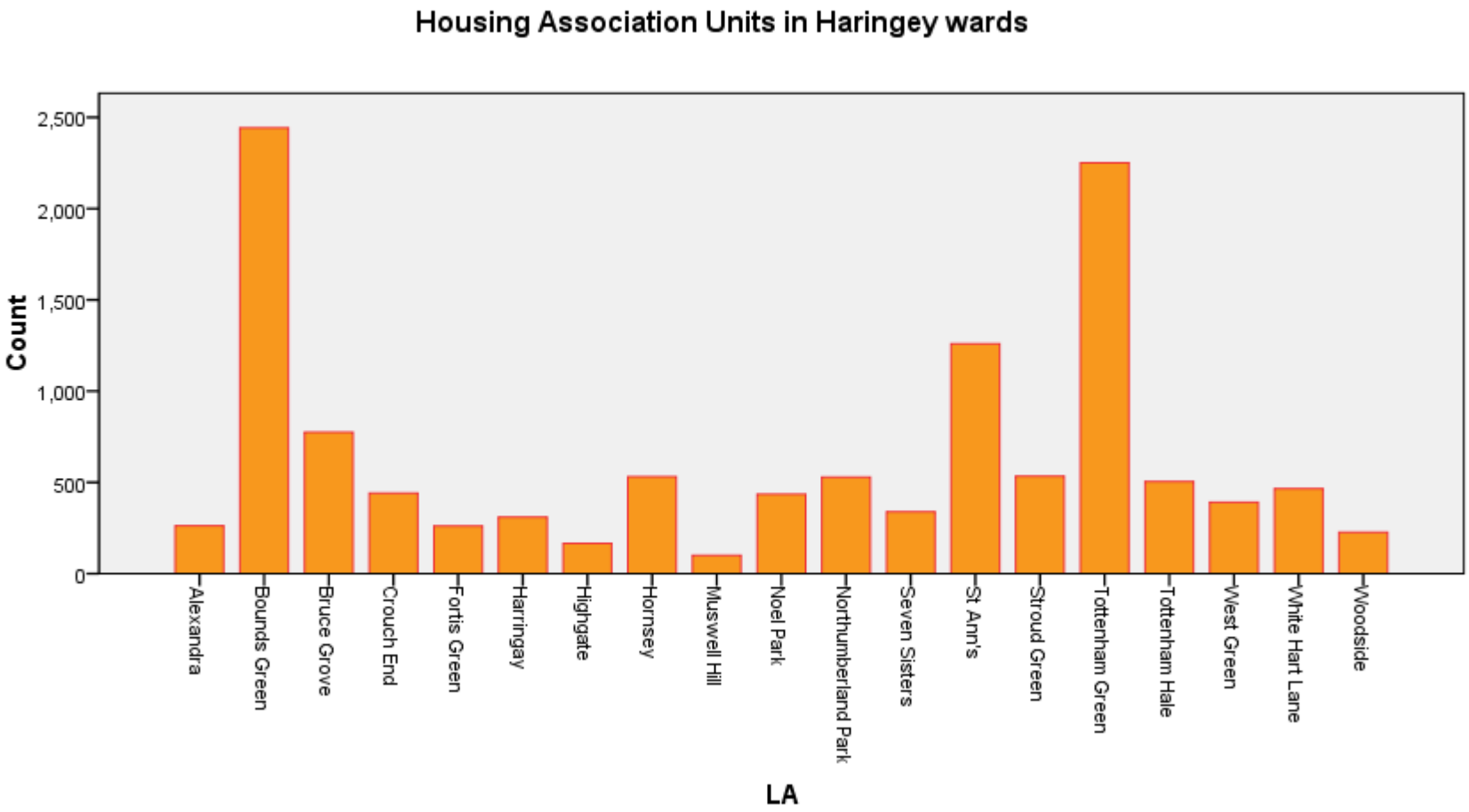
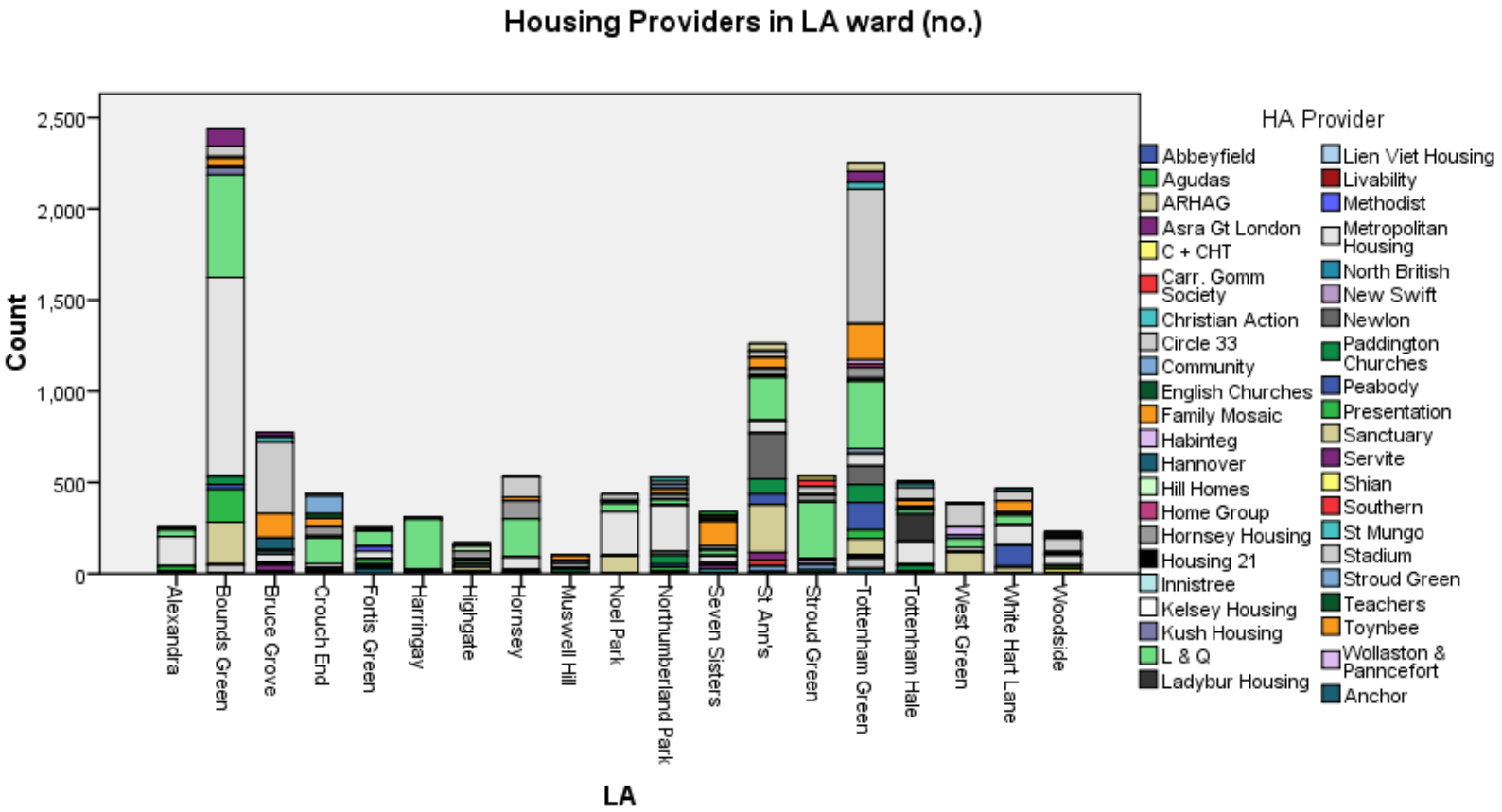


Figure 7 - RHP stock held in Haringey by Local Authority Ward (2010)



Figure

Figure 8 – RHPs providing housing in Haringey by Local Authority Wards (2010)



Appendix B

Scrutiny Review of Registered Housing Providers in Haringey

Engagement, partnerships and stock rationalisation: findings from a survey of survey of local housing providers.

July 2011

1.0 Introduction

1.1 There are approximately 60 registered housing providers with housing stock in Haringey. This presents a number of issues for both the Council and registered housing providers, including consistency in housing standards, partnerships in local housing sector and stock rationalisation.

1.2 A review was commissioned by the Overview & Scrutiny Committee to investigate these issues. In particular, the review sought to assess the effectiveness of local engagement structures, and how best the Council can support providers that want to work in partnership with others or seeking to rationalise stock in the area.

1.3 As part of the scrutiny review process, local housing providers were consulted through a number of mechanisms including a focus group and an on-line survey. The following provides analysis of the both quantitative and qualitative data collected through the on-line survey of registered housing providers. This data and analysis will contribute to the conclusions and recommendations formed within the final review.

2. About the survey

2.1 The purpose of the survey was two fold: firstly, to capture a range of data from registered housing providers on a range of local housing issues; secondly, to maximise participation in the review process, particularly those smaller housing providers who may not have the resources to attend dedicated meetings.

2.2 In addition to information about individual providers (e.g. size of stock held, number of Local Authorities in which stock is held) the survey sought to collect a range of information from respondents including assessments of local engagement structures and what role the Council can play in supporting providers in developing local housing partnerships or considering rationalising local housing stock.

2.3 As well as collecting quantitative data, there were opportunities for respondents to provide qualitative comments to support any answers that were given. The survey was administered on-line through SNAP survey tool. Electronic copies of the survey were distributed to 47 registered provider contacts held by the Strategic and Community Housing Service of the Council. The following is an analysis of both qualitative and qualitative data received through the survey.

3. About those who responded?

3.1 In total, 18 registered housing providers responded to this survey. This produced a response rate for the survey of approximately 38%. This can be considered a satisfactory response given the accuracy of any database (churn rate of housing contacts) and the method of survey distribution.

3.2 Data about registered housing providers that responded was collected through the survey to illustrate the characteristics of the organisations that

responded. This data demonstrated that, in terms of size, the survey was completed by a broad range of housing providers: 33% of respondents managed fewer than 1,000 housing units whilst 44% managed more than 10,000 units (Table 1). In respect of housing units managed in Haringey, most respondents (66%) managed fewer than 500 housing units (Table 1).

Table 1- Housing units managed by registered housing providers.			
Total housing units managed nationally		**Units managed in Haringey**	
0-1,000	6 (33%)	**0-100**	8 (44%)
1,001-5,000	2 (11%)	**101-500**	4 (22%)
5,001-10,000	2 (11%)	**501-1,000**	4 (22%)
10,001+	8 (44%)	**1,001+**	2 (11%)

3.3 The type of dwelling which respondents managed in Haringey was predominantly general needs housing (67%), though a smaller proportion (28%) managed units which provided sheltered or supported accommodation to local residents. The remainder provided a mix of general needs and specialised housing services.

3.4 The survey sought to ascertain the number of local authority areas in which providers managed housing stock. Analysis of this data demonstrated that most providers (94%) managed housing stock in more than one authority, with just over half (55%) managing stock in 20 or more local authority areas (Table 2). Most respondents (78%) however, considered Haringey to be a 'core' authority in which the housing provider was actively engaged with local housing issues (Table 2).

Table 2 – Housing provider engagement			
No, of other LAs where stock is managed		**Haringey is a 'core' authority**	
0	1 (6%)	**Yes**	14 (78%)
1-10	4 (22%)	**No**	4 (22%)
11-20	3 (17%)		
21-50	6 (33%)		
51+	4 (22%)		

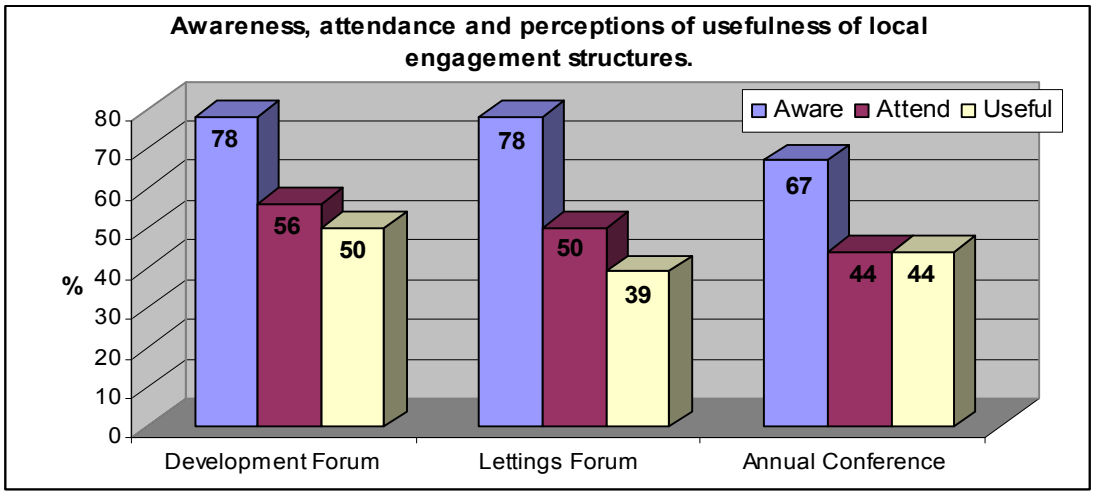
4. Engagement structures in Haringey

4.1 A number of engagement structures are operated through the Strategic and Community Housing Service to support partnerships among local housing providers these include; development forum (for new build), lettings forum and an annual conference themed around a local housing issue. Survey respondents were asked if they were aware of these engagement structures, whether representatives from their organisation regularly attended and if these were found to be useful.

4.2 It would appear that most respondents were aware of the various engagement structures supported by the Council: 78% of respondents were aware of both the development and lettings forums, while 67% were aware that an annual conference for RHPs is run each year (Figure 1).

Proportionally fewer respondents (range 44-50%) indicated that representatives from their organisation attended engagement forums (Figure 1). In respect of the perceived usefulness, the development forum (50%) was rated higher than the lettings forum and the annual conference (Figure 1).

Figure 1



4.3 Analysis of qualitative comments provided by registered housing providers suggest that the overall engagement framework provided in Haringey was not dissimilar to that provided by other local authorities. Although analysis elicited little direct feedback on the operation of any individual forum, it would appear that respondents were, on the whole, broadly satisfied about the overall engagement framework and it was noted that it enabled partners to keep up to date with local issues and policy developments:

'Generally good.'

'Generally satisfied.'

'The engagement structures are fine.'

'The Borough is good at involving its partners and keeping us updated especially about policy changes and new ideas.'

4.4 Positive perceptions of the local engagement were not however universal. It was evident from the response of one smaller provider, that they do not appear to be included within local engagement and communication processes:

'There is little engagement. I can't remember being invited to any of the forums mentioned above. Not sure if this is because we are a small provider.'

4.5 Analysis of responses identified a number of themes as to how the current engagement framework could be improved. A number of respondents suggested that more notice should be given as to when engagement forums take place together with more detail of what is planned to be discussed. This would allow providers to plan attendance and ensure that appropriate staff represent housing providers at meetings:

'There is never enough notice for me as an area manager to attend regularly, can this be considered please?'

'Better notice will certainly help.'

'Agendas need to be sent well in advance so the correct staff attend.'

4.6 To support this process, a number of respondents suggested that it might be beneficial if a housing engagement calendar was developed at the beginning of the year which included all meetings of the engagement forums. This calendar would enable housing providers to plan attendances at respective forums and allow wider and more consistent attendance:

'An annual calendar of meetings and forums would be helpful.'

'It would be helpful to have an annual schedule of meetings and action plan.'

4.7 Clearly, given varying scale of their operations and competing demands on RHPs, it may not be possible for representatives to be present at all engagement forums. In this context, it was noted that it was important that such forums (e)mailed out agendas, reports and minutes to ensure that providers were kept up to date about local housing issues and topics under discussion at local forums, even if they could not attend in person:

'Ensure invites to forums and discussion papers, minutes are e-mailed out so we are kept informed of developments.'

4.8 Providers noted that whilst engagement structures were integral to information sharing and supporting local partnerships, in the current climate of declining resources and increased pressures on officer time, there was a limit on the number of forums which representatives could feasibly attend:

'There is a danger of too many meetings when you bear in mind how many other LAs have expectations of their RSL partners.'

4.9 Similarly, providers felt that in the context of pressurised resources, it was important that engagement forums retained a clear remit and focus and where possible, were linked to specific outcomes. Therefore housing providers noted that it may be beneficial to assess the terms of reference and expected outcomes of local engagement structures to ensure that the work of these bodies was coordinated and delivered tangible benefits to participants:

'Improve links between development and housing management forums [as there is] increasing overlap….'

'Whilst forums are very useful to share information it would be a good to measure the outputs from the forums.'

'We feel that more could be done in these fora to encourage partnership working and resolve ongoing issues. It must be commented that these are useful bodies, but more work is needed to make them more effective.'

4.10 A recurrent theme in providers' contributions was that that the usefulness of engagement meetings to RHPs was determined by the perceived relevance of issues discussed. Thus whilst there was broad approval of the local engagement framework, there remained some uncertainty as to the benefits of meetings offered through the regular forums as opposed to ad-hoc, issue focused meetings:

'[Meetings] are useful only to some extent depending on the relevance of them to our service.'

'I am torn between the value of having one-off meetings around specific subjects and the need to have a regular forum where [housing association] reps can meet regularly with Haringey officers.'

'Whilst we do find the formal engagement structures useful we also feel that bilateral meetings are important to discuss specific scheme based issues.'

4.11 As RHPs manage housing units in other areas and have experience of other engagement frameworks, respondents were also asked to identify good practice which could be developed in Haringey. In addition to those already outlined above, another possible development was suggested was an annual meeting between the Council Executive and housing Chief Executives,

'Islington has an annual breakfast meeting with the Leader & Cabinet member for housing, senior council officers and the Chief Executives of associations working in the borough. This has worked well in the past.'

5.0 Partnership Agreement

5.1 The Council operates Partnership Agreement for local registered housing providers. This is a voluntary agreement, and although this is not legally binding sets out the roles and expectations of registered housing providers and the Council in responding to local housing needs. As well as providing details of local priorities, it also includes standards and processes for dealing with nominations, lettings, housing management and repairs.

5.2 The survey sought to ascertain whether respondents were aware of the Partnership Agreement and whether their organisation was a signatory. Analysis of these responses demonstrated that among this group of respondents, just over one-half (56%) were aware of the Partnership Agreement, though proportionally fewer (44%) were an actual signatory (Table 3).

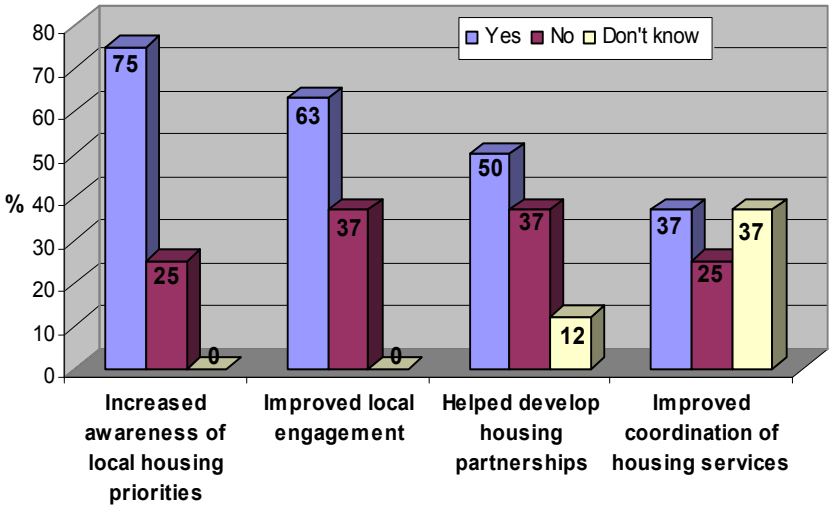
Table 3 – Awareness and signatory to Partnership Agreement

	Yes	No	N/A
Aware of the Partnership Agreement	10 (56%)	7 (39%)	1 (6%)
Signatory to Partnership Agreement	8 (44%)	6 (33%)	4 (22%)

5.3 Those respondents who indicated that they were a signatory (n=8), were invited to comment on how the Partnership Agreement had impacted on work

on local housing issues. Whilst a majority of respondents indicated that the agreement had increased awareness about local housing priorities and had helped to improve local engagement, respondents were les certain about its role in developing local housing partnerships and in coordinating housing services (Figure 2).

Figure 2 - Perceptions of the impact of the Partnership Agreement (n=8)



5.4 Given the absolute numbers of respondents that were signatories to the Partnership Agreement, there were correspondingly few qualitative comments to support the above analysis. Whilst there was some interest among non-signatories to know more about the Partnership Agreement, others perceived that further work may be needed to ensure that the commitments detailed in the agreement are translated in to practical outcomes:

'I am new to the area and would very much like to be part of a partnership agreement.'

'It doesn't feel like a very "live" document.'

'In our experience this is of limited value. Not sure what difference it makes as it is important that we work with you.'

6.0 Partnership Working

6.1 The review sought to ascertain what partnership work was already in place among local registered housing providers and to identify what role the Council could play to further support this work. Respondents were asked to describe examples of partnership work and to indicate the challenges and benefits experienced from such approaches.

6.2 In total, 11 respondents provided examples of work that they had undertaken in partnership with other housing providers, eight of which involved projects within Haringey. Analysis of these responses also demonstrated that

partnership projects are diverse, not only in terms of their scale but also in relation to the nature and focus work undertaken.

6.3 Analysis of qualitative data reveals that housing providers were working together on a very broad range of issues and processes, and that partnerships included not just RHPs, but also local Arms Length Management Organisations. It is also important to note, that local partnerships were not just among housing organisations, but often included other local statutory and voluntary agencies:

> *'[In] Haringey we have worked with (a registered provider], Councillors the Police and Community Safety at Academia way to improve security and tackle ASB on the estate.'*

6.4 Examples of different types of partnerships included joint procurement (i.e. of a mediation service), pooling organisational resources (i.e. for community investment) and the development of localised management arrangements or shared services (e.g. on multi-landlord estates).

> *'[We] work with other RSLs to deliver estates services in Sussex and Kent very successfully taking the lead role in multi landlord estates and running the estates community centres on their behalf.'*
>
> *'We have worked on the Campsborne project with Homes for Haringey and also on joint Neighbourhood Investment projects.'*
>
> *'In Hackney - joint procurement of Mediation Provider involving main housing providers in borough including Hackney Homes.'*

6.5 Further analysis reveals that a number of benefits were obtained through localised partnership arrangements between local housing providers. Three distinct benefits emerged from analysis of this data; improved knowledge, more coordinated response to local issues and improved cost effectiveness of services provided. These benefits were evident in the following excerpts from respondents:

> *'We have worked with RHPs, Councillors and the police to improve security and tackle ASB…. joint working ensured comprehensive approach to tackling problems and these have been resolved.'*
>
> *'We have worked with other providers to reduce anti-social behaviour. This joined up approach has ensured that problems are resolved before they become serious.'*
>
> *'Good VFM achieved through combining purchasing power.'*
>
> *'We have worked with [a large provider] on two estates to improve safety and security in response to resident requests…. When it comes to repairs & maintenance on the estate we can benefit from economies of scale in getting work done.'*

6.6 Given the range of areas in which RHPs are working together and the potential benefits that may be obtained, this would appear to further underline

the significant and wide ranging potential of partnership working among local housing providers.

6.7 Respondents were also asked to describe the challenges that registered housing providers faced in developing local partnerships, and what role the Council can play to overcome these. Given the number of providers and the geographical dispersal of their properties across the borough, it may be difficult for providers to identify potential partners. In this context, respondents indicated that it would be helpful if the Council could assist by helping to identify other housing providers with whom they may potentially collaborate:

'Help with identifying partners.'

'We would like to see the London Borough of Haringey work with us to identify potential partners in order to allow us to continue to deliver excellent services to our residents.'

6.8 Identifying potential housing partners and the case for partnership work may be relatively straightforward where for instance, a small number of providers manage significant numbers of properties in a discrete area (such as an individual estate). For those RHPs that manage predominantly street properties (individual or small groups of housing units on residential streets) whose properties may be more dispersed, the challenges are that much greater not only in identifying other housing providers with whom they may potentially collaborate but also the case for partnership work:

'All of our properties are either small discreet blocks or street properties. Not sure what sort of partnership working would be appropriate/workable.'

6.9 It was evident that in supporting partnership work more was expected of the Council than just helping RHPs to identify potential partners that may manage properties on the same estate or adjacent street. Analysis would appear to suggest that it may also be appropriate for the Council to lead and facilitate links among providers with common services or concerns across the borough, or perhaps lead in developing local partnerships to respond to local priorities or objectives:

'Yes, helping us to identify what other partners want to work together... in other areas we have provided domestic care to a housing scheme or had involvement from another housing org for the housing side of support whilst we provide the care.'

'[The Council] could lead on identified areas for joint working to ensure all appropriate partners are actively involved.'

6.10 Other areas which presented a challenge to local housing partnerships also stem, in part, from the number of housing providers that manage properties within the borough and the distribution of housing stock. Both large and small housing providers may manage stock in a number of local authority areas and may manage relatively few units in some of these local authority areas. Given

these practicalities, it may be difficult to obtain the leadership and ongoing commitments from RHPs to support effective partnership working:

> *'The challenges have been around getting commitment to joint working.'*

> *'We have worked with [a large housing provider] on two estates to improve safety and security in response to residents requests. As the largest landlord on both estates we expected more leadership from [them] which would have speeded up the changes put in place.'*

6.11 Smaller housing providers in particular, may experience practical difficulties in developing local partnerships given the amount and time-span over which they may be able to commit resources. Involving smaller registered housing providers in local partnerships however, may require further consideration:

> *'In the current climate, with limited resources, we are asked to contribute to costs. (As a small provider] we have the same problems and cannot commit large resources. We need to find a way of working together on joint schemes if appropriate, but need to find a way that we can pay for them as we use them rather then commit to a large programme.'*

6.12 To promote partnership working, a number of respondents also indicated that it would be helpful to know more about what resources were available locally which could be used to facilitate or support this. This involved not only physical resources, but also the availability of specialist services which may be able to contribute to partnership projects undertaken by housing providers:

> *'Keep a register of community resources - community rooms/halls that could be shared with other local RSLs or the council.'*

> *'We would also like to see periodic meetings with practical issues are on the agenda. This, again, will enable us to work in partnership to improve service delivery. [We] suggests that specialist services are invited to these meetings, for example, the noise section of Environmental Health, ASB or domestic violence advisors or other workers with similar specialism.'*

6.13 Finally, there was a perception that although partnership working has many positive advantages, this was not always the most beneficial solution to local issues and that providers need to clearly weigh up the advantages of such arrangements:

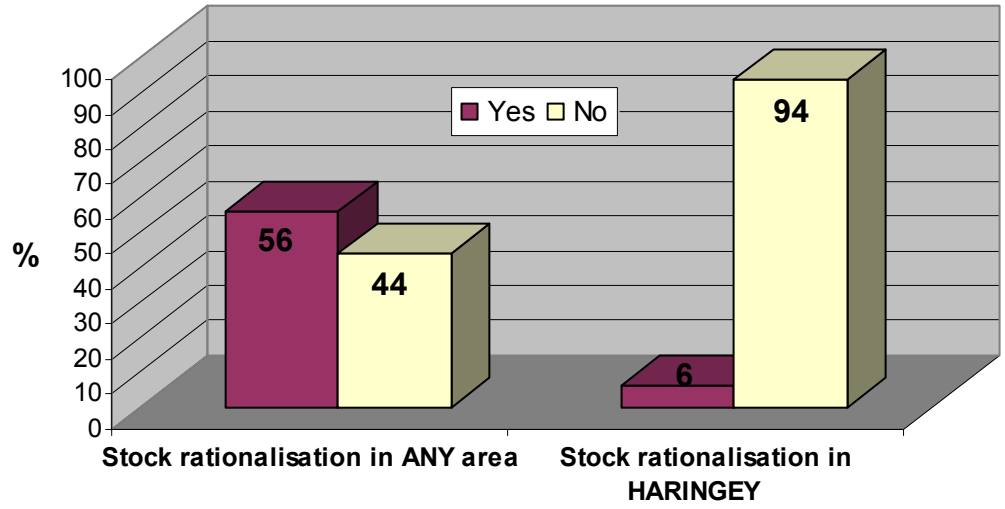
> *'We have four separate shared services. In two instances we are the landlord and another organisation provides support and in two the reverse applies. These arrangements prevent continuity of service, are less efficient in terms of staff deployment and offer a less flexible service to tenants. [Don't] pursue partnership for the sake of it, if a service isn't broken, don't fix it.'*

7.0 Stock rationalisation

7.1 The survey sought to ascertain whether RHPs had undertaken any rationalisation of the stock that they managed within their property portfolio and specifically within Haringey (e.g. stock swaps, stock transfer, stock sale, delegated management agreements). The survey also sought to identify examples of stock rationalisation and the possible benefits this has brought to providers. Further still, housing providers were asked to identify particular challenges in stock rationalisation and what role the Council can play to help overcome these.

7.2 It would appear that although stock rationalisation is taking place among RHPs, this is by no means universal, with just over half (56%) of respondents indicating that their organisation was engaged in some form of rationalisation of housing stock (Figure 3). This figure falls significantly in assessments of stock rationalisation in Haringey, where just 6% of respondents indicated that their organisation has rationalised stock in the borough (Figure 3).

Figure 3 - Registered providers undertaking stock rationalisation



7.3 Those respondents whose organisations had rationalised housing stock provided varied examples in which this had taken place and exemplified the different rationalising processes available to housing providers. Analysis would suggest that registered housing providers have engaged in the stock rationalisation process irrespective of the size of their organisation, or the nature of the housing stock that they own or manage (e.g. general needs and specialist housing).

7.4 Analysis of qualitative data would appear to suggest that stock rationalisation is firmly on the agenda of housing providers, with most actively considering such options, if not having undertaken such processes already. It is apparent that that providers are actively assessing the distribution and management of their housing stock and looking for opportunities to rationalise:

> *'We are considering rationalisation in a borough which is furthest away from our centre because it's small scale and makes sense to rationalise in this borough.'*

'Where an organisation does not have a local office and has only a small number of units, it is also likely that that organisation is not looking to develop in the area and invest in partnership arrangements -it is in these circumstances that we would either be interested in taking on other stock or in [local authority's] where we are the minority player we would consider either disposal or management arrangements.'

7.5 Furthermore, it is apparent that a number of RHP are actively engaged in a stock rationalisation, in which housing stock is disposed in areas in which it has a minority interest and acquired in areas that are core to its business. This is exemplified in the response of a provider below:

'We have sold stock [to a registered provider] in Camden where we had small numbers, [this provider] was in a better position to provide local housing management service in the borough. We have done the same for general needs stock in Harrow,.... [and] have also recently taken on stock from [other providers] in Kensington & Chelsea.'

7.6 It is evident that providers have rationalised housing stock through a variety of mechanisms, including devolved management to another local provider, stock transfers, stock swaps and stock disposals. There would seem to be a preference however, perhaps among larger providers, to focus rationalisation on those processes that did not diminish organisational assets (i.e. devolved management and stock swaps):

'We are actively looking for other rationalisation opportunities, particularly through stock swaps.'

'We are not looking to diminish our asset base unless there are sound commercial reasons for doing so.'

Benefits of stock rationalisation

7.7 From the analysis of qualitative responses, it was apparent that there may be a number of benefits of stock rationalisation, both for the RHPs involved and for their respective tenants. Stock rationalisation that incorporated housing management being devolved to another more local provider, may have advantages given that this provider may have greater knowledge and understanding of local issues and may already have local resources in place (i.e. a housing office or housing officer). In this context, devolved management was perceived to be beneficial in that it provided a service that was more responsive to the needs of tenants:

'We have transferred some sheltered housing schemes to more local providers when for example they are in an isolated community away from where we work.'

'Most importantly, this has been beneficial to the tenants who now have a better housing management service.'

'We transferred four sheltered housing schemes in South Devon to a local organisation which was better placed to provide a more responsive service.'

7.8 Such rationalisation can also benefit those providers in receipt of housing stock (whether owned or managed), in that this may help the provider to increase its presence in an area where it has business interests, and possibly deliver more efficient housing management through improved economies of scale. In this context, it was evident that there may be multiple benefits for such providers:

'Benefits for us were that it increased our stock in a key Borough, implemented a decent homes programme and completed within 6 months and increased resident satisfaction in the area.'

7.9 Stock rationalisation was also seen as a process through which additional capital investment might be secured for investment in housing stock. Evidently some providers may not have sufficient capital to bring all housing in their portfolio to decent homes standard, and in this context, it may make sense to dispose of stock to a another local registered provider that sufficient capital to invest for such purposes. This can be beneficial to local both providers and of course, tenants:

'We transferred 600 properties in Croydon to [another provider] who had the resources to bring them up to Decent Homes Standards and already had a large presence in the borough.'

Challenges of stock rationalisation

7.10 Whilst there are evidently benefits, it is clear that providers may face a number of significant challenges in seeking to rationalise housing stock which they may own or manage. In previous analysis, it was noted that RHPs knowledge of other local providers underpinned the development of local partnerships. This was also important for stock rationalisation, in that providers cited that it was difficult to identify potential partners or had insufficient contact with other providers to enable potential rationalisation opportunities to be identified:

'Challenges faced were lack of frequent face to face contact with other [registered providers].'

'It can sometimes be difficult to find willing partners to engage with.'

7.11 Identifying collaborative partnerships to rationalise stock can be particularly challenging for small RHPs, as these may not have the established working relationships of larger providers or indeed, the resources to facilitate this. In this context, smaller providers may miss out on potential opportunities to positively engage with other providers seeking to rationalise housing stock:

'I think most of the larger RSLs know each other well enough to work directly with each other. I think smaller specialist local RSLs should be one the beneficiaries of stock transfers.'

7.12 Again, those providers whose housing stock predominantly comprised of street properties may face additional problems in identifying partners with whom to collaborate on potential stock rationalisation opportunities:

'We do not have many estates with multi landlords so we have few natural partnerships with other [registered providers] to draw upon.'

7.13 The existing condition of housing stock may also limit opportunities to rationalise housing stock. Older housing stock, which may require substantial investment, may be less attractive to potential partners in stock rationalisation:

'Where stock is old and in need of investment or has outdated design; it is unlikely that anyone else will be interested in it.'

7.14 Significant challenges still remain however, even when potential partners for stock rationalisation have been identified. There are evidently complex legal and financial processes which underpin stock rationalisation (disposal or local management). For some of these processes, it can be difficult for parties to reach agreement, particularly those concerning the value of the stock to be transferred. This was evidently a particular challenge to RHPs:

'The challenges were centred around values, agreeing stock condition.'

'It depends on the formula agreed for the price. This can be a deterrent.'

'Relative value is an issue and re-housing if the rationalisation involves disposal.'

7.15 Similarly, there may be existing legal conditions on the housing stock potential to be transferred which may need to be clarified before it can be transferred, sold or leased. In addition, providers may be in receipt of grants or loans in respect of such properties which may have legal and financial implications for providers wishing to dispose of stock and those seeking to acquire it:

'Historic charges and restrictions on title, and in planning permissions, which might affect a buyer's ability to refinance stock.'

'…. outstanding loan and grant.'

'…. repayment of grants.'

7.16 In this context, this can lead to lengthy legal processes which can be both time-consuming and costly:

'Protracted and costly legal process… .'

'This frequently involves lengthy and detailed negotiation with consequent legal costs.'

'These are complicated and take up a lot of resources.'

Which can be particularly disadvantageous for smaller providers:

'There is also a need to keep costs down particularly for small providers…...'

7.17 Aside from legal and financial considerations, the needs and concerns of tenants also need to be factored in to the stock rationalisation process, and their consent is normally required where the tenancy is transferred. Understandably, the transfer of housing stock from one provider to another may precipitate anxiety among such tenants, particularly when these may be older or vulnerable people.

'The biggest obstacle was the bureaucracy of obtaining consent to dispose, otherwise the process was fairly straight forward.'

'Closure of sheltered accommodation can be worrying for tenants.'

'….. understandable resistance of residents to change in some cases, e.g. sheltered stock.'

Role of council

7.18 Respondents were asked to indicate what role the council could play to help support those RHPs who may be considering the rationalisation of stock in Haringey. Given the problems encountered in identifying possible partners, it is perhaps no surprise to record that a RHPs indicated it would be helpful if the Council developed brokerage role, in which it facilitated contact between local providers interested in stock rationalisation:

'It could act as a broker.'

'Brokerage.'

'Act as a broker where you identify a larger or more remote [registered provider] for whom Haringey is not a core borough. Suggest likely recipients and bring them together.'

'[The Council] can help identify and bring together interested parties and promote rationalisation as a beneficial option.'

7.19 Further analysis of responses provided more detail of what might be expected of such a brokerage role if this was adopted by the Council. It was clear that brokerage may involve more than bringing interested parties together, but actively working with registered housing providers to identify those who are interested and willing to engage in discussions about stock rationalisation. An active brokerage role in this respect could save providers that are interested in stock rationalisation considerable time and expense:

'Establish a register of associations wishing to participate in [stock rationalisation].'

'If we were to consider taking on other [registered providers] stock in the borough we would wish the [Council] to hold a dialogue with those partners first to ensure that they had a desire to consider such a transaction. A lot of time 'could be wasted shopping around to no avail.'

7.20 In addition, respondents noted that it would be helpful to have greater clarity about what the Council expected from providers in respect of stock rationalisation. Further still, it was apparent that if the Council was seeking to adopt a proactive role in stock rationalisation, it would be helpful if there were greater consistency and coordination across the business of the Council which supported this objective:

> *'The [Council] needs to be more specific as to what they want from us [providers]. We sometimes get mixed messages, for example, we are asked for wheelchair units but lettings are not always forthcoming. Planners also make things difficult to manage and let e.g. no cars, communal roof gardens…and unrealistic sustainability agenda.'*

> *'Willingness of housing, legal and planning colleagues to vary planning consents or lift charges where restrictions are proving a barrier to stock modernisation or meeting housing need.'*

7.21 What is apparent is that RHPs who may be considering stock rationalisation face a complex, costly and lengthy process in order to achieve this. In this context, and in relation to the above comments, it is suggested that what may be of benefit to RHPs, is the development of a stock rationalisation *policy*, which sets out the Councils ambitions and the strategic priorities. Such a policy could also help identify roles and expectations of local stakeholders and how best priorities can be supported through the broader activities of the Council.

8.0 Other issues identified

8.1 This final section provides a brief summary of issues that were raised by respondents, which although related questioning within this survey) were not issues under primary investigation (engagement, partnership work and stock rationalisation).

8.2 Through the analysis of responses, it was evident that Anti Social Behaviour (ASB) was a common concern among RHPs. Within these responses it was clear that there has been engagement between the Council and among (and between) RHPs and that this has resulted in local partnerships to help tackle ASB:

> *'We have undertaken joint work to tackle ASB on estates and local neighbourhood, sharing information and issuing ABCs where youths are causing problems on estates away from the one they live on.'*

8.3 It was apparent however, that alongside other issues, ASB could provide a focus for local engagement and partnership work with RHPs and would be useful to them. A number of providers noted the existence of a local ASB forum which has proved beneficial in the past. It was noted that the reconvening of this forum may be beneficial to local cooperation and partnerships among RHPs and in contribute to strategies to combat ASB:

'Re-starting ASB forum may be of assistance to improve multi-agency approach. Could lead on identified areas for joint working to ensure all appropriate partners are actively involved.'

'… the ASB Forum hasn't taken place for sometime due to structural changes within the Council. A return to a form of engagement around ASB would be useful.'

9.0 Summary and Conclusions

9.1 This report summarises both quantitative and qualitative responses provided within a survey of RHP who own or manage housing stock in Haringey. The report details the responses of 18 providers, and although this may only represent a probable 1/3 of all providers, respondents included a broad range of providers (e.g. size of provider, nature of provision). In this context, it is suggested that the views presented in this report provide an illustrative account of registered housing providers on the issues under investigation (local engagement structures, partnership working and stock rationalisation).

Engagement structures

9.2 There was broad agreement that the current engagement framework, operated by the Council for RHPs, was broadly in line with service provision elsewhere. From survey responses it would appear that RHPs are aware of the different structures which make up the engagement framework and representatives attend regularly.

9.3 Overall there was broad satisfaction with the current engagement framework. There were however, a number of suggestions as to how this framework could be improved:

- Ensure that all meetings within the engagement framework are scheduled in advance in an annual calendar
- Agendas, reports and minutes from engagement meetings are systematically distributed among all providers
- That all forums within the engagement framework have a clear terms of reference and tied to specific outcomes.

Partnership working

9.4 There was strong evidence of partnership working among registered housing providers. Partnership projects included a wide range of issues and processes and included both housing and non-housing partners. There appeared to be three main processes which underpinned local partnership working these were identified as:

- Joint procurement
- Pooled resources for community investment
- Shared services.

9.5 From the examples provided, it was clear that housing providers found that there was greater incentive to develop local partnerships where these focused on practical benefits to tenants, were tied to specific outcomes and were time limited. Analysis of the examples of partnerships between providers also revealed that there were three potential benefits to these arrangements:

- Improved knowledge and understanding of local housing issues
- Helped to develop a more coordinated and comprehensive response to local housing issues
- Improved the cost effectiveness and value for money of housing and other related services.

9.6 Respondents also identified a number of potential barriers to partnership working among RHPs. Knowledge of other RHPs that manage or own housing units in the locality is clearly prerequisite to forming collaborative partnerships, and respondents indicated that the Council could play a role in facilitating contacts among housing providers. Respondents also noted that registered housing providers were looking for leadership, commitment and support for partnership working from both the Council and large RHPs in the borough.

9.7 From the responses provided within this report, particularly given the scope of existing projects, it is apparent that there is significant potential to further develop and extend the range of partnerships currently in operation in the locality. Furthermore, such partnerships and the benefits that they may accrue may be acquired through limited further investment beyond what may be already provided (i.e. engagement framework).

Stock rationalisation

9.8 RHPs may have stock that is dispersed across wide geographical areas and located in many different local authorities. From the data gathered in this report, it was evident that, in some instances, it may be beneficial for RHPs and tenants, if housing stock was rationalised and business operations focussed in a smaller number of areas. The report has shown that housing providers are actively considering stock rationalisation and in some cases, have already initiated such projects (though very few of these have been in Haringey).

9.9 Analysis would appear to suggest that providers have engaged with different types of stock rationalisation including disposal, transfer and devolved management. Participating RHPs indicated that organisation and their tenants had derived a number of possible benefits from such stock rationalisation processes, which included:

- Enabled providers to acquire stock in an authority which is core their business which may:
  - improved economies of scale
  - provide greater value for money
  - Improved access to capital investment funds (for decent homes)
- Facilitated more localised models of housing management which may:
  - develop services more that are more sensitive to needs of tenants
  - improved quality of services to tenants.

9.10 Stock rationalisation is however, not a straightforward process. Indeed, RHPs that participated in this survey noted that the process of transfer of housing stock involved complex legal and financial transactions which can be both

lengthy and expensive (which can be a disincentive to smaller organisations). Particular hurdles identified by respondents included:

- Agreeing values of stock
- Legal constraints on stock
- Grants or loans associated with the stock.

9.11 One of the key barriers to those providers considering stock rationalisation was the available knowledge potential partners; that is, housing providers who may be considering to acquire or dispose of stock in the local area. In this context, respondents indicated that the Council could play an active brokerage role, to facilitate contact between local housing providers, or the establishment of a local register of providers willing to engage in stock rationalisation.

9.12 But perhaps most importantly, providers may be looking for further local guidance and support when considering stock rationalisation. To this end, the Council may wish to develop a stock rationalisation policy which sets out local priorities and objectives, the expectations of local stakeholders considering such approaches and the identification of any resources which may be able to support this process.

Appendix C – Mapping of Social Housing in Haringey

Figure 1 – Map of ALL social housing in Haringey (postcode)

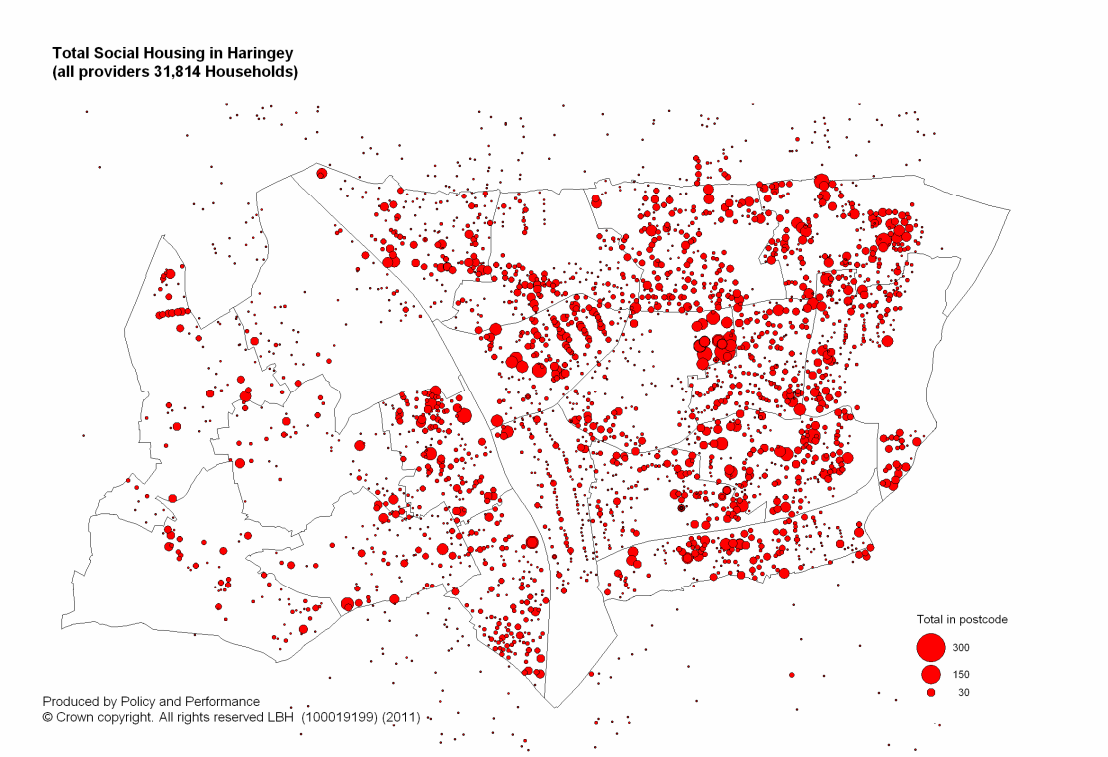


Figure 2 – Mapping of Social Housing in Haringey: 6 largest providers

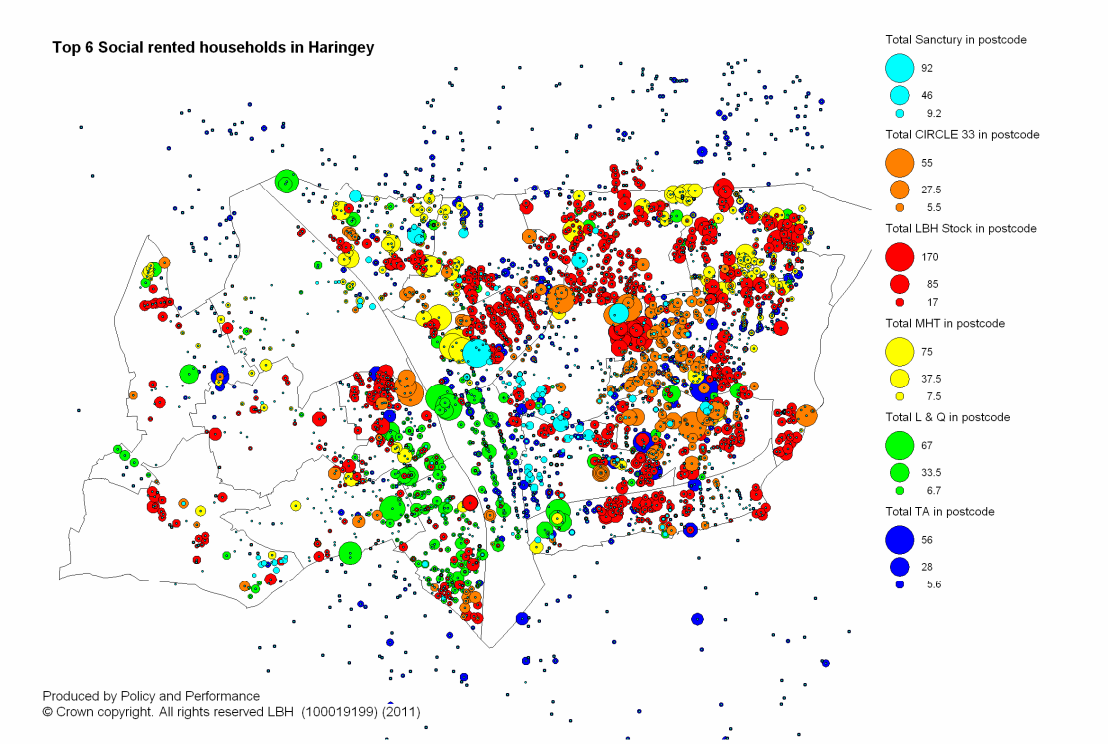


Figure 3 -Council and RHP owned stock in the White Hart Lane Area