
Adults and Health Scrutiny Panel

THURSDAY, 19TH SEPTEMBER, 2013 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD,
WOOD GREEN, LONDON N22 8LE.

MEMBERS: Councillors Adamou (Chair), Bull, Erskine, Stennett, Winskill, Dowd and
Moffat

AGENDA

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. URGENT ITEMS

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

3. DEPUTATIONS

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

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) Must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) May not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct.

5. HEALTH ASSESSMENTS OF LOOKED AFTER CHILDREN (PAGES 1 - 16)

To receive a presentation on health assessments of looked after children.

Attending: Dr Kim Holt, Haringey Designated Doctor for Children in Care and Marian Parks Specialist Nurse, Whittington Health

6. CABINET MEMBER QUESTIONS

Cllr Vanier, Cabinet Member for Health and Adult Services, will attend to answer questions on her portfolio area.

7. BUDGET MONITORING (PAGES 17 - 36)

To receive:

- The Budget Monitoring report;
- Progress in achieving savings from last MTFP; and
- Progress of agreed recommendations from Budget Scrutiny in 2012.

8. END OF YEAR PERFORMANCE MONITORING (PAGES 37 - 78)

To review relevant areas on the year end performance monitoring report.

9. REPONSE TO WINTERBOURNE VIEW (PAGES 79 - 120)

10. PRIMARY CARE STRATEGY UPDATE

To receive an update on the Primary Care Strategy (Michael Hepworth, Head of Primary Care Development, Haringey Clinical Commissioning Group).

11. SCOPING REPORT - MENTAL HEALTH AND ACCOMMODATION (PAGES 121 - 158)

To discuss and agree the scoping report for the Mental Health and accommodation panel project.

12. SCOPING REPORT - MENTAL HEALTH AND PHYSICAL HEALTH (PAGES 159 - 166)

To discuss and agree the scoping report for the Mental health and physical health panel project.

13. FEEDBACK FROM AREA CHAIRS

To receive any items from Area Chairs.

14. FEEDBACK FROM JHOSC

To receive any feedback from the last Joint Health Overview and Scrutiny Committee meeting.

15. MINUTES OF LAST MEETING (PAGES 167 - 172)

To agree the minutes of the Adults and Health Scrutiny Panel meeting of 29th July 2013.

16. NEW ITEMS OF URGENT BUSINESS

17. DATES OF FUTURE MEETINGS

Panel meetings:

- 11th November 6.30pm
- 12th December 6.30pm (Budget scrutiny)
- 27th February 6.30pm

Mental health project meetings

17th October – 6.30-9.30pm – Evidence session 1 for both projects

28th October – 6.30-9pm – Evidence session 2 – Mental Health & Physical Health

15th November – 10-12.30 – Evidence session 2 – Mental health and Accommodation

28th November – 7-9.30pm – Evidence session 3 – Mental Health & Physical Health

6th December – 10-12.30 – Evidence session 3 – Mental health and Accommodation

9th January 2014 – 6.30-9.30pm – Conclusions and recommendations for both projects

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Wednesday, 11 September 2013

Haringey Children in Care Health team

September 2013

Dr Kim Holt Designated Dr
Marian Parks Specialist Nurse

Background

Health Statutory Responsibility to address health needs in CIC

- Children in care have additional unidentified, and /or unmet health or developmental issues with a high prevalence of emotional and behavioural difficulties.
- CIC health team are commissioned to provide the statutory Initial Health Assessment (IHA) by a Paediatrician and Review Health Assessments by Specialist Nurses
 - Under 5 years 2 assessments per year
 - 5 to 18 years 1 assessment per year

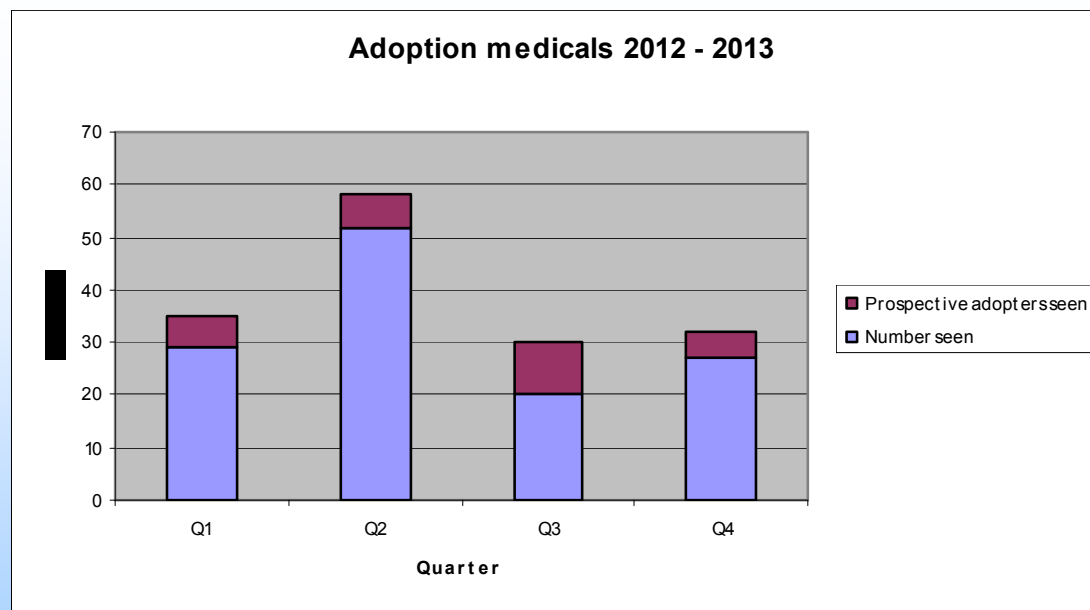
Targets for cic health team

- IHAs guidance is that these are completed within 20 working days following child coming into care.
- RHAs guidance is that they are seen within 20 working days of the due date.
- Currently for Haringey 82.3% we are working towards 90%

IHAs performance children seen with in 4 weeks

2012/2013 Q4		2011/2012 Q4	
0-4 weeks:	61%	0-4 weeks:	47%
4-6 weeks:	7%	4-6 weeks:	17.6%
6-8 weeks:	18%	6-8 weeks:	17.6%
8-10 weeks:	4%	8-10 weeks:	11.7%
10+ weeks:	7%	10+ weeks:	5.8%

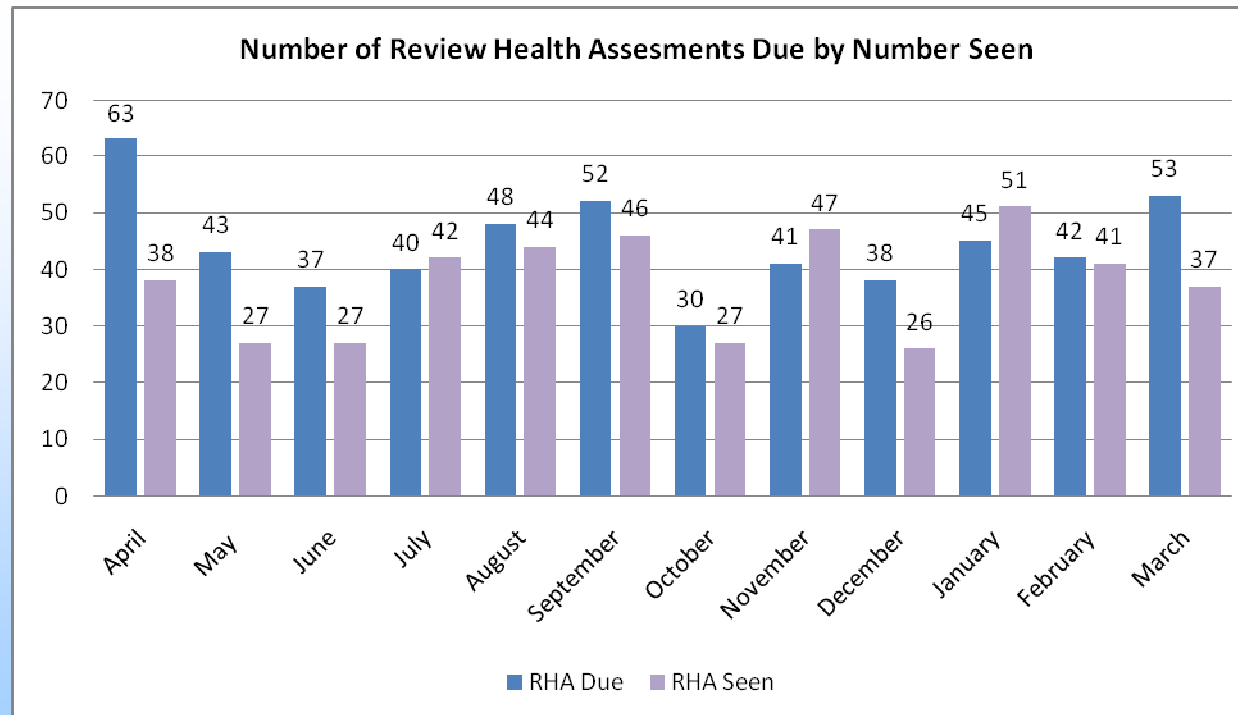
Adoption medicals:



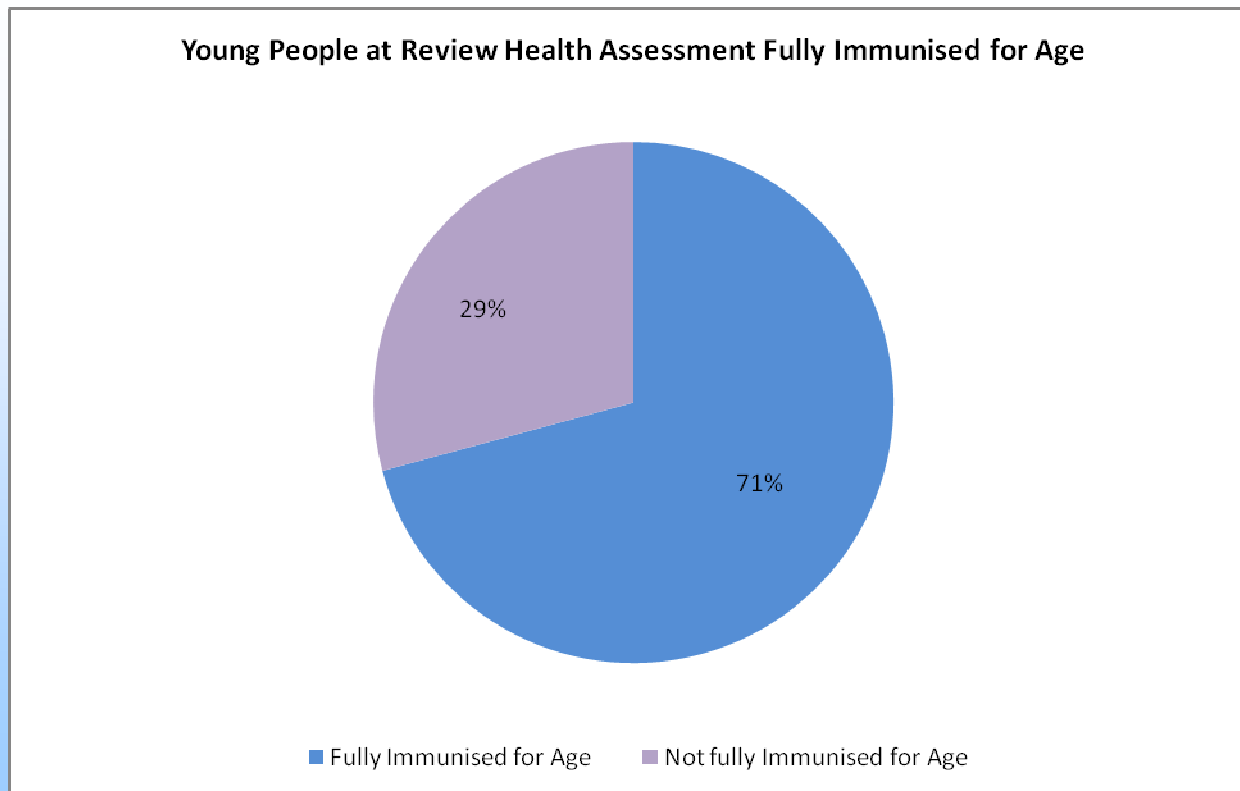
Review health assessments

2012-2013	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
RHA Due by month	63	43	37	40	48	52	30	41	38	45	42	53
RHA Seen in month	38	27	27	42	44	46	27	47	26	51	41	37
DNA/Cancellations	11	6	9	6	0	4	12	6	2	11	8	9
Fully immunised for age	26	14	21	23	28	29	25	30	21	35	31	27

Review health assessments



Immunisation rate 2013



Developments in 2012 - 2013

- Integrated nursing and paediatric teams-positive team working through shared base, and clinical meeting and shared reflection.
- Willingness to work flexibly and jointly, especially with regard to complex cases.
- Improved health assessment quality since the team have been responsible for all assessments
- IHA improved coverage – essentially virtually all the children are now seen.
- Immunisations rate improved now 71% -target is 100%
- Adoption – 90 children seen & 15 children placed for adoption
- Two away days –working processes & systems-developed operational policy
- Integrated data base for reporting- work in progress
- Developed business case for additional nurse and admin – accepted, and nursing post advertised.
- Multi-Agency Operational Group constituted
- Attachment & child development & behaviour level 3 module at City University for nurses
- Masters dissertation in Complex Care and CP- paediatrician
- Developed links with First Step
- Education & Training for adopters and social workers, nurses, and foster carers
- Rooms refurbishment at our base in Bounds Green.

Current Challenges

Current Challenges

- Children placed out of borough 74%.
- Immunisation rate
- Meeting our targets for health assessments
- Adoption workload
- Complex cases, emerging neurodevelopmental problems particularly in children secondary to drugs and alcohol exposure in the womb
- Genetic conditions- number of chromosomal disorders being identified
- Sexual health and teenage pregnancy
- Severe mental health issues
- Unaccompanied minors/asylum seekers
- Young people on remand

Vision for the future

- Embed our operational policy and develop our links with social care.
- All children will be seen within the recommended time frame
- Improving immunisation rates- recognising 100% may be unachievable.
- To be more pro active regards foster carers training
- To explore with social care other ways of supporting parents with drug or alcohol problems to reduce the number of affected children.
- To explore ways of engaging hard to reach young people.

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**Qualitative Audit of Review Health Assessments completed by Whittington Health
August 2012**

Aim of the audit: The aim of the audit is to assess the quality of the Review Health Assessments (RHA) carried out by the specialist nurses for Children in Care (CiC)

Standard: The national standard for the health assessments is:
That a RHA is provided bi-annually for children under the age of 5 years and annually for children and young people over the age of 5.

Background

Since January 2011 all RHA's are carried out by the CiC nursing team, which consists of the Designated Nurse and two Specialist Nurses. This quality audit was first carried out in 2011.

2011 Audit, summary of findings:

10 RHA were selected randomly and audited by the Designated Dr for CiC.
The findings in relation to RHA's were:

Missing data/information was completion of immunisations
Location of new born blood spot screening

The recommendations were:

- To continue with the current commissioned model and improve further through integration/co-location of CPMT and CiC nursing team for delivery of the health assessments.
- To develop a process to access immunisation data and develop action plans if immunisations have not been completed
- To re audit in one year.

The 2012 audit:

The 2012 audit was carried out for the RHA's by the Named Nurse Child Protection.
The audit questions are in appendix 1.

Findings:

Question 1: Was the health care plan adequate?

Findings - 9 were adequate one inadequate.

Of the health care plan that was not adequate the reason/s given was:
Evidence of obtaining information before the RHA and more evidence of liaison and a more complex care plan with clear sign posting as the child had a disability

Question 2: Did the care plan require any follow-up or additional health recommendations?

Three health care plans required follow up for:

Unclear immunisation history x 2

Hearing

Question 3: were all the sections completed on the health assessment?

100% of the health assessment sections, part B & C of the BAAF were completed for the RHA's.

Question 4 What were the common health issues identified?

Mental health ¹	3
Self harm	1
Behavioural issues	3
Substance misuse (including alcohol) smoking	
Growth and development	2
Sexual health ²	
Missing immunisations	2
Oral health	0
Vision ³	
Hearing	1
Nutrition	1
Disabilities	2
Other please state: Unclear immunisation history	2

Question 5 Overall how would you rate the quality of the health assessment?

Poor

Adequate - 2

Good - 2

Excellent - 6

Findings & Discussion

The 2012 audit has been compared to the 2011 audit findings.

Question 1: 9 out of 10 RHA remain adequate as in 2011. This remains unchanged.

Question 2: in 2011 one care plan required follow-up for developmental issues. In 2012 follow-up was required due to unclear immunisation status and one for hearing.

Question 3: in 2011 and 2012 100% of the health assessment sections, part B & C of the BAAF were completed for the RHA's.

Question 4: common health referrals/issues were:

The table below shows the type and number of referrals made following a RHA 2012 compared to 2011.

The most common health reason for referral in 2011 10 referrals were made most commonly for missing/incomplete immunisations; in 2012 this number had dropped to 2 referrals.

6 referrals were made in 2011 for children to go to their dentist no referrals following the RHA's audited in 2012 were referred to the dentist.

4 referrals in the 2011 RHA's audited were referred for a hearing assessment this has changed to 1 in 2012.

¹ Maternal mental health from Part A not transferred to part B

² Details of maternal health and pregnancy are in the case conference minutes but not transferred to Part B

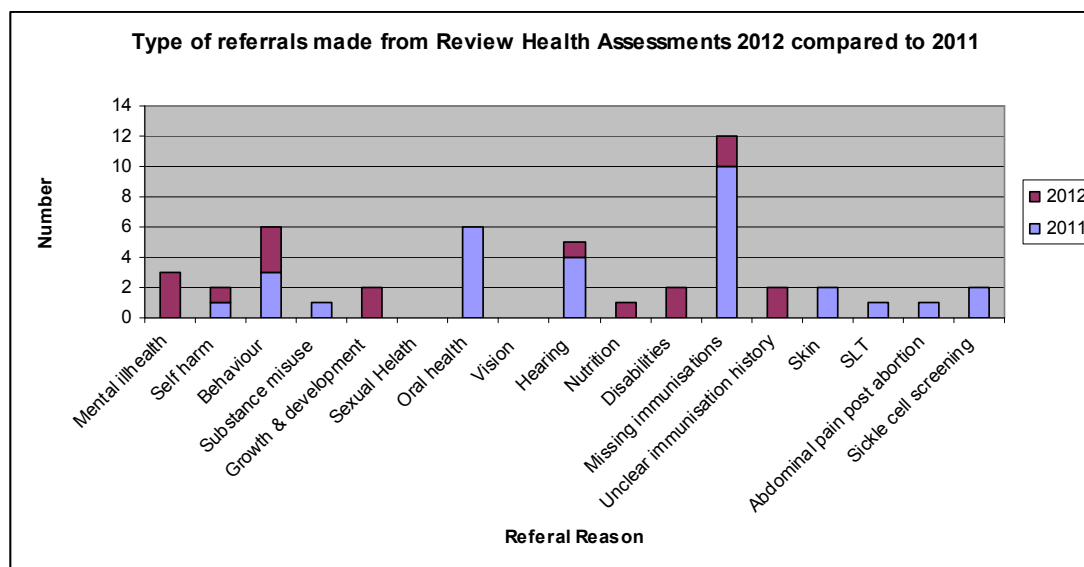
³ to see optician but no evidence of a problem

The next most common reason for referral in 2011 and 2012 remained unchanged as was for behaviour.

What is noticeable is that referrals for missing incomplete immunisations have changed considerably from 10 to 2.

The total number of referrals made following RHA's, was a total of 31 referrals made in 2011 and 17 in 2012.

It would be nice to think that this is due in part to the nursing team referring and children having receiving their immunisations; however the number or RHA's audited is too small to draw any conclusions.



Conclusions:

RHA's continue to be adequate with 8 out of the 10 RHA's audited being of good to excellent quality.

The two RHA's that were adequate quality could have been improved by:

- Attempting to gather information before the RHA – this however will only be possible when staff have capacity
- More complex care planning for a child with disability
- Evidence of clear sign posting

Recommendations:

Repeat audit in one year

Improved care planning with sign posting for children with disability

With thanks to Karen Miller Child Protection Named Nurse

Judy Mace Designated Nurse for Children in Care
August 2012

Audit created June 2011 on the recommendations of the CQC and Ofsted Recommendations

Audit:

To assess the quality of the health assessments for children in care

Audit to be carried out by: Named Nurse Child Protection or the Designated Dr for Children in Care for the Review Health Assessments

The Standard: Haringey use the BAAF forms for all health assessments for children in care.

Audit outcomes:

10 randomly selected community paediatric medical files were audited the results are below:

1. Was the health care plan adequate? Y 9 N 1
2. Did the care plan require any follow-up or additional health recommendations? Y 3

Follow up for:

Unclear immunisation history x 2

Hearing

3. Were all the sections completed on the BAAF assessment

Part B Y 10

Part C Y 10

4. What were the common health issues identified, please tick all that is relevant?

Mental health ⁴	3
Self harm	1
Behavioural issues	3
Substance misuse (including alcohol) smoking	
Growth and development	2
Sexual health ⁵	
Missing immunisations	2
Oral health	0
Vision ⁶	
Hearing	1
Nutrition	1
Disabilities	2
Other please state: Unclear immunisation history	2

5. Overall how would you rate this health assessment? Please circle

Poor

Adequate - 2

Good - 2

Excellent - 6

Audit completed by: Karen Miller (Named Nurse Child Protection)

Date: 23/08/2012

⁴ Maternal mental health from Part A not transferred to part B

⁵ Details of maternal health and pregnancy are in the case conference minutes but not transferred to Part B

⁶ to see optician but no evidence of a problem



Haringey Council

Report for:	Cabinet	Item Number:	
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Title:	The Council's Budget Management Performance – July 2013
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Report Authorised by:	<i>J. Parker 2/9/13.</i> Julie Parker, Director of Corporate Resources
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Lead Officer:	Kevin Bartle, Assistant Director - Finance
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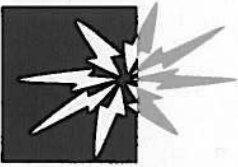
Ward(s) affected: All	Report for Key/Non Key Decisions: Key
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1 Describe the issue under consideration

- 1.1 To consider the forecast financial revenue and capital outturns for 2013/14 based on actual performance to 31 July 2013.
- 1.2 To consider the proposed management actions and approve the budget adjustments (virements) in response to monthly budget management during the financial year to date.
- 1.3 To consider progress in delivering savings for 2013/14 and 2014/15.

2 Introduction by the Cabinet Member for Finance and Carbon Reduction – Councillor Joe Goldberg

- 2.1 The 2013/14 budget requires the delivery of a significant level of savings in addition to the already substantial savings achieved by the end of 2012/13. The Government's austerity programme continues to penalise the Borough and its residents; it was initially envisaged that austerity would start to taper off at this point, but as we all know, it will now continue for at least the next five years if current plans continue.
- 2.2 However, the financial pressures and risks contained within the medium term financial plan, in particular, the demographic pressures surrounding the delivery of



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Adult Social Care, are starting to materialise as funding continues to be cut. Overall, budget pressures have so far been largely contained, and the budget will be monitored closely during the remainder of the year with effort focussed on achieving a balanced position by the year-end.

3 Recommendations

That Cabinet:-

- 3.1 Consider the report and the progress being made against the Council's 2013/14 budget in respect of revenue and capital expenditure;
- 3.2 Approve the budget changes (virements) set out in Appendix 3; and,
- 3.3 Note the comments relating to the retention of right to buy receipts in Section 7.

4 Other options considered

- 4.1 This report proposes that the Cabinet should consider the overall financial position for 2013/14 in line with existing procedures.
- 4.2 A risk based approach to budget monitoring has been developed in order to manage the Council's finances in a time of economic and financial uncertainty.
- 4.3 Cabinet could choose to adopt a less rigorous regime and examine the financial position at a later stage. Projections could be marginally more accurate if a delayed approach was adopted, but there would be less time for robust development and consideration of management action.

5 Revenue Budget Projection

- 5.1 The overall forecast outturn position for the General Fund as projected by budget holders using financial information up to 31 July 2013 is an overspend of £1.6m. The Housing Revenue Account (HRA) is forecasting an overspend of £600k. The main variations, risks and pressures for both the General Fund and the HRA are analysed below.

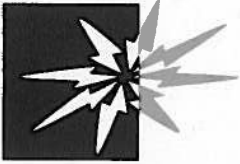
Adults and Housing

Adult Social Care

- 5.2 Pressures are continuing in the Adults care purchasing budget, and at this stage of the year there may be some level of over commitment in the data. As a result, the reported pressures have been estimated at £1.2m. The level of commitment recorded in the commissioning systems are being monitored and refined as the year progresses, and an action plan is being developed to manage pressures.

Housing Services

- 5.3 A pressure of £2.7m has been highlighted within the community housing service, relating to temporary accommodation costs.
- 5.4 A number of changes were introduced by the Welfare Reform Act 2012 that have had an impact on the Temporary Accommodation budget.
- 5.5 Although the most significant of these was the introduction of the Benefit Cap in April 2013, the extension of the Shared Room Rate to include claimants aged 26-35



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and the lowering of the Local Housing Allowance (LHA) to the 30 percentile (together with limitations placed on the up rating of LHA rates) have also reduced the financial support for housing costs.

- 5.6 There is evidence of an increase in homelessness across London and increasing pressure on the market for temporary accommodation.
- 5.7 Adults self contained accommodation (Annexes) are showing a projected overspend of £2.6m. The number of households in nightly-purchased Annexes is increasing as the availability of other types of temporary accommodation reduces. As London boroughs compete with one another for the same limited supply, there has been sustained upward pressure on the prices paid for Annexes, resulting in a price increase of 16% per annum over the last six months. There has been a 34% rise in prices since January 2011, when prices were fixed with Haringey's suppliers at LHA rates.
- 5.8 Private Sector Leases (PSL) are also projecting a £100k overspend; as leases expire in 2013/14 these leases are increasing by an average of 10%.
- 5.9 A management action plan is being developed to address the budget gap.

Chief Executive

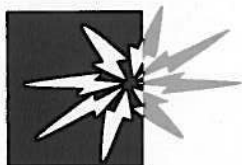
- 5.10 The latest Human Resources SLA and schools maternity/paternity insurance uptake data shows a likely fall in schools income this year compared to 2012/13. There are also forecast over spends in other areas of the budget, however these are being offset by under spends elsewhere in the service. Work is planned to review the current budget allocation against spending to improve forecasting. At this time the service is forecasting a balanced position at the year end.

Public Health

- 5.11 There has been a delay in some areas of the commissioned budget which means that service delivery is not in line with the grant allocation. The unspent grant will be transferred to a reserve at year end for future commitments, and this will result in a break even position.

Place & Sustainability

- 5.12 Overall, the Directorate is forecasting an £800k overspend for the year. This includes a number of variations, both under and overspends, as set out below.
- 5.13 Operations and Community Safety is reporting a £288k overspend which incorporates a Traffic Management underspend due to increased fees income which is offsetting overspends in Leisure, Client & Commissioning, Asset Management, Business Support and Direct Services.
- 5.14 There is currently an overspend on the staffing costs of the Tottenham Team of £300k within the Directorate which is being offset by an underspend within Strategy and Regeneration of £100k. Plans for future funding of the Tottenham Team will be developed, which should reduce the overall overspend being reported by the year end.



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- 5.15 There is a forecast overspend in Planning of £292k which includes the impact of the late implementation of Carbon Management staffing savings, a shortfall against Building Control income targets and additional casework support largely within Planning. Work is ongoing to determine whether the budget pressure within Planning is a short-term issue or will replicate in later years.

Children and Young People

- 5.16 Overall the directorate is reporting a £400k overspend, with the following main variations within service areas:

Children and Families

- 5.17 The Children and Families Service is projecting a £200k overspend as follows.
- 5.18 Looked after children placements and associated staffing costs are currently projecting an £80k underspend in line with the MTFP savings in 2013/14.
- 5.19 The number of no recourse to public funds clients is continuing to show a projected overspend of £600k. Since May a dedicated Home Office worker has been assigned to the service and their input should contain the overspend.
- 5.20 The Children and Families Legal Services budget is now projecting a £320k underspend. This continues to be a 'straight line projection' provided by Legal Services and should be treated with some caution because of the late billing by Chambers and the difficulty with estimating the need for such services.

Prevention and Early Intervention

- 5.21 The service is now projecting an overspend of £90k due to under recovery of income at the Professional Development Centre (PDC), and management actions are being identified to bring this back within financial limits.

Director

- 5.22 An overspend of £300k on the School related redundancy budget is currently projected by the year-end. The position is being kept under review in the light of Academy conversions. Other underspends within the service have reduced the pressure to £110k.

Corporate Resources

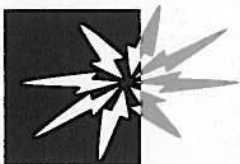
- 5.23 No issues are being reported for this directorate.

Strategy and Performance

- 5.24 No issues are being reported for this directorate.

Non Service Revenue

- 5.25 At this stage £2m of contingencies are available to offset overspends elsewhere in the budget. Additionally, the Council's treasury management performance continues to deliver savings and is estimated to provide a further £1.5m this year; ongoing savings associated with this area are already reflected in agreed savings proposals.



Haringey Council

- 5.26 Cabinet agreed a sizeable revenue carry forward into 2013/14 for the Alexandra Park and Palace Trust to provide support to the planned regeneration activity. It is unlikely that this will all be required for 2013/14 and the Trust is currently working on a medium term regeneration strategy which will set out the profiling of this budget. This should be available to report to Cabinet in December.

Housing Revenue Account (HRA)

- 5.27 The forecast outturn position on the HRA is an overall £600k overspend as set out below.

Company Account

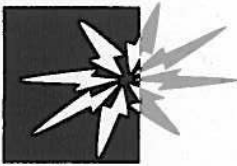
- 5.28 The Company Account is showing a forecast overspend of £90k and the main variances are as follows.
- 5.29 There is a £90k forecast overspend in Property Services which mostly relates to the repairs contract. This budget overspent significantly last year but action was taken to address this. The full year effect of changes to operatives pay and other management action have reduced costs significantly. A new Repairs Service Improvement plan is now being put into place to reduce this overspend. A lower income figure is however expected to be generated from work carried out on the Council's Private Sector Leasing properties and Hostels.
- 5.30 The Repairs Service overspend is mitigated to some extent by additional income expected to be generated in New Business fees and reduced expenditure on disrepair and compensation costs.
- 5.31 Housing Management is forecasting a £126k overspend. The service has been restructured and this has resulted in £1.5m savings this year. This overspend reflects the transitional phase.
- 5.32 It is estimated that the entire contingency budget for the company will not be required, resulting in an £124k underspend.

Managed Account

- 5.33 The managed account is showing a forecast over-spend of £468k.
- 5.34 The variance mainly consists of an overachievement of miscellaneous income of £122k and the bad debt provision shows a projected overspend of £539k. This provision is being reviewed on a monthly basis and normally improves as the year progresses. However there are known issues arising from Welfare Reform that may mean this normal recovery does not happen so the forecast has been made on a prudent basis.
- 5.35 Other minor variances account for the remainder of the forecast.

Retained Account

- 5.36 The current forecast for the retained account is an overspend of £18k. There are strong pressures on the Community Alarms budget that is showing an overspend of £97k while sheltered housing is showing a projected underspend of £79k.



Haringey Council

Capital Programme

- 5.37 An overall underspend of £1.4m is currently projected. Individual variances that make up the forecast underspend are set out in Appendix 2; key issues and variances are set out below.
- 5.38 The developing delivery programme for Tottenham regeneration is unlikely to require support from the Council's capital resources until 14/15, so a virement is proposed to re-profile £4m of budgetary provision into the following financial year.
- 5.39 The fund for supporting temporary and permanent primary school expansions within Primary Schools Capital is projected to underspend by £1.2m. This is because the consultation programme for three prospective new expansions is likely to extend until the autumn of 2014, and detailed design work and construction will only take place once all consultations are complete. A virement is proposed to return the surplus budget to the CYPS programme contingency.
- 5.40 The Place and Sustainability Directorate has reported a potential capital overspend of £500k on the Lordship Recreation Ground scheme. The final account is currently being determined with the contractor.
- 5.41 At present the 2013/14 Decent Homes programme is projected to achieve full spend however, the majority of the spend is due to occur in the last quarter of the financial year and there is, therefore, a risk of slippage which we are working closely with the contractors to manage. In particular, given the time of year the programme is scheduled for, the potential for slippage due to poor weather conditions is high.

6 Medium Term Financial Plan (MTFP) Savings

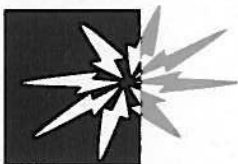
- 6.1 The savings required for 2013/14 and 2014/15 have been risk assessed, and the items reported by directorates are detailed below, along with any management action that is being proposed:

Adults and Housing

- 6.2 In respect of social care the staffing structural savings of £720k over 2013/14 and 2014/15 are particularly challenging, and other savings may need to be brought forward from 2015/16 in order to assist in delivering the overall saving. The £1.4m saving on the placement budget in 2014/15 remains amber, although work continues with the North London Strategic Alliance (NLSA) and high end placements are being reviewed.

Chief Executive

- 6.3 Delivery of 2014/15 savings may require changes to the HR and OD structures, and the savings associated with those service areas.
- 6.4 The planned reduction in canvassing costs following the introduction of individual voter registration may not deliver the £35k savings in 14/15. The situation is being monitored and other options developed.
- 6.5 The £155k saving in Revenues, Benefits and Customer Services could be impacted by increased demand and the outcome of the Customer Services Transformation Programme. Demand will be monitored, and the impact of CST in the Council's



Haringey Council

broader transformation plans is to be assessed.

- 6.6 Delivery of £180k increase in external income for Legal Services on S106 agreements is dependant on the maintenance of current activity levels.

Place and Sustainability

- 6.7 The primary risk is the 2014/15 accommodation strategy saving of £1.1m. This is currently being investigated and re-profiled. Other risks to delivery are being mitigated through the identification of compensatory savings within the Directorate.

Children and Young People

- 6.8 The £250k saving on SEN transport in 2013/14 (£100k) and 2014/15 (£150k) have been identified as high risk, and an exercise is commencing to zero base the budget in advance of any planned changes.

7 Retention of Right to Buy Receipts

- 7.1 A new Right to Buy (RTB) regime came into force on 1st April 2012. This offered large discounts for house purchasers (up to £100k in London) and a new pooling regime for use of receipts. Under the scheme, Councils can retain a proportion of the receipts to fund new affordable housing.
- 7.2 Use of the receipts depends upon match funding being provided on a 30/70 basis. The match funding must itself not come from the sale of social or affordable housing or GLA/ Homes and Community Agency funding.
- 7.3 There is a financial risk in retaining receipts in that the receipts and associated match funding must be spent within three years of retention; there is an interest rate penalty for money unspent in that period.
- 7.4 At the time the receipts were retained, Haringey was developing infill/small sites scheme and it was proposed that the receipts be used to fund this. Since then the Council has applied for GLA grant funding which under the new regulations would preclude use of RTB receipts.
- 7.5 In order to mitigate the financial risk and deliver housing priorities, new build schemes will be developed and included in the 14/15 MTFP and Capital Programme for the Housing Revenue Account. However, a risk of slippage still exists.

8 Virements

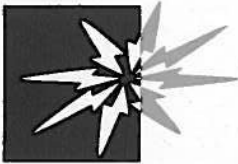
- 8.1 Appendix 3 sets out the virements over £100k requiring approval by Cabinet as at period 4.

9 Comments of the Chief Finance Officer and financial implications

- 9.1 As the report is primarily financial in its nature, comments of the Chief Financial Officer are contained throughout the report.

10 Head of Legal Services and legal implications

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



Haringey Council

11 Equalities and Community Cohesion Comments

11.1 Equalities issues are a core part of the Council's financial and business planning process.

12 Head of Procurement Comments

12.1 Not applicable.

13 Policy Implications

13.1 There are no specific policy implications in this report.

14 Use of Appendices

14.1 Appendix 1: Forecast Revenue Outturn by Directorate.

14.2 Appendix 2: Forecast Capital Outturn by Directorate.

14.3 Appendix 3: Virements over £100k requiring approval.

15 Local Government (Access to Information) Act 1985

15.1 The following background papers were used in the preparation of this report:

- Budget management papers
- Business plans

15.2 For access to the background papers or any further information please contact Barry Scarr, Interim Head of Corporate Finance.

Revenue 2013/14 - The aggregate revenue projected position in 2013/14 is shown in the following table.

	Approved Budget	Projected variation
	£m	£m
Adults and Housing	98.5	3.9
Place & Sustainability	55.9	0.8
Public Health	18.3	0.0
Corporate Resources	0.0	0.0
Children and Young People	73.6	0.4
Strategy and Performance	0.2	0.0
Chief Executive	9.4	0.0
Non-service revenue	32.1	(3.5)
Total - General Fund	288.0	1.6
Total - Housing Revenue Account	(12.5)	0.6

APPENDIX 2

Capital 2013/14 - The aggregate projected position in 2013/14 is shown in the following table.

Capital Scheme	Approved Budget	Spend to Date	Projected Variance
	£m	£m	£m
Place and Sustainability Directorate			
Transport for London	7.0	0.0	0.0
Parking Plan	0.4	0.0	0.0
Street Lighting	0.4	0.0	0.0
Road safety improvement	0.2	0.0	0.0
Borough roads and footways	6.0	0.0	0.0
Tottenham Hale Gyratory	0.5	0.3	(0.2)
Affordable Housing	0.8	0.1	0.0
Energy Saving Measures (Green Deal)	0.4	0.0	0.0
Green Lanes	2.0	0.0	0.0
Tottenham Regeneration	8.7	0.6	0.0
Corporate Management of Property	0.8	0.0	0.0
Hornsey Town Hall redevelopment	1.1	0.0	(0.6)
Accommodation/Smarter Working	1.2	0.0	0.0
Lordship Recreation Ground	0.2	0.0	0.5
Downlane Recreation Ground	0.3	0.3	0.0
Other Schemes under £1m	0.6	0.3	0.3
Total - Place and Sustainability	30.4	1.5	(0.0)
Children's Directorate			
BSF Schools Capital Programme	1.6	0.0	0.4
ICT Managed Service Provider	0.6	0.3	0.0
Primary Capital Programme	16.5	3.6	(0.7)
Early Years and Community Access	0.5	0.0	(0.3)
Planned Asset Maintenance	1.3	0.2	(0.2)
Devolved Schools Capital	0.6	0.0	0.0
Carer Home Adaptations	0.1	0.0	(0.1)
Total - Children's	21.2	4.1	(0.9)
Adults and Housing Directorate			
Adults			
Disabled Facilities Grant - Agency	1.5	0.2	0.0
Housing Aids and Adaptations	1.2	0.4	0.0
Multiple Client Group Schemes	0.2	0.0	0.0
CPO's	0.5	0.0	0.0
Total - Adults	3.4	0.6	0.0
HRA			
Housing Estate Improvement	0.7	0.0	0.0
Structural Works	0.2	0.1	0.0
Extensive Void Works	0.9	0.0	0.0
Boiler Replacement	3.5	1.0	0.0
Capitalised Repairs	4.4	0.0	0.0
Lift Improvements	2.2	0.2	(0.3)
Decent Homes	15.5	2.0	0.0
Major works conversions	0.3	0.0	0.0
Mechanical and Electrical Works	1.3	0.0	(0.7)
Professional Fees	1.7	0.4	0.0
Affordable housing projects	1.7	0.4	0.0
Other Schemes	0.5	0.0	0.5
Total - HRA	32.8	4.1	(0.5)

Corporate Resources Directorate			
IT Capital Programme	0.9	0.1	0.0
Infrastructure Programme	0.0	0.3	0.0
Customer Services	0.6	0.0	0.0
ERP Replacement – One SAP	0.6	0.0	0.0
Alexandra Palace	1.4	0.0	0.0
Total - Corporate Resources	3.5	0.4	0.0
Total – Haringey Capital Programme	91.3	10.8	(1.4)

Period	Service	Key Decision	Rev/ Cap	Amount current year (£'000)	Full year Amount (£'000)	Reason for budget changes	Description
2	AH		Rev	200	200	Budget re-alignment	Moving budget to correct coding lines - all within Director's Business Unit.
2	PS	**	Rev	582	0	Government Grant	DCLG Weekly Collection Support Scheme Grant funding for 2013-14 - creation of income budget
2	PS		Rev	128	128	Budget re-alignment	Re-alignment of Libraries budget to reduce income shortfall against reduction to Book Fund
2	PS	**	Rev	308	308	Budget reduction	Reduction in Veolia Contract Transport recharge budget due to reduced fleet level in Council
2	PS		Rev	297	297	Budget re-alignment	Budget re-alignment within Neighbourhood Action Team
3	CS		Rev	960	960	Budget re-alignment	re-alignment of the Commissioning Budget in line with latest placement profile for Looked after Children
3	CS	**	Rev	658	0	Budget re-alignment	Spending plan for the new Youth Justice grant allocation
3	CS		Rev	400	400	Budget re-alignment	Budget moved to Youth Offer cost centre
3	CS	**	Rev	345	0	Budget re-alignment	Establish budgets to recognise receipt of Youth Justice Board funding for secure accommodation
3	CS		Rev	200	200	Budget re-alignment	Budget moved to Edge of care cost centre
3	CS		Rev	172	172	Budget re-alignment	re-alignment of Youth Offending and Primary Education Welfare Service
3	PS	**	Rev	810	0	Allocation of grant income	TFL Smarter Travel Grant expenditure budget
3	PS		Rev	175	0	Allocation of grant income	TFL bridges Grant expenditure budget
3	PS		Rev	346	346	Budget re-alignment	Budget re-alignment within Neighbourhood Services
3	PS		Rev	166	166	Budget re-alignment	Budget re-alignment within Regulatory Services
3	PS		Rev	993	993	Budget re-alignment	Budget re-alignment of income within Sustainable Transport
3	PS		Rev	536	536	Budget re-alignment	Budget re-alignment within Traffic Management
3	PS		Rev	1,112	855	Budget re-alignment	Budget re-alignment within PRE to better match budget with spend
3	PS	**	Cap	3,013	0	New budget allocation	GoTHR - Tottenham Green Culture input of 13-14 budget
4	PH		Rev	271	271	Budget re-alignment	Creating Healthy £250k Tottenham Hub budget and increasing Emergency Planning Salary budget by £21k
4	PH	**	Rev	1,715	1,715	Budget re-alignment	Creating staffing budget on SAP system as part of Public Health Set up
4	PS		Rev	120	120	Budget Allocation	Additional net HRA funding for ASBAT to better reflect case load
4	PS		Rev	856	856	Budget move	Transfer of Head of Neighbourhood Services Management budget to Business Support following restructure
4	PS		Rev	215	22	Budget re-alignment to reflect restructure	P&S Legal budget re-alignment to reflect new structure
4	PS		Rev	168	0	Budget re-alignment	Reapportionment of overheads between new Planning & Strategy & Regeneration business units following restructure
4	PS		Rev	330	330	Budget re-alignment to reflect restructure	Re-alignment of salary budgets to reflect new P&S structure
4	PS		Rev	259	259	Budget re-alignment	Salaries budget re-alignment within Sustainable Transport to better reflect where actual cost are charged
4	PS	**	Rev	332	332	Budget re-alignment to reflect programme closure	Removal of capitalisation budgets following closure of BSF programme
4	PS		Rev	191	191	Budget re-alignment to reflect programme closure	Removal of income budgets funded by BSF programme
4	CS		Rev	626	626	Budget re-alignment	Transferring Contact Service budgets to the Children in Care service
4	CS	**	Rev	274	0	Budget re-alignment	Recognising receipt of Housing Related Support funding for Young Adults service
4	PS	**	Cap	616	0	Budget re-alignment	Green Lanes OLF, Budget adjustment to agree to confirmed GLA grant for 2013-14
4	PS	**	Cap	526	0	Budget re-alignment	Growth on the High Rd, Budget adjustment to agree to approved GLA grant funding 2013-14
4	PS	**	Cap	1,096	0	Budget re-alignment	re-alignment of budget from Northumberland Park Regeneration to North Tottenham Highways & Parking GLA
4	PS	**	Cap	295	0	Budget increase to match GLA grant allocation	Additional budget for North Tottenham Highways & Parking GLA to match GLA approval level
4	PS	**	Cap	4,000	0	Budget re-profile to 14/15	Re-profile of budget allocations for Tottenham Regeneration to 14/15
4	PS	**	Cap	750	0	Budget re-alignment	re-alignment of 2013-14 budget into new internal order within Corporate Management & Property
4	PS	**	Cap	3,038	0	Budget reduction to match TfL allocation	Adjustment to Sustainable Transport capital Programme to reflect revised TfL Capital allocations
4	PS	**	Cap	300	0	Budget re-alignment	re-alignment of budget from Biking Boroughs to Parking Plan
4	PS	**	Cap	3,495	0	New budget allocation	Leisure services capital works drawdown, budget allocation for 13-14

Period	Service	Key Decision	Rev/ Cap	Amount current year (£'000)	Full year Amount (£'000)	Reason for budget changes	Description
4	PS	**	Cap	5,137	0	Budget re-alignment	Re-alignment of 2013-14 CYPS Capital budgets to reflect current programme of works including provision of approved budget for Rhodes Avenue Phase 3
4	PS	**	Cap	800	0	Budget transfer to another directorate	Transfer budget for Affordable Housing initiatives to allow reporting alongside other HRA funded initiatives in Adults and Housing programme
4	PS		Cap	200	0	Budget re-alignment	Remove surplus budget for Tottenham Gyratory project
4	PS	**	Cap	1,244	0	Budget re-alignment	Budget for pupil place expansions not required in current year, transfer to CYPS programme contingency
4	PS		Cap	237	0	Budget re-alignment	Budget for Aiming High short break facilities not required in current year, transfer to CYPS programme contingency
5	AH		Rev	250	250	Budget re-alignment	re-alignment of Budget from Adults and Housing to Place and Sustainability to support Leisure Services
5	AH		Rev	237	178	Cash Limit Increase	Budget provision for Staff Pay Award
5	AH		Rev	201	201	Government Grant	Local Reform and Community Voices Grant
5	IT	**	Rev/ Cap	2,861	0	OneSAP Implementation	Establishing the one-off programme budget. This is a mixture of internal and external cost and will also be both revenue and capital in nature. The majority of the funding has already been identified. It is proposed that the remainder is funded by in year savings against the contract budget (IT) and a one-off contribution from early achievement of other 14/15 savings
5	IT	**	Cap	583	0	Completion of Infrastructure Renewal Programme (IRP) and initiation of the Evergreening Programme	This expenditure is fully funded from earmarked IT revenue and draw-down from the IT Infrastructure reserve
5	PS		Rev	224	0	Budget Allocation	Allocation of centrally held budget to cover the 13/14 revenue costs of Homsey Depot pending disposal
5	PS		Rev	175	0	Budget Allocation	Additional budget to support work undertaken in parks in achieving green flag accreditations
5	CE	**	Rev	257	257	Budget re-alignment	Allocation of budget to Communications business unit to realign to realistic activity levels.
5	CS	**	Rev	950	0	Budget re-alignment	Establish budgets to recognise receipt of Troubled Families Grant allocation
5	CS	**	Rev	361	0	Budget re-alignment	Establish budgets to recognise receipt of Multi Systemic Grant allocation
5	CS		Rev	135	135	Budget re-alignment	re-alignment to reflect staff savings delivery plan
5	CS		Rev	100	100	Budget re-alignment	Removal of redundant recharge income budget for the Integrated Working and Family Support service
5	CS	**	Rev	29,668	29,668	Budget re-alignment	Re-alignment of the DSG following the Government's fundamental changes to school funding from April 2013. This includes the effect of pupil number changes and Academy conversions.

1 Financial regulations require proposed budget changes to be approved by Cabinet. These are shown in the above table. These changes fall into one of the following categories:

- all changes in gross expenditure and/or income budgets between business units in excess of £100,000; and
- all changes in gross expenditure and/or income budgets within business units in excess of £100,000.
- any virement that affects achievement of agreed policy or produces a future year's budget impact if above £100,000.

2 Under the Constitution, certain virements are key decisions. Key decisions are:

- for revenue, any virement which results in change in a directorate cash limit of more than £250,000; and
- for capital, any virement which results in the change of a programme area of more than £250,000.

3 Key decisions are highlighted by an asterisk in the table.

4 The above table sets out the proposed changes. There are two figures shown in each line of the table. The first amount column relates to changes in the current year's budgets and the second to changes in future years' budgets (full year).



Haringey Council

Report for:	Adults and Health Scrutiny Panel, 19 th September 2013	Item Number:	
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Title:	Budget Report
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Report Authorised by:	Mun Thong Phung Director of Adults and Housing
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Lead Officer:	Katherine Heffernan, Head of Finance, Adults and Housing katherine.hefferna@haringey.gov.uk 0208 489 3732
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Ward(s) affected: All	Report for Key/Non Key Decisions:
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1 Describe the issue under consideration

1.1 The Adults and Health Scrutiny Panel have requested information on the following items:

- Budget Monitoring report on service areas covered by A&HSP;
- Update on the recommendations of Budget Scrutiny;
- Directorate update on progress in achieving savings in the last MTFP.

The following report provides an update on these items.

2 Recommendations

2.1 That the Adult and Health Scrutiny Panel note the contents of this report.

3 Other options considered

3.1 N/A

4 Background information

4.1 The Adults and Health Scrutiny Panel contribute to the Council's financial planning and management by scrutinising budget proposals and financial performance and making recommendations.

4.2 The panel met as part of the Medium Term Financial Planning process for 2013-16 and made a number of recommendations. The response and subsequent action are outlined below.

4.3 Financial performance including any forecast variation against agreed budgets is monitored regularly by Council officers and reported quarterly to Cabinet. The most recent such report was made based on the position at the end of period four (July) and reported to Cabinet at the meeting of the 10th September.

5 Budget Monitoring Position

5.1 Based on the position at the end of July, Adults and Community Services are forecasting an overspend of £1.2m. The relevant paragraph of the Cabinet report is paragraph 5.2 and is reproduced below:

“Pressures are continuing in the Adults care purchasing budget, and at this stage of the year there may be some level of over commitment in the data. As a result, the reported pressures have been estimated at £1.2m. The level of commitment recorded in the commissioning systems are being monitored and refined as the year progresses, and an action plan is being developed to manage pressures.”

5.2 The relevant paragraph concerning the Public Health Directorate is 5.11 and is reproduced below:

“There has been a delay in some areas of the commissioned budget which means that service delivery is not in line with the grant allocation. The unspent grant will be transferred to a reserve at year end for future commitments, and this will result in a break even position.”

6 Update on the Recommendations of Scrutiny.

6.1 The Adults and Health Panel made six recommendations. There are no issues to report concerning their implementation. Comments on each are presented below:

7 Update on Progress in Making Savings

7.1 The paragraph concerning progress in making savings is paragraph 6.2 of the Cabinet report and is reproduced below:

“In respect of social care the staffing structural savings of £720k over 2013/14 and 2014/15 are particularly challenging, and other savings may need to be brought forward from 2015/16 in order to assist in delivering the overall saving. The £1.4m saving on the placement budget in 2014/15 remains amber, although work continues with the North London Strategic Alliance (NLSA) and high end placements are being reviewed.”

7.2 There are no other areas of concern with all other savings currently assessed as “Green” – on target.

9. Comments of the Chief Financial Officer and Financial Implications

9.1 This report is largely based on information presented by Corporate Finance and the Chief Financial Officer’s comments are included throughout.

10. Head of Legal Services and Legal Implications

10.1 Not applicable:

11. Equalities and Community Cohesion Comments

11.1 Equalities issues are a core part of the Council’s financial and business planning process.

12. Head of Procurement Comments

12.1 Not applicable.

13. Policy Implications

13.1 There are no specific legal implications in this report

14. Use of Appendices

14.1 The latest budget monitoring report to the Cabinet is included as an appendix.

14.2 A table showing progress against the Panel’s budget recommendations is provided as appendix 2.

15. Local Government (Access to Information) Act 1985

ADULTS AND HEALTH SCRUTINY PANEL RECOMMENDATIONS:			
	Recommendation	Cabinet Response	Update
1	<p>a) Any moves which are made in relation to the redesign of Adult social work assessment relating to Occupational therapy and social work assessment should focus on the integration of health and social care.</p> <p>b) The Council should be the lead authority on service provision. (A2)</p>	<p>Closer integration between Social Care and Health services is a leading priority for Adults and Community Services and will be a key design principle in all the Directorate's service transformation work.</p> <p>In integrating services the Directorate will take care that the best balance of control and efficiency is achieved. In many cases the Council will be the most appropriate lead provider; however there may be services for which a health lead would be more appropriate – for example in some more specialist provision where health expertise is greater. The Directorate will provide a full justification for all service reconfigurations.</p>	<p>Integration remains a priority and work is continuing on ensuring Social Care and Health staff can work together across service boundaries.</p> <p>There are currently no plans to change the lead authority for any services.</p>
2	<p>a) The move to enable more people with learning disabilities to live independently in the community is welcomed and the Panel looks forward to hearing further updates on progress.</p> <p>The Campsbourne model, which the Panel considered at its meeting in</p>	<p>Officers from Adults and Housing will be happy to provide updates to future meetings.</p> <p>Officers will continue to build on and develop</p>	<p>£500k of funding has been made available in this year's Housing capital programme to support development of more schemes like Campsbourne. We are continuing to develop the model and will be happy to report back later as projects are completed.</p>

	September, should be used as a model for other supported housing schemes. (A16)	previous good practice such as the Campsbourne project.	
3	The Panel raised concerns that a Principal Policy Officer post in the Adult Commissioning service is being cut at a time of transition when these skills may be needed. The Panel therefore recommends that Public Health consider picking up the full funding of the post, at least during the forthcoming transitional period. (A17)	The Public Health Grant is ringfenced and can only be spent within agreed parameters. Furthermore, work to allocate the grant in the target areas is advanced. However, the Director of Public Health is committed to working closely with colleagues over the coming year to maximise synergies and achieve the optimum outcomes for public health of the Borough	The Director of Public Health has been establishing her staffing team and is now well resourced to support Council objectives and public health outcomes.
4	<p>The Panel welcomes the NHS Grant and recognises that the service needs an injection of funding in order to manage the demographic changes and an increase in demand.</p> <p>The Panel therefore recommends that the full amount of money is given to Adults in all of the remaining years of the grant.</p>	The Cabinet approves this recommendation and has therefore included the additional grant funding announced within the Adults and Housing cash limit from 1 April 2013. This adjustment is included within the MTFP as set out in this report.	<p>Additional funding equal to the grant has been provided in the Adults budget for 2013-14. A report will be presented to the Health and Wellbeing Board and Cabinet in October showing how the funding will be used to support Adults and Health objectives.</p> <p>The Chancellor announced further funding for 2015-16 in the latest Spending Round. There will be a report to the Health and Wellbeing board on this</p>

	The Panel also strongly supports making a further business case to ensure that the level of the NHS grant continues to keep pace with the increased pressures on the service and an increased demand. (NHS Grant to Support Care and Benefit Health)	Officers from Adults and Housing will continue to make best efforts to ensure funding from the NHS keeps pace with demand.	in the near future.
5	The Panel is encouraged by the number of health and social care integrated services and recommends acceleration in the move to greater integration in order to improve outcomes for service users and improved financial efficiency. (<i>Health and Social Care Integration</i>)	Adults and Housing are working on further integration between health and social care services and will be happy to report on this further next year.	Integration remains a priority and work is continuing on ensuring Social Care and Health staff can work together across service boundaries
6	<i>Public Health</i> - The Panel understands that the Public Health budget is not yet available and looks forward to receiving the Public Health budget when it becomes available in order to allow the Panel to scrutinise the proposals as per its constitutional duty.	A report on the new Public Health budget for 2013/14 is planned to be discussed by Cabinet in March 2013. Cabinet are content that, once approved, the report is passed to Overview and Scrutiny for further consideration.	This Cabinet report was published in April



Haringey Council

Report for:	Cabinet – 9 July 2013	Item Number:	
Title:	The Council's End of Year Performance Assessment 2012/2013		
Report Authorised by:	The Chief Executive		
Lead Officer:	Eve Pelekanos – Head of Strategy and Business Intelligence Telephone 020 8489 2508		
Ward(s) affected: All	Report for Key/Non Key Decisions: Information		

1. Describe the issue under consideration

- 1.1. To inform Cabinet of progress against the Council's priorities and other major responsibilities in 2012/13.

2. Introduction by Cabinet Member for Performance Management – *Cllr Kober, Leader of the Council*

3.

- 2.1 Over the last year our residents have faced some significant challenges: Haringey was selected to pilot the benefit cap ahead of the rest of the country, the bedroom tax has now been implemented and government cuts to council budgets have continued unabated. Despite these tough circumstances, we've managed to register 491 residents on our Jobs for Haringey programme and 221 of these have started work – this is against only 10 jobs being delivered in Haringey by the government's Youth Contract scheme. We've also seen some substantial improvements in our schools, with the majority of them now being rated as good or outstanding. The challenging recommendations from Outstanding For All and our subsequent actions will ensure this positive trend continues.

- 2.2 Last year I said I wanted to see crime rates reduce and I'm pleased to see that this has happened, including a reduction in the number of first-time entrants to the Youth Justice System. Despite these improvements, youth re-offending rates have continued to increase. Working with our partners in the police and through our work to reduce youth unemployment, I'm hopeful that we will begin to see re-offending rates among our youth reduce. While there is still much to do, I'm pleased that residents are beginning to see tangible outcomes of our regeneration programme in Tottenham, including the re-opening of 639 High Road, rebuilding of the Carpetright building and the conversion of the A10 High Road to take two-way traffic.

3 Recommendations

- 3.1 To note progress against the Council's priorities and other major responsibilities in 2012/13.
- 3.2 To note this year's achievements, areas for focus and emerging issues going forward.
- 3.3 To agree the corporate set of performance indicators and targets for 2013/14.

4 Background information

- 4.1 This report is a self assessment of the Council's performance in 2012/13. It also provides an update of key activity against the Council's priorities and other major responsibilities as set out in the [Council Plan](#) agreed at [Full Council on 16 July 2012](#).
- 4.2 The Council is in the process of preparing its next corporate plan for 2013-15. The corporate performance indicator set will therefore be in line with priorities in the revised plan. The proposed indicators and targets are shown in Appendix 2 and will be tracked through the Council's quarterly performance reports.
- 4.3 The main body of this report begins on page 3.

5 Comments of the Chief Finance Officer and financial implications

- 5.1 The Chief Finance Officer confirms that there are no direct financial implications arising from this report. Continued focus and monitoring of key priorities and indicators should support the Council in delivering against stated aims and provide early indications of any emerging issues or shortfalls. Action to address these could have financial implications but these would be the subject of a separate report.

6 Head of Legal Services and legal implications

- 6.1 There are no specific legal implications arising from this report.

7 Equalities and Community Cohesion Comments

- 7.1 This year we have produced a Corporate Equality Annual Report to show progress on our [corporate equality objectives](#). In recognition of how central achieving equality is to our work, from now on we will report progress in our regular performance reporting. In addition to information on these objectives, we will continue to publish equality impact assessments and the annual employment profile, and promote equality through our procurement and commissioning processes.

8 Head of Procurement Comments

N/A

9 Policy Implications

- 9.1 Haringey's quarterly performance assessment links to the following documents / strategies:
 - [The Council Plan 2012-14](#)
 - [Key strategies](#)

10 Use of Appendices

- Appendix 1: Performance Tables Quarter 4 and End of Year 2012/13
- Appendix 2: Corporate Performance Indicator Set for 2013/14
- Appendix 3: Emerging Policy Issues for 2013/14

11 Local Government (Access to Information) Act 1985

- Service performance indicator returns

- Council Plan (incorporating departmental business plans)



The Council's End of Year Performance Assessment 2012/13

**Produced by
Strategy and Business Intelligence
May 2013**

Executive Summary: Overall Assessment of the Council's Performance in 2012/13

Introduction

1. In 2012/13, the Council's performance was measured against the Council's priorities and other major responsibilities, as set out in the [Council Plan](#). The highlights for the year under each priority are outlined below. Further detail can be found in the next section of the report, at the paragraph references given.

Priority 1: Work with local businesses to create jobs for local people

- Unemployment, particularly amongst young people, remains high, especially in the east of the borough (*paras 7 & 8*).
- 491 residents registered on the Jobs for Haringey programme this year, 221 of whom have started work.
- In a joint project with the Greater London Authority, an Enterprise and Employment Centre has been established at 639 High Road, N17 to support new business, create new jobs and provide a focal point for volunteering and the community
- Economic growth and increasing employment opportunities for residents remains a priority for the council.

Priority 2: Deliver regeneration to key areas of the borough

- Extensive plans are now in place for the regeneration of Tottenham and other key sites in the borough (*paras 15-21*). In the coming year, the Council needs to focus its efforts to deliver these.

Priority 3: Tackle the housing challenges

- Efforts to prevent and reduce already high levels of homelessness have been hampered by welfare reform and economic conditions (*paras 22 & 23*).
- The Haringey based North London Support Hub has been successful in supporting many residents affected by housing benefit reforms and will be refocused to help households who are affected by the overall benefits cap from April 2013.
- The number of households living in temporary accommodation remains comparatively high (2,832 households). Reducing and preventing homelessness remains a key activity for the Council in 2013/14.
- Tackling issues relating to houses in multiple occupation by increasing licensing and the use of planning legislation should remain an area of focus (*paras 31-34*).

Priority 4: Improve school standards and outcomes for young people

- The majority of Haringey's primary and secondary schools are rated good or outstanding by Ofsted (*para 35*). Improvement is needed in children's centres.
- Educational attainment across key stages has improved in 2012/13, closing the gap between Haringey and the London top quartile (*para 0*). The rate of improvement in early years needs to accelerate.
- The numbers of children on child protection plans and children in care have reduced slightly since last year but remain comparatively high (*paras 40 & 42*).
- Good progress has been made in securing permanent placements for children in care, either through adoption or special guardianship orders (*para 44*). Focus needs to be maintained to ensure that national thresholds are met.
- The council's focus needs to shift to improving early years provision, prevention and early intervention, reducing the need for more intensive services.

Priority 5: Deliver responsive, high quality services to our residents

- Progress has been made on the efficiency of processing benefit claims (*para 48*). Processing times need to reduce further in the coming year to bring performance in line with the best boroughs in London, particularly in the context of the transition to Universal Credit.
- The council tax collection rate is good (*para 47*). Maintaining this level may prove to be a challenge as financial pressure on households and the impact of welfare reform continues to bite.
- Complaints from residents are being dealt with in a shorter timescale than previous years (11 days), however, escalation to stage 2 has increased (*paras 50 & 51*). For the coming year, the Council's aim is to resolve complaints at the earliest possible stage.
- Performance of the Council's Call Centre was below expectation throughout the year (*para 54*). Improving customer services will be a key priority for the Council for 2013/14.
- Performance against planning application indicators was low compared to other London authorities (*para 55*).

Community Safety

- Overall crime in Haringey reduced by 10% in 2012/13 compared to the previous year (*para 57*). In particular, major reductions have been seen in personal robbery (30% reduction) and residential burglary (16% reduction; *para 59*).
- The number of first time entrants to the Youth Justice System aged 10-17 has reduced by a third (*para 60*). However, the youth re-offending rate continued to increase, with almost half of the cohort reoffending (*para 62*). Diverting young people from involvement in crime and antisocial behaviour is a key priority for the coming year.

Environment

- The Council's recycling rate has increased by 6 percentage points from 2011/12, to 32% (*para 67*).
- Street cleanliness increased steadily through the year but the annual figure has been adversely affected by low performance at the beginning of the year. There needs to be a focus on ensuring that high levels of street cleanliness are maintained throughout the year (*para 68*).

Health and social care

- Steady progress towards the national target has been made for self directed support in social care (personal budgets; see *para 74*).
- Good progress has also been made in reducing teenage pregnancy (see *para 76*). Haringey is now average amongst its statistical neighbours, improving from a low ranking the previous year.
- The rate of delayed transfers of care has increased from last year (the majority are attributable to the NHS; see *para 75*). Nationally, there is a clear expectation that rates should improve, reinforcing the need for this to remain a focus for adult social care for 2013/14.

Context

2. The Council's performance over the past year should be set against the backdrop of a continued reduction in government spending. These austerity measures have forced the Council to reduce its budget at a time of increased demand for some services.

3. The Council has been working hard to reduce the impact of these cuts on the community. However, there is concern that budget pressures, combined with the effects of new legislation (particularly the Welfare Reform Act), will bring further challenges. Many residents have already seen reductions in their housing benefit as a result of the welfare reforms, resulting in pressures on housing and employment related services in particular. More residents will be impacted in the coming year as the overall benefit cap comes into effect.

How performance will be measured in 2013/14

4. The Corporate Plan 2013/14 – 2014/15 sets out the Council's priorities and the main ways in which it will seek to deliver its objectives. It also identifies a new set of key performance indicators that will measure whether we are making the expected levels of progress towards meeting the objectives. Progress against outcomes and strategic priorities will be measured through specific performance targets. A full list of performance indicators and targets is provided in Appendix 2.
5. Performance will be monitored quarterly and reported to Members in the Council's Quarterly Performance Assessment. Missed targets will be given a red or amber traffic light, and detailed explanations and actions will be reported.

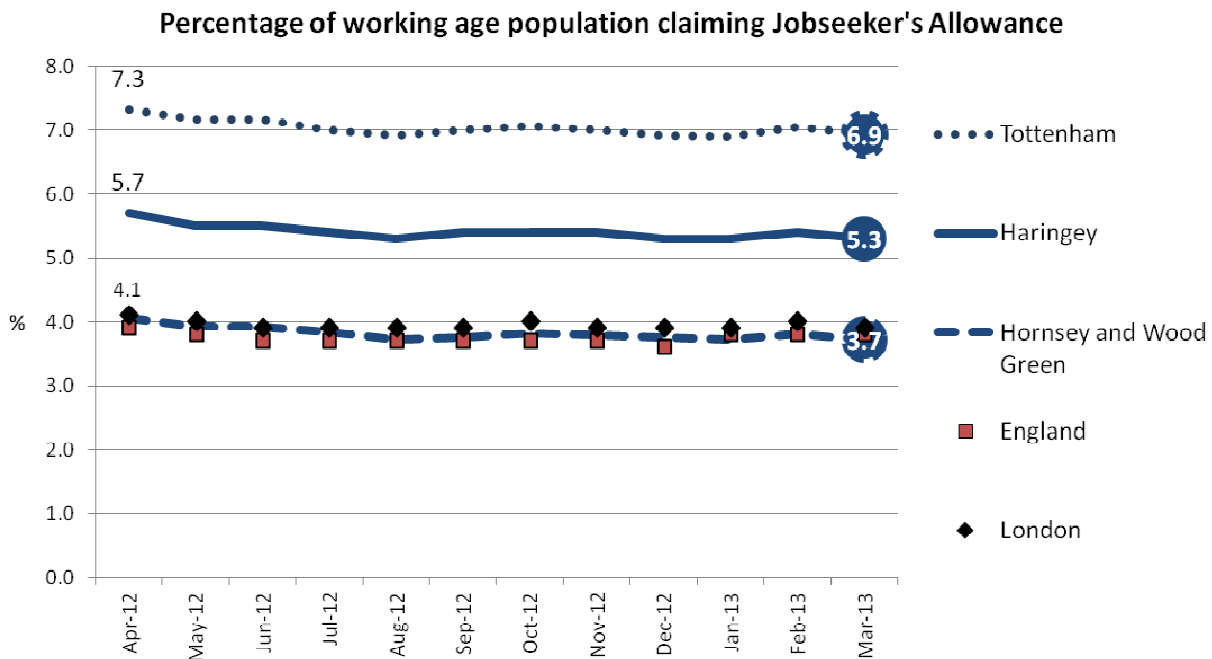
Priority 1: Work with local businesses to create jobs for local people

Overall Assessment

- Unemployment, particularly amongst young people, remains high, especially in the east of the borough (*paras 7 & 8*).
- Economic growth and increasing employment opportunities for residents remains a priority for the council.

Employment rates

- In March 2013, 5.3% of Haringey's working age population were claiming **Jobseekers' Allowance** (JSA). The JSA claimant rate has remained stable since the summer, mirroring the national and regional trends.
- Haringey rates remain significantly above the London and England rates. However, there is a major split between the parliamentary constituencies; the claimant rate in Tottenham is almost double the England rate.



- The JSA claimant rate is disproportionately high:
 - in the east of the borough, particularly Northumberland Park (11.2%)
 - for males (6.5% compared to 4.1% for females)
 - for 18-24 year olds (7.4%), albeit this has decreased by 18% (1.6 percentage points) since April 2012.

Initiatives to increase employment

9. Since April 2012, 491 residents have registered on the **Jobs for Haringey** programme (both Haringey-funded and European Social Fund tri-borough projects). Of these, 221 have started work:
 - 80 are aged 16 to 24
 - 190 are from a BME background
 - 133 are women
 - 11 have a disability
 - 93 are parents
10. The **Haringey Jobs Fund** was [launched](#) on 18 May 2012 with 43 jobs created by March 2013. Of these:
 - 3 are women
 - 32 are aged under 25
 - 1 has a disability
 - The top ethnic groups were: Black/Black British Caribbean – 10; White British – 10; Black/Black British African – 5 and White Other – 5
11. **Haringey Welcome**, a programme to support non UK and EU nationals to integrate in the local community has 151 verified registrations of which:
 - 125 are women,
 - 21 are under 25,
 - 2 have a disability

The participants came predominantly from the following ethnic backgrounds: White Other – 38; Black/Black British African – 30 and Turkish – 20.
12. In a joint project with the Greater London Authority, an **Enterprise and Employment Centre** has been established at 639 High Road, N17 to support new business, create new jobs and provide a focal point for volunteering and the community.
13. **Jobs Fairs** were held at Hornsey Vale community centre in January 2013 and at Tottenham Hotspur Football Club in March 2013 (in partnership with Jobcentre Plus, the College of North East London, National Apprenticeship Service and the Spurs Foundation).
14. As at April 2013, there had been 1,583 enrolments with the **Haringey Adult Learning Service** (HALS). Basic skills in literacy, numeracy and English as a second language (ESOL) now represent almost two fifths of all HALS provision, up three percentage points in a year. Over two thirds of HALS learners come from the 20% most educationally deprived Super Output Areas.

Priority 2: Deliver regeneration to key areas of the borough

Overall Assessment

Extensive plans are now in place for the regeneration of Tottenham and other key sites in the borough (*paras 15-21*). In the coming year, the Council needs to focus its efforts to deliver these.

15. In August 2012, the council launched '[A Plan for Tottenham](#)' which sets out the vision for the area to 2025. It outlines proposals for quality housing; stronger communities; a vibrant arts and culture scene; a welcoming civic heart; wide retail mix; attractive public spaces, and successful businesses.
16. The **Tottenham High Street Charter** was launched through the Tottenham Traders Partnership with the Council and the Metropolitan Police Service in January 2013. The Charter sets out commitments to improve the appearance of the High Streets and the quality of the offer in the area.
17. Construction works started on the **Tottenham Gyratory** programme in November 2012 with the initial elements of the programme to prepare the High Road (western arm of the Gyratory) for two-way operation.
18. In November, the Mayor of London announced that Transport for London will invest £20m in the **redevelopment of Tottenham Hale station**, bringing additional passenger capacity, housing development and commercial floorspace.
19. The Council has published its [Local Plan](#) which sets out a vision and key policies for the future development of the borough up to 2026. It takes forward the plans and strategies to identify a vision for Haringey as a place to live, work and visit and will set out an implementation framework to deliver the vision. Included in the plan are details of how we will protect and enhance the borough's town centres as accessible locations for retail, office, leisure, community uses and new homes.
20. As part of this, the Council will take a proactive partnership approach to reinvigorating the town centres, developing their identities and widening their role and offer. **A Haringey High Streets Framework** to rejuvenate and maximise the potential of Haringey's high streets is under development. This framework will bring together all activity and initiatives aimed at improving Haringey's high streets.
21. Extensive public realm improvements are being planned for both **Wood Green and Green Lanes** through the TFL improvements scheme and additional works for Green Lanes funded by the Mayor's Outer London Fund and secured by the Green Lanes Strategy Group.

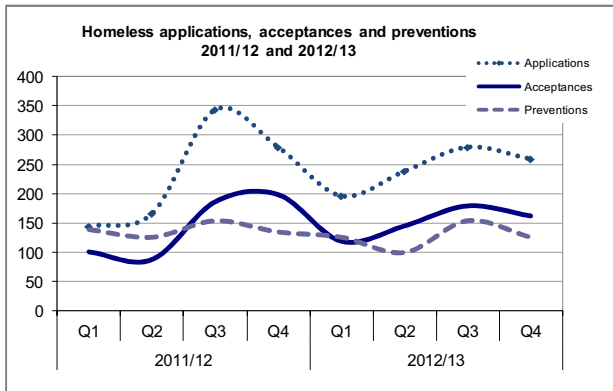
Priority 3: Tackle the housing challenges

Overall Assessment

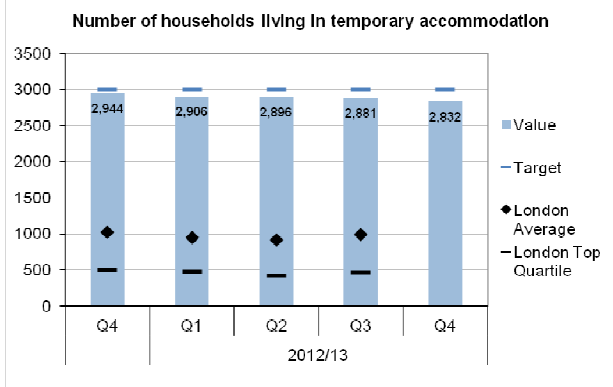
- Efforts to prevent and reduce already high levels of homelessness have been hampered by welfare reform and economic conditions (*paras 22 & 23*). The number of households living in temporary accommodation remains comparatively high (2,832 households). Reducing and preventing homelessness remains a key activity for the Council in 2013/14.
- The council has not met its target for the completion of new affordable housing for 2012/13 (target 410, completions 376; *para 26*). Meeting targets for the next two years will be challenging.
- Tackling issues relating to houses in multiple occupation by increasing licensing and the use of planning legislation should remain an area of focus (*paras 31-34*).

22. During 2012/13, the Council's efforts to reduce homelessness continued. However, the reduction in the Local Housing Allowance (LHA) has resulted in fewer properties being affordable to households on housing benefit and competition for accommodation from other London boroughs has further constrained supply.

23. The **ratio of homelessness preventions to acceptances** is a good indicator of the effectiveness of homelessness prevention efforts but also reflects the increasing financial pressures on families and constrained housing supply. The ratio has deteriorated from 1.51 in 2010/11 to 0.84 in 2012/13.



- There were 505 **homelessness preventions** in the year, which represents a 9% reduction compared to 2011/12.
- There were 605 **homelessness acceptances** in the year, a 6% increase compared to 2011/12. Haringey acceptance numbers are close to the median for its statistical neighbours (576 for the 12 months to December 2012).



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Initiatives to prevent homelessness

24. The Haringey based **North London Practical Support Hub** formally ended on 31 January 2013, having worked with over 200 households to prevent homelessness. The Hub offered practical advice and help to those affected by the housing benefit reforms, including helping tenants to claim benefits; negotiating with creditors to reduce debt repayments; negotiating with landlords to reduce rents and ensuring that any arrears could be repaid by affordable instalments. The Hub successfully prevented homelessness in 68% of the cases it dealt with.
25. Building on the success of the sub regional hub, Haringey is now refocusing efforts to help and support households who are affected by the implementation of the overall benefits cap, which came into force in the borough from 15 April 2013.

Increasing housing supply

26. There were 376 **affordable housing completions** in 2012/13, according to local reporting, a reduction on previous years. A further 592 new affordable homes are under construction and due for completion before March 2015 and an additional 197 are in the pipeline and expected to start in the near future, again with completion expected by March 2015. The current projection is for 789 completions over the next two years, a number which could increase further as new schemes are brought forward.
27. Haringey's housing trajectory shows an upward trend in new housing delivery over the next 15 years facilitated by major regeneration projects at Tottenham Hale, Haringey Heartlands and in Northumberland Park among others.
28. Work to **bring empty homes back into use** continues through compulsory purchase orders and enforced sales where council tax is outstanding.
 - 17 properties have been brought back into use as a result of Compulsory Purchase Orders.
 - 12 properties were approved by Cabinet for Compulsory Purchase Orders in December.
 - 34 properties which together owe £207,565 are going forward for Enforced sale.
 - Money recovered for the Council so far from Enforced Sales totals £417,571.

Improving housing quality

29. In the year to 31 March 2013, 333 **homes were made 'decent'**, and by March 2014 it is anticipated that 500 more non-decent homes will have been brought up to standard. At 1 April 2013, there were 4,513 non-decent homes (28% of the total stock), a reduction from 4,796 in April 2012.
30. From 2011/12 onwards (following a reduction in expected Decent Homes funding) the decision was made to switch from a whole house approach to an elemental approach so that essential external repairs to make homes weather tight and internal health and safety works are carried out first. This enables limited resources to be used to benefit the greatest number of residents. However, this elemental scope is not sufficient to bring the majority of non-decent homes up to the full decency standard.
31. It is estimated that there are between 8,000 and 12,500 **Houses in Multiple Occupation (HMOs)** in the borough. Over the last three years, nearly half of all complaints relating to disrepair are about HMOs. Of those HMOs that should be licensed, it is estimated that only half are licensed (as at March 2012). Unauthorised conversions to flats or unauthorised HMOs accounted for 63% of all planning enforcement appeals in 2012/13.
32. Since the Additional Licensing scheme in Harringay ward went live in October 2011, 152 applications have been received, and 80 licences have been issued.
33. An extensive letting agency networking programme has been launched in Harringay, and portfolio landlords responsible for properties in this area have been targeted, using information from letting agents. Ninety-one individual landlords have received letters and application packs relating to 219

properties, and 69 applications have been received. Enforcement Action is being pursued against those landlords who have failed to respond.

34. The Council declared its intention to introduce an Article 4 Direction Area to manage future small HMOs in the borough in November 2012. This is a year-long intention to curb the loss of single family homes and the growing level of shared accommodation in parts of the borough. It will come into force on 30 November 2013. The area applies to all wards east of the East Coast Railway Line and means that from 30 November 2013, planning permission will be required to change a single family dwelling unit into a small HMO.

Priority 4: Improve school standards and outcomes for young people

Overall Assessment

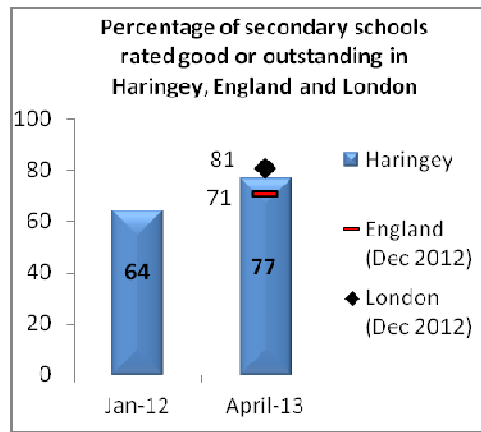
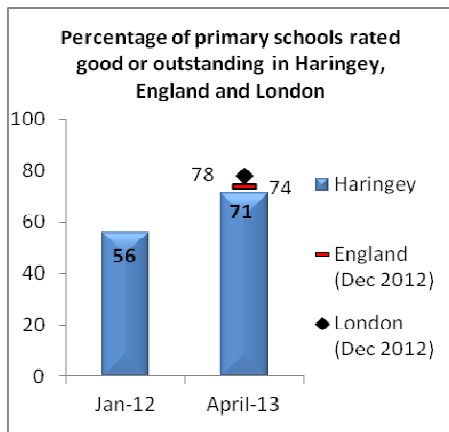
- The majority of Haringey's primary and secondary schools are rated good or outstanding by Ofsted (*para 35*). Improvement is needed in children's centres.
- Educational attainment across key stages has improved in 2012/13, closing the gap between Haringey and the London top quartile (*para 0*). The rate of improvement in early years needs to accelerate.
- The numbers of children on child protection plans and children in care have reduced slightly since last year but remain comparatively high (*paras 40 & 42*).
- Good progress has been made in securing permanent placements for children in care, either through adoption or special guardianship orders (*para 44*). Focus needs to be maintained to ensure that national thresholds are met.
- The council's focus needs to shift to improving early years provision, prevention and early intervention, reducing the need for more intensive services.

Education and training

Ofsted ratings of children's centres and schools

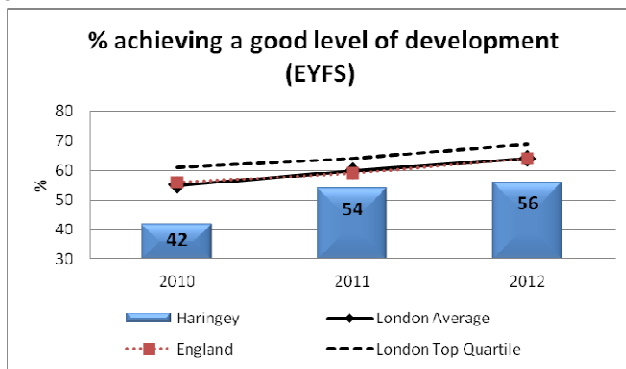
35. As at April 2013 the Ofsted ratings were as follows:

- **Children's centres:** 14 had been inspected and eight were judged good/outstanding (57%). This is below the London and national averages of 77% and 70%, respectively (as at December 2012).
- **Primary schools:** 45 out of 63 (71%) were rated good or outstanding. This figure includes academies, but excludes free schools. This is a major improvement since January 2012 (see graph below). The latest available data shows the national average is 74%.
- **Secondary schools:** ten out of thirteen (including Haringey 6th Form Centre) were rated good or outstanding (77%). This figure includes academies. Again, this is an improvement compared to January 2012. The latest available data shows the national average is 71%.



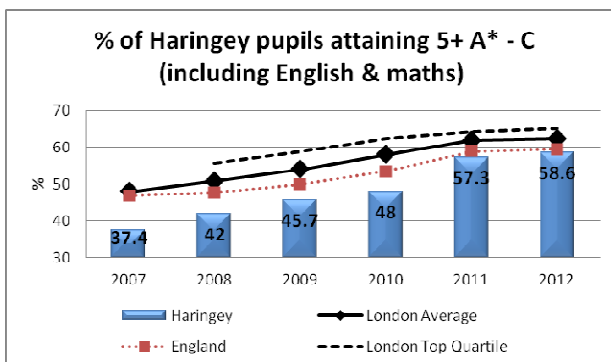
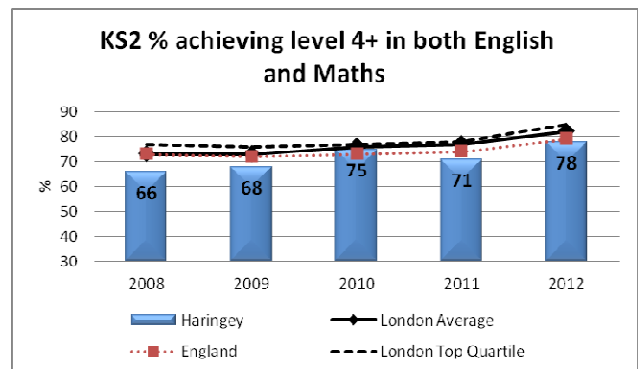
Educational Attainment

36.



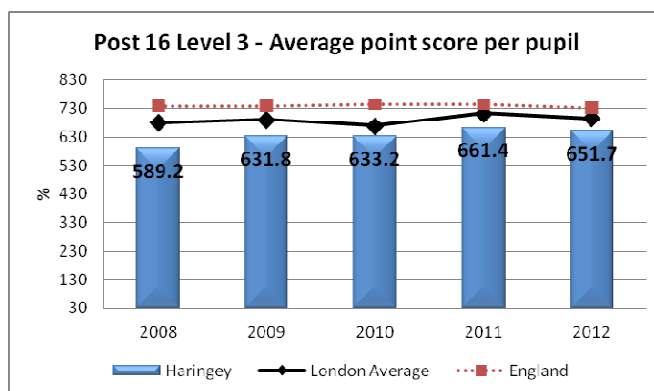
The percentage of children achieving a good level of development in the **Early Years Foundation Stage** has continued to improve (54% to 56%) but not as quickly as England (59% to 64%). Haringey's ranking has fallen from 122nd to 138th (out of 152 local authorities).

Validated results for **Key Stage 2** (end of primary school) show an improvement from 71% to 78% for pupils achieving level 4 or above in both English and Maths, putting Haringey almost on a par with England and moving its ranking from 109th to 99th (out of 150 local authorities).



- Validated 2012 **GCSE** results show that 58.6% of pupils attained 5+ A*-C (including English & maths), close to the 59.4% national average. Haringey is now ranked 77th (out of 151 local authorities).
- 75.1% of pupils are making expected progress from KS2 to GCSE in English, better than England (69.2%). Haringey is ranked 23nd (out of 151 local authorities).
- 77% of pupils are making expected progress from KS2 to GCSE in Maths, also better than England (69.8%). Haringey has improved its rank to 20th (out of 151 local authorities).

Validated results for **post-16** attainment show that the total average point score per pupil has fallen slightly (661.4 to 651.7); the England average has also fallen from 745.9 to 733. Haringey is now ranked 125th (out of 149 local authorities). Average point score per exam entry is 209.9 (England 212.8). Haringey is ranked 52nd (out of 149 local authorities).



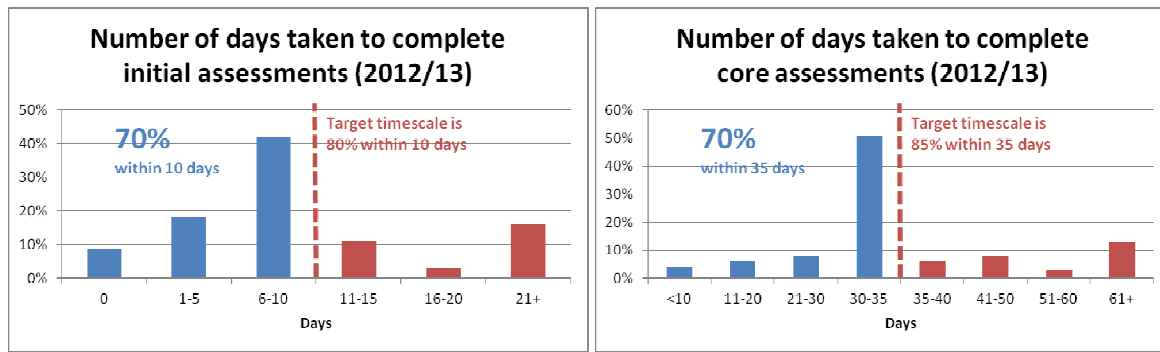
37. There has been an increase in the number of 19 year olds qualified to level 2 (GCSE A*-C or equivalent), up to 84% from 79% the previous year (London 86%). Similarly, there has been an increase in the number qualified to level 3 (A-Level or equivalent), up to 59% from 55% the previous year (London 61%).
38. Figures for the **educational attainment of looked after children** have recently been published. Of the children looked after continuously for twelve months during the year ending 31 March 2012:
- At **Key stage 1**, 94% achieved the expected level in reading (compared to 67% nationally), 88% achieved the expected level in writing (compared to 57% nationally), and 81% achieved the expected level in mathematics (compared to 71% nationally).
 - At **Key stage 2**, 42% achieved the expected level in English and Maths in 2012, below the national average of 50%.
 - At **GCSE level**, 19% achieved 5+ A*-C including English and mathematics, above the national average of 15%.
 - Haringey also had above average levels of children in full time education following completion of education at year 11 (78% compared to 71% nationally).

Young people not in education, employment or training (NEETs)

39. Of young people aged 16-19 whose situation is known, 3.3% are **not in education, employment or training**, an improvement since last year 4.4%. 18.6% of young people's situation is **not known** compared to 27.9% last year higher than Statistical Neighbour average

Children's Social Care

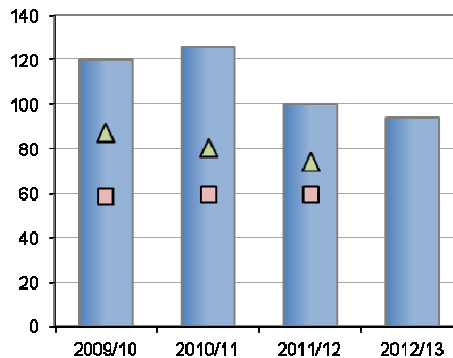
40. In 2012/13, there has been an 18.5% reduction from the previous year in **referrals to children's social care**. Haringey's rate of referrals per 10,000 population is lower than statistical neighbours, largely due to robust screening processes by the Multi Agency Safeguarding Hub (MASH). 15% of referrals are **re-referrals within 12 months**, in line with statistical neighbours' performance.
41. Completion of **initial and core assessments** in timescale was below target and below levels achieved by our statistical neighbours. 70% of initial assessments were completed within 10 days compared to 82% for statistical neighbours (2011/12). 70% of core assessments were completed within 35 days.



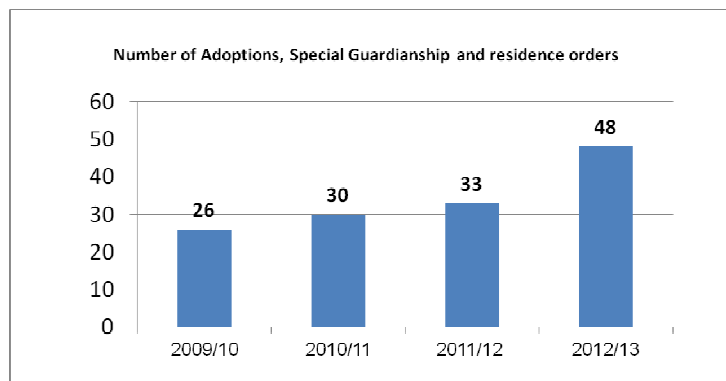
42. There were 275 **children subject to a child protection plan** as at March 2013, similar to the number recorded at the end of last year (284). This translates to a rate of 47.8 per 10,000 population, which remains higher than the England average and that of statistical neighbours (40).
43. There has been a 5.5% reduction in the number of **children in care** since the end of March 2012. 541 children were in care on the last day of March 2013, equivalent to 94 per 10,000 population. Haringey's rate remains higher than the England rate and that of statistical neighbours. A quarter of children in care are placed within Haringey, with 80% placed within a 20 mile radius.

Rate of Children in Care per 10,000 population

Haringey Rate per 10,000	
Statistical Neighbours Rate	
England Rate per 10,000	



44. There were 14 **adoptions** in 2012/13 (target 15). However, there were also 31 **special guardianship orders** in the year, giving a total of 45 legally permanent orders. Increasing use of special guardianship orders in addition to adoption orders helps to reduce the time children spend in long term care. In addition, a large number of children have been placed in pre adoptive placements awaiting orders which will boost adoption orders during 2013/14 and secure permanency plans for around 30 children in care. Significantly higher **numbers of adopters** were approved in 2012/13; 35 compared to 9 in 2011/12.
45. In 2012/13, **children waited an average of 661 days from becoming looked after to being placed for adoption**. This is higher than the 639 day national threshold but an improvement over Haringey's three year average for 2009/12 (749) and the 2011/12 position of 715 days.
46. In 2012/13, **children waited an average of 436 days from entering care to moving in with adoptive parents** (including foster parents who subsequently adopt), a considerable improvement on 647 days in 2009/12.



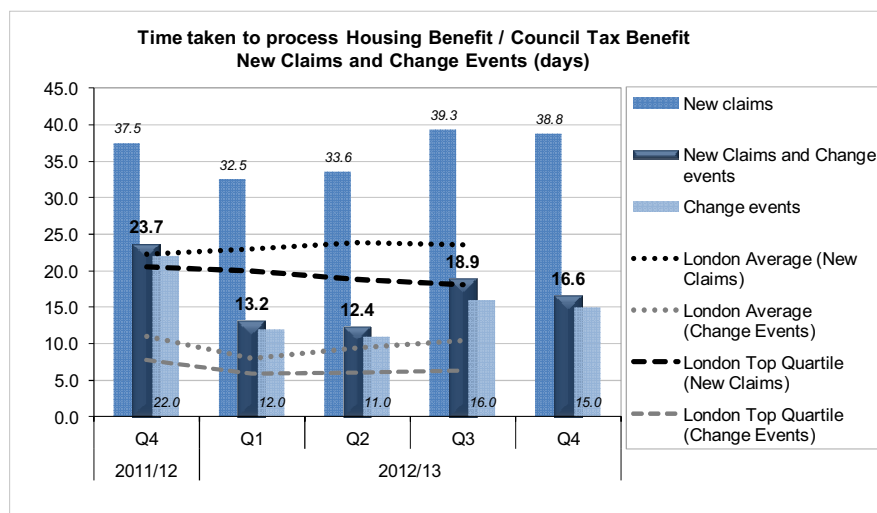
Priority 5: Deliver responsive, high quality services to residents

Overall Assessment

- Progress has been made on the efficiency of processing benefit claims (*para 48*). Processing times need to reduce further in the coming year to bring performance in line with the best boroughs in London, particularly in the context of the transition to Universal Credit.
- The council tax collection rate is good (*para 47*). Maintaining this level may prove to be a challenge as financial pressure on households and the impact of welfare reform continues to bite.
- Complaints from residents are being dealt with in a shorter timescale than previous years (11 days), however, escalation to stage 2 has increased (*paras 50 & 51*). For the coming year, the Council's aim is to resolve complaints at the earliest possible stage.
- Performance of the Council's Call Centre was below expectation throughout the year (*para 54*). Improving customer services will be a key priority for the Council for 2013/14.
- Performance against planning application indicators was low compared to other London authorities (*para 55*).

47. 95.02% of **Council tax due for the year** was received in the year to March, meeting the 95% target but marginally below levels achieved at this time last year (95.3%).

48. The **time taken to process housing benefit and Council tax new claims and change events** decreased to 16.6 days in quarter 4, better than the 18 day target. The overall 2012/13 figure is 14 days, a significant improvement on last year (22 days). Haringey's processing time remains significantly longer than both the London top quartile and London average, particularly for new claims.

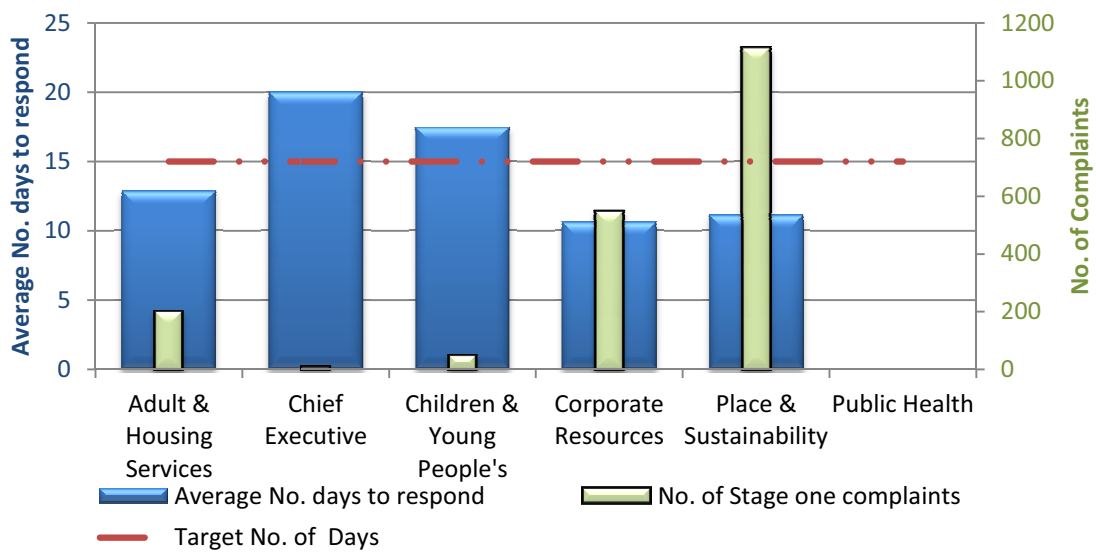


49. In 2012/13 there were 1,922 **stage 1 complaints** and 3,089 **Member enquiries**. The table below shows the areas where the majority of complaints were received. These areas tend to be high volume / universal services. For example, there are in excess of 5 million waste collections each year and the number of complaints in 2012/13 was inevitably affected by the changeover to fortnightly waste collection.

Main areas for Stage 1 complaints	Total
Street Cleansing / Waste Collection	559
Benefits	221
Housing	164
Customer Services	150
Libraries	107
Parking	72
On-Street Enforcement	71
Leisure Centre Information	58

50. The average time taken to respond to **Stage One complaints** was 11.4 days against a target of 15 days, down from 12.5 days last year.

Stage One Complaints - response times and volumes 2012/13

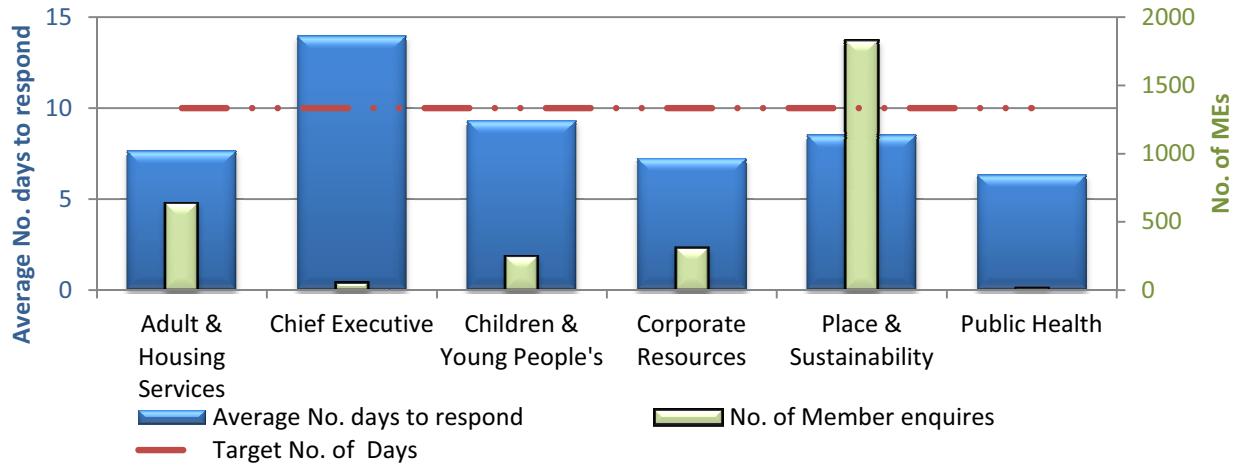


51. 9% of complaints received in 2012/13 were escalated to **Stage 2: Independent Review**, an average of 28 cases per month. This represents a sustained increase in both proportion and volume of escalations compared to the six months to March 2012 (5% and 14 per month, respectively).

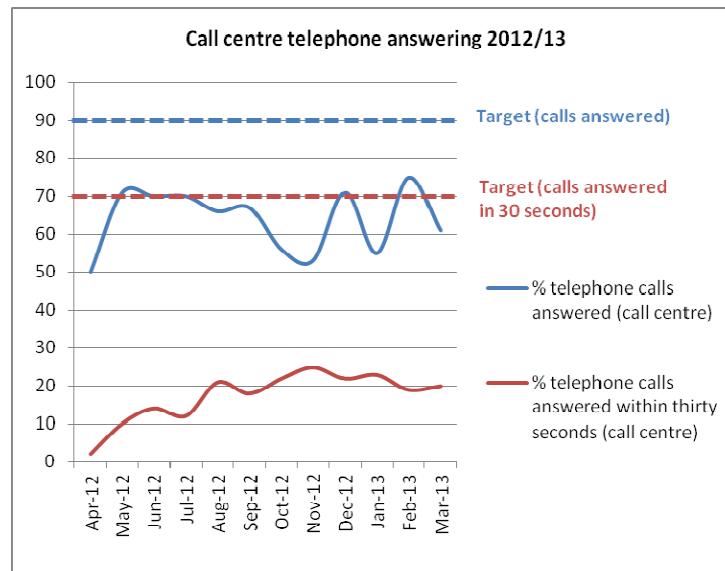
52. Only 2% of stage 1 complaints are escalated to the Local Government Ombudsman.

53. The average time taken to respond to **Members' Enquiries** was 8.4 days against a target of 10 days, down from 10 days in 2011/12.

Members' Enquiries - response times and volumes 2012/13



54. Performance of the Council's call centre was below expectation throughout the year. Of the calls received, 63% were answered and 17% were answered within the target timescale of 30 seconds. A focused programme of work, the Customer Services Strategy, is now in place to address this.



55. In 2012/13, the Council received the following planning applications:

Type	Number received	Completed to timescale*	% completed to timescale
Major	19	12	63.2%
Minor	309	175	56.6%
Other	1,570	1,061	67.6%

*8 weeks for Minor and Other, 13 weeks for Major

Performance against all types of application was low compared to other London authorities.

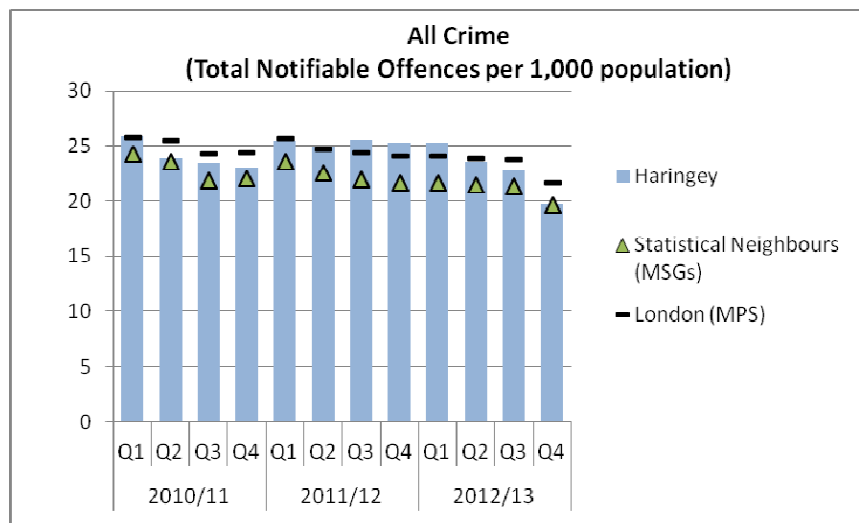
56. **Staff sickness** for Haringey Council (excluding school staff) reduced from 7.77 days per FTE in April 2012 to 7.14 days per FTE in March 2013. This puts Haringey just outside the London top quartile of 7.11 days (based on data for 24 boroughs as at Q3 2012/13).

Community Safety

Overall Assessment

- Overall crime in Haringey reduced by 10% in 2012/13 compared to the previous year (*para 57*). In particular, major reductions have been seen in personal robbery (30% reduction) and residential burglary (16% reduction; *para 59*).
- The number of first time entrants to the Youth Justice System aged 10-17 has reduced by a third (*para 60*). However, the youth re-offending rate continued to increase, with almost half of the cohort reoffending (*para 62*). Diverting young people from involvement in crime and antisocial behaviour is a key priority for the coming year.

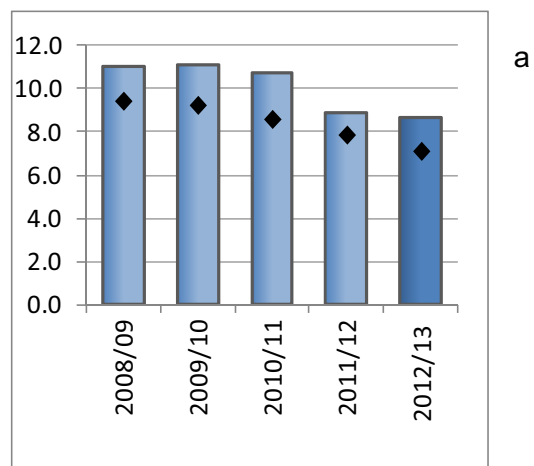
57. **Reported crime** in Haringey reduced by 10% in 2012/13 compared to the previous year, a bigger reduction than either London or statistical neighbours. Haringey's rate is below London and in line with statistical neighbours.



58. **Violence with injury** reduced by 2.3% in 2012/13 compared to the previous year. London overall saw greater reduction of 8%.

Violence with Injury
(rate per 100,000 population)

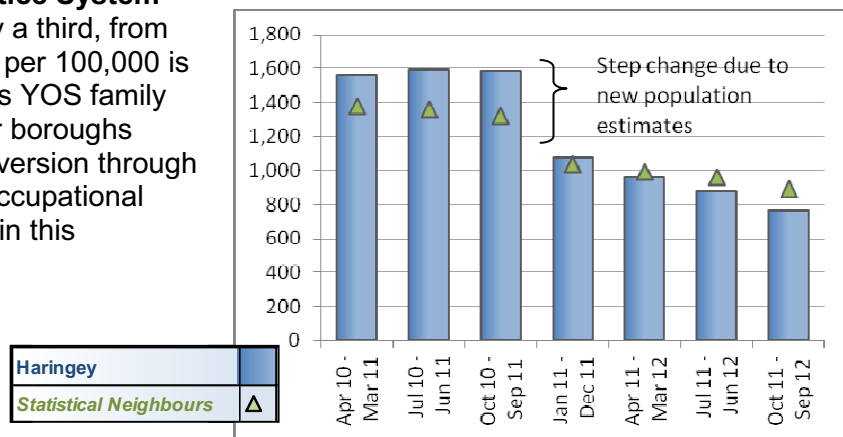
Haringey	
London	◆



59. Both **personal robbery** and **residential burglary** offences (the key property offences measured by the Community Safety Partnership Board) have seen major reductions in 2012/13. Personal robbery reduced by 30% compared to the previous year; residential burglary has seen a 16% reduction. In quarter four of 2012/13, the personal robbery and residential burglary rates were both below the London rate.

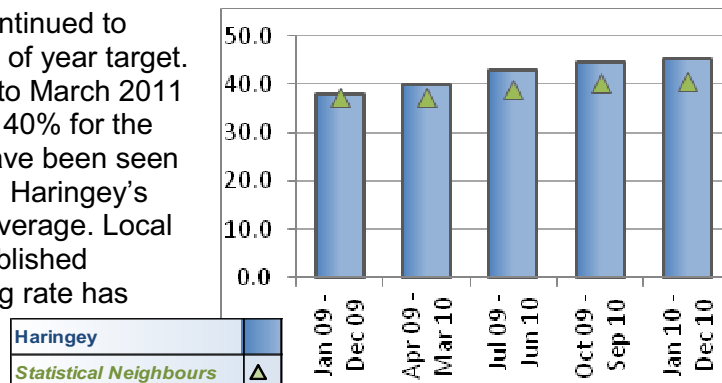
60. In the last year, the **number of first time entrants to the Youth Justice System aged 10-17** has reduced by a third, from 268 to 182. Haringey's rate per 100,000 is now 767, the 3rd lowest in its YOS family group (a group of 10 similar boroughs used for benchmarking). Diversion through triage and well structured occupational programmes has been key in this reduction.

First Time Entrants to the Youth Justice System per 100,000 10-17 year olds.

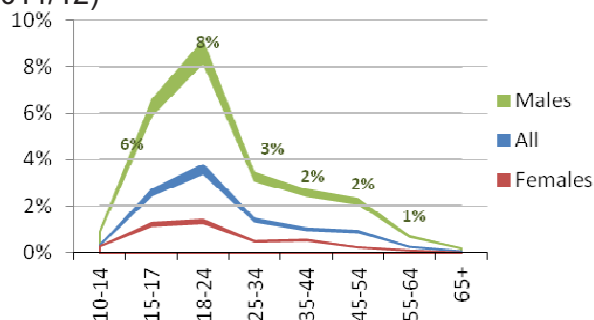


61. Haringey's **rate of custody use** (per 1,000 10-17 year olds) has reduced to 2.28 as at Q3 2012/13 compared to 2.70 in 2011/12. However, this remains high amongst Haringey's YOS family group.

62. **The youth re-offending rate** has continued to increase and is likely to miss the end of year target. 47.1% of offenders in the April 2010 to March 2011 cohort have reoffended compared to 40% for the previous cohort. Similar increases have been seen across the YOS family group, though Haringey's rate remains higher than the group average. Local tracking (which runs ahead of the published figures) indicates that the re-offending rate has peaked and will begin to reduce over the next year.



63. In contrast to the overall violence with injury trend, **serious youth violence** continues to fall. There were 181 serious youth violence offences in 2012/13, down from 246 in the previous year, a reduction of over a third, bringing Haringey much closer to the average across London.
64. The chart below shows the estimated percentage of the population accused of a crime by age and gender (Oct-Sep 2011/12)



Source: Police accused data (Borough Intelligence Unit)

65. Haringey's Community Safety Partnership has secured **funding from the Mayor's Office for Policing and Crime (MOPAC)** which in 2013/14 will provide:

- £45,000 to support to victims and witnesses of anti-social behaviour in Haringey and Hackney.
- £88,000 to support Haringey's Integrated Offender Management (IOM) programme.
- £103,000 to support the work of the domestic violence (DV) partnership.

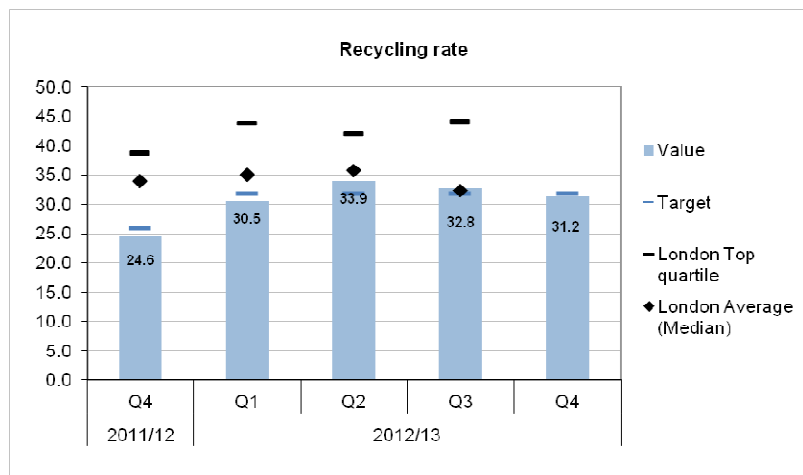
66. The Council has allocated £400,000 to support the delivery of the **Strategy for Young People**. Key strands of which will be to divert young people away from the criminal justice system, particularly younger siblings of those already in gangs.

Environment

Overall Assessment

- The Council's recycling rate has increased by 6 percentage points from 2011/12, to 32% (*para 67*) following the successful roll-out of the fortnightly waste collection service.
- Street cleanliness increased steadily through the year but the annual figure has been adversely affected by low performance at the beginning of the year. There needs to be a focus on ensuring that high levels of street cleanliness are maintained throughout the year (*para 68*).

67. **32.1% of household waste was recycled** in 2012/13, exceeding the annual target of 31.7%. Haringey remains below the London average and significantly below the top quartile. The roll-out of fortnightly waste collection services across the borough has contributed to the increase over 2011/12 (26.2%)



68. The annual performance of Haringey's **street cleansing** contractor is based on levels of litter measured through a survey three times a year. The surveys identified that in 2012/13 performance improved steadily throughout 2012/13 and overall 8% of streets fell below the acceptable level of cleanliness in line with the target set.
69. Green Flag status has been successfully retained for all 15 of **Haringey's parks and open spaces**. In addition, three non-Council spaces were awarded Green Flags: Alexandra Palace, Tottenham Marshes and Highgate Wood, making a total of 18 for the borough overall.
- A number of Haringey parks have also achieved [Fields in Trust](#) status which protects outdoor recreational spaces as a legacy of Queen Elizabeth II's (QEII) Diamond Jubilee in 2012: Albert Road Recreation Ground, Lordship Recreation Ground, Muswell Hill Playing Fields, Down Lane Recreation Ground. Priory Park has also applied for Fields in Trust QEII status, and the outcome is awaited.

70. By the end of the 2012/13 planting season, a total of 388 **new trees had been planted** (307 were street trees). This means that between 2010 and 2013 an overall 1,244 new trees were planted.
71. A detailed business plan for a strategic **Lee Valley Heat Network** is now in development. The network locally covers part of Northumberland Park, Tottenham Hale and Tottenham Green, and aims to utilise energy from waste processing facilities in Edmonton for the benefit of the local economy. The overall network covers Haringey, Enfield and Waltham Forest.
72. Haringey has been awarded £100,000 from a cross-borough funding bid to the European Regional Development Fund led by Islington. The scheme is providing free environmental support to hundreds of small and medium-sized enterprises (SMEs) to help them **reduce CO2** and save money on their fuel bills. To date, approximately 50 businesses have received one-to-one support from the service, and many businesses have been delighted with the service and the financial savings they have been able to make to reduce their operating costs. In addition, thousands of businesses have received information and advice from direct mailings and online resources.
73. **Haringey's Car Club scheme** now offers Zipcar members access to 87 car club vehicles across the borough. The scheme has been extremely popular, with over 4,000 Zipcar members in the borough (a member growth of 240% in three years), and has led to up to 1,040 private vehicles being sold through residents joining the scheme. Zipcar members drive on average 68% less than prior to joining (and using public transport 40% more). There is significant potential for car club expansion in Haringey and the Council aims to have a car club within five minutes' walk of all residents and businesses.

Health and social care

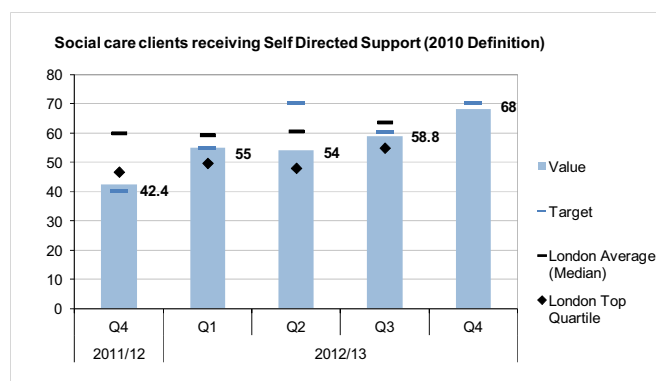
Overall Assessment

- Steady progress towards the national target has been made for self directed support in social care (personal budgets; see *para 74*).
- Good progress has also been made in reducing teenage pregnancy (see *para 76*). Haringey is now average amongst its statistical neighbours, improving from a low ranking the previous year.
- The rate of delayed transfers of care has increased from last year (the majority are attributable to the NHS; see *para 75*). Nationally, there is a clear expectation that rates should improve, reinforcing the need for this to remain a focus for adult social care for 2013/14

Adult Social Care

74. As at March 2013, 68% (3,150 clients) of social care clients are on **self-directed support** against a target of 70%. This is in the top quartile for London (based on Q3 data).

75. **Delayed transfers of care** have increased to 9.8 per 100,000 adult population (as at January 2013), compared to 7.7 last year, above the target of 7.5. Nationally about 60% of delayed transfers are attributable to the NHS and 33% to Social Care, with the remaining 7% being attributable to both. In Haringey, 67% are attributable to NHS, 32% to Social Care and 1% to both. There is a clear



national expectation for reductions in both the number of Delayed Transfers of Care and the length of wait which some people are experiencing. As Haringey rates are higher than other north central London boroughs, this area should remain a focus for adult social care for 2013/14.

Public Health

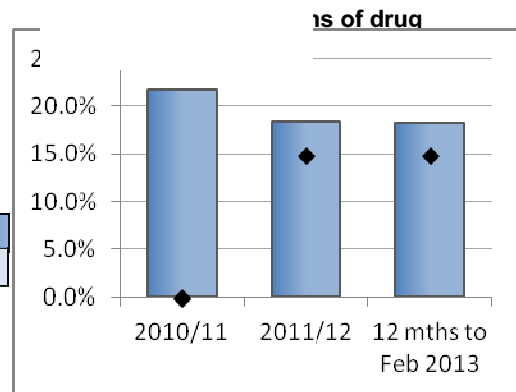
76. The ONS 2011 quarterly rates and the annual rate for **under 18 conceptions** for Haringey are shown below.

Quarter	Rate per 1000
Q1	43.5
Q2	26.8
Q3	41.6
Q4	33.0
2011 Annual Rate	36.2

Haringey is now average amongst its statistical neighbours; the 2011 annual rate shows a significant decrease from 2010's high rate of 64.7 per 1000.

77. 18.3% of **drug treatment was completed successfully** in 2012/13 (to February), maintaining the strong performance from the previous year. This remains better than the London and national figures.


Haringey	18.3%
London	15.0%





78. 37.9% of Haringey residents participate in at least one 30 minute session of sport or moderate **exercise** per week (9th out of 32 London boroughs; London overall 36.5%). This is a 2.8 percentage point increase from the previous year (35.1%) and, although it is not statistically significant, indicates a possible increase in participation in sport and physical exercise.

Appendix 1: Performance Tables Quarter 4 Council Plan Performance Assessment 2012/13




1. Work with local businesses to create jobs for local people

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Benchmarking
		Value	Good Performance is:	Value	Value	Value	Value	Year to Date Value	Target		Direction of Travel	
HY476	Number of jobs created through the Haringey Jobs Fund	New Indicator	High	14	3	15	11	43	50	Red		Local Indicator
HY477	Haringey residents supported into sustained employment through the Jobs for Haringey Programme	New Indicator	High	0	0	5	35	40		Data Only		Sustained employment is measured as at least 6 months in work so performance would only be recorded from Q3. Jobs For Haringey started in April 2012
HY496	Percentage of working population claiming Jobseeker's Allowance (JSA)	5.7	Low	5.5	5.4	5.3	5.3	5.3		No target set		

3. Tackle the housing challenges

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Benchmarking
		Value	Good Performance is:	Value	Value	Value	Value	Year to Date Value	Target		Direction of Travel	
Op155	Number of affordable homes delivered (gross)	458 ¹	High		-			376	410	Red		
HY4a	Number of homelessness acceptances	573	Low	119	145	179	162	605	745	Green		Haringey has high numbers of homelessness applications accepted and is bottom quartile well above the average of 446 as at Q3.

¹ This is an annually reported indicator. The Haringey 2012/13 figure is provisional and has not yet been published. It is set against a target in the London Plan.

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Benchmarking
		Value	Good Performance is:	Value	Value	Value	Value	Year to Date Value	Target			
HY4b	Number of homelessness preventions	554	High	126	100	154	125	505	488	Green		
HY156	Number of households living in temporary accommodation	2,944	Low	2,906	2,896	2,881	2,832	2,832	3,000	Green		Haringey has the 2 nd highest number of households in TA, well above the London group average of 1206
HY66	Voids: Average relet times for local authority dwellings (calendar days)	34.2 days	Low	29.7 days	33.8 days	32.6 days	28.7 days	31.2 days	30 days	Amber		

4. Improve school standards and outcomes for young people

Ref:	Description	2011/12		Polarity	Q1 2012/13		Q2 2012/13		Q3 2012/13		Q4 2012/13		2012/13		Traffic Light	2012/13	Direction of Travel	Comparator Group	Benchmarking			
		Value	Good Performance is:		Value	Value	Value	Value	Year to Date Value	Target	Top /Best Quartile	Above Average	Below Average	Bottom Quartile								
Op38 ₃	Re-referrals within 12 months of the previous referral	16.6%	Low	16.4%	18.5%	15.1%	16.8%	15.3%	16%	Green	↑											
OP38 _{8a}	The rate of Children Subject to a CP plan per 10,000 pop	49		51.91	56.94	58.16	47.74	48 ²	52	Green	↑	Statistical Neighbours									●	
OP38 _{9a}	The rate of Children in care per 10,000 pop	100			-			94 ³	91	Amber	↑	Statistical Neighbours									●	
HY62	Stability of placements of looked after children: number of moves	10.3%	Low	9.9%	7.6%	7%	7.2%	7.2%	11%	Green	↑	England & Stat Nb									●	

² Haringey's rate of Children subject to a CP Plan, although reducing remains significantly higher than the rate for our statistical neighbours (40)

³ Although reducing the rate of children in care in Haringey is around a third higher than the England rate (59) and remains significantly higher than our statistical neighbour rate (74)

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Direction of Travel	Compar ator Group	Benchmarking			
		Value	Good Performa nce is:	Value	Value	Value	Value	Year to Date Value	Target	Top /Best Quartile	Above Averag e			Below Averag e	Botto m Quarti le		
HY117	Academic Age Yr 12-14 % who are not in education, employment or training (NEET)	4.3%	Low	3.6%	5.5%	4%	3.3%	3.3% ⁴	8.9%	Green		⬆	Statisti cal Neighb ours	●			
HY 74 (NI 73)	Achievement at level 4 or above in both English and Maths at Key Stage 2	71.0%	High		-			78.0 ⁵ %	77.0 %	Green		⬆	Nationa l		●		
HY75	Achievement of 5 or more A* - C grades at GCSE including English and Maths	57.3%	High		-			58.6 ⁶ %	56.0 %	Green		⬆	Nationa l		●		
HY 31 (NI 92)	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	32.1%	Low		-			32.5 ⁷ %	31.4 %	Amber		⬆	Nationa l			●	
HY483	Average days from becoming looked after to being placed for adoption for children adopted in period	715	Low	678	758	600	539	661 ⁸	639	Amber		⬆	Englan d			●	
HY493 a	Proportion of Primary schools rated outstanding or good by OFSTED	59% (Sept 2012)	High	Data relates to April 2013				71% ⁹	80%	Amber		⬆	Nationa l		●		

⁴ Data are monitored monthly. However this indicator and NEET target use an annual result which is based on three one month snapshots at the end of November, December and January each year.

⁵ Haringey's ranking improved from 109th to 99th and were 1 percentage point away from National Average.

⁶ Haringey ranks 77th place out of 151 local authorities and compares with an England average of 59.4%

⁷ Haringey's ranking has dropped from 103rd to 132nd.

⁸ This is the average for adopted children only between April 2012 and March 2013 and compares with a national threshold of 636 days for England for the rolling year period 2008-2011. Haringey's 2008-2011 average days were 739.

⁹ This relates to 45 out of 63 primary schools and is below the national average of 74% as at December 2012. The figure includes academies but excludes free schools.

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Direction of Travel	Compar ator Group	Benchmarking			
		Value	Good Performa nce is:	Value	Value	Value	Value	Year to Date Value	Target					Top /Best Quartile	Above Averag e	Below Averag e	Botto m Quarti le
HY493 b	Proportion of Secondary schools rated outstanding or good by OFSTED	62% (Sept 2012)	High	Data relates to April 2013				77% 10	73%	Green		↑	Nationa l	●			
HY579 a	School Places - % getting their first preference (Primary)	80% (AY12/13 entry)	High	Data Avail June 2013					80%								
HY579 b	School Places - % getting their top preference (Secondary)	67%	High	-				73.2 %	70%	Green		↑					
HY580 a	Haringey Residents putting Haringey school as first preference (Primary)			-				94%									
HY580 b	Haringey Residents putting Haringey school as first preference (Secondary)			-				69.6 %									

¹⁰ This relates to 10 out of 13 secondary schools including Haringey sixth form centre and is above the national average of 71% as at December 2012. The figure includes academies..

5. Deliver responsive, high quality services to residents

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Direction of Travel	Compar ator Group	Benchmarking			
		Value	Good Performa nce is:	Value	Value	Value	Value	Year to Date Value	Target	2012/13	Top/Be st Quartile			Above Averag e	Below Averag e	Botto m Quarti le	
HY181	Time taken to process Housing Benefit/Council Tax Benefit new claims and change events (days)	22	Low	13.2	12.4	18.9	16.6	13.7	18	Green	↑	LAPs		Change Events ●		New Claim s ●	
HY9	% of council taxes due for the financial year which were received in year	95.3%	High	30.04 %	57.7%	82.66 %	95.03 %	95.0 3%	95%	Green	↓	LAPs		●	●		
HY502	Members' Enquiries - average days to process	10	Low	8.8	8.1	8.1	8.5	8.4	10	Green	↑		Local Indicator				
HY503	FOI's - average days to process	17.5	Low	18.4	20.1	16.1	16.7	17.9	20	Green	↓		Local Indicator				
HY12a	Days sick per full time equivalent employee (Excluding Schools' Staff)	7.33	Low	7.43	7.09	7.2	7.14	7.14	7	Amber	↑	LAPs	●				
HY500	Complaints Average days to process	12.5	Low	12.1	10.9	11.3	11.2	11.4	15	Green	↑		Local Indicator				
HY501b	Complaints - % escalated to stage 2	5%	Low	8.4%	9%	8.9%	9.41%	9.41 %		Data Only	↓		Local Indicator				
Op501	Complaints S2, Independent reviews average days to process	70.2% in 25 days	Low	23.2	21.5	23.2	23.8	23.8	25	Green			Local Indicator				

6. Community Safety

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13		Benchmarking			
		Value	Good Performance is:	Value	Value	Value	Value	Year to Date Value	Target		Direction of Travel	Comparator Group	Top /Best Quartile	Above Average	Below Average	Bottom Quartile
HY23	Violence with Injury	2263	Low	627	591	519	476	2213 ¹¹	5% reduction	Amber	↑	MPS Most similar Group & London				●
HY25	Serious Acquisitive Offences- incl. Personal Robbery and Residential burglary	8610	Low	2025	1779	1572	1501	6877 ¹²	-11% for Personal Robbery & -6% for Residential burglary	Green	↑					●
HY58	Victims of domestic violence feeling well advised and supported	100%	High		96%	100%	100%	100%	90%	Green	▬		Local Indicator			
HY331	Repeat victimisation of domestic violence (Hearthstone)	20%	Low		18%	20%	20%	19%	21%	Green	↑		Local Indicator			
HY473	First time entrants to the Youth Justice System aged 10-17 Rolling Year (rate per 100,000 10-17 year olds)	1508 (Jan to Dec 2011)	Low	1352	881	767	690	690 ¹³	1508	Green	↑	Stat Neighbourhoods Youth Justice Board	●			

¹¹ Haringey has a VWI rate of 8.58 offences per 1000 residents, 4th highest out of the 15 CSPs in its MSG and 22% greater than the MSG average of 7.02 per thousand residents

¹² Haringey has a rate of 26.82 offences per 1000 residents, 3rd highest out of the 15 CSPs in its MSG more than a third (34.5%) higher than the MSG average of 19.95 per thousand residents

¹³ Haringey's First time entrants are the second lowest when compared with it's family group and better than the family group average of 750 but above the London average of 585.

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Direction of Travel	Comp arator Group	Benchmarking			
		Value	Good Performa nce is:	Value	Value	Value	Value	Year to Date Value	Target					Top /Best Quartile	Above Averag e	Below Averag e	Botto m Quarti le
HY495	% Re-offending rates after 12 months rate Rolling Year	43.1 (Jul 2009 to Jun 2010)	Low	43.1	45.2	47.1	48.2	48.2 ₁₄	43.1	Red		⬇	Youth Justice Board				●
NI 43	Use of custody rate per 1,000 of 10-17 population Rolling Year	2.7 (Apr 2011 to Mar 2012)	Low	2.74	2.4	2.28	1.94	1.94 ₁₅	2.70	Green		⬆	Youth Justice Board				●

7. Environment

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Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012/13	Direction of Travel	Compar ator Group	Top Quartile	Above Averag e	Below Averag e	Botto m Quarti le
		Value	Good Performa nce is:	Value	Value	Value	Value	Year to Date Value	Target								
HY19 2	Recycling rate	26.24%	High	30.47 %	33.91 %	32.81 %	31.23 %	32.1 %	31.7 %	Green	↑	LAPs					
HY19 5a	Improved street and environmental cleanliness, levels of: Litter	7%	Low	13%		7%	3%	8%	8%	Green	→	LAPs				●	

¹⁴ Haringey's Re-offending rate is the second highest in our family group and the 3rd highest in London

¹⁵ Haringey's use of custody rate has reduced but remains the second highest rate in London

8. Health and Social Care











Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012 /13 Direc tion of Trave l	Compa rator Group	Benchmarking			
		Value		Value	Value	Value	Value	Year to Date Value	Target				Top /Best Quartil e	Above Averag e	Below Averag e	Botto m Quart ile
HY1	Social care related quality of life	17.5	High	Annual Survey				18	Target not set	Amber	↑	NASCI SEngland			●	
HY13 0	Social care clients receiving Self Directed Support (2010 Definition)	42.4%	High	55%	54%	58.8%	68%	68%¹⁶	70%	Amber	↑	LAPs		●		
HY19 a	Prevalence of healthy weight in 4-5 year olds (% Obesity)	10	Low	-				11.8%			↓	LAPs			●	
HY19 b	Prevalence of healthy weight in 10-11 year olds (% Obesity)	21	Low	-				23.8%			↓	LAPs			●	
HY11 2	Under 18 conception rate per 1000 pop. Reported 12 months in arrears	49.2 ¹⁷	Low	43.3 (Q1 2011)	27.5 (Q2 2011)	42.5 (Q3 2011)	36.2 (Q4 2011)	36.2	47 by 2015	Amber	↑	London		●		
HY13 1	Delayed transfers of care	9.0	Low	7.77	11.37	10.42	9.8	9.7¹⁸	7.5	Red	↓	5 North Central London Boroughs				●
HY14 5 (NI 145)	Adults with learning disabilities in settled accommodation	47.2%	High	6.7%	36.0%	45.6%	68.7%	68.7%	65.0 %	Green	↑	LAPs			●	
HY41	Proportion of adults in contact with secondary	70.1%	High	74.4%	75.6%	76.4%	76.3%	76.3%¹⁹	75.0 %	Green	↑	LAPs			●	

¹⁶ There are a total of 3150 receiving a personal budget, an increase of 2072 personal budgets in place since the 1078 recorded as at 30th April 2012 and above average for the group as at Q3 (56.8%).

¹⁷ Following 2011 Census population estimates were revised and teenage conception rates were adjusted. The rate for 2010 was adjusted from 64.7 to 49.2 per 1,000.

¹⁸ Haringey has the 2nd highest number of delays per 100,000 population amongst the 5 North Central London Boroughs. Our Non acute DTOC rate is higher than our acute rate

¹⁹ As at Q3 the average for the 9 boroughs that returned a figure was 79%.

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012 /13	Compa rator Group	Benchmarking			
		Value	Good Perfor mance is:	Value	Value	Value	Value	Year to Date Value	Target		Direction of Travel		Top /Best Quartil e	Above Averag e	Below Averag e	Botto m Quart ile
	mental health services living independently, with or without support															
HY42	Permanent admissions to residential and nursing care homes, per 100,000 population	67.23	Low	18.86	36.57	60	64.57	64.6	72.8	Green			 20			
Op44	Overall satisfaction of people who use services with their care and support	43.6%	High	Annual Survey				56.1%	Target not set			NASCI SEngla nd				
Op45	Overall satisfaction of carers with social services	New Indicator	High	Annual Survey				39%	Target not set		N/A	LIEG 13 authori ties				
HY46	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	New Indicator	High	Annual Survey				66.4%	Target not set		N/A	LIEG 13 authori ties				
HY50	Leaving drug treatment free of drug(s) of dependence	18.4%	High	17.6% (July 2011 to June 2012)	17.4% (Oct 2011 to Sept 2012)	18.1% (Jan to Dec 2012)	18.3% (Apr to Mar 2013)	18.3%	22.3%	Green for Opiate users Red for Non- opiate users						
HY96	Number of 4-week smoking quitters who	2124	High	336	223			1686²¹	1940	Confident target		LAPs				

²⁰ This relates to 113 permanent admissions in 2012/13. In 2011/12 Haringey's performance admissions were the 8th lowest in London and the 3rd lowest amongst comparator boroughs.

²¹ Haringey's rate per 100,000 at 31.5.8 for stopping smoking is below the average of 333 for London.

Ref:	Description	2011/12	Polarity	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13	2012/13		Traffic Light	2012 /13	Comparator Group	Benchmarking			
		Value		Value	Value	Value	Value	Year to Date Value	Target		Direction of Travel		Top /Best Quartil e	Above Averag e	Below Averag e	Bottom Quart ile
	attended NHS Stop Smoking Services									will be achieved						
HY97	NHS Health Checks - Offered	17493 or 26.6% offered 6047 or 9.2% completed	High	6348	2578	1536	2321	12783 or 23% offered 6620 completed	11095	Green	↑				Local Indicator	
HY490	Number of young people in the C-Card (contraception) scheme	New Indicator	High	463	234	230		22	Target not set						Local Indicator	
HY491	Infant mortality rate	4.8 (2008-2010)	Low	-				4.3 (2009-2011)	4.5	Green	↑	London		●		

²² Overall as at April 2013 there have been 2163 registrations on this scheme against a target of 2600

	Priority 1: Work with schools, and early years and post 16 providers, to deliver high quality education for all Haringey children and young people (Lead service: CYPS)					
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
1.1	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	31.40%	32.50%	31%	Reduce the gap between the lowest achieving children at the Early Years Foundation Stage and the rest to 31%	Annually
1.2	Achievement at level 4 or above in combined reading, writing and maths	77%	74%	78%	Increase the percentage of children achieving level 4 or above in combined reading, writing and maths at Key Stage 2 to 78%	Annually
1.3	Achievement of 5 or more A*- C grades at GCSE including English and Maths (Key stage 4) exceeds London average	56%	58.60%	63%	Increase the percentage of pupils achieving 5 or more A*- C grades at GCSE including English and Maths (Key stage 4) to 63%	Annually
1.4	Achieving Level 2 by 19	-	84%	86%	Increase the proportion of 19 year olds achieving Level 2 (GCSE A*-C) to 86%	Annually
1.5	Achieving Level 3 by 19	-	59%	61%	Increase the proportion of 19 year olds achieving Level 3 (A level) to 61%	Annually
1.6	Percentage of 18 year olds not in education, employment or training (academic year 12-14)	8.90%	3%	3.60%	Reduce the percentage of 18 year olds not in education, employment or training to 3.6%	Monthly
1.7	Percentage of 18 year olds in education, employment or training (academic year 12-14) - Not Known	8.60%	18.60%	9.50%	Reduce the percentage of 18 year olds for whom their education, employment or training status is not known to 9.5%	Monthly
1.8	Schools & Child care provision rated as good/outstanding	Target Not Set	71% Primary 77% Secondary 57% Children's Centres (April 2013)	100% by 2016	Increase the proportion of schools and children's centres rated as good/outstanding to 100% by 2016	Quarterly/Six Monthly

	Priority 2: Enable every child and young person to thrive and achieve their potential (Lead service: CYPS)					
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
1.9	Percentage of vulnerable 2 year olds taking up their free early years place	New indicator		80%	Ensure that 80% of vulnerable 2 year olds in the borough take up their free early years place	Annually
1.10	Percentage of 3 and 4 year olds taking up their free early years place	New indicator		90%	Ensure that 90% of vulnerable 3 and 4 year olds in the borough take up their free early years place	Annually
1.11	Readiness for school at five years - Achievement of at least 78 points across the Early Years Foundation Stage	52.40%	56%	61%	Increase the percentage of children achieving at least 78 points across the Early Years Foundation Stage (at age five) to 61%	Annually
1.12	Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest	31.40%	32.50%	31%	Reduce the gap between the lowest achieving children at the Early Years Foundation Stage and the rest to 31%	Annually
1.13	Number of adoptions/ special guardianship orders	15 & 25	14 & 31	20 and 25	Complete 20 adoptions and 25 special guardianship orders by March 2014	Monthly
1.14	Average time between a child entering care and moving in with its adopted parents, for children who have been adopted	639 average threshold	661	637	Reduce time between a child entering care to moving in with prospective adoptors to less than 637 days	Monthly/Quarterly
1.15	Number and rate of children on protection plans	300	275 (rate 48 per 100,000)	250 (rate of 43 per 100,000)	Stabilise the number of children on child protection plans to 250	Monthly
1.16	Number of families supported through the Families First programme	New indicator		337	Support 337 families through the Families First programme	Quarterly
1.17	Early access to maternity services	-	76.90%	80% at 12 weeks by March 2015	Increase the percentage of women with access to maternity services in 12 weeks to 80% by March 2015	Quarterly

	Priority 3: Make Haringey the safest borough in London (Lead service: P&S)					
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
2.1	Domestic violence: proportion of referrals to the MARAC which are repeat referrals	New indicator		5%	Ensure that the percentage of referrals to the MARAC which are repeat referrals is not more than 5%	Annually
2.2a	Gangs: Gang Unit Project caseload	New indicator		70	Work with 70 young people involved in gangs	Quarterly
2.2b	Gangs: proportion of the gang caseload who are engaged and retained	New indicator		80%	Ensure that 80% of the gang caseload are engaged and retained	Quarterly
2.3	Number of offenders in the Integrated Offender Management cohort	-	70	130	Increase the number of offenders in the Integrated Offender Management cohort from 70 to 310 over 4 years (60 per year)	Quarterly
2.4	Youth re-offending rate	43%	47%	40%	Reduce re-offending amongst 0-19 year olds to no more than 40%	Quarterly
2.5	Community confidence in dealing with crime and anti-social behaviour (percentage of residents who feel the council and police are dealing with crime and anti-social behaviour effectively	-	54%	59%	Increase the percentage of residents who feel the council and police are dealing with crime and anti-social behaviour effectively to 59%	Annually
2.6	Anti-social behaviour- Reduce incidents of reported ASB	New indicator		5%	Reduce incidents of reported anti-social behaviour by 5% year on year for four years	Quarterly

	Priority 4: Safeguard children and adults from abuse and neglect wherever possible and deal with it appropriately and effectively if it does occur					
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
2.7	Proportion of children referred to social services seen within 10 days	New indicator (single assessments introduced Jun 2013)		95%	Ensure that 95% of children referred to social services are seen within 10 days	Monthly
2.8	Proportion of assessments completed within 45 working days			85%	Ensure that 85% of assessments are completed within 45 working days	Monthly
2.9	Percentage of looked after children placed more than 20 miles from Haringey	-	20% up from 17% in 2011/12	16%	Reduce the proportion of looked after children placed more than 20 miles from Haringey to 16%	Monthly/ Quarterly
2.10	Percentage of children who cease to be subject to a child protection plan whose child protection plan lasted 2 years or more	7%	7%	7%	Ensure that no more than 7% of children subject to a child protection plan have a child protection plan lasting 2 years or more	Monthly
2.11	Stability of placements of looked after children – number of moves	11%	7.20%	10%	Ensure that no more than 10% of looked after children have three or more placements in the year	Monthly
2.12	The proportion of people who use Adult Services who feel safe and secure	-	83%	85%	Increase the proportion of adult social care users who state that the services they use make them feel safe and secure to 85%	Annually

	Priority 5: Provide a cleaner, greener environment and safer streets (Lead service: P&S)					
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
2.13	Number of parks with green flag status	-	16	16	Maintain green flag status for 16 Haringey parks	Annually
2.14	Proportion of parks inspected that are graded at A or B standard			65%	Ensure that 65% of parks inspected are graded to a high standard of cleanliness (A or B)	Quarterly
2.15	Improved street and environmental cleanliness levels of: Litter	8%	8%	8%	Ensure that the proportion of land with unacceptable level of litter does not exceed 8%	Monthly
2.16	Improved street and environmental cleanliness: Detritus	16%	8%	13%	Ensure that the proportion of land with unacceptable level of detritus does not exceed 13%	Monthly
2.17	Number of fly-tips reported by residents	-	To be confirmed	480	Reduce the number of fly tips reported by residents to 480 per month in 2013/14	Monthly

2.18	Percentage reduction of people killed or seriously injured	-	Adult KSI =78 (96 2011/12)	5% annual reduction	Reduce the number of people killed or seriously injured on Haringey roads by 5% each year (based on a 3 year rolling average)	Quarterly in arrears
Priority 6: Support health and wellbeing for all (Lead services: CYPS, A&H and PH)						
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
2.19	Under 18 conception rates (conceptions per 1,000) for 15 to 17 year olds	-	36.2	28.7 by 2015	Reduce Haringey's under 18 conception rate to the rate for London by 2015 (London rate 28.7 per 1,000 in 2011)	Quarterly
2.20	Childhood obesity rates - reception (4-5 year olds)	-	11.80%	11.80%	Halt the rise in childhood obesity amongst 4-5 year olds	Quarterly
2.21	Childhood obesity rates - Year 6 (10-11 year olds)	-	23.80%	23.80%	Halt the rise in childhood obesity amongst 10-11 years olds	Quarterly
2.22	Cardiovascular mortality rate (per 100,000)	-	-	76	Reduce cardiovascular mortality to 76 per 100,000	Annually
2.23	Alcohol-related hospital admissions (per 100,000)	-	2,253 (2011/12)	2523	Ensure that alcohol-related hospital admissions do not increase by more than 6%	Annually
2.24	Proportion of people using Adult Services who receive self-directed support, and those receiving direct payments	70%	68%	70%	Increase the proportion of adult social care users in receipt of a Personal Budget to 70%	Monthly
2.25	Proportion of people who use Adult Services and have control over their daily life	-	67.60%	75%	Increase the percentage of adult social care users reporting that they have control over their daily life to 75%	Annually
2.26	Proportion of adults with a learning disability who live in their own home or with their family	65%	68.70%	80%	Increase the proportion of adults with learning disabilities living in settled accommodation to 80%	Monthly/ Quarterly
2.27	Number of clients aged 65 and above achieving independence through rehabilitation	85%	88.40%	90%	Increase the proportion of clients aged 65 and over above achieving independence through rehabilitation to 90%	Annually
2.28	Proportion of adults in contact with secondary mental health services living independently, with or without support	75%	76.30%	80%	Increase the proportion of adults in contact with mental health services living independently to 80%	Monthly/ Quarterly
2.29	Percentage of people with learning disabilities who received a health check	-	-	86%	Increase the number of people with learning disabilities who receive an annual health check to 86%	Quarterly

Outcome 3: Opportunities for all: a successful place for everyone

	Priority 7: Drive economic growth in which everyone can participate (Lead service: P&S)					
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
3.0	Percentage of working population claiming job seekers allowance	-	5.30%	4.80%	Reduce the proportion of working population claiming job seekers allowance by 10%	Quarterly
3.1	Number of young people supported into work	New indicator		65	Support 65 young people into work by March 2014	Quarterly
3.2	Number of apprenticeships created for Haringey residents under 25	New indicator		100	Create 100 apprenticeships for Haringey residents under 25 years by March 2014	Quarterly
3.3	Number of people supported into work by the Jobs for Haringey programme, 30% youth	New indicator		300	Support 300 people into work through Jobs for Haringey programme, 30% of whom will be young people	Quarterly
3.4	Number of people supported into work through Haringey HUB/DWP response to the impact of the Benefit Cap	New indicator		80	Support 80 people into work through Haringey HUB and work with the DWP in response to the impact of the Benefit Cap	Quarterly
	Priority 8: Deliver regeneration at priority locations across the borough (Lead service: P&S)					
	Progress to be measured through project milestones (see corporate plan for details)					

Priority 9: Ensure that everyone has a decent place to live						
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
3.5	Number of affordable housing units delivered by the Council and housing associations	410	376	410	Deliver 820 housing units annually, 50% of which should be affordable housing.	Annually
3.6	Net additional homes provided	-		600	Provide more homes by building or converting 300 - 600 new homes	Annually
3.7	Proportion of expired mandatory HMOs re-licensed	-	-	90%	Re-license 90% of mandatory HMO's where licenses have expired within year	Annually
3.8	Number of additional HMOs licensed within the Additional HMO Licensing Scheme in Harringay ward	-	-	100	License an additional 100 Properties within the 'Additional HMO Licensing Scheme' in Harringay ward	Quarterly
3.9	Number of homeless acceptances per 1,000 population	-	-	To be agreed	Prevent homelessness - reduce homeless acceptances to XX per 1,000 population	Quarterly
3.10	Number of households in temporary accommodation	3,000	2832	2,800	Reduce the number of households in temporary accomodation to 2,800 by March 2104	Monthly/ Quarterly

Outcome 4: A better Council: delivering responsive, high quality services; encouraging residents who are able to help themselves

Priority 10: Ensure the whole Council works in a customer focussed way (Lead service: All)						
Priority 11: Get the basics right for everyone						
Priority 12: Strive for excellent value for money						
No.	Key performance indicators	2012/13 Target	2012/13 Out turn	2013/14 Target	Target 2013/14	Collection Frequency
4.1	Proportion of calls to the call centre answered (of calls presented)	90%	63%	90%	Increase the proportion of calls answered (call centre) to 90%	Monthly
4.2	Proportion of calls to the call centre answered within 30 seconds (of calls presented)	70%	17%	70%	Ensure that 70% of calls to the call centre are answered within 30 seconds (of calls presented)	Monthly
4.3	Percentage of complaints upheld by the Ombudsman where they have found no fault following investigation	-	48% (26 out of 54 local estimate)	70% (Top Quartile for London 2011/12)	Increase the proportion of complaints upheld by the Ombudsman where no fault was found following investigation to 70%	Quarterly/ Annually
4.4	Percentage of personal callers to Customer Service Centres seen within 20 minutes	70%	69%	75%	Reduce waiting times at Customer Services Centres so that 75% of personal callers are seen in 20 mins	Monthly
4.5	Number of transactions through the council's website (to be defined)			To be agreed	Increase access to Council services through the web	Quarterly
4.6	Increase in number of visits to Haringey libraries	-		10% by 2015/16	Increase visits to Haringey libraries by 10% by 2015/16	Quarterly/ Annually
4.7	Percentage of principal roads where maintenance should be considered	-	17%	7%	Reduce the percentage of Principal roads where maintenance should be considered to 7%	Annually
4.8	Percentage of minor planning applications processed within 8 weeks	65%	57%	65%	Increase the percentage of minor planning applications processed within 8 weeks to 65%	Monthly
4.9	Percentage of other planning applications processed within 8 weeks	80%	68%	80%	Increase the percentage of other planning applications processed within 8 weeks to 80%	Monthly
4.10	Percentage of major planning applications processed within 13 weeks	60%	63%	65%	Increase the percentage of major planning applications processed within 13 weeks to 65%	Monthly
4.11	Percentage of households returning completed electoral registration forms	-	-	90%	Increase the proportion of residents returning completed electoral registration forms to 90%	Annually
4.12	Percentage of staff receiving performance appraisals	-	To be confirmed	95%	Increase the percentage of staff receiving performance appraisals to 95%	Annually
4.13	Percentage of council tax due that was collected	95%	95.03%	92.50%	Ensure that 92.5% of council tax is collected in year	Monthly
4.14	Percentage of household waste recycled	31.70%	32.11%	35.40%	Increase the proportion of household waste recycled to 35.4% (to be reveiwed)	Monthly
4.15	Delayed transfers of care from hospital	7.5	9.8	8.0	Reduce the rate of delayed transfers of care to 8.0 per 100,000 population	Monthly
	Additional basket of unit cost indicators to be added by end June 2013					

Appendix 3: Emerging Policy Issues 2013 onwards

Priority 1: Work with local businesses to create jobs for local people

Heseltine report on growth: The Government has published its response ([“Government’s response to the Heseltine review”](#)) to Lord Heseltine’s report on growth ([“No Stone Unturned in pursuit of growth”](#)) which was published in October 2012.

The Mayor of London has endorsed the findings of a [new report](#) published by the **independent London Finance Commission**, chaired by Professor Tony Travers. The report outlines a comprehensive package of devolution measures to give Londoners a more direct say over a greater proportion of taxes raised in their city. It concludes that London government could better promote its own economic development.

The Mayor of London has also announced the publication of the London Enterprise Panel’s (LEP) **Jobs and Growth Plan for London**. It aims to deliver jobs and growth for London through:

- [Skills and employment](#): to ensure Londoners have the skills to compete for and sustain London’s jobs;
- [Micro, small and medium sized enterprises](#): to support and grow London’s businesses;
- [Digital creative, science and technology](#): for the capital to be recognised globally as world leading hub; for science, technology and innovation - creating new jobs and growth; and
- [Infrastructure](#): to keep London moving and functioning.

The Council’s plans for economic growth will need to take all of the above into account.

Raising the Participation Age: From Summer 2013, all young people up until the end of the academic year in which they turn 17 will be required to participate in education or training. From 2015, this requirement will apply until their 18th birthday. This raising of the participation age places new responsibilities on local authorities, including two new duties: to promote the participation of 16 and 17 year olds, and to identify those 16 and 17 year olds who are not participating.

Priority 2: Deliver regeneration to key areas of the borough

The [National Planning Policy Framework](#) (NPPF) took full effect from 27 March 2013:

- The framework is based on a ‘presumption in favour of sustainable development’. From now, the NPPF takes precedence where the local plan is ‘absent, silent or relevant policies are out-of-date’. An up-to-date adopted local plan is therefore critical for local planning authorities (LPAs) – but 51 per cent do not have one.
- There is a concern that LPAs without a plan cannot demonstrate a 5-year ‘deliverable’ supply of specific housing sites (plus a 5 or 20 per cent buffer) – as set out in the NPPF – and will be vulnerable to applications for housing development on land where the community does not want it, especially on greenfield sites where development costs are lower.
- Robust evidence, especially on housing need and market housing, is vital – planning inspectors are looking for a ‘compelling link between what the evidence states and what the plan says’.
- There remains a tension between the pressure to significantly increase the development of new housing nationally, and localism and the right of communities to shape where they live.

Priority 3: Tackle the housing challenges

Housing and the budget: Budget March 2013 announcements

Help to Buy: a commitment to significantly expand the Help to Buy scheme to total £3.5 billion. Help to Buy will comprise of two schemes: ‘equity loan’ where the Government will loan individuals up to

20% of the value of new homes and ‘mortgage guarantee’ with lenders incentivised to make mortgages available to those with only small deposits. The schemes will be open to existing homeowners and first time buyers.

Right to Buy: Further measures designed to encourage more council housing tenants to exercise their right to buy. From 25 March 2013, the cash cap in London will be increased from £75,000 to £100,000. This change will be applied to those tenants with ‘live’ applications. The eligibility criteria for those tenants who can exercise their right to buy will fall from the 5 years at present to just 3 years of tenancy before being able to purchase. Local government will play a role in informing tenants of the changes to the cap and the eligibility criteria.

‘Build to Rent’ and Affordable Homes Guarantee: Expansion of the Build to Rent fund will provide either equity or loan finance to enable the development of more homes. The budget doubled the affordable homes guarantee, providing an additional £225 million, estimated to enable the delivery of a further 15,000 affordable homes in England by 2015.

Social rents: From 2015/16, Government will set out social rent policy providing certainty to social landlords to 2025. Government will take steps towards allowing social landlords to charge market rent to tenants with an income of over £60,000 per annum. A consultation will help examine how this will work in practice; the expectation will be that tenants declare their income.

Pension investment rules: Commitment to examine changes to pension investment rules in the near future, to encourage conversion of unused and under occupied commercial space into residential properties, in particular in town centres and high street areas.

Priority 4: Improve school standards and outcomes for young people

Revised **statutory guidance on [adoption](#)** will come into effect on 1 July 2013 to support the amendments to the Adoption Agencies Regulations which come into force on that date. The reforms include the introduction of an “adoption passport” showing adopters what support is available to them, and a new duty on local authorities to make this information explicitly clear to potential adopters.

From April 2013, the Government implemented a further **reduction in Early Intervention Grant** funding levels. The Early Intervention Grant has been rolled into general local government funding allocations together with a reduction in resources. It is no longer possible to separately identify funding for children’s centres. Funding allocated for the delivery of the two-year old programme moved to the Dedicated School Grant from April 2013.

Priority 5: Deliver responsive, high quality services to residents

Local authority budgets in 2014/15 are set to be cut by a further one per cent, a reduction of £220 million, but the Government has protected local government and police from the one per cent cut to be applied to most other departments in 2013/14. The reduction in 2014/15 comes on top of the two per cent, or £445 million, reduction announced in the 2012 autumn statement.

The Comprehensive Spending Review 2013 will consider public sector resources from 2015/16 onwards. Downward forecasts of economic growth and lack of progress on deficit reduction will mean that the Council will be facing further rounds of cuts beyond those originally envisaged.

The Government will **further develop community budgets**, outlined in the 2013 budget, facilitated by a multi-agency network.

Mainstreaming equality in procurement was [published](#) by the Equality and Human Rights Commission in March 2013. The guidance is intended to support councils in complying with the law

in a proportionate and cost effective way. It explains how incorporating equalities objectives in commissioning and procurement can help buy better outcomes for service users, achieve value for money, and help meet corporate objectives.

The Cabinet Office has published [The Choice Charter](#) setting out government principles to increase choice in public services and what users should receive from their services. Three Choice Frameworks – in [adult social care](#), [early years](#) and education – have also been published with this charter.

Community Safety

The Home Office has published its response to the [draft Anti-Social Behaviour Bill](#) focusing on better handling of ASB calls from the public; a coordinated approach to high-risk cases; changes to the county courts; and community harm statements.

The Ministry of Justice has consulted on [Transforming Youth Custody: Putting education at the heart of detention](#). The proposals aim to reform and intensify the role of education and skills provision within youth custody. The consultation looks to programmes such as free schools and academies for inspiration and possible involvement, and invites proposals on how to implement a network of Secure Colleges, which is central to the consultation's vision.

The Government has published plans to change the way in which offenders are managed in the community. [Transforming Rehabilitation](#) set out the Justice Secretary's "top priority" – to reduce rates of reoffending and improve value for money. The delivery of offender management services will impact across local authority services and responsibilities. Proposals included:

- Opening up probation services to competition with 'payment by results' in order to reduce rates of reoffending and ensure efficiency savings.
- 16 commissioned contracts across England and Wales with independent providers.

The outcome is awaited of a consultation on [Improving the Code of Practice for Victims of Crime](#) setting out the Government's plans to reform the Victims' Code to give victims clearer entitlements from criminal justice agencies and to better tailor service to individual need.

Health and social care

The Law Commission report on [Adult Social Care](#), May 2011, recommended a three level structure containing new statute, regulations and a code of practice. It includes safeguarding adults "wherever practicable from abuse and neglect"; and to "use the least restrictive solution where it is necessary to interfere with the individual's rights and freedom of action wherever ... practicable".

[Transforming care: a national response to Winterbourne View Hospital](#) responded to the abuse revealed at Winterbourne View hospital, and set out an action plan to transform care and support for all people with learning disabilities and challenging behaviour.

New criteria in the [Adult social care outcomes framework 2013/14](#) against which councils have to report progress include:

- a measure of how services improve 'people's experience of integrated care'
- effectiveness of 'reablement' services, helping older hospital leavers to readjust to home
- quality of dementia care services
- extent to which care users report having 'as much social contact as they would like'.

The [Care Bill](#), published in May 2013, builds on the draft [Care and Support Bill](#) published last year. All the major elements of the draft bill remain – wellbeing, prevention, carers' rights, choice and personalisation.

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Haringey Council

Report for:	Adults & Health Scrutiny Panel	Item Number:	
Title:	Joint Strategic Plan (Winterbourne View Concordat Delivery Plan) and Achievement of Care Reviews		
Report Authorised by:	Mun Thong Phung, Director of Adult and Housing Services; and Sarah Price, Chief Operating Officer, Haringey CCG.		
Lead Officer:	Beverley Tarka, Acting Deputy Director, Adult and Community Services; and Tristan Brice LD/MH Commissioner, Haringey CCG.		
Ward(s) affected: All		Report for: Non-key decision	

1. Describe the issue under consideration

- 1.1 This report provides a summary update on the implementation and progress of the Winterbourne View Concordat Delivery Plan, against targets set by the Department of Health's Winterbourne View Review Concordat Programme of Action. The Health and Wellbeing Board are asked to approve the latest version of the Haringey Winterbourne Review Joint Action Plan as set out at Appendix 1 to this report.

2. Cabinet Member Introduction

- 2.1 Haringey CCG, in collaboration with Haringey Council, has developed a joint work plan in response to the Winterbourne View Review (Appendix 1), which was presented and agreed at the shadow Health and Wellbeing Board in February of this year. This is overseen and monitored by the Winterbourne View Project Board, made up of senior management and clinical representatives from Haringey's Clinical Commissioning Group (CCG), the Local Authority, the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and Whittington Health.



Haringey Council

- 2.2 The Department of Health has supported the establishment of an NHS England and Local Government Association led Winterbourne View Joint Improvement Board, who have requested for a stock take report detailing the progress that Haringey has made to date against objectives set out. This report is attached as Appendix 2 and will be submitted to the Winterbourne View Joint Improvement Board (5th July 2013).

3. Recommendations

- 3.1 That members of the Adults and Health Scrutiny Panel comment on and note the contents of this report.

4. Alternative options considered

There are no alternative options. The DH concordant made it a requirement to carry out these actions.

5. Background information

- 5.1 On 31st May 2011, an undercover investigation by the BBC's Panorama programme revealed criminal abuse by staff of patients at Winterbourne View Hospital near Bristol. This resulted in the closure of Winterbourne View and the placement of the remaining residents in other settings. The police launched their own investigations, with 11 criminal convictions, and the Care Quality Commission (CQC) inspected all hospitals and homes operated by Winterbourne View's owners (Castlebeck Care) and conducted a wider "health check", inspecting 150 learning disability services across England.
- 5.2 In addition, the Government set up its own Review, led by the Department of Health (DH) to investigate the failings surrounding Winterbourne View, understand what lessons we should be learning to prevent similar abuse and explore and recommend wider action to improve quality of care for vulnerable groups. An interim report was published in June 2012, followed by the full Government response to Winterbourne View in December 2012.
- 5.3 A Concordat between commissioners and providers of health care and Local Government agencies was developed by the Department of Health following the Winterbourne Review. The Concordat is a commitment to change and improve services delivered to people with learning difficulties associated with challenging behaviour.
- 5.4 The document sets out its vision for a whole systems change by stating: 'all parts of the system – commissioner, providers, the workforce, regulators government, all agencies, councils and providers, the NHS and the police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.'



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- 5.5 Given the extent of the failures of the health and social care system revealed in the Government's Winterbourne View Report, there was need for local commissioning organisations to take stock of the current commissioning arrangements for people with learning disabilities. Haringey Council and Haringey CCG needs to assure themselves that its commissioning and contracting framework for Learning Disabilities is robust and meets with the expectations and requirements outlined in the Winterbourne View Report, the Concordat and the NHS Mandate.
- 5.6 The Winterbourne View Report, the Concordat and the Circular from Sir David Nicholson outline the immediate steps that the local authority and Haringey CCG need to take as commissioning organisations.
- 5.7 Step one required all CCGs to put in place a register for people with learning disabilities or autism funded by the NHS for their care needs, and submit this to NHS England by the end of March 2013. Haringey CCG met this deadline. The register identified that 81 clients are fully funded by Haringey CCG, and 38 clients are jointly funded by the CCG and the Local Authority.
- 5.8 Step two requires all CCGs to have reviewed the care of all people with a learning disability or autism in inpatient beds, and agree a personal care plan for each individual based on their and their families' needs and agreed outcomes. The review needs to include a personalised care plan, evidence of engagement and agreement with families and carers, discharge plan (Including estimated discharge date), named care co-ordinator, an identified lead CCG, date of comprehensive physical health check and identified independent advocacy to support move on. All 26 clients were assessed by the deadline of May 31st 2013.
- 5.9 Step three requires all CCGs to facilitate the transition of clients inappropriately placed in hospital to move to community-based support as quickly as possible, but no later than 1st June 2014. For the 26 clients reviewed thus far, two clients transitioned back to the community in April 2013, 9 clients have estimated discharge dates (May - December 2013) and 15 clients require further treatment in the current setting before commencing the transition process. All clients will be regularly reviewed. Appendix 3 gives a summary of estimated discharge dates for clients.
- 5.10 Clinical and operational personnel are being drawn from Haringey Learning Disabilities Partnership and the NHS Continuing Health Care team to support the process. The Haringey Learning Disability Partnership was established in October 2003 pursuant to Section 75 of the National Health Service Act 2006. This has been a partnership between the Local Authority and the NHS for the provision of LD services. The current Section 75 agreement ceases end of June 2013. The future Section 75 will include processes for monitoring admissions into inpatient hospitals and facilitating timely discharge.



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- 5.11 As people are being moved back to their local community, there is ongoing assessment of the resources needed to provide accommodation, clinical and other holistic opportunities.
- 5.12 A reflective learning workshop is planned for September 2013 and will engage individuals, families and all stakeholders, including multi-agency safeguarding representatives.
- 5.13 Winterbourne is a standing agenda item on the Haringey Learning Disabilities Partnership Board with carers, self advocates, voluntary sector, police representative, CCG and local authority officers represented on the Board. Meetings are held bi-monthly. Winterbourne is a standing agenda item at the Learning Disabilities Executive, of which Haringey CCG is a partner.
- 5.14 In response to a request for a stock take report detailing the progress that Haringey has made to date against the Winterbourne concordant targets a report will be submitted to the Winterbourne View Joint Improvement Board on the 5th July 2013.
- 5.15 Highlights of this report are as follows:**
- 5.15.1 Local arrangements for the joint delivery of this programme between the Local Authority and Haringey CCG have been developed and agreed by the Health and Well Being Board;
- 5.15.2 Strong governance arrangements are in place with the joint action plan a standing agenda item at HLDP Board, HLDP executive, as well as regular briefings to Cabinet and elected Members. Update reports are presented to the Safeguarding Adults Member Panel and the Multi-agency Safeguarding Adults Board. An update on implementing the recommendations of the Concordat was presented to the CCG Quality Committee in April 2013;
- 5.15.3 Following a comprehensive review of all NHS funded LD clients, it was identified that 26 clients fulfilled the Winterbourne View Review criteria. All 26 clients have received a comprehensive review of their current needs;
- 5.15.4 An assessment pathway and protocols for care management and safeguarding has been developed;
- 5.15.5 Other key partners, such as Housing, are working with us to develop innovative commissioning practice, thus for example through a protocol arrangement with Homes for Haringey (Arm's Length Management Organisation) ALMO, the Learning Disability Partnership has acquired four houses and maisonettes which are being re-developed. This arrangement has been negotiated with and is part of the Council's response to Winterbourne;
- 5.15.6 Section 75 arrangements between CCG commissioners and the Local Authority are being reviewed and renewed in order to ensure efficient use of funds;



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- 5.15.7 A multi-disciplinary project team reports to the Winterbourne View Board;
- 5.15.8 A communication and consultation plan has been developed. This is focused on involving families, individuals and advocates in very stage of the process. As well as face to face meetings, questionnaires have been developed to capture people's experience of past and current practice; and
- 5.15.9 A health hub website is in development and a reflective learning workshop with families planned for September 2013.

6. Comments of the Chief Finance Officer and financial implications

- 6.1 The costs of the action taken to date have been met within Health and Council budgets including the LD Pooled Budget. Funding has been identified within the HRA capital programme for the property costs of the development of the new Supported Living Schemes and from the Community Capacity Grant for project management and other associated costs.
- 6.2 The costs of the current hospital placements are fully met by Health and the transfer of clients into community settings creates a financial risk to the Council unless agreement is reached over appropriate funding for these new placements. NHS England has said that local bodies should agree a "financial strategy in the medium term that is built on current cost, future investment and potential for savings." This needs to be developed in Haringey as a matter of urgency.
- 6.3 In addition to the cost of the placements there will be an impact on other Council and Health services for these clients. The new arrangements and ways of working should be reflected in the revision of the section 75 budget to ensure that appropriate funding is allocated to meet client needs.

7. Head of Legal Services and legal implications

- 7.1 The Head of Legal Services has been consulted on this report. There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

- 8.1 This report addresses the needs of people with learning disability or autism to ensure that the lessons learned from the Winterbourne View investigations and reviews are used to improve outcomes for these, some of the most vulnerable groups in our society. Learning disability is a category of disability, and as such, is one of the characteristics protected by section 4 of the Equality Act 2010. This means that in addition to its safeguarding duty to people with learning disability or autism, the Council has a public sector equality duty to ensure among other things, that due regard is given to their needs and to ensure that they do not suffer undue detriment as a result of their disability.



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9. Head of Procurement Comments

9.1 Not applicable.

10. Policy Implication

10.1 The following section lists the links that set the policy context relevant to this paper.

10.2 Department of Health (2012). Transforming care: A national response to Winterbourne View Hospital.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127310/final-report.pdf.pdf

10.3 Department of Health (2012). DH Winterbourne View Review Concordat: Programme of Action.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

10.4 Department of Health (2012). Transforming Care: A National Response to Winterbourne View Hospital
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127331/Letter-on-the-national-response-to-Winterbourne-View-Hospital.pdf.pdf

10.5 The [Health and Wellbeing Strategy](#) is Haringey's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities.

10.6 The relevant priorities in the Strategy that refer to the content of this report are priorities 2 & 3:

A reduced gap in life expectancy

- Support people with long term conditions (LTC)

Improved mental health and wellbeing

- Promote the emotional wellbeing of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health needs

11. Reasons for Decision

11.1 Not applicable.

12. Use of Appendices

12.1 Appendix 1: Winterbourne View Response Joint Action Plan



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12.2 Appendix 2: Winterbourne View Joint Improvement Programme: Stock Take

12.3 Appendix 3: Progress of Reviews and Estimated Discharge Dates

13. Local Government (Access to Information) Act 1985

13.1 See Section 10 above.

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Appendix 1

Haringey Council's Adult Social Care Response to the Winterbourne View Review Programme of Action and Work Planning

Introduction

In response to the recently published Winterbourne View Review (Concordat: Programme of Action, December 2012) and in line with the existing commissioning work streams and planned redesign of services' in Haringey, a single over overarching work plan has been developed.

It is also intended that the attached work plan merges the Councils' existing work commitments and planned intentions regarding how and in what form services will be delivered to Adults with a Learning Disability and people who challenge services in the future.

Winterbourne View Review

The Winterbourne View Review has resulted in a Concordat between commissioners and providers of health care and Local Government agencies.

The Concordat is a commitment to change and improve services delivered to people with challenging behaviour. The document sets out its vision for a whole systems change by stating:

'All parts of the system –commissioner, providers, the workforce, regulators government, all agencies, councils and providers, the NHS and the police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.'

(DH Winterbourne View Review: Concordat: Programme of Action 2012)

The signatories of this Concordat have committed to a mandate that requires a complete commitment to joint working, which is drafted in the Concordat as:

'We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change.'
(DH Winterbourne View Review: Concordat: Programme of Action 2012)

This vision and mandate for change is support by a list of key actions and commitments that the signatory's will be monitored and measured against.

Work streams

Adult Social Care's commissioning, safeguarding and market development approach has for sometime recognised the need for change and has in recognition developed a number of work streams that will fit seamlessly with the approach, vision, mandate and commitments published in the Winterbourne View Review.

People who use services, family carers, service providers and a wide range of professionals' from multi disciplinary backgrounds have been and are invited to participate in Adult Social Care's service reviews and commissioning and procurement processes. Many of which are currently organised and used to promote the return of people placed in residential services outside the London Borough of Haringey.

It is an aim within Adult Social care that family carers participate in reviews, work with multi agency review teams in making recommendations and with people who use services to help commission and remodel service provision within Haringey.

The focus of much of this work has been organised into work streams that includes safeguarding, service redesign, transforming care, promoting independence, choice and the de-commissioning of poor performing services and re-commissioning of high-quality, well specified service provision .

Strategic Approach

To ensure the existing work commitments, strategy and commissioning plans seamlessly combine with and complement the vision and aims stated in the Concordat, a work plan has been drafted that accounts for all the existing work commitments and key actions identified in the Concordat.

Haringey Learning Disabilities Partnership- Response to Winterbourne View Review – Work Plan

Haringey's Joint Work Plan is in response to the Winterbourne View report and has a focus:

- to review all people placed in out of borough hospital/Assessment and Treatment Units (ATU's) by June 2013 ;
- to review all people in in-borough hospital/ATU's;
- to respond immediately to any safeguarding concerns;
- to plan for local high quality care including independent advocacy to support change for people who are able to move back to their local community;
- to put in place independent monitoring advocacy for people not yet ready to move to quality assure current provision.

Once all reviews are completed by June 2013, outcomes will be presented at a consultation event where multi-agency Safeguarding Adult Board Partnerships and partner agencies will come together and focus on strategic and front line response to the outcomes of the review. Each partner agency will be tasked to identify outcome measures, and performance improvements which will then be reported on at subsequent Safeguarding Adult Board meetings.

Winterbourne View Project Board Members



Beverley Tarka: Acting Deputy Director Adult and Community Services
Carol Gillen: Director ICAM, Whittington Health
Janet Alldred: Director Psychosis, BEHMHT
Claire Collins: Interim Deputy Service Manager, Head of Learning Disabilities Partnership
Peter White: Commissioning Manager
Catherine Poyner: Shared Service Manager, North London Strategic Alliance
Dr Ken Courtenay: Consultant Psychiatrist
Dr Sujeet Jaydeokar: Consultant Psychiatrist
Sue Southgate: Manager, Adult Safeguarding Team
Lorraine Stanforth: Safeguarding Manager, NCL Haringey
Tristan Brice: Learning Disabilities and Mental Health Commissioner, NCL Haringey
Georgia Preston: Safeguarding Monitoring Officer

Winterbourne View Clinical Project Manager:

Dr Ursula Mazur, Clinical Psychologist, HLDP

1. Commissioning Approach

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
1.1	Attain mandate from Deputy Director of Adult and Community Services and Chief Officer, Haringey Clinical Commissioning Group Social Care for an agreed joint action plan which responds to the Winterbourne View Report	Project planning documentation, including work plans with time scales Incorporate key aims, findings and recommendations from Winterborne View Hospital Concordat (programme of Action) in all commissioning, purchasing and procurement activities	BT/PW	December 2012	G	Key strategic aims and commissioning work plans have recognised and assimilated the aims and plan for action from the Concordat.
1.2	Form Project Board	Identify project sponsor and project board members	PW/ LRLBH /BT/ SP CCG	December 2012	G	Identified and complete.
1.3	Communication and consultation plan	Identify key stakeholders and method of communication	PW/BT	January 2012	A	In progress, but will be assimilated with existing work and communication plans. Existing commissioning projects and projects relevant to this project are progressing and are in existence, further work is planned around consultation.
1.4	Develop individual project and work plans for all commissioning areas identified as relevant to the Winterborne View Hospital Concordat	Draft individual work plans for each commissioning project identified. Link actions to time bound outcomes	PW	January 2013	A	Work plans relevant to the delivery of stages current within the projects that fall within this project have been completed. Further work plans will need to be developed as sub projects progress.
1.5	Agreed Register of people with learning disabilities in NHs funded care.	NHS CCG representatives	SD/LB/ DC	January 2013	G	In progress.
1.6	Respond to all safeguarding concerns with action plans and reference to the wider commissioning strategy	Curocare identified and prioritised. Other Hospital and assessment and	LR/SP	December 2012 - ongoing	G	Move on mandate agreed by senior officers.

		treatment services will be identified and included				In progress.
1.7	Safeguarding measures in place.	Regular "Establishment Concerns" meeting under Haringey Pan London Safeguarding Procedures involving CQC and placing authorities in place .	BT/SS	Nov 2012 - ongoing	G	In progress <ul style="list-style-type: none"> • Rota of unannounced visits by all placing authorities; • Service improvement Plan developed and ongoing monitoring; • Voluntary embargo on future placements; and • Move on plans for majority of residents from all placing authorities.
1.8	Communication with families and Carers re our response to Winterbourne View Review	Ongoing communication and engagement with families and carers	BT/PON	ongoing	G	Initiated. Face to face meeting. Telephone liaison.
1.9	Meet with families/advocates to discuss options for move on	Communication will be on-going as part of our communication plan	BT/PW	Ongoing	A	This has been undertaken and is complete in terms of those people who have been assessed as ready and suitable for move on. However, as the options continue to change and develop with the determination and agreement of families and available move on options this remains an on-going process that continuously needs to be reviewed.
1.10	Capacity assessment and best interest meetings	Involve residents, families, carers and professionals from multi disciplines	PON	January 2013	A	In progress.
1.11	Discussions with high performing providers not currently active in the Borough	Identify viable move on options for Curocare residents	PW	ongoing	A	Three providers have been short listed and are undertaking individual assessments prior to participating in a

						selection process that will involve the application of a quality and cost evaluation.
1.12	Involve families, advocates and carers in all commissioning activities	Selection of providers and development of new market in Haringey.	PW/BT	On-going approach	A	This process has been designed, but has yet to be implemented due to the number of assessments the providers short listed for this work need to undertake.
1.13	Alternative accommodation	Move on completed for Curocare Residents	Project Team	Feb/March 2013	A	Work is progressing.
1.14	Agree quality of life template for people placed OOB in hospital and Assessment and Treatment Units	Review Template Developed	Clinical staff of HLDP	December 2012	G	Completed.
1.15	Implement quality of life reviews for people placed Out of Borough in hospitals and Assessment and Treatment Units	Develop plan for individual review.	Clinical Staff	June 2013	A	Plan for reviews completed.
1.16	Identify people able to move on to supported accommodation from out or borough placements.	Out Of Borough (OOB) Placement group set up. Agreed terms of reference of the group mirrors the aims of the Winterbourne concordat	BT/PW	June 2013	A	Terms of Reference for OOB group developed and has been operational for over a year. From the 11 names required and short listed six have been or are being assessed as appropriate for move on to independent living four more names need to be assessed as suitable from a number people already identified.
1.17	Commission independent advocacy to monitor people unable to move on	Implement commissioning plan, complete PID and business case, develop personal budgets into RAS, co-ordinate approach with independent project board	PW	July 2013	A	Agreement between NHS Commissioning and Adult Social care Commissioning has been agreed. An opportunity to develop a framework agreement that facilitates and enables people to choose who their advocate

						is, is being developed.
1.18	Develop a move on plan for people able to move from long term residential services	Liaison with families people who use services and their advocates, include capacity assessments and best interest assessments and meetings	BT/PON	Up to June 2014	A	In progress.
1.19	Equalities Impact Assessment	Draft equalities impact assessment and attain sign off from LBH and CCG	PW	June 2013	A	Outcome of assessments to be advised.
1.20	Environment Impact Assessment	Draft environmental impact assessment and attain sign off from LBH and CCG	PW	June 2013	A	Outcome of assessments to be advised.
1.21	Communication	Include in all project planning including the PID and Business Case	PW	January 2013	A	In progress, ongoing.
1.22	Benefits Realisation plan	Draft plan to include non cashable benefits	PW	March 2013	A	Develop alongside PID and Business cases' this is part of the project planning process and its progression is subject to a number of extraneous project activities.
1.23	Highlight reports	To be generated prior to each project board meeting.	PW	Fortnightly	G	In progress.
1.24	Shared Drive	Set up shared drives for all commissioning projects and publishing of project documents	PW and IT	January 2013	A	In progress.
1.25	Develop Project Initiation Document and business case	Project planning and project products to be determined	PW	January 2013	A	Templates and plans completed and progress with populating and analysing data is ongoing.

2. Physical Resource and Capacity

	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
2.1	DOH/GLA Care and Support Specialised Housing funding	Review existing sites and opportunities for funding bids	PW/MP	Jan 18 th 2013	G	Deadline date for submission of bid.
2.2	Agree a model of supported housing appropriate to people who are discharged from hospital /ATU's.	Will require local specialist developments to be set in motion.	PW/LD Team	March 2013	A	In progress.
2.3	Project the potential capital costs and available capital associated funding that might be required.	Identify the possible local impacts that might result from a change of use to the proposed sites for investment including consulting the local community and building regulation restrictions	PW/ PDLBH	Feb/ March 2012	G	In progress.
2.4	Identify council owned stock that can be used for supported living developments.	Council's owned stock and what the re-development or capital costs might be to the Council	PW/BT/H fH	January 2013	G	Progressing.
2.5	Agree timescales for the readiness of use of Council housing stock	Continue to meet and work with Homes for Haringey to identify available stock and housing for use as residence for people currently placed out of Borough	PW/BT/H fH	January 2013	G	Progressing.
2.6	Agree specifications for the properties with Homes for Haringey	These will be undertaken with Homes for Haringey	PW/BT/H fH	April 2013	G	Completed.
2.7	Submit Capital bids for works to be carried out	Joint approach to be undertaken	PW/ HfH	April 2013	G	Completed.
2.8	Works completed		HfH	August 2013	A	On Target.

3. Workforce						
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
3.1	Commissioning Activity	Personnel identified Business case to be completed	PW	January 2013	A	In progress.
3.2	Review Team	Clinical staff identified	PON	January 2013	G	Completed.
3.3	To be approved by Health and Wellbeing Board	Joint plan for high quality local care and support services for people based on revised local JSNA and joint health and wellbeing strategy.	BT	July 2013	A	In progress.
3.4	Workforce Strategy	Ensure staff development and future recruitment meets the needs of people coming back into borough	PON	June 2014	A	Under review.

4. Review Joint Commissioning Opportunities						
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
4.1	Integrated commissioning approach with NHS CCG	Map the commissioning priorities NHS CCG has with those of LBH concerning the development of supported living alternatives for people.	BT/PW	March 2013	A	Ongoing.
4.2	Contact commissioners from London Boroughs' of Islington, Camden, Enfield and Barnet. Purpose to identify joint commissioning opportunities	Opportunity to identify and share physical resources available for specific needs	PW	March 2013	A	This is progressing through a number of cross borough commissioning groups organised for the purpose of identifying joint commissioning opportunities.
4.3	Scope treatment and care pathways with NHS commissioners and NHS care providers	Map health care pathways with social care pathways to include the delivery of day opportunities as well as supported accommodation	PW/BT CCG rep	March 2013	A	Health pathway has been mapped out with a clear focus on recovery.
4.4	Long Term Management complex needs	Commission for quality local care	BT/PW	July 2013 – ongoing	A	As above.

5. Review good practice and LD supported accommodation market						
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
5.1	Review existing models of supported living within other London boroughs	Contact commissioners from neighbouring London Boroughs to scope out good practice, CQC requirements for the purpose of comparison, staffing structures, and skill based deployed.	PW	March 2013	A	Existing structures and links have already been developed and are being used as opportunities to compare, contrast and benchmark.
5.2	Identify current third sector provider market currently delivering LD supported living (medium to high support needs) to determine capacity and ability of market to tender for supported living accommodation.	Map current 'London' market and its ability to tender for supported living for people.	PW	April 2013	A	This is being progressed through a market develop approach to commissioning.

6.	Finance					
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
6.1	Contact finance LBH management and CCG and request nominated individuals from the finance team to participate as active members on a project board.	Outline the role of finance in terms of the time required to participate as a project board member	PW/FLBH /FCCG	January 2013	A	Discussions commenced.
6.2	Financial modelling of existing spend on supported living accommodation.	Agree with finance the range of cost of current supported living provision and compare spend with neighbouring boroughs Get some limited time commitments from finance	PW/FLBH /FCCG	Feb 2013	A	Discussions commenced.
6.3	Financial modelling of supported living accommodation against current hospital/ATU's	Review physical re-modelling of supported living accommodation, project future savings against current capital and revenue spend Future commissioning and financial remodelling must include provision for people who need secure accommodation. Cost comparisons must also include capital and revenue over the life of new developments against the current set of arrangements	PW/FLBH /FCCG	July 2013	A	Discussions commenced.
6.4	Business case and reporting to Health	Support from finance with presenting	PW/FLBH	open	A	Discussions commenced.



	and Wellbeing boards and Learning Disabilities Partnership Board , LD Executive, Cabinet and Elected Members	financial data	/FCCG			
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7. Governance						
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
7.1	Monitoring , evidence based reviews and outcome measurements	Develop outcome measures. Project Board to ensure governance	BT	March 2013	A	<p>Project board established and will meet monthly.</p> <p>HEF outcomes measurement framework currently in advanced stage of development.</p> <p>A clinical contract will be agreed for each ATU placement to ensure that the CCG is assured in terms of the quality of care received.</p>

8. Reflective Practice						
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
8.1	<p>To integrate learning through the process in order to support improved outcomes as identified in Transforming Social Care Report</p> <p>¹ Transforming care: A national response to Winterbourne View Hospital December 2012 Department of Health: https://www.wp.dh.gov.uk/publications/files/2012/12/final-report.pdf</p>	<ul style="list-style-type: none"> improve commissioning across health and care services for people with behaviour which challenges with the aim of reducing the number of people using inpatient assessment and treatment services; clarify roles and responsibilities across the system and support better integration between health and care; improve the quality of services to give people with learning disabilities and their families choice and control; promote innovation and positive behavioural support and reduce the use of restraint; and establish the right information to enable local commissioners to benchmark progress in commissioning services which meet individuals' needs, improve the quality of care, and reduce the numbers of people in in-patient services for assessment and treatment. 	WVPG	ongoing	A	<p>This is a standing agenda item at the weekly WVPG meetings.</p> <p>Reflective and learning log forms part of the Highlight report to WVPB.</p> <p>Reflective practice/learning will be focussed on four areas:</p> <ol style="list-style-type: none"> 1) Family engagement/ Learning from the experiences of families - through family focus group/ workshop (planned to take place in the summer); 2) Safeguarding- through discussions at the Safeguarding Adults Board; and 3) Commissioning appropriate services. <p>Working processes- by looking at ongoing clinical practice and ensuring that the learning from the Winterbourne project can be embedded in everyday best practice.</p>

9. Project Tools						
	Activity	Key actions	Who	Time Scales	RAG Status	Progress/comments
9.1	Project Initiation Document	<ul style="list-style-type: none"> • Project approach • Project scope • Research • Project method • Project planning • Project dependencies • Interfaces • Evaluation plan • Communication plan • Risk assessment/log • Contingency plan • Milestone plan 	PW/All	Open	A	This project approach will be applied to all commissioning projects undertaken. Purchasing and procurement activity incorporated into the PID.
9.2	Business case	<ul style="list-style-type: none"> • Current situation • Workforce analysis • Need and demand • Utilisation • Consultation • Opportunities • Project categorisation • Scope • Strategic fit • Proposal and alternative • Resources • Communication • Value analysis • Cashable benefits • Non cashable benefits • Conclusions & Recommendations 	PW/All	Open	A	<p>A business case approach will be taken and used to evidence, analyse and recommend the best commissioning and purchasing approach to each and all individual commissioning projects.</p> <p>The Market Position Statement will be used as a means of developing the market.</p>

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Appendix 2

Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk


An easy read version is available on the LGA [website](#)


May 2013


Winterbourne View Local Stocktake June 2013

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).	There is a local Winterbourne View Programme Board overseeing implementation of the recommendations in the Concordat (ToR and minutes available upon request). Both CCG and Local Authority are represented at the Board.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	<p>Homes for Haringey (Arm's Length Management Organisation) ALMO. Through a protocol agreement with Haringey's Learning Disability Partnership, have acquired control of four houses and maisonettes. The four properties are being re-developed with capital funding from Homes for Haringey's Housing Revenue Account.</p> <p>This arrangement has been negotiated with and as part of the Council's response to the Winterbourne View Concordat.</p> <p>The capital works have been specified by Commissioners from Adult Social Care, officers from Homes for Haringey and Property Services, Social Workers and clinical staff from the Learning Disability Partnership.</p> <p>Each of the properties are being developed to allow two people to live independently in each, which when completed will be eight people in total.</p> <p>Only third sector providers compliant with</p>		

	<p>Haringey's safeguarding policies and procedures and only those providers from the third sector who are registered with and compliant with the Care Quality Commission's national standards are being considered suitable to provide the necessary care and support.</p> <p>Third sector providers will provide a tailored package of care that will enable people assessed as part of the Council's review process to live independently with a licence agreement.</p>
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.	<p>Each client is discussed by the MD project team on a regular basis to plan transition from ATU's/hospitals to the community. There is dialogue between the project team and the commissioners which supports planning of clinically appropriate services for people with complex behavioural support needs.</p>
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	<p>Yes. Click here for HLDP Board minutes.</p>
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	<p>Yes – Board presentation 26th February and 9th July 2013.</p>
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	<p>Section 75 (dispute resolution section in development).</p>
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	<p>Regular updates are presented to the CCG Quality Committee, LD executive, HW Board, Clinical Leadership and Operational Group, HLDP and Haringey multi-agency Safeguarding Board.</p>
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.	<p>None at present.</p>

1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.	The North London Strategic Alliance (NLSA) is working together to identify and discuss opportunities for joint commissioning.		
2. Understanding the money 2.1 Are the costs of current services understood across the partnership. 2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care. 2.3 Do you currently use S75 arrangements that are sufficient and robust. 2.4 Is there a pooled budget and / or clear arrangements to share financial risk. 2.5 Have you agreed individual contributions to any pool. 2.6 Does it include potential costs of young people in transition and of children's services. 2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	Yes (available upon request). Yes (information available via Caretrack). Section 75 arrangements are in place in Haringey for the Learning Disability Partnership pooled provider budget. A renewed Section 75 is currently being negotiated with the LA and the CCG. There is no LD Joint Commissioning Strategy. No – Section 75 currently for certain provision, however no pooled budget arrangement for complex clients' support packages. No. No. Needs to be developed.		
3. Case management for individuals 3.1 Do you have a joint, integrated community team.	The joint integrated team is made up of three partner organisations, Haringey Council, Whittington Health and Barnet, Enfield and Haringey Mental Health Trust. The team is made up of multi disciplinary professions including social workers, clinical psychologists, consultant psychiatrists, occupational therapists, music therapists, physiotherapists and community	 Winterbourne Review Protocol_updated (2).docx	

<p>3.2 Is there clarity about the role and function of the local community team.</p> <p>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</p> <p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>nurses.</p> <p>Yes – Section 75 service specification.</p> <p>Yes.</p> <p>Yes. There are named clinical and operational leads.</p> <p>Yes – (see feedback questionnaires which are being utilised throughout the review process).</p>	 <p>Questionnaire for family (next of kin).dc</p>	
<p>4. Current Review Programme</p> <p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p> <p>4.2 Are arrangements for review of people funded through specialist commissioning clear.</p> <p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p> <p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p> <p>4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual</p> <p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p>	<p>Yes – 18 inpatient and 8 forensic clients</p> <p>CCG is currently developing a robust process with BEH-MHT (forensic provider)</p> <p>Currently in development.</p> <p>There is a comprehensive register of all people who are fully or partially health funded.</p> <p>Yes – available on Caretrack</p> <p>Available locally. CCG commissioning voluntary sector organisation to provide advocacy to those in out of area placements – service specification in development.</p> <p>CCG representatives regularly attend the London CHC leads meeting chaired by NHS England. Regular contact with NHS England seeking advice and support.</p>		

<p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p> <p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>All of the reviews have incorporated questions which evaluate the behaviour support needs of the individuals in question, how behavioural challenges are understood (e.g. Functional Analysis) and if they are being responded to appropriately (e.g. PRN medication/Physical Interventions used as a last resort).</p> <p>The reviews have been underpinned by an ethos of Positive Behavioural Support and associated best practice guidance (e.g. Challenging behaviour: A Unified Approach).</p> <p>All reviews have been completed with multi-disciplinary input.</p>		
<p>5. Safeguarding</p> <p>5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p> <p>5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments.</p> <p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>	<p>CCG has started to use the Out of Area Placement protocol.</p> <p>Third sector providers will provide a tailored package of care that will enable people assessed as part of the Council's review process to live independently with a licence agreement. Providers are involved in assessments of individuals with families and families and individuals are involved in selection of providers. Haringey Assessment and intervention team (intensive outreach model) work closely with providers during transition.</p> <p>We work closely with the Care Quality Commission and there are regular formal and informal meetings. Safeguarding staff of the CCG and LA and HLDP staff work on joint improvement plans as appropriate for local establishments where there is not full compliance.</p>	 CHC201~1.DOC	

5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.	Regular updates are made to multi-agency safeguarding Board.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.	Yes. The Safeguarding Head of Service sits on the Winterbourne Project Board and also the SAB and monitors compliance with these issues.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	This area is being developed. We are planning a reflective practice workshop within the Learning Disability Partnership to share learning from the Winterbourne Project Group which will aim to incorporate good practice examples.		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	Community Safety Partnership representative sits on the SAB. There is joined up protocols with planning department, anti-social behaviour unit so that cross cutting issues are addressed.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Safeguarding /commissioning officer works across these areas to proactively manage issues through early indication of concern process and then work to support improvements.		
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	Yes, The multi disciplinary WV Project team work closely with commissioning staff to facilitate identification of strategic and ongoing commissioning requirements of people. North London Strategic alliance also represented on the WV Board and co-ordinates regional response to commissioning requirements.		
6.2 Are these being jointly reviewed, developed and delivered.	Yes, ongoing work.		

<p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p>	<p>Yes - comprehensive register of all people, joint funding arrangements and location.</p>	
<p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p>	<p>Yes. Multi-disciplinary Assessment and Intervention outreach team proactively supports community placements and transition from hospital placements.</p>	
<p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p>	<p>Placements within the provider market are made on a spot contract basis. Termination of a spot contract will only result from the person to whom such a contract has been attached, and this will only happen when that person is moved from that individual placement to another placement or into independent living.</p> <p>Where an individual placement is terminated and the person to whom that contact is attached is ended as a result, the move will always involve a multi-discipline response to ensuring the needs of the individual are met.</p>	
<p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>The funding of individual placements is known and has been identified.</p> <p>Joint funding tool currently being reviewed and will impact on future commissioning funding source.</p>	
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p>	<p>Yes, but future commissioning intentions include a scoping exercise that includes the introduction of personal and health budgets. However, some block contracting arrangements are expected to remain.</p>	
<p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p>	<p>Commissioning framework and delivery plan advanced stages of development.</p>	

<p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p>	<p>We are confident that this target will be reached for the most part, in that all but one or two people will have been moved out of their present placement. If service users need to remain in hospital settings, we will ensure that the environments impose as few restrictions as possible. Robust measures will be in place to ensure that service users are being safeguarded (e.g. regular on-site visits, identified independent advocacy, liaison with families) and that that there is an evidenced clinical decision making process which justifies their placement in a hospital setting. Providers will be expected to make available documentation which evidences care planning and goal setting and to report on what progress is being achieved with regards to these.</p> <p>The second issue is the financial issues highlighted in Section 2.4 to 2.7 of this report.</p>		
<p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>Some of the obstacles are clinical in nature. We are mindful that some of the service users which are part of the Winterbourne Project have long histories numerous placement breakdowns and of multiple admissions. As a consequence of these experiences, some service users have become accustomed to settings which incorporate a high degree of external control and/or restriction. One of the key challenges therefore, is how community based services can be skilled, robust, boundaries and structured enough whilst being as least restrictive as possible.</p> <p>There is a need to develop local, small specialist services (robust residentials), especially for service users with Mild LD and Mental Health problems. For service users with the most complex needs, there is a need to commission locally based hospital services which include step-down bed provision, enabling</p>		

	continuity of care. Should hospitals be commissioned, this should be done to a clinical specification which is underpinned by a time-limited evidenced based assessment/treatment model. This is imperative to ensure that service users move on to more appropriate placement as soon as possible. Funding issues as previously highlighted. Section 2.4 to 2.7.		
7. Developing local teams and services 7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings. 7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements. 7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Individuals identified and assessed as appropriate for a move from Assessment and Treatment and in-patient settings are subject to an assessment and assessment by third sector providers prior to any referral being made. Through the quarterly reporting mechanisms of the CCG voluntary sector contracts. CCG to develop.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies 8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally. 8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	Scoping of the caseload of Assessment and Intervention Team (AIT) at present to ensure can meet projected demand. Links with BEH Home Treatment Team or development of an equivalent? This will require some liaison and possibly training. Crucial to have support which is available out of hours.		

8.3 Do commissioning intentions include a workforce and skills assessment development.	Yes.		
<p>9. Understanding the population who need/receive services</p> <p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p> <p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>Linked to the Council's response to the Winterbourne View Concordat, Haringey's Learning Disability Partnership is currently reviewing all Care Quality Commission and independent living providers within the Borough. Site visits have been undertaken at each site by a multi-agency team that has included a Carer, Social Worker and clinical staff (NHS) member of the Learning Disabilities partnership.</p> <p>The review teams have collected information, which is being used to short list the Council's commissioning priorities in Haringey, which is being informed by the need to change the way services are currently delivered, the quality of the existing provider market and need to ensure a balance exists between the number of Registered Residential Care and independent living bed based services within the borough, against the need and demand from people who use services and their family carers.</p> <p>It is planned that through this process a planned, well informed commissioning approach can be taken to changing the current market in Haringey to one that better reflects and incorporates the learning from Winterbourne.</p> <p>A person centred approach to planning embeds ethnicity, age profile, gender and cultural needs in planning for individuals. Future care needs are informed by planned update of joint strategic needs analysis (JSNA).</p>		

<p>10. Children and adults – transition planning</p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>Yes. Detailed demographic information available for young people in transition from 14 plus.</p> <p>Yes. Linked to local market developments.</p>		
<p>11. Current and future market requirements and capacity</p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>A full assessment of the market in Haringey has been undertaken. This has included an audit of each service, its physical capacity, its capacity to deliver a service to people who present with complex needs and capacity to move from registered care to independent living.</p> <p>A full need, demand and gap analysis is being undertaken that include all bed based residential services. Within the range of this analysis is CQC registered residential care and independent living.</p> <p>Reflective practice/learning will be focussed on four areas:</p> <ol style="list-style-type: none"> 1) Family engagement/ Learning from the experiences of families - through family focus group/ workshop (planned to take place in the summer); 2) Safeguarding- through discussions at the Safeguarding Adults Board; 3) Commissioning appropriate services; and 4) Working processes- by looking at ongoing clinical practice and ensuring that the learning from the Winterbourne project is embedded in everyday best practice. 		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name.....

Organisation.....

Contact.....

Signed by:

Chair HWB

LA Chief Executive

CCG rep.....

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Appendix 3

Estimated Discharge Dates

	Named Care Coordinator	Estimated Discharge Date	Estimated Discharge Destination
1	Yes	Discharged May 2013	Own tenancy with 24 hour support (Haringey)
2	Yes	Discharged April 2013	Own tenancy with 24 hour support (Haringey)
3	Yes	July 2013	Own tenancy with 24 hour support (Haringey)
4	Yes	July 2013	Residential Service (Haringey)
5	Yes	July 2013	Residential Service (Cheam, Sutton)
6	Yes	August 2013	Residential Service (Enfield)
7	Yes	August 2013	Residential Service (Surrey, Kingston)
8	Yes	July 2013	Own tenancy with 24 hour support (Haringey)
9	Yes	September 2013	Own tenancy with 24 hour support (Haringey)
10	Yes	September 2013	Supported Living (Cambridgeshire area)
11	Yes	October 2013	Residential Service (currently being assessed)
12	Yes	November 2013	To be decided pending second opinion from HLDP Psychiatry
13	Yes	December 2013	Own tenancy with 24 hour support (Haringey)
14	Yes	January 2014	Hospital (Locked Rehabilitation)
15	Yes	January 2014	Hospital (Locked Rehabilitation)
16	Yes	February 2014	Residential or own tenancy (Haringey)
17	Yes	February 2014	Hospital (Locked Rehabilitation)
18	Yes	June 2014	To be decided
19	Yes	April 2013	Own tenancy with Support Haringey
20	Yes	May 2013	Own tenancy with Support Haringey
21	Yes	April 2014	To be decided based on clinical needs
22	Yes	August 2013	To be decided based on clinical needs
23	Yes	May 2014	To be decided based on clinical needs
24	Yes	May 2014	St Martin's Hostel
25	Yes	April 2015	To be decided based on clinical needs
26	Yes	July 2014	To be decided based on clinical needs

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Haringey Council

Report for:	Adults and Health Scrutiny Panel, 19 th September 2013	Item Number:	
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Title:	Scoping report – mental health and accommodation
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Report Authorised by:	Cllr Gina Adamou Chair of the Adults and Health Scrutiny Panel
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Lead Officer:	Melanie Ponomarenko, Senior Scrutiny Officer, Strategy & Business Intelligence Melanie.Ponomarenko@haringey.gov.uk 0208 489 2933
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Ward(s) affected: All	Report for Key/Non Key Decisions:
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1 Describe the issue under consideration

- 1.1 The Adults and Health Scrutiny Panel received a presentation on mental health and wellbeing in Haringey (Appendix A) at its panel meeting in July 2013.
- 1.2 Following this presentation the Panel agreed to undertake two projects focused on mental health:
 - Physical health and mental health
 - Access to accommodation for people with mental health needs
 - It is anticipated that both of these projects will have a specific BME strand
- 1.3 . The following provides scope of the planned work which is to be agreed by the panel.

2 Cabinet Member Introduction

2.1 N/A

3 Recommendations

- 3.1 That the Adult and Health Scrutiny Panel discuss and agree the terms of reference and objectives set out in this report.

4 Other options considered

4.1 N/A

5 Background information

5.1 Under the agreed terms of reference¹, the Adults and Health Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

5.2 In this context, the Adults and Health scrutiny panel may:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant non-executive Committee arising from the outcome of the scrutiny process.

5.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and Scrutiny Panels. Project work undertaken by the Adults and Health Scrutiny Panel on mental health was agreed as part of this work programme by the Committee on the June 17th 2013.

6 Context

6.1 The [Health and Social Act of 2012](#)² put a responsibility on the health secretary to secure improvement “in the physical and mental health of the people of England”.

6.2 The government’s mental health strategy, “[No health without mental health](#)”³ aims to mainstream mental health. The strategy includes a number of objectives to improve the mental health of the population. Most relevant to this project is objective 2:

More people with mental health problems will recover – More people who develop mental health problems will have a good quality of life:

- Greater ability to manage their own lives;
- Stronger social relationships;
- A greater sense of purpose;
- The skills they need for living and working;
- Improved chances in education;
- Better employment rates; and
- **A suitable and stable place to live.**

¹ Overview and Scrutiny Protocol, 2012, Haringey Council

² Health and Social Care Act 2012, www.legislation.gov.uk

³ No health without mental health, 2011, HM Government

6.3 A [Mental Health Network NHS Confederation briefing](#)⁴ makes the following points:

- Good housing is critical for good mental health.
- 'No health without mental health' stresses the importance of housing for mental health and particularly for those recovering from mental health problems.
- Without a settled place to live, recovery can be significantly impeded.
- People with mental health problems, particularly those with a serious mental illness, can sometimes find it difficult to secure and maintain good quality accommodation.
- Mental health is frequently cited as a reason for tenancy breakdown.
- Housing problems are often given as a reason for a person being admitted or readmitted to inpatient care.
- Cooperation between commissioners and making good use of new structures such as Health and Wellbeing Boards are essential to ensure that there is a more strategic approach to commissioning health and housing support.
- Safe, secure and affordable housing is critical in enabling people to work and take part in community life.
- A lack of settled accommodation for service users can lead to unnecessary admissions and increase overall costs to the public purse.
- A national evaluation (Capgemini for DCLG, 2009) estimated that investing £1.6 billion annually in housing related support services generated net savings of £3.41 billion for the public purse. This includes an estimated £3153.2 million in health, £413.6 million in costs associated with the costs of crime and £95 million in the costs of homelessness.
- Cooperation between commissioners is essential to ensure there is a strategic approach to commissioning that includes housing.

7 Local context

7.1 The Haringey [Health and Wellbeing Strategy](#) is the Borough's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities between the east and west. The strategy is informed by the Joint Strategic Needs Assessment and supported by a delivery plan.

7.2 The Strategy sets out three objectives:

- Outcome 1 - Every Child has the best start in life;
- Outcome 2 - A reduced gap in life expectancy; and of particular reference to this project
- Outcome 3 - Improved mental health and wellbeing

"We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and

⁴ Mental Health Network, NHS Confederation, Briefing 2011 Issue 233 Housing and Mental Health

working, improved chances in education, better employment rates *and a suitable and stable place to live.*"

7.3 Priorities for outcome 3:

- Promote the emotional well being of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of problematic drug users in treatment

8 Needs Assessment

8.1 The Panel received a presentation by Public Health at its Panel in July 2013. This presentation, '*Mental Health and Wellbeing*' provides an overview of the demographics and mental health needs in the borough.

8.2 The presentation can be found at Appendix A.

9 Aims, objectives and outcomes from scrutiny involvement

Access to accommodation for people with mental health needs

9.1 Terms of reference

To review housing needs and availability along the whole care pathway for people with mental health problems in order to make recommendations to assist people with mental health needs maintain, return to and/or access appropriate housing to support and maintain recovery from ill mental health (whether this is high level supported housing, housing as part of the pathway to recovery e.g. recovery houses or mainstream housing.)

9.2 Objectives

- To assess variety of accommodation offer available to people with mental health problems within the borough and outside the borough.
- To ascertain current utilisation of available accommodations by Haringey's residents compared to 'out of the borough' placements.
- To compare availability of accommodation and needs locally
- To consider the barriers for access to appropriate accommodation.
- To assess the practical barriers which prevent people with mental health needs returning to and/or gaining accommodation following discharge.
- To consider the practical barriers for people with mental health needs in maintaining tenancies.
- To consider the funding arrangements across the partnership.
- To gain an understanding of the care pathway from the perspective of patients and carers.
- To ensure that specific strand of the project focuses on BME communities.

9.3 Output of project

- To make recommendations to assist more people with mental illness gaining appropriate housing at the appropriate point in the care pathway.

10 Project Plan

Evidence session 1

Aim: To gain an understanding of the issues relating to the availability of accommodation in Haringey and access to accommodation.

- Overview of available accommodation in Haringey
- Discharge data – reasons why people are delayed – BEH MHT
- Overview of issues - availability of accommodation
- Overview of issues – returning to and maintaining tenancies, reasons for tenancies breaking down linked to mental health
- Overview of best practice

Evidence session 2

Aim: To gain an understanding of the care pathway and how different agencies work together and fit into the care pathway.

- Care pathway – admission to settled accommodation
 - Support provided to people to find suitable accommodation
 - Role of care coordinator at Panel
- Partnership working and role within the pathway of:
 - Voluntary and Community Sector
 - Adult Services
 - BEH MHT
 - Housing
 - Housing Related Support Team
 - Vulnerable Adults Team
- Cabinet Member

Evidence session 3

Aim: To gain an insight into patient experiences.

- Report back on patient survey
- Report back on patient/carer focus groups
- Voluntary and Community Sector

Evidence session 4

Aim: to discuss and agree conclusions and recommendations.

11 Stakeholders

- BEH Mental Health Trust
- Public Health
- Housing Services
 - Vulnerable Adults Team
 - Housing Related Support Team
- Adult Services
- Healthwatch Haringey
- Mental Health Support Association

- Mind in Haringey
- Haringey Association of Voluntary and Community Organisations
- Patients
- Polar Bear Community
- St Mungoes
- Haringey User Network

	Aug. 13	Sept.	Oct.	Nov.	Dec.	Jan. 14	Feb.	Mar.	Apr.
Scoping									
Scoping agreed by Panel									
Scope agreed by OSC									
Meeting 1									
Meeting 2									
Meeting 3									
Consultation									
Reporting									
OSC									
Cabinet									

12 Comments of the Chief Financial Officer and Financial Implications

There are no finance implications arising directly out of this report. The work to support it will be carried out by officers of the stakeholder budgets and all costs should be met from existing resources.

13 Head of Legal Services and Legal Implications

The Head of Legal Services has been consulted on this Report. The draft Terms of Reference and Objectives are within the remit of the Panel.

14 Equalities and Community Cohesion Comments

14.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:

- Helping to articulate the views of members of the local community and their representatives on issues of local concern
- As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
- Identified and engages with hard to reach groups
- Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
- The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
- It promotes openness and transparency; all meetings are held in public and documents are available to local people.

14.2 A number of engagement processes will be used as part of the work of the Panel and will seek to include a broad representation from local stakeholders. It is expected that any equalities issues identified within the consultation will be highlighted and addressed in the conclusions and recommendations reached by the panel.

15 Head of Procurement Comments

15.1 Not applicable.

16 Policy Implications

16.1 Haringey's Corporate Plan 2013/14 - 2014/15 sets out the council's strategic direction for the next two years and includes a number of outcomes being sought and the priorities associated with each outcome.

16.2 This project aims to contribute to the Corporate Plan outcomes of:

- Safety and Wellbeing for all: A place where everyone feels safe and has a good quality of life.
Priority – Reduce health inequalities and improve wellbeing for all
- Opportunities for all: A successful place for everyone
Priority - Ensure that everyone has a decent place to live

17 Use of Appendices

17.1 Appendix A – Mental Health and Wellbeing

18 Local Government (Access to Information) Act 1985

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ADULTS AND HEALTH SCRUTINY PANEL: MENTAL HEALTH AND WELLBEING

July 2013

HaringeyStat

Public Health and Business Intelligence, Haringey Council

Outline

Why mental health matters? – local impact and national context

Mental health in Haringey – wider determinants that impact on mental health, assessing the overall need and describing demographics, current service use and activity

Next steps – what actions we are going to take in the short term and in the longer term

Discussion – what would be useful to focus on in more in-depth O&S

Why mental health matters



Burden of mental illness locally

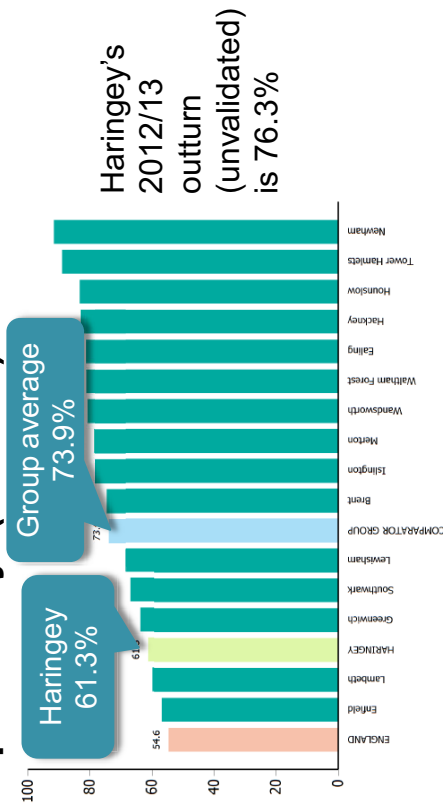
Children
and young
people

Working
age

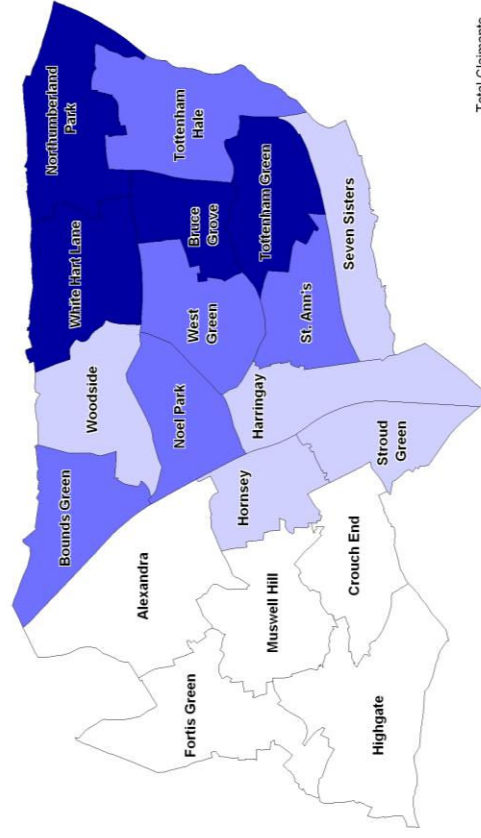
Older
people

HaringeyStat

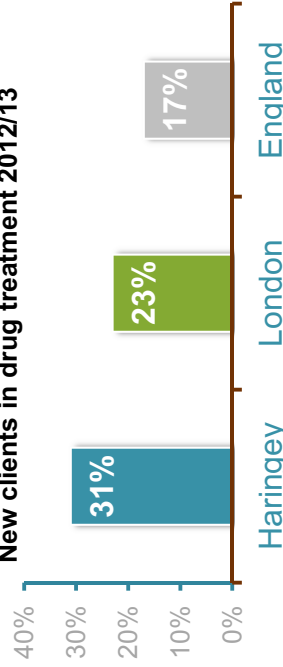
% Adults in contact with secondary mental health services living independently (2011/12)



Employment and Support Allowance claimants whose condition is “mental and behavioural disorders”



% clients in drug treatment with dual diagnosis New clients in drug treatment 2012/13



Source: National Adult Social Care Intelligence Service <http://nascis.ic.nhs.uk>



Burden of mental illness locally

Children
and young
people

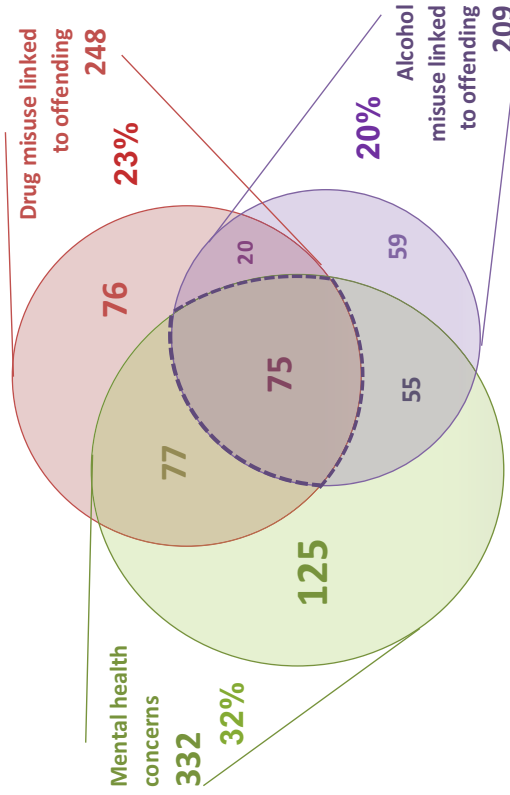
Working
age

Older
people

HaringeyStat

Key issues linked to offending

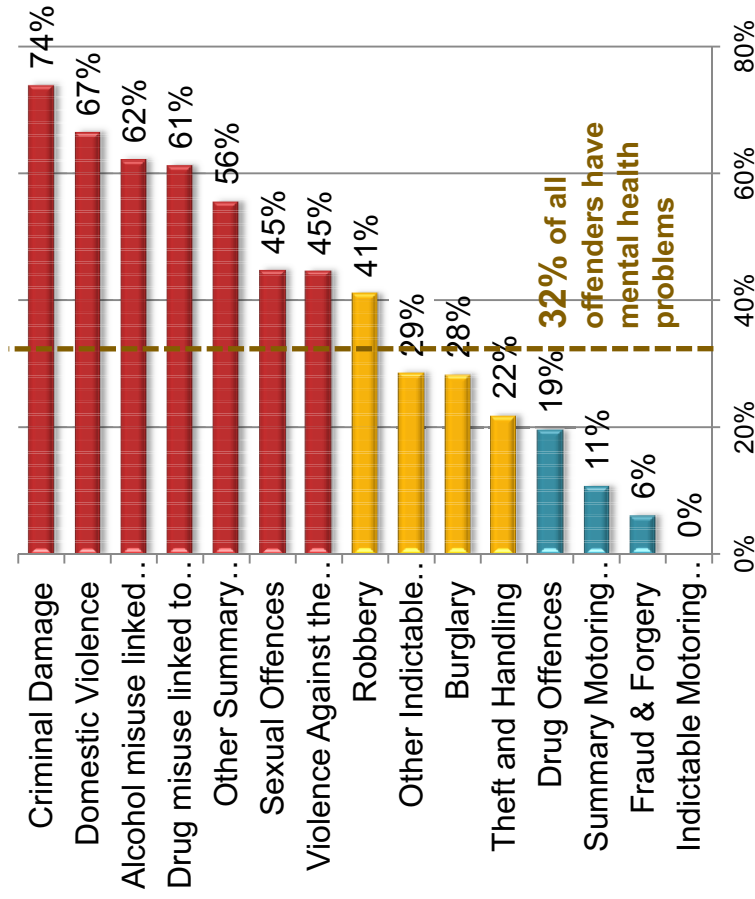
(of the 1062 statutory offenders commencing probation Sep-Aug 2011/12)¹



207 offenders (19.5%) had mental health problems *and* substance misuse problems

Source: London Probation

Percentage of offenders with mental health problems (probation commencements Sep-Aug 2011/12)



Haringey Council

Anti-social behaviour

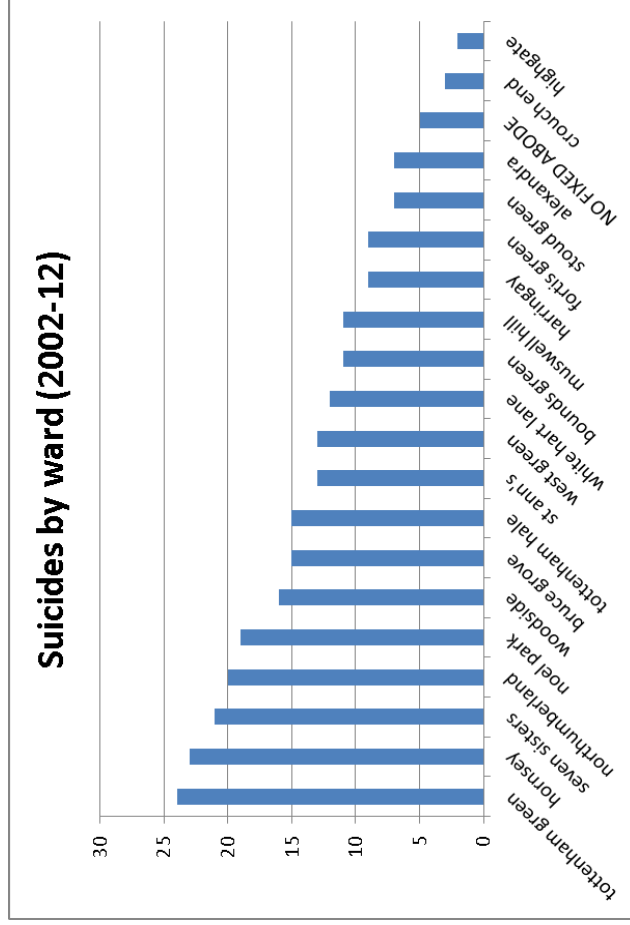


The Haringey Community Safety Partnership has improved the identification and management of vulnerable victims, including those with mental health issues, to ensure they receive the extra support necessary. This has lead to:

- significant reductions in ASB in some locations, specifically by those identified with mental health issues.
- One location recorded 352 fewer calls, down to 41 this year. Another location with a similar issue has seen 81 fewer calls for the same period.
- Substantial reductions have also been seen from St. Ann's Hospital
- Closer liaison between the Trust and the Police Mental Health Team has resulted in call volumes falling significantly from 218 to 47 this year.

Source: London Probation

Burden of mental illness locally



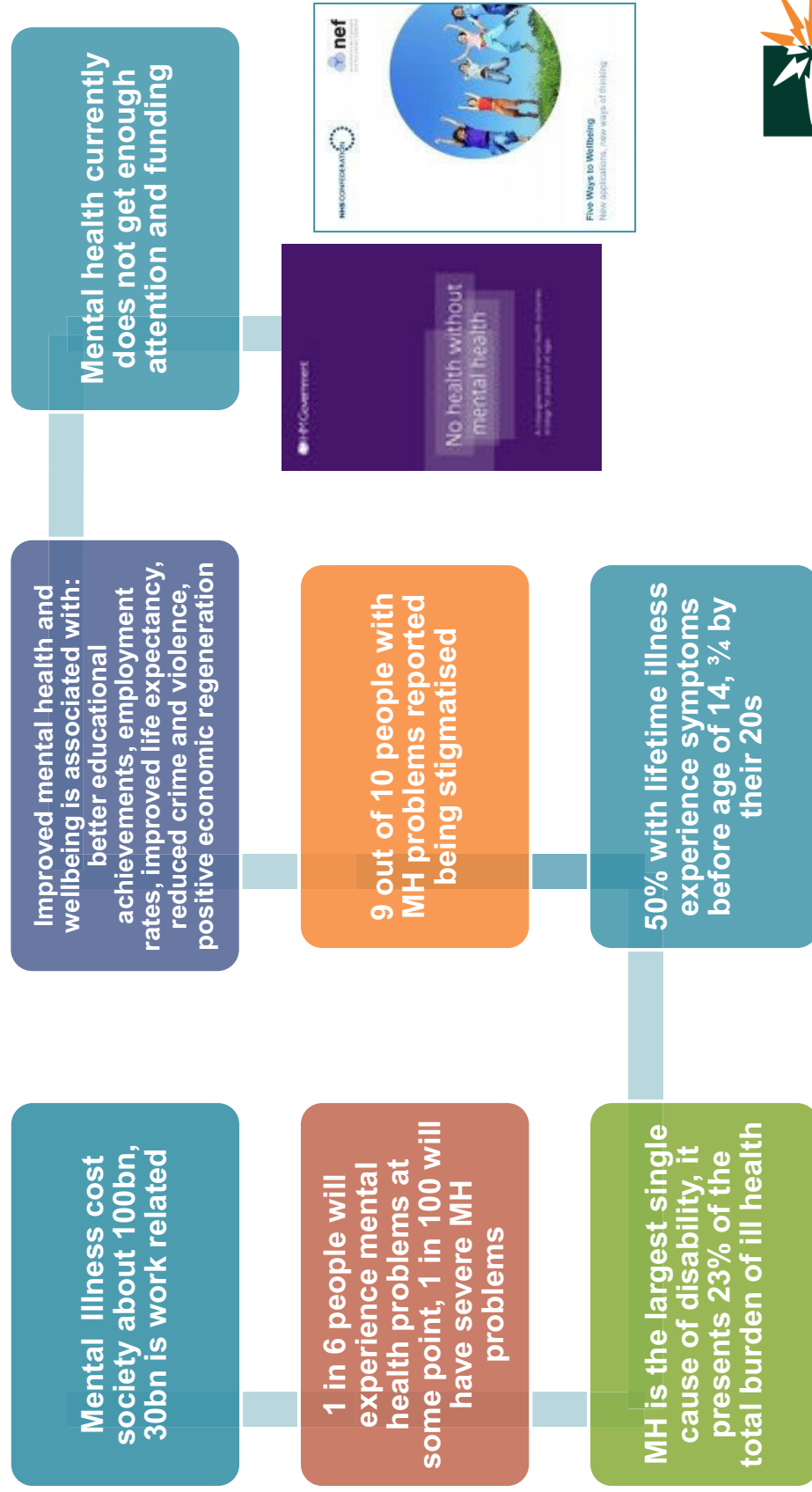
- Haringey's suicide rate is higher than London and England and especially for men;
- About 26 Haringey residents commit suicide each year;
- The highest numbers of deaths by suicide are in men aged 25-44
- In the last 10 years, 62% of suicides were people born in the UK compared to 34% born abroad (Afro-Caribbean, Eastern European) ;

- The majority of those who committed suicides were employed followed by 11% retired; 47% were single and 17% were divorced;
- 4.8% cases for whom information was available were known to a GP. Around three quarters had no contact with mental health services in the previous 12 months but 11% had diagnosis of mental disorder

Source: Coroners Suicide Audit data
Produced by Public Health Directorate

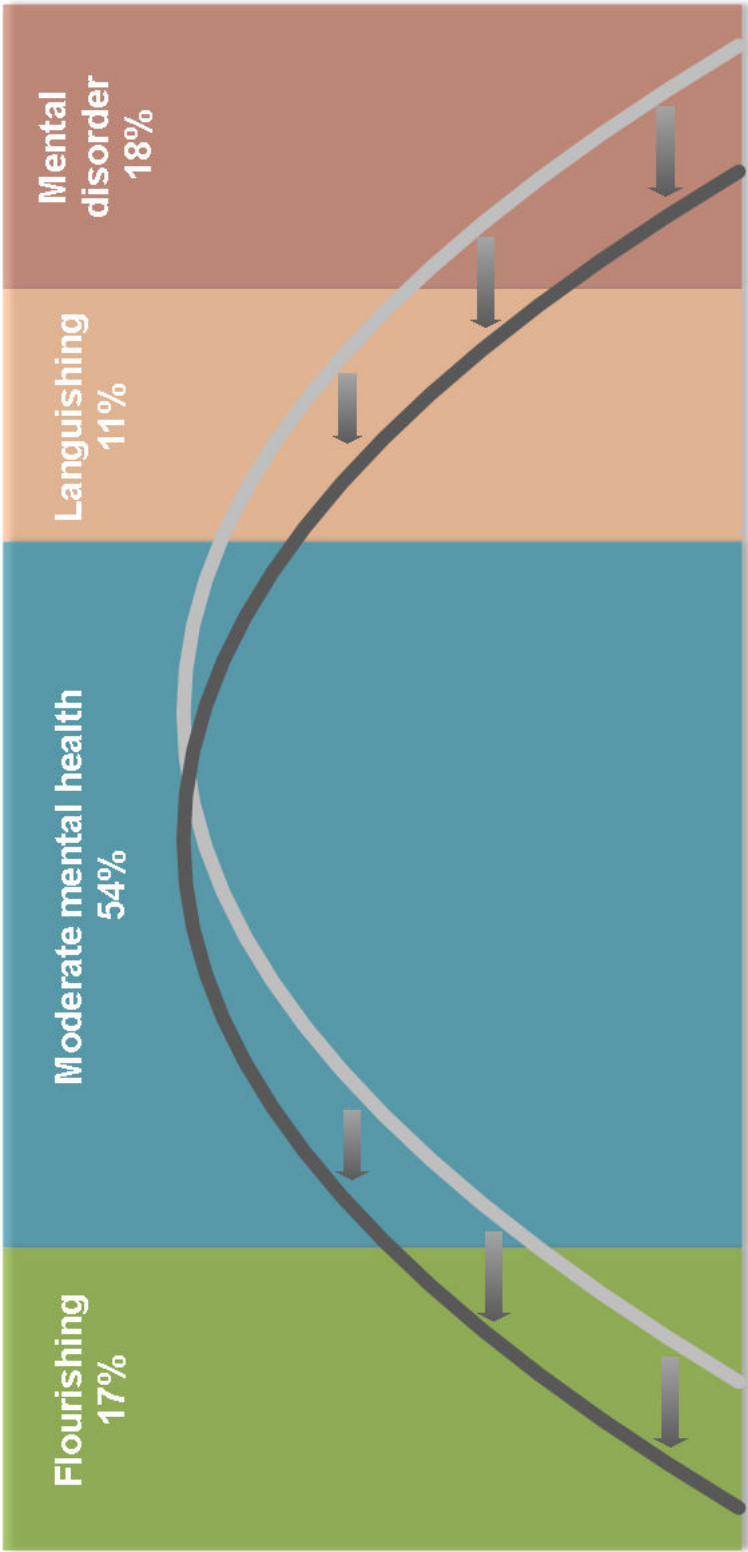
Why mental health matters - nationally

HaringeyStat



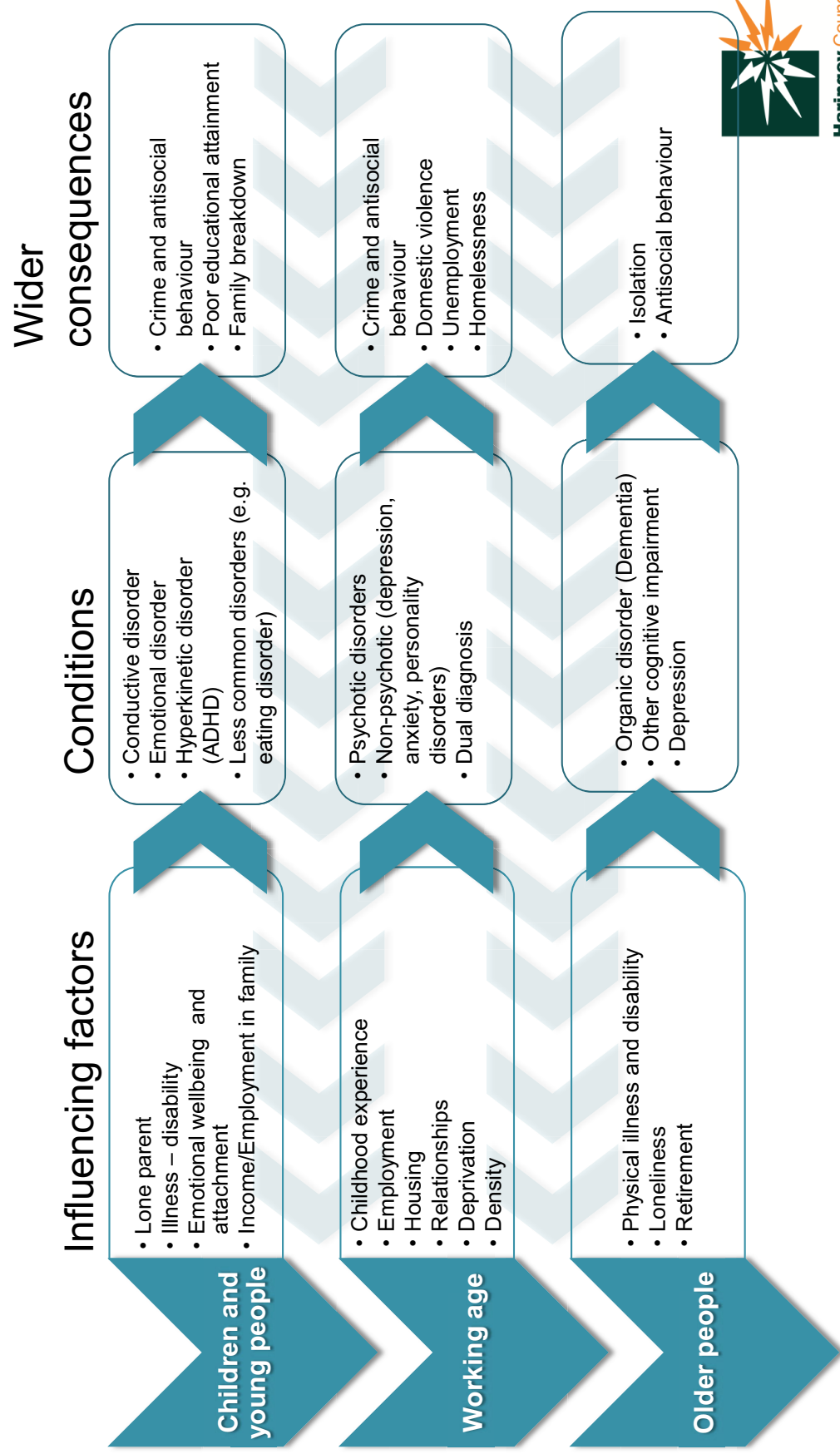
Population approach to mental health

HaringeyStat



Source: Adapted from Huppert 2005; prevalence figures are from Keyes 2005

From children to older people: impact across the life course



Children and young people

Key influencing factors for mental health in children and young people

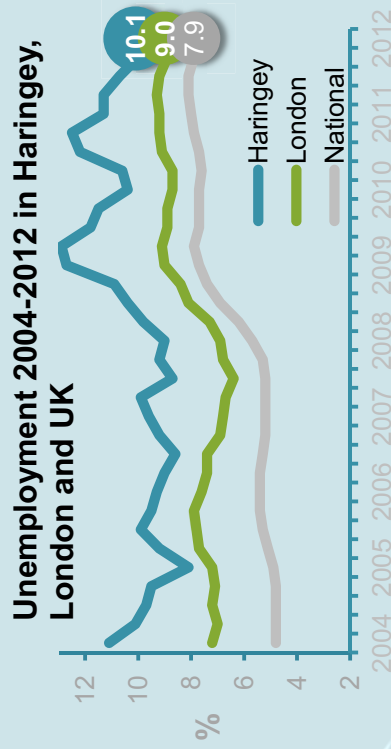
Children and young people

Working age

Older people

HaringeyStat

Unemployment



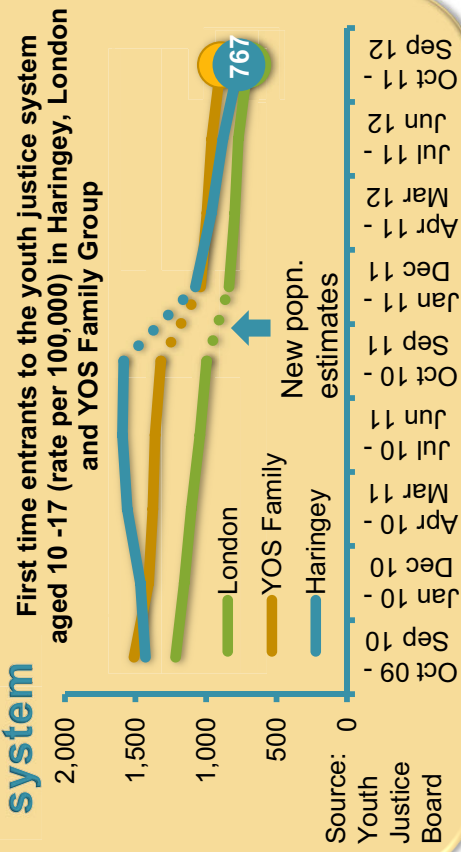
Family environment

10,647 lone parent households with dependant children. Higher proportion of households with dependant children are lone parent households (34% compared to 28% in London)

7,338 households with dependant children with no adults in employment. Higher proportion of households with dependant children have no adults in employment (23% compared to 18% in London)

Source: 2011 Census

Involvement in the criminal justice system



Disability

11,258 0-19 year olds have a long-standing disability (6,155 boys and 5,103 girls)

The level of need in Haringey (CYP)



Prevalence estimates of all children 5-16 years of age with mental health problems in Haringey (Inner London prevalence)

Condition	Prevalence	Estimate (3160)
Emotional disorder	3.1%	1139
Conduct disorder	4.5%	1653
Hyperkinetic disorder (ADHD)	1.8%	661
Less common disorder	0.7%	257

Source: Office for National Statistics, 2012. Green, H. et al (2004).

The number of young people in Haringey rose by over a tenth between 2001 and 2011 (12% , N=5012). However the proportion of CYP of the total population decreased (1%)

Boys are more likely to have conduct and hyperkinetic disorders and girls more likely to have emotional problems

575 children as of 31st March 2012

Prevalence estimates for Looked After Children 2012

Condition	Prevalence	Estimate (255)
Emotional disorder	11.7%	67
Conduct disorder	37%	212
Hyperkinetic disorder	7.3%	29
Less common disorder	3.7%	21

Source: Meltzer et al, 2003

Children with statement for special educational needs in Haringey



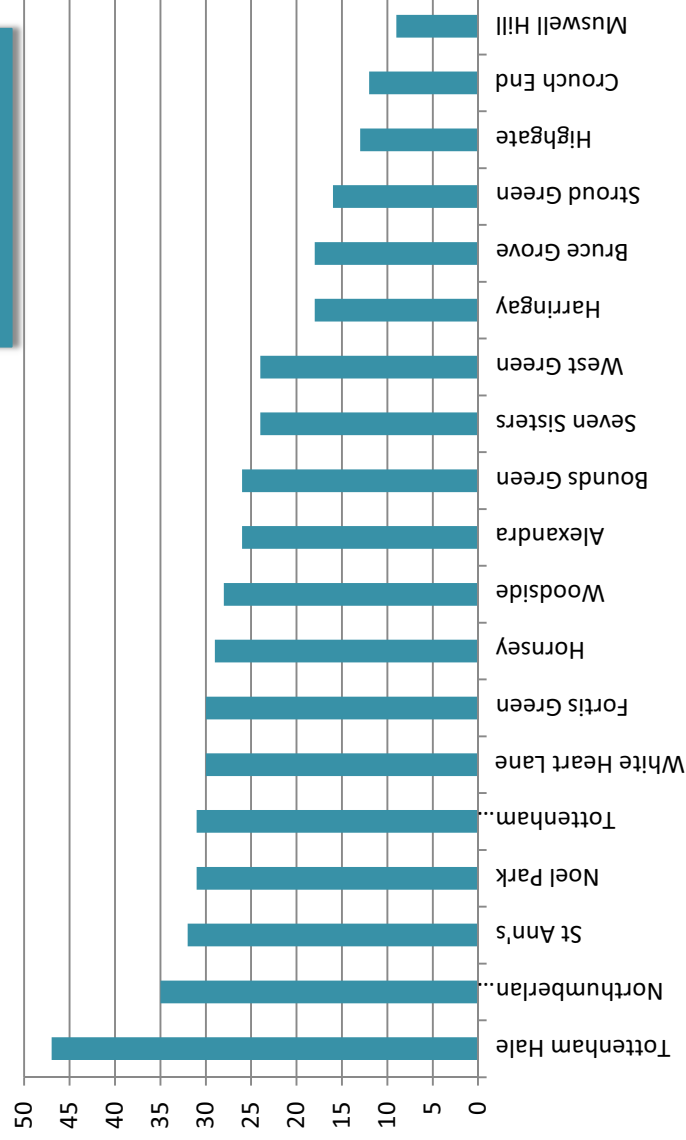
HaringeyStat

Autism in children with statement, by place of residence

(491)

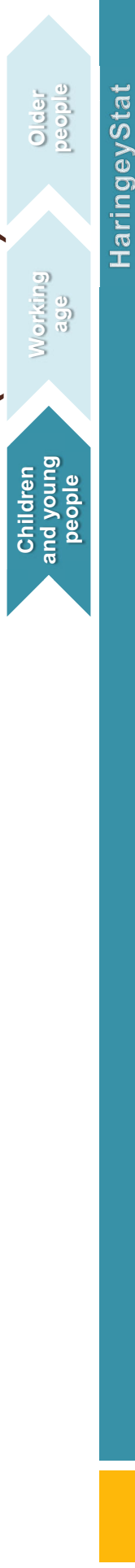
(2013, Haringey)

83% of children with autism are boys

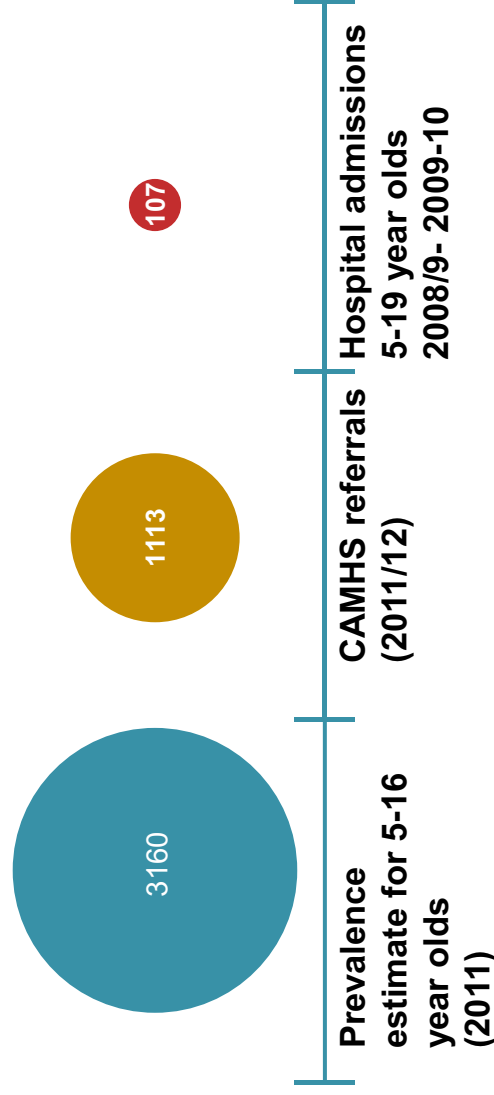


- The most common primary diagnosis was autism (35%) followed by moderate learning difficulties (21%) and emotional, behavioural and social difficulties (12%)

Access to mental health services (CYP)



Prevalence estimates, CAMHS referrals and hospital admissions



CAMHS REFERRALS

27% were Black British followed by White British (15%) and Turkish (7%)

Largest group aged 14-17 (40%) followed by 5-10 (31%) and 11-13 (23%).
6% <5y

The majority of referrals come from the east of the borough (30% reside in N17, 19% in N15 and 18% in N22). There are higher numbers of young people in these areas, but they are overrepresented in referrals.

Source: Public Health, 2011 Haringey Needs Assessment and Census 2011

Economic case for early prevention



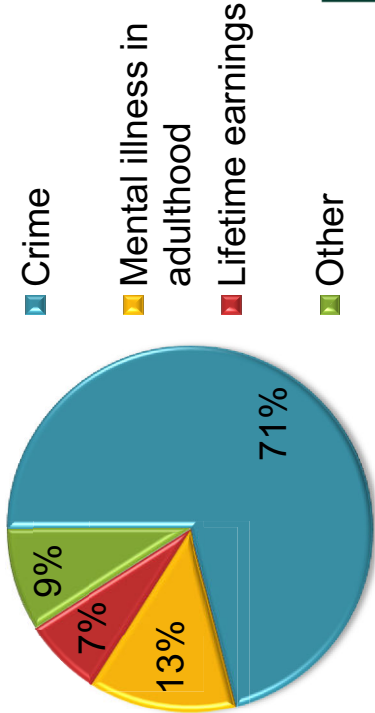
Long-term outcomes associated with conduct disorder

	Crime (OR)	Smoking (OR)	Drug (OR)	Depression (OR)	Suicide (OR)
No problem (50%)	1	1	1	1	1
Some conduct problems (45%)	1.95	1.24	1.51	1.24	1.69
Conduct disorder (5%)	4.13	1.59	2.59	1.57	3.00

Boys are more likely to have conduct disorders than girls

Lifetime cost of conduct disorders

Associated saving in lifetime cost is approx. **£230,000** per conduct disorder case prevented



Source: Friedli L and Parsonage M (2007) Mental health promotion: building an economic case

People of working age and older people



Key influencing factors for mental health in working age and older people

Children and young people

Working age

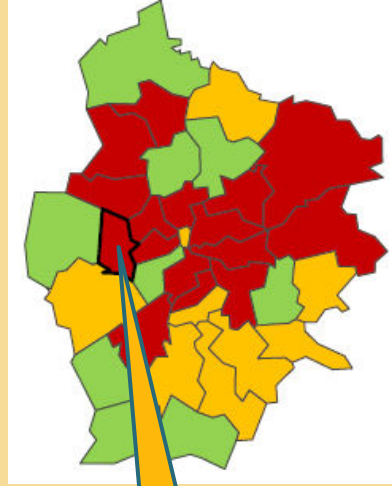
Older people

HaringeyStat

Marital status

33% of people are married compared to 39% in London and 46% in England and Wales.

Statutory homelessness



Source: DCLG

Living alone

A lower proportion of people over 65 live alone (7.8% compared to 9.6% in London)

However, a higher proportion of all people live alone in (24% compared to 22% in London and 18% in England and Wales)

Unemployment

85 out of 1,000 people of working age in Haringey are unemployed compared to 59 per 1,000 in England.

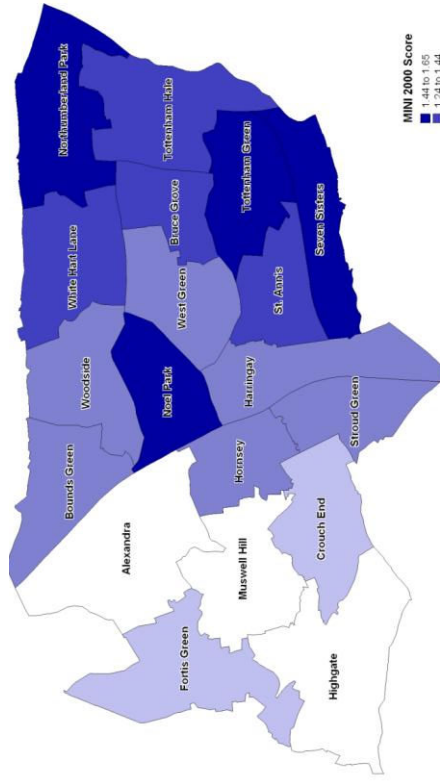


Haringey Council

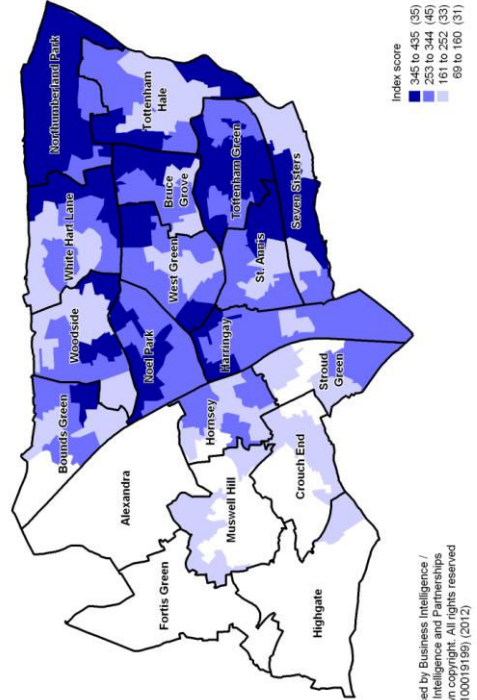
The level of need in Haringey (Adults)



Mental Health Needs Index (Mini 2000)



Index score of how likely people are to suffer from Schizophrenia
100 = National Average. Higher score = More likely
Haringey Super Output Areas
HOSAG 2010



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LBH (100019159) (2012)

Estimated prevalence of non-psychotic disorders in Haringey

Condition	Estimated number of people locally
Mixed anxiety and depression	15, 962
General anxiety	10, 072
Depression	6, 667
All phobia	4, 159
OCD	2, 941
Panic disorder	1, 593
Total	34, 485

Source: Mental Health Observatory,
NEPHO

5 in 1,000 people over 16 years of age live with psychotic disorder.
Estimated 1000 people locally

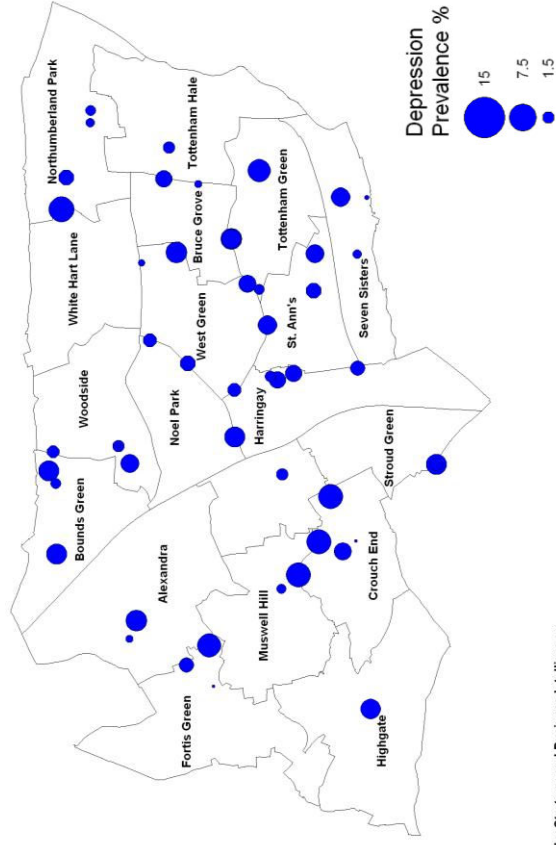


Access to mental health services: non-psychotic disorders - depression



Diagnosed depression in primary care
(15, 849)
 % of registered patients, Haringey July 2012

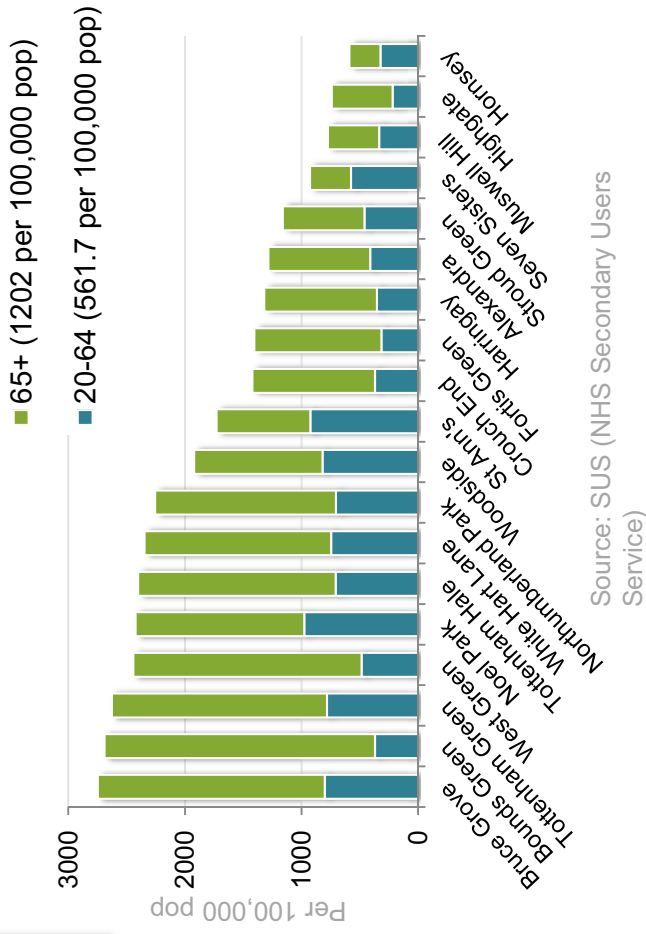
6,295 cases in west (9%)
 9,540 in east (6.7%)



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Source: QoF 2012

Depression related hospital admissions by ward (1,147)
 Hospital admissions 2011/12 Haringey (Excluding BEH MH Trust)



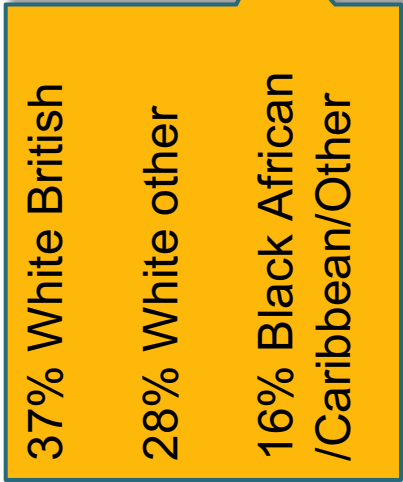
Source: SUS (NHS Secondary Users Service)



Access to services: IAPT services for mild to moderate depression and/or anxiety



IAPT = Improved Access to Psychological Therapies; Whittington Health



4112
people
referred

2271
received
treatment

1620
completed
treatment



Access to mental health services: psychotic disorders

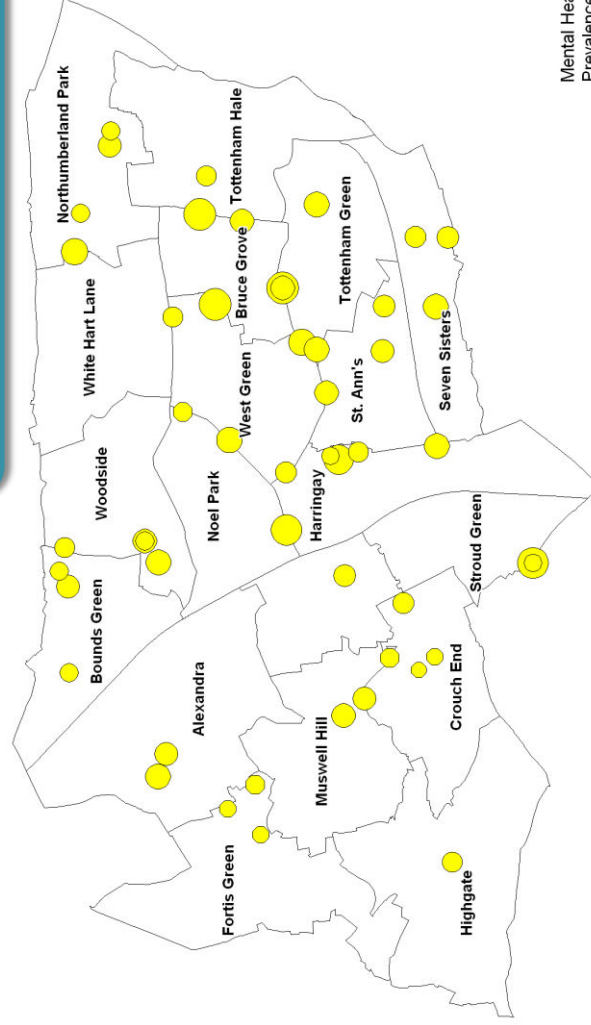


HaringeyStat

Diagnosed psychotic disorders in primary care (3,381) % of registered patients, Haringey July 2012

917 cases in west (1.2%)
2,462 in east (1.7%)

Mental Health Prevalence by GP practice
Quality and Outcomes Prevalence Data
July 2012



Mental Health
Prevalence

2.4
1.2
0.24

Source: QoF 2012

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Hospital admissions (DSR) 2009/10 to 2011/12 Excluding BEH MH Trust



Unipolar depressive disorders DSR 2009/10 to 2011/12

Admissions for schizophrenia, schizotypal and delusional disorders

Source: Community Mental Health
Profile 2013



Haringey Council

Access to mental health services: dementia

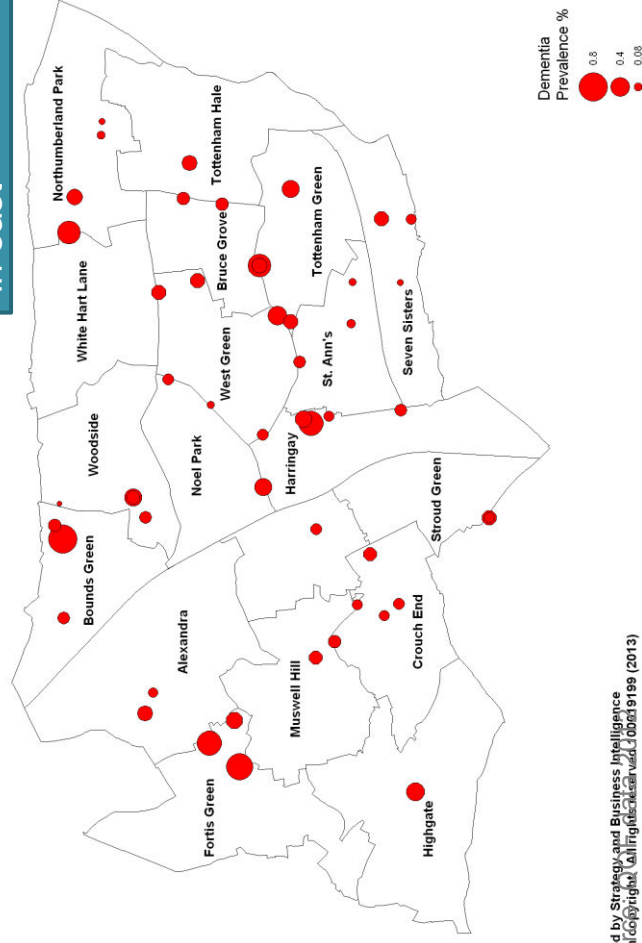


Dementia diagnosed in primary care (684)

% of registered patients, Haringey July 2012

255 (0.29%) in west, 429 (0.30%) in east

Dementia Prevalence by GP practice
Quality and Outcomes Prevalence Data
July 2012



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Total number of people on QoF register is 684 against estimated prevalence of 1387 (49%)

The proportion of people aged 65+ has fallen from 9.8% to 8.8% between 2001 and 2011 but the total number has increased by 2,604.

Source: SUS (NHS Secondary Users Service)

Access to BEH Mental Health Trust: hospital admissions

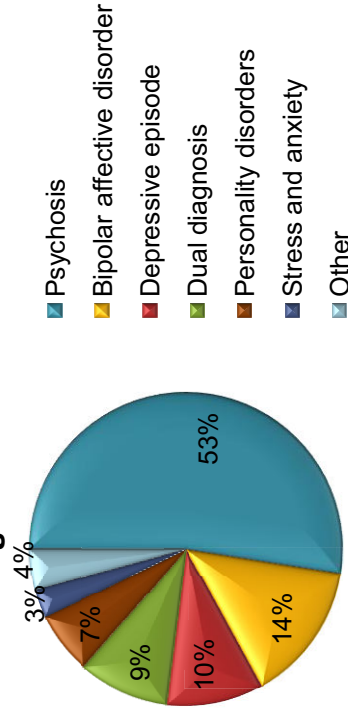


632 admissions for approx. 480 patients

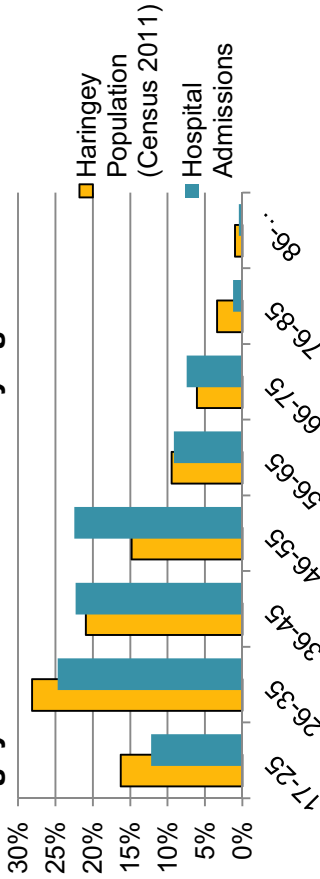
Average length of stay was 40 days

44% of admissions under MHA Section were for people from Black or Black British origin compared to 28% of other admissions

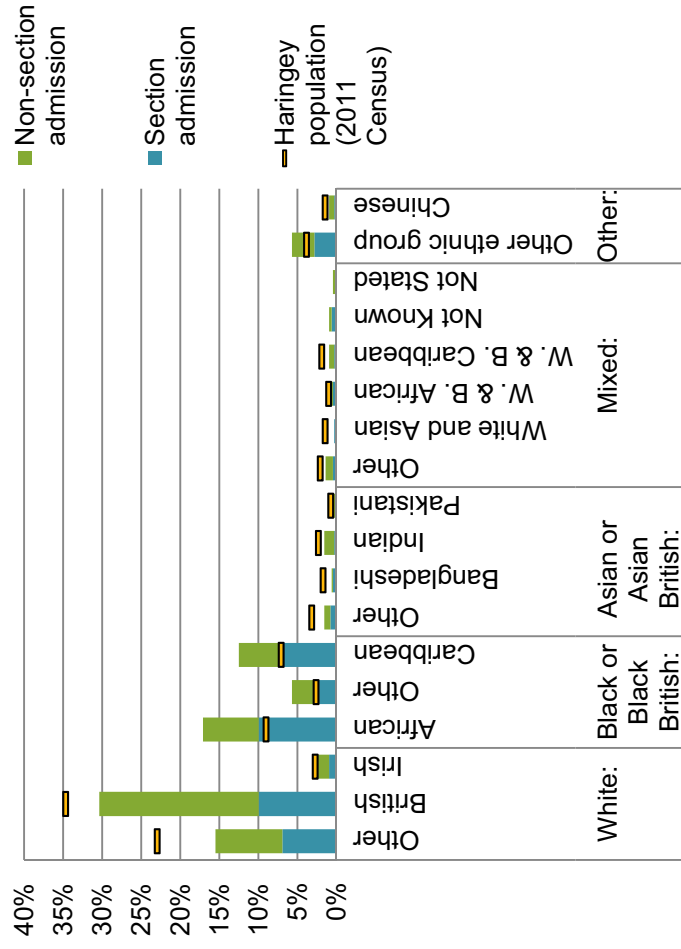
Most common diagnoses



Haringey admissions 2012/13 by age



Haringey admissions 2012/13 by Mental Health Act status and ethnicity

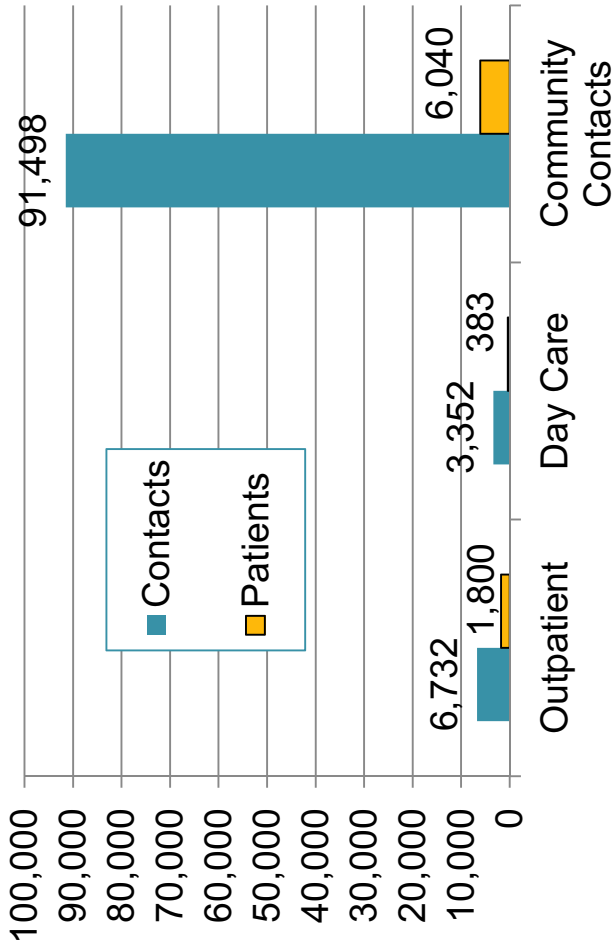


Access to BEH Mental Health Trust:

outpatient, day care and community activity



Number of contacts vs. number of patients



Contacts per patient: 3.7 8.8 15.1

DAY CARE

9% new cases and 91% follow-up

Most common diagnoses were psychosis (50%) and depression (7%).

Large proportion (17%) did not have specific diagnoses

OUTPATIENT CONTACTS

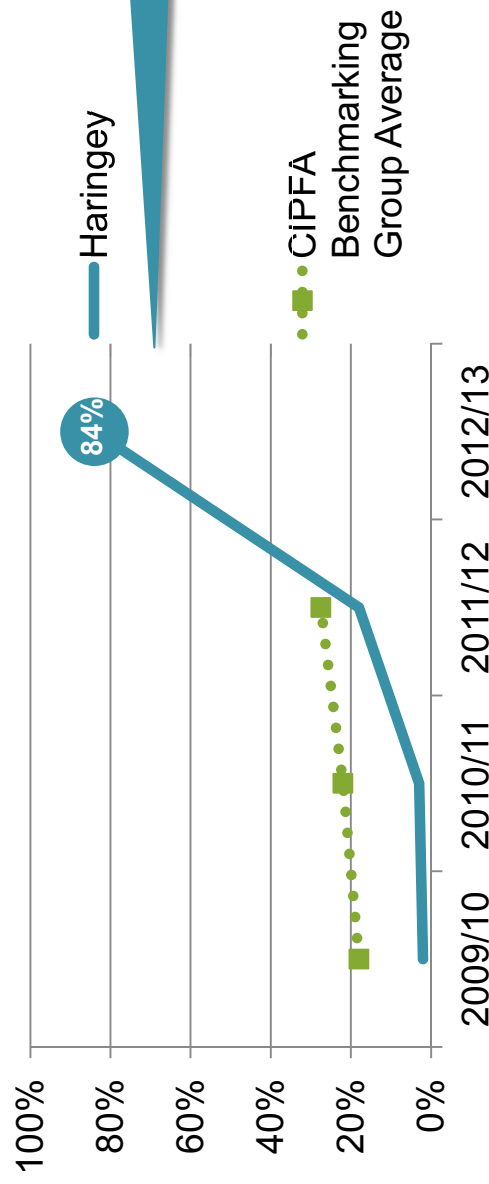
5% new cases and 95% follow-up

Most common diagnoses were psychosis (67%), dementia (7%), depression (6%) and dual diagnosis (4%).

Access to community care services



% Mental Health service users on Self Directed Support ("Personal budgets")



There were 309 MH clients aged 18-64 receiving self directed support in 2012-13 compared to 61 in 2011-12. This represents a 406% increase

Access to residential care and supported accommodation

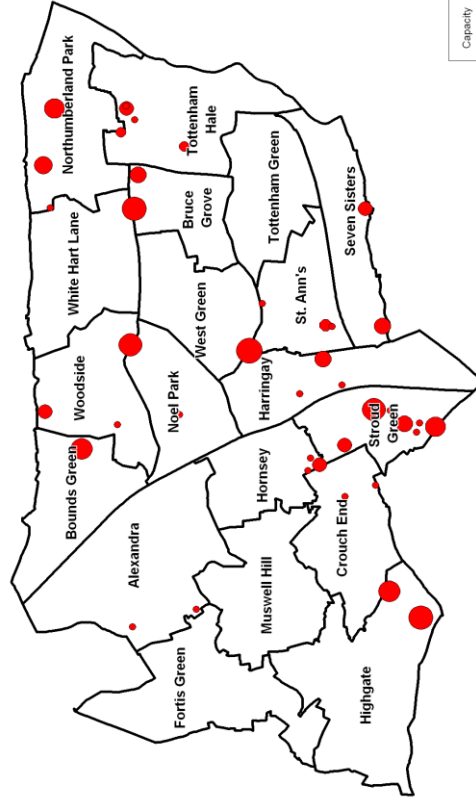
Children
and young
people

Working
age

Older
people

HaringeyStat

Mental health supported housing providers by capacity (2011)

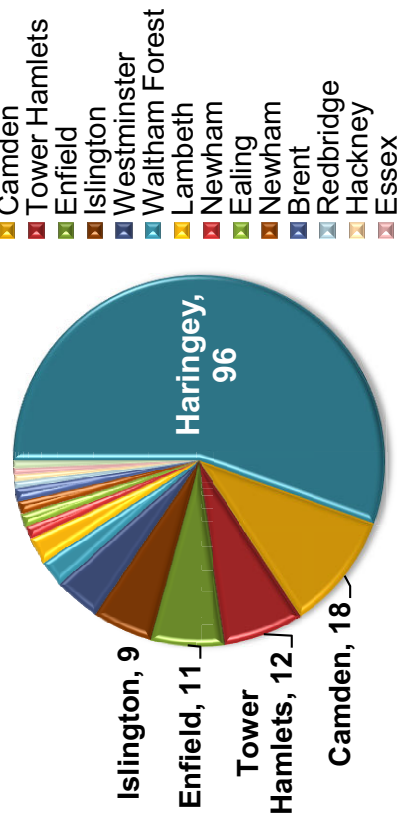


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© Crown copyright. All rights reserved LBH (100019199) (2011)

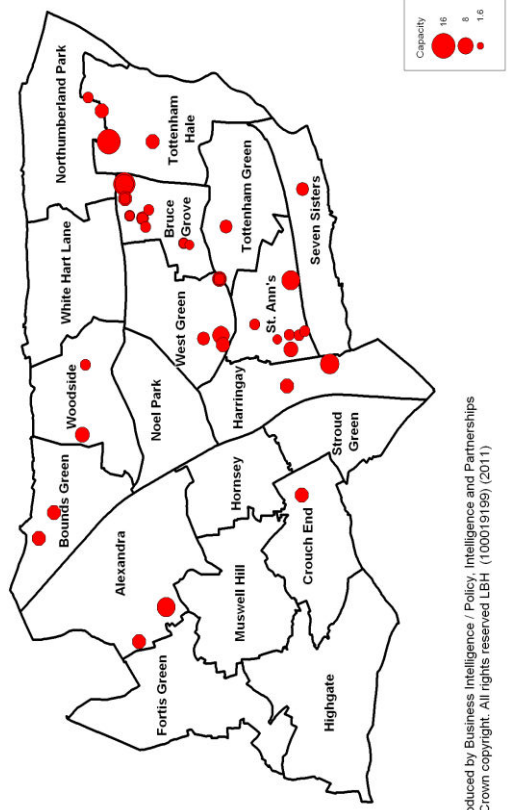
95% of known
capacity utilised

225 beds available,
only 100 used by LBH

Funding authority for mental health residential placements in Haringey



Mental health residential homes by capacity (2011)



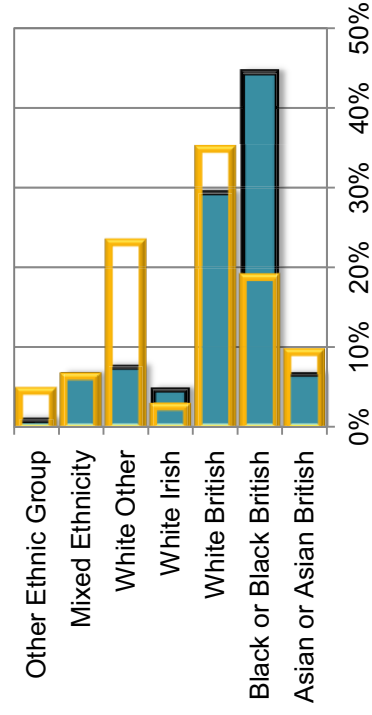
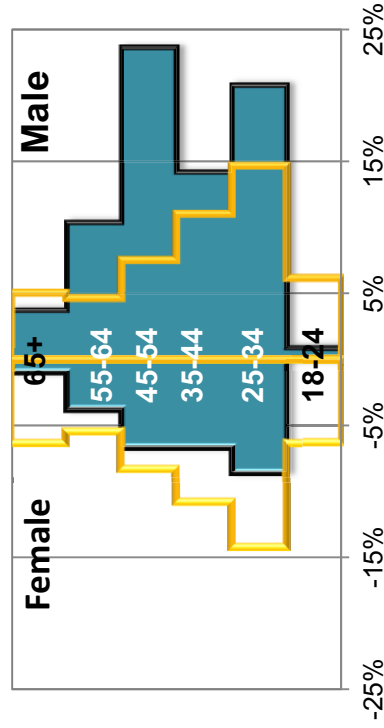
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Supported accommodation



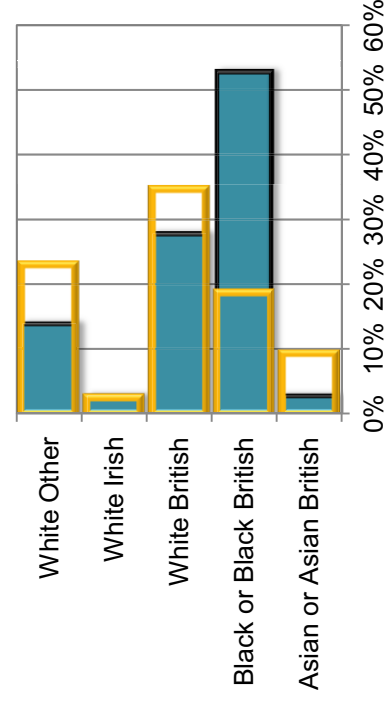
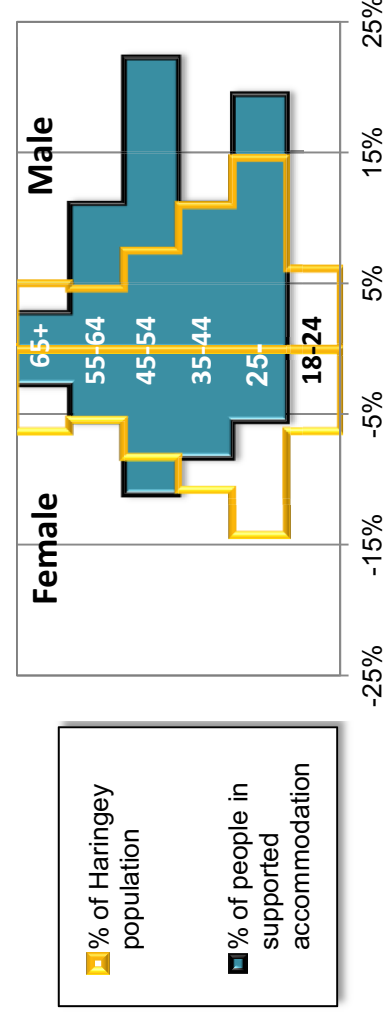
Supported Housing (Housing Related Support)

Over 100 units, running at nearly 100% capacity



Supported Living (private providers, places funded by Haringey Adult Services)

77 units, Haringey Adult Services uses about 95% of known capacity.



Source: Adult Commissioning Provider Survey July 2011

Agreed Action Points

HaringeyStat Six Action points

HaringeyStat

1. Children and Adolescent Mental Health Pathway (CAMHS): to look at the current pathway with a specific focus on referrals from community services and general practice, Tier 1 and Tier 2 services

2. Strengthen data sharing and improve intelligence across the partnership with a specific focus on young people and offenders

3. Explore strategies to direct young people with MH problems away from the criminal justice system

4. Consider how accessible our services are to men and tackle stigma

5. Improve our alignment of resources for MH and explore opportunities for joint commissioning

6. Supported housing and severe mental health problems: east and west difference



Haringey Council

Report for:	Adults and Health Scrutiny Panel, 19 th September 2013	Item Number:	
Title:	Scoping report – mental health and physical health		
Report Authorised by:	Cllr Gina Adamou Chair of the Adults and Health Scrutiny Panel		
Lead Officer:	Melanie Ponomarenko, Senior Scrutiny Officer, Strategy & Business Intelligence Melanie.Ponomarenko@haringey.gov.uk 0208 489 2933		
Ward(s) affected:	All	Report for Key/Non Key Decisions:	

1 Describe the issue under consideration

- 1.1 The Adults and Health Scrutiny Panel have agreed to undertake two projects focused on mental health:
- Physical health and mental health;
 - Access to accommodation for people with mental health needs;
 - It is anticipated that both of these projects will have a specific BME strand.
- 1.2 . The following provides a scope of the planned work on mental health and physical health which is to be agreed by the panel.

2 Cabinet Member Introduction

2.1 N/A

3 Recommendations

- 3.1 That the Adult and Health Scrutiny Panel discuss and agree the terms of reference and objectives set out in this report.

4 Other options considered

4.1 N/A

5 Background information

5.1 Under the agreed terms of reference, the Adults and Health Scrutiny Panel can assist the Council and the Cabinet in its budgetary and policy framework through conducting in depth analysis of local policy issues.

5.2 In this context, the Adults and Health scrutiny panel may:

- Review the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas;
- Conduct research, community and other consultation in the analysis of policy issues and possible options;
- Make recommendations to the Cabinet or relevant non-executive Committee arising from the outcome of the scrutiny process.

5.3 Cabinet Members, senior officers and other stakeholders were consulted in the development of an outline work programme for Overview & Scrutiny Committee and Scrutiny Panels. Project work undertaken by the Adults and Health Scrutiny Panel on mental health was agreed as part of this work programme by the Committee on the June 17th 2013.

6 National context

6.1 The [Health and Social Act of 2012](#)¹ put a responsibility on the health secretary to secure improvement “in the physical and mental health of the people of England”.

6.2 The government’s mental health strategy, “[No health without mental health](#)”² aims to mainstream mental health. The strategy includes a number of objectives to improve the mental health of the population. Most relevant to this project is objective 3:

More people with mental health problems will have good physical health:

- Fewer people with mental health problems will die prematurely; and
- More people with physical ill health will have better mental health.

6.3 The following points are taken from “[Whole person care: from rhetoric to reality – Achieving parity between mental and physical health](#)”³:

6.3.1 Poor mental health is associated with a greater risk of physical health problems, and poor physical health is associated with a greater risk of mental health problems. Mental health affects physical health and vice versa.”

¹ Health and Social Care Act 2012, www.legislation.gov.uk

² No health without mental health, 2011, HM Government

³ Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

6.3.2A 'parity response' should enable health and social care services to provide a holistic 'whole person' response to each individual and should ensure that people's mental health is given equal status to their physical health.

6.3.3 Research shows that people with mental health problems have higher rates of physical ill health and die earlier than the general population, largely from treatable conditions associated with modifiable risk factors such as smoking, obesity substance misuse and inadequate medical care. These factors lead to a reduced life expectancy and higher levels of physical ill health several decades later (relevant to Domain 2).

6.3.4 The life expectancy of those with severe mental illness is on average 20 year less for men and 15 years less for women, when compared to the population as a whole.

6.3.5 People with severe mental illness are significantly more likely to have worse physical health than those without; for example, those aged under 50 years of age are 3 times more likely and those aged 50-75 are 1.9 times more likely to die from coronary heart disease.

6.3.6 Efforts to reduce premature mortality must include a strong focus on increasing the life expectancy of people with mental health problems. This can contribute to achieving a reduction in deaths across all aspects of Domain 1 (NHS Outcomes framework Domain 1: Preventing people from dying prematurely).

6.3.7 People with mental health problems are less likely to receive interventions to address or prevent such behaviour. For example people with severe mental illness appear to be less likely to be prescribed several common medications for physical health conditions (largely cardiovascular problems).

6.3.8 **Smoking**

- People with mental health problems smoke more than the general population.
- Smoking is the largest cause of health inequality in people with mental disorder yet only a minority receives smoking cessation intervention.
- NHS stop smoking services do not record whether someone has a mental health problem or is taking medication for a mental health problem, despite national guidance requiring up to 50% reduction in doses of some medications for mental health problems within 4 weeks of cessation to prevent the risk of toxicity.
- Royal College of Physicians' Tobacco Group will publish a report on smoking and mental disorder in 2013.

6.3.9 **Diagnostic overshadowing**

- This describes what happens when healthcare staff incorrectly attribute symptoms of physical health to a mental health condition. For example people with diabetes who present at A&E are less likely to be admitted to hospital for diabetic complications if they have a mental illness.

6.3.10 Major public health issues, such as cardio vascular disease, cancer and obesity have complex presentations, encompassing both mental and physical health and social care interventions must be designed to respond to this complexity. For example, depression is associated with:

- 50% increased mortality from all disease
- Two fold increased risk of coronary heart disease and diabetes
- Three fold increased risk of death in the subsequent 4 years.

Schizophrenia is associated with:

- A two fold increased risk of diabetes and a two to three fold increased risk of diabetes.
- A two and a half times increased rate of mortality from all disease.
- Reduced life expectancy of 20.5 years for men and 16.4 years for women.
- Increased likelihood of death from coronary heart disease.

Source: Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

7 Local Policy context

7.1 The Haringey [Health and Wellbeing Strategy](#) is the Borough's overarching plan to improve the health and wellbeing of children and adults in our borough and to reduce health inequalities between the east and west. The strategy is informed by the Joint Strategic Needs Assessment and supported by a delivery plan.

7.2 The Strategy sets out three objectives:

- Outcome 1 - Every Child has the best start in life;
- Outcome 2 - A reduced gap in life expectancy; and of particular reference to this project
- Outcome 3 - Improved mental health and wellbeing

"We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates *and a suitable and stable place to live.*"

7.3 Priorities for outcome 3:

- Promote the emotional well being of children and young people
- Support independent living
- Address common mental health problems among adults
- Support people with severe and enduring mental health problems
- Increase the number of problematic drug users in treatment

8 Mental health needs assessment

8.1 The Panel received a presentation by Public Health at its Panel in July 2013. This presentation, '*Mental Health and Wellbeing*' provides an overview of the demographics and mental health needs in the borough.

8.2 The presentation can be found at Appendix A.

9 Aims, objectives and outcomes from scrutiny involvement

9.1 Terms of Reference:

To make an assessment of the physical health interventions and advice given to people with mental health needs across the care pathway in order to improve their physical health and wellbeing.

To make recommendations to improve the physical health of people with mental health needs in Haringey based on available evidence.

9.2 Objectives

- To gain an understanding of the link between physical health and mental health of Haringey residents.
- To identify the barriers for access to physical health intervention and advice for people with mental health needs (both personally and within the care pathway).
- To gain an understanding of the health interventions and advice available to people with mental health needs across the whole care pathway.
- To gain an overview of how partners are working together in order to improve the physical health of people with mental health needs in the borough.
- To ensure that a specific strand of the project focuses on BME communities.

10 Project Plan

Evidence session 1

Aim: To gain an understanding of the physical health needs of people with mental health needs in Haringey.

- What do we know about the physical health of people with mental needs in Haringey (in acute care and in the community)?

Evidence session 2

Aim: To gain an overview of what services are currently provided to improve the physical health of people with mental health needs.

- Current public health programmes targeting people with mental health needs.
- Current work undertaken by GPs to improve the physical health of people with mental health needs.
- Current work undertaken by BEH MHT to improve the physical health of people with mental health needs.
- Current work undertaken by the VCS to improve the physical health of people with mental health needs.

Evidence session 3

Aim: To gain an insight into patient experiences.

- Report back on patient survey
- Report back on patient/carer diaries
- VCS

Evidence session 4

Aim: to discuss and agree conclusions and recommendations.

Stakeholders

- BEH Mental Health Trust
- Public Health
- Clinical Commissioning Group
- Local Pharmaceutical Committee
- Healthwatch Haringey
- Haringey Association of Voluntary and Community Organisations
- Mental Health Support Association
- Mind in Haringey
- Patients
- Polar Bear Community
- Haringey User Network

	Aug. 13	Sept.	Oct.	Nov.	Dec.	Jan. 14	Feb.	Mar.	Apr.
Scoping									
Scoping agreed by Panel									
Scope agreed by OSC									
Meetings 1									
Consultation									
Reporting									
OSC									
Cabinet									

6. Comments of the Chief Financial Officer and Financial Implications

- 6.1 There are no finance implications arising directly out of this report. The work to support it will be carried out by officers of the stakeholder budgets and all costs should be met from existing resources.

7 Head of Legal Services and Legal Implications

- 7.1 The Head of Legal Services has been consulted on this Report. The draft Terms of Reference and Objectives are within the remit of the Panel.

8. Equalities and Community Cohesion Comments

- 8.1 Overview and scrutiny has a strong community engagement role and aims to regularly involve local stakeholders, including residents, in its work. It seeks to do this through:
- Helping to articulate the views of members of the local community and their representatives on issues of local concern
 - As a means of bringing local concerns to the attention of decision makers and incorporate them into policies and strategies
 - Identified and engages with hard to reach groups
 - Helping to develop consensus by seeking to reconcile differing views and developing a shared view of the way forward
 - The evidence generated by scrutiny involvement helps to identify the kind of services wanted by local people
 - It promotes openness and transparency; all meetings are held in public and documents are available to local people.
- 8.2 A number of engagement processes will be used as part of the work of the Adult and Health Scrutiny Panel and will seek to include a broad representation from local stakeholders. It is expected that any equalities issues identified within the consultation will be highlighted and addressed in the conclusions and recommendations reached by the panel.

9. Head of Procurement Comments

Not applicable.

10. Policy Implications

- 10.1 Haringey's Corporate Plan 2013/14 - 2014/15 sets out the council's strategic direction for the next two years and includes a number of outcomes being sought and the priorities associated with each outcome.

- 10.2 This project aims to contribute to

Outcomes linked to projects

Safety and Wellbeing for all: A place where everyone feels safe and has a good quality of life.

Priority – Reduce health inequalities and improve wellbeing for all

Opportunities for all: A successful place for everyone

Priority - Ensure that everyone has a decent place to live

11. Use of Appendices

11.1 All appendices are listed at the end of the attached report.

10.1 Appendix A – Mental Health and Wellbeing

12. Local Government (Access to Information) Act 1985

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Councillors Adamou (Chair), Bull, Erskine, Stennett and Winskill

Co-Optee Pam Moffat (HFOP)

Apologies Councillor

LC1. WEBCASTING

LC2. APOLOGIES FOR ABSENCE

None received.

LC3. URGENT ITEMS

None received.

LC4. DECLARATIONS OF INTEREST

Cllr Winskill declared that he is currently using the services of Whittington Health.

LC5. DEPUTATIONS/ PETITIONS/ PRESENTATIONS/ QUESTIONS

None received.

LC6. TERMS OF REFERENCE OF THE PANEL

Noted.

LC7. BEH CLINICAL STRATEGY - BOROUGH UPDATE

The panel received a presentation on the BEH Clinical strategy.

Key points noted:

- The strategy makes changes to maternity services and A&E.
- The drivers for change are patient safety and quality standards.
- Chase Farm isn't closing, it is changing.
- The programme is on track.
- The North Middlesex Hospital is growing and needs to recruit about 400 members of staff for the changes to go ahead, this is in progress.
- Barnet and Chase staff have been consulted and staff are currently being told the outcome of this consultation.
- Key aspects of the programme are consulting and engaging people about the changes.

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- The North Middlesex Labour Ward currently has 60 hrs consultant cover per week. Under changes this will increase to 90 hours per week.
- Midwives to patients ration is also improving.

In response to questions by the Panel it was noted:

- There is a directive from the Secretary of State to make the changes in the BEH Clinical Strategy.
- Clinical Commissioning Groups (CCG) will meet in September to make a judgement on when these changes will take place.
- The programme is currently working towards the changes taking place in November.
- The CCG decision in September will be based on clinical safety.
- If the changes do not go ahead it would have a significant impact on Haringey residents.
- The Royal Free Hospital is keen for the changes to go ahead.
- There is a potential legal challenge from Enfield Council with regards to the changes going ahead, and work is being done by the BEH clinical strategy team around this. The legal challenge is based on access to primary care.
- The recruitment and workforce changes need to be in place to ensure the changes to services are successful and go ahead.
- There is a Quality and Safety Scorecard which is monitored regularly.
- NHS England are due to visit both sites.

The Panel was invited to visit the North Middlesex Hospital to see the how the buildings works are being developed and accepted the invitation.

Agreed:

- The Panel would visit North Middlesex Hospital.
- The Panel supports the BEH Clinical strategy changes going ahead.

LC8. MENTAL HEALTH AND WELLBEING

The Panel received a presentation (as attached).

Key points noted:

- 48% of Employment and Support allowance claimants whose condition is “mental and behavioural disorders”.
- There is an improving picture around independent living.
- Suicide rates are higher than the national average and are higher in the East of the Borough.
- Suicide rates are also higher in men aged between 25-44 years of age.
- There are high rates of mental health needs in Haringey.
- The No Health without Mental Health strategy and the New Economic Foundation both say that prevention is key.
- Population approach to mental health – there is a need to focus on the 11% classed as ‘languishing’ and move to ‘good mental health’. This means those with symptoms which are not diagnosed.
- Life course events are important.

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- Factors which impacts/influences a child's mental health:
 - Family environment
 - Disability
 - Adults in employment
 - Involvement in the criminal justice system
- We rely on national research and prevalence data to estimate local needs.
- Looked After Children in Haringey are one of the best nationally for good wellbeing.
- A longitudinal study in New Zealand (over 20 years) showed that those with mental health needs are three times as likely to commit suicide.
- There is a higher number of boys with autism in the East of Haringey and a difference between prevalence and referral rates. This needs to be looked at in more detail to understand the reasons behind this.
- Adults are more likely to have mental health needs if they are living alone.
- Homelessness is also a risk factor, and you are also more likely to be homeless if you have mental health needs.
- Women are more likely to access IAPT (Improving Access to Psychological Therapies). This is linked to 'health seeking behaviour' rather than prevalence.
 - IAPT has employed staff from a range of communities to attempt to increase uptake across the borough.
- People with mental health needs are being placed within the borough, and subsequently need services.
- Haringey is in the top 3 in London for rate of psychosis.
- It is estimated that only about 50% of people with dementia in the borough are diagnosed.

In response to questions from the Panel it was noted:

- The higher incidence of autism in the East of the borough doesn't necessarily mean there is a higher autism rate, just that they are more likely to be diagnosed and receive support.
 - It is difficult to say what the true prevalence is as evidence is not there to support it.
- Diagnosis of depression is by GP surgery, not by a person's postcode.
- GP Practice size will have an impact on figures.
- Data suggests that you are more likely to develop mental health needs if you live with someone who has mental health needs themselves.
- People with mental health needs are more likely to die on average ten years earlier than average.
- Getting a person reconnected to power can take weeks, this has an impact on a person being discharged from acute care.
- There is a need to improve access to other accommodation so that people are not unnecessarily in expensive acute beds.
- What does the community think they need in terms of mental health services? For example in relation to housing. This would include asking patients and carers as well as the wider community - Dr Djuretic noted that it would be a useful aspect for the panel to consider.

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The Panel agreed to undertake two projects focusing on mental health:

1. Access to accommodation for people with mental health needs, including on discharge from acute care.
2. The link between physical health and mental health.

It was agreed that both of these projects would have a specific BME strand to them.

ACTION:

Panel Members would send any specific objectives or areas they would like included in the scope to the Scrutiny Officer.

LC10. WHITTINGTON HEALTH - TRANSFORMING HEALTHCARE FOR TOMORROW

Key points noted:

- The Whittington Health Clinical Strategy is the main driver to changes, with other strategies following this.
- Integrated care is a way of thinking for example Enhanced Recovery
 - Systematic with patient at the centre.
 - Getting people up and about quickly.
 - Multi-disciplinary case conferences.
- Ambulatory care is about keeping people moving/walking and not in beds for long periods of time.
- Aim to make decisions on care needs faster so that patients aren't admitted just because the decision maker isn't available at the time.
- If you lie down for long periods of time your fitness deteriorates very quickly.
- Maternity - The aim is to have 4,700 births per year.
- Bed numbers - Any reduction in bed numbers will only take place if there is a reduction in activity.
 - Best estimate is that the number of beds will be stable for at least the next 18 months.
- Whittington Health recognise that they upset the community in the way that they consulted previously.
- Following the listening exercise changes have been made to the Estates Strategy.

In response to questions from the Panel it was noted:

- When NHS organisations became Trusts they could not take any surplus properties with them. Any surplus properties were taken back to the Secretary of State.
- There is an ongoing discussion with Haringey on integrated care and pooled budgets.
 - There is a Transformation Board which has member of the CCG and Whittington Health on it. The Council is due to be invited onto this.
- The Panel asked whether they would be able to see notes of these meetings and was informed that these would be sent.

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Cllr Adamou noted that she is happy that there is no cap on maternity and raised concerns about ensuring that older people are not moved out of hospital too soon.

Action

- Dr Battle to send notes of the Transformation Board to the Panel.

The Chair thanked representatives for her recent visit to the Whittington Hospital site which she found very useful.

LC11. WORK PROGRAMME 2013/ 14

The Panel queried how their role fits with private residential homes.

The Panel felt that more information was needed on the Corporate plan for example:

- What is the background and context?
- Where have the priorities come from?
- What consultation took place?
- What are the current performance figures in relation to the targets?

AGREED:

- The Corporate Plan would form an agenda item on the Overview and Scrutiny Committee work plan.
- Cllr Winskill would be invited to informal meetings between the Chair of the Panel and Healthwatch Haringey.

ACTIONS:

- Scrutiny Officer to check scrutiny's role in relation to private residential homes.

LC12. MINUTES

The Panel queried when the training mentioned by the Cabinet Member on the Health and Wellbeing Board would be taking place.

The minutes were agreed.

ACTION:

- Scrutiny Officer to follow up when the Member training will be on the Health and Wellbeing Board.

LC13. JHOSC MINUTES

Cllr Bull invited the Panel to the forthcoming 111 call centre visit.

Minutes were noted for information.

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LC14. LGG TRAINING SLIDES - 'THE NEW HEALTH LANDSCAPE'

Noted.

LC15. FEEDBACK FROM AREA CHAIRS

None received.

LC16. NEW ITEMS OF URGENT BUSINESS

None received.

LC17. DATE OF FUTURE MEETINGS

Noted.

Clr Gina Adamou

Chair