



OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY 21 APRIL 2009

7.00 PM *

COMMITTEE AGENDA

**COMMITTEE ROOMS 1 & 2,
HARROW CIVIC CENTRE**

** Please note revised start time of meeting.*

MEMBERSHIP (Quorum 4)

Chairman: Councillor Stanley Sheinwald

Councillors:

**Manji Kara
Mrs Vina Mithani
Janet Mote
Anthony Seymour
Dinesh Solanki
Yogesh Teli
Mark Versallion**

**Mrs Margaret Davine
B E Gate
Mitzi Green (VC)
Jerry Miles**

Representatives of Voluntary Aided Sector: Mrs J Rammelt/Reverend P Reece

Representatives of Parent Governors: Mrs Despo Speel/Mr Ramji Chauhan

(Note: Where there is a matter relating to the Council's education functions, the "church" and parent governor representatives have attendance, speaking and voting rights. They are entitled to speak but not vote on any other matter.)

Reserve Members:

**1. John Cowan
2. Ashok Kulkarni
3. Narinder Singh Mudhar
4. Don Billson
5. G Chowdhury
6. Salim Miah
7. Mrs Camilla Bath
8. Tom Weiss**

**1. Krishna James
2. Phillip O'Dell
3. Ms Nana Asante
4. Mrs Rekha Shah**

**Issued by the Democratic Services Section,
Legal and Governance Services Department**

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HARROW COUNCIL

OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY 21 APRIL 2009

AGENDA - PART I

1. **Attendance by Reserve Members:**

To note the attendance at this meeting of any duly appointed Reserve Members.

Reserve Members may attend meetings:-

- (i) to take the place of an ordinary Member for whom they are a reserve;
- (ii) where the ordinary Member will be absent for the whole of the meeting; and
- (iii) the meeting notes at the start of the meeting at the item 'Reserves' that the Reserve Member is or will be attending as a reserve;
- (iv) if a Reserve Member whose intention to attend has been noted arrives after the commencement of the meeting, then that Reserve Member can only act as a Member from the start of the next item of business on the agenda after his/her arrival.

2. **Declarations of Interest:**

To receive declarations of personal or prejudicial interests, arising from business to be transacted at this meeting, from:

- (a) all Members of the Committee, Sub Committee, Panel or Forum;
- (b) all other Members present in any part of the room or chamber.

3. **Minutes:** (Pages 1 - 12)

That the minutes of the meeting held on 16 March 2009 be taken as read and signed as a correct record.

4. **Public Questions:**

To receive questions (if any) from local residents/organisations under the provisions of Overview and Scrutiny Procedure Rule 8.

5. **Petitions:**

To receive petitions (if any) submitted by members of the public/Councillors under the provisions of Overview and Scrutiny Procedure Rule 9.

6. **Deputations:**

To receive deputations (if any) under the provisions of Overview and Scrutiny Procedure Rule 10.

7. **References from Council/Cabinet:**

(if any).

8. **Minutes of the Performance and Finance Scrutiny Sub-Committee Meeting held on 31 March 2009:** (To Follow)
The minutes of the Performance and Finance Scrutiny Sub-Committee held on 31 March are to follow. Members are requested to receive and note/agree any actions arising for this Sub-Committee.
9. **Report from Lead Scrutiny Members:** (Pages 13 - 18)
10. **Delivering a Strengthened Voluntary and Community Sector:** (Pages 19 - 32)
Report of the Director of Community and Cultural Services

The Portfolio Holder for Community and Cultural Services will be in attendance for this item.
11. **Children's Trust:** (Pages 33 - 38)
Report of the Corporate Director of Children's Services
12. **Adoption Service:** (Pages 39 - 48)
Report of the Corporate Director of Children's Services
13. **Children Looked After Pan London Pledge:** (Pages 49 - 58)
Report of the Corporate Director of Children's Services
14. **Safeguarding Children and Young People:** (Pages 59 - 70)
Report of the Corporate Director of Children's Services
15. **Children and Young People's Plan 2009-11:** (To Follow)
Report of the Corporate Director of Children's Services

The Portfolio Holders for Children's Services and Schools and Children's Development will be in attendance for items 11-15 above.
16. **Extended Schools Review - Final Report:** (Verbal Report)
Report of the Assistant Chief Executive
17. **Progress report on Harrow Scrutiny's response to Healthcare for London Consultation on Stroke and Major Trauma Services in London:** (Pages 71 - 84)
Report of the Assistant Chief Executive
18. **Place Survey - Findings:** (To Follow)
Report of the Assistant Chief Executive
19. **Scrutiny Work Programme:** (To Follow)
Report of the Assistant Chief Executive
20. **Report from the Performance and Finance Scrutiny Sub-Committee Chairman:** (Pages 85 - 94)
21. **Any Other Business:**
Which the Chairman has decided is urgent and cannot otherwise be dealt with.

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REPORT OF OVERVIEW AND SCRUTINY COMMITTEE

MEETING HELD ON 16 MARCH 2009

Chairman:	* Councillor Stanley Sheinwald	
Councillors:	* Mrs Margaret Davine * B E Gate * Manji Kara * Jerry Miles * Mrs Vina Mithani * Janet Mote	* Anthony Seymour * Mrs Rekha Shah (4) * Dinesh Solanki * Yogesh Teli * Mark Versallion
Voting	(Voluntary Aided)	(Parent Governors)
Co-opted:	† Mrs J Rammelt * Reverend P Reece	* Mr R Chauhan † Mrs D Speel

- * Denotes Member present
- (4) Denotes category of Reserve Members
- † Denotes apologies received

[Note: Councillor Navin Shah also attended this meeting to speak on the item indicated at Minute 509 below].

PART I - RECOMMENDATIONS

RECOMMENDATION I - Overview and Scrutiny Committee Terms of Reference

Members considered a report of the Assistant Chief Executive, which proposed changes to the terms of reference of the Committee, largely to reflect changes arising from the Local Government and Public Involvement in Health Act 2007. It was

Resolved to RECOMMEND: (to Council)

That the revised terms of reference of the Overview and Scrutiny Committee, as set out at Appendix 1 to these minutes, be approved.

PART II - MINUTES498. **Attendance by Reserve Members:**

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

<u>Ordinary Member</u>	<u>Reserve Member</u>
Councillor Mitzi Green	Councillor Rekha Shah

499. **Declarations of Interest:**

RESOLVED: To note that the following interests were declared:

Agenda Items 9/10/11/12 – Annual Health Checks – Developing Scrutiny's Commentaries on NHS Trusts' Declarations to the Healthcare Commission/Overview of Cost Improvement Programme/Interim Report on Fire Incident on 11 February 2009/Provision of Primary Care Services in Harrow East

Mr Ramji Chauhan, a representative of parent governors on the Committee, declared personal interests in items 9-11 in that his son was being treated at Northwick Park Hospital.

Councillor B E Gate declared personal interests in items 9-12 in that his wife worked for a General Practice in the borough, his daughter worked part-time in another, and he was an outpatient at Northwick Park Hospital.

Councillor Vina Mithani declared personal interests in items 9-12 as she worked for a Health Protection Agency.

Councillor Janet Mote declared personal interests in items 9-11 as her daughter who was a nurse worked for a Trust. She also declared a personal interest in item 12, as her mother lived in Harrow East.

Councillor Anthony Seymour declared personal interests in items 9-11 in that he had been a patient at Northwick Park Hospital and a relative had been treated at St Mark's Hospital.

Councillor Rekha Shah declared personal interests in items 9-12 in that she was employed by Brent Council in the Community Health Team.

Councillor Stanley Sheinwald declared personal interests in items 9-11 in that he was receiving treatment as an outpatient at Northwick Park Hospital.

Councillor Dinesh Solanki declared personal interests in items 9-11 as his daughter worked at Northwick Park Hospital.

Councillor Yogesh Teli declared personal interests in items 9-11 in that he had been a patient at Northwick Park Hospital, and his uncle was a user of the services offered by Harrow Primary Care Trust and the Council.

Councillor Mark Versallion declared personal interests in items 9-11 as he was a non-Executive Director to the North West London Hospitals NHS Trust. He did not envisage his personal interests to become prejudicial during the course of discussions on the items.

They would remain in the room and take part in the discussion and any decision on the items.

500. **Minutes:**

RESOLVED: That the minutes of the meeting held on 10 February 2009 be taken as read and signed as a correct record.

501. **Public Questions:**

RESOLVED: To note that no public questions were put at the meeting under the provisions of Overview and Scrutiny Procedure Rule 8.

502. **Petitions:**

RESOLVED: To note that no petitions were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 9.

503. **Deputations:**

RESOLVED: To note that no deputations were received at the meeting under the provisions of Overview and Scrutiny Procedure Rule 10.

504. **References from Council/Cabinet:**

RESOLVED: To note that there were no references from Council or Cabinet.

505. **Change in Membership of the Performance and Finance Scrutiny Sub-Committee:**

Following a proposal from the Conservation Group, it was

RESOLVED: That Councillor Mrs Eileen Kinnear be replaced by Councillor Vina Mithani as 4th Reserve on the Performance and Finance Scrutiny Sub-Committee.

506. **'Annual Health Checks' - Developing Scrutiny's Commentaries on NHS Trusts' Declarations to the Healthcare Commission:**

The Chairman welcomed representatives of the Trusts that served Harrow to the meeting.

An officer introduced the report of the Assistant Chief Executive, which set out the background to the Healthcare Commission's Annual Health Check for NHS Trusts with suggestions for the role of scrutiny in providing commentaries to Trusts. She referred to the requirement for NHS Trusts to declare compliance with standards set by the Department of Health and an assessment based on national indicators. The Healthcare Commission encouraged commentaries from third parties as a reality check.

She stated that commentary from scrutiny had to be based on evidence and submitted to the Trusts by 1 May 2009 for inclusion in their submissions to the Healthcare Commission. The Commission's response was expected in October 2009.

Rob Hurd, Chief Executive of the Royal National Orthopaedic Hospital, and Charlie Sheldon, Director of Nursing; Dr Alex Lewis, Medical Director of the Central and North West London NHS Foundation Trust; Sarah Crowther, Chief Executive of the Harrow Primary Care Trust, and Fiona Wise, Chief Executive of the North West London Hospitals NHS Trust, each addressed the meeting and introduced their draft declarations of compliance against core standards for the 2008/09 Annual Health Check.

Royal National Orthopaedic Hospital

The Committee was informed that the Trust was reporting compliance with 21 core standards. Three core standards had not been met: C13b (obtaining consent) due to insufficient audit evidence at present, and a decision at Board level would be taken during the following week as to whether C20 (a safe and secure environment which protected patients, staff and visitors of their property and physical assets of the organisation) and C21 (environments which promoted effective care and optimised health outcomes by being well-designed and well-maintained with cleanliness levels in clinical and non-clinical areas that meet the national specifications for clean NHS premises) would be declared not met or partly met. C20 and C21 had been met on some aspects and not on others so the discussion would be on whether the standards were partly met overall. In light of the age of the buildings, it was likely that C21 would be declared as being non-compliant.

In response to Members' questions, Rob Hurd reported that the timetable for achievement of Foundation Trust status was 1 December 2009 but was subject to a significant degree of risk. The viability of delivering a new hospital was in question. 2010 could therefore be a more realistic timescale. Since the previous year, the Trust had already improved on its use of resources and quality of services and was already on target to deliver another surplus in 2008/09. The major issue was the weakness in quality due to access times and not in the quality of care provided. Significant progress had been made regarding access times in the last year and the prediction was for a fair score.

With regard to core standard C13, two audits to check compliance had been undertaken but there had been no assurance that the Trust was fully compliant on this standard. Since the audits, new policies had been implemented and full compliance was expected.

The backlog in maintenance due to the outdated facilities was noted. The Health Commission hygiene code visit had identified a clean environment given the circumstances. An outline business case had been approved to sell two thirds of the land and rebuild in the centre of the site. However, due to the economic situation and resultant reduced land sale values including difficulty in raising funds, a phased approach towards the rebuilding of the Hospital would be taken. The business plan included the short, medium and long-term plans with a two year procurement phase and three to five year rebuild programme. The demand for services grew at a rate of 10% each year. The Trust intended to expand its services in the next 10-15 years and would take into account demographic changes.

The Trust needed to be seen to be addressing the standards in order to be regarded as an area of excellence. With regard to payment by results, the Trust was at average cost but higher than average cost in specialist areas. New tariffs would be implemented shortly and 20% more work was coming through with an increase in numbers of both private and NHS patients.

The Chairman thanked the Chief Executive and Director of Nursing and wished the Trust success in obtaining Foundation Trust status.

Central and North West London NHS Foundation Trust

Dr Alex Lewis, in presenting the report on behalf of the Chief Executive, referred to the workshops held for Overview and Scrutiny Committees which gave the opportunity to scrutinise and for Executive Leads to consider compliance and take into account whether any significant lapses had taken place in the year. Detailed examination of the Health Commission's cross-checking data was carried out. An internal audit check was awaited.

The Trust was expected to declare full compliance with all 24 core standards. Compliance was also expected on three new elements: C11b (staff concerned with all aspects of the provision of healthcare participated in appropriate mandatory training), C4c (kept patients, staff and visitors safe by having systems which ensured that all re-usable medical devices were properly decontaminated prior to use and that the risks associated with decontamination facilities and processes were well arranged) which was new for mental health trusts and C7e (discrimination is challenged, equality is promoted and human rights respected) on human rights. In responding to Members' questions, it was stated that, in order for the Trust to maintain its position, there would be more rigorous cross-checking of data, increased feedback from the Healthcare Commission and concentration on areas where the highest score was not achieved. An example of this was a more rigorous approach to appointments with the Trust having its own assessment centre before applicants were formally interviewed.

A Member asked if other Trusts could learn from the processes adopted by North West London NHS Foundation Trust. In response, the Trust's representative stated that although the Trust had been rated fourth in the country for the provision of in-patient facilities, the Trust was not complacent and was planning forward with a view to redeveloping further in-patient facilities at Northwick Park Hospital. Discussions with North West London Hospitals NHS Trust were taking place in this regard. Other sites would also be developed further with a view to introducing state-of-the-art facilities. The Trust was waiting to be informed regarding funding for Asperger and high functioning Autism services.

Members were pleased with the training arrangements and the services provided to users. The Scrutiny Lead Members for Adult Health and Social Care complimented the Trust on the work carried out by its staff based at Northwick Park Hospital, which they had witnessed during their recent visit to the Unit.

It was noted that up to 800 beds were provided by the Trust across London boroughs and the Trust's turnover was £200m. Reaching out to the diverse communities was a challenge for the Trust and it tried to ensure that the diverse communities were reflected in their staffing structures.

The Committee congratulated the Trust on an excellent report, which showed that there had been no significant lapses in meeting its core standards.

Harrow Primary Care Trust

Sarah Crowther referred to the two declarations made by PCTs, both as providers and as commissioning organisations. Some core standards applied to both aspects and some to one only. Whilst the Trust was anticipating that all core standards would be met, it was still collating evidence on some areas. An Internal Audit report on evidence gathering would provide the assurance that processes were in place.

In response to Members' questions, she informed the Committee that, following the Baby P case, the Secretary of State required all NHS organisations to undertake a review of their capacity, capability and systems in relation to child protection. This review was now under way and the PCT was examining the evidence gathered.

With regard to training, all clinical and support staff were expected to have mandatory training on child protection. School nurses received a higher level of training than other clinical staff. Although data was awaited on C2 (children were protected by following national child protection guidelines) and C5a (confirmation with National Institute for Clinical Excellence technology appraisals and adherence to nationally agreed guidance when planning and delivering treatment and care), the Trust was confident from the projections that the standards would be met.

She considered that a higher level of delivery had resulted from the amalgamation of Harrow PCT provider services with those of Ealing. The PCTs would concentrate on commissioning. A specific Director of Clinical Services had been appointed.

A recent lapse in data protection had been investigated and an action plan implemented in order to prevent a recurrence. Training and quality assurance system requirements had been identified.

The level of infection control training had been considered too low in the previous year but the C4a (keeping patients, staff and visitors safe by having systems to ensure that the rise of healthcare acquired infections to patients was reduced) target was expected to be reached in 2008/09. There was a focus on Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile (C-difficile). There were two elements of C5c (ensure clinical continuously updated skills and techniques relevant to clinical work): a reviewed framework had been put in place, and there had been an increase in the number of appraisals. Up to 90% of staff were being appraised and personal development plans were in place.

She expected the PCT to obtain an excellent rating within two years. A major change had been in the use of resources assessment and the strengthened governance arrangements which had been put in place. She was of the opinion that the fair rating would be maintained for 2008/09 and she expected the rating to improve in the following year.

The Committee thanked Sarah Crowther for her input.

North West London Hospitals NHS Trust

Fiona Wise stated that the Trust was measured on the same core standards as the RNOH and referred Members to the documents produced by the RNOH. She referred to the spot checks undertaken by the Healthcare Commission on five standards and reported that the Trust was one of only five to achieve compliance. Since the 2007/08 Annual Health Check, a new process had been introduced whereby the Trust Board's Sub-Committee were charged with overseeing compliance of core standards. The Sub-Committees had concluded that there was compliance with all healthcare standards. Standard C20a (a safe and secure environment which protected patients, staff, visitors and their property, and the physical assets of the organisation) would be reviewed again but Ms Wise was confident that compliance would be achieved.

In response to Members' questions, Fiona Wise stated that, whilst a surplus had been achieved the previous year, there was the historic debt of approximately £24 million. The possibility of putting aside the debt had been mooted but the details of a system to facilitate this had not yet been decided.

The Trust had performed exceptionally well on the existing targets but had failed on some new ones regarding patient experience and the audit of data that had not been quality assured. Efforts would therefore be made to ensure that the targets were reached for 2008/09.

Hospital staff were able to access risk register(s) for children and child protection plans. There was good joint working amongst the PCT, NHS and the Council with regard to this issue.

The recent fire at Northwick Park Hospital had had an impact on Standard C20a regarding the safety of buildings. It was reassuring that the Hospital had been able to evacuate patients safely and with speed during the recent fire.

There was no reason why the Trust could not improve on its 2007/08 score of 'fair' in the quality of services and 'weak' in its use of resources but until the historic debt was dealt with it could not to be classified as being 'fair'. Moreover, the Trust had not been advised of the thresholds for all the targets, for example the collection of ethnicity information. However, there were 'good news' stories and the trajectory of travel was good. Unfortunately, the Trust was often judged on its past history.

The Chairman thanked Fiona Wise.

RESOLVED: That (1) the Committee's comments on each of the NHS Trusts' draft declarations to the Healthcare Commission as set out above, form the basis of its commentaries to the NHS Trusts; and

(2) the Chairman of the Overview and Scrutiny Committee, in consultation with the Policy and Performance Scrutiny Lead Members for Adult Health and Social Care, approve the final scrutiny commentaries to the NHS Trusts on behalf of the Committee.

507. **Overview of Cost Improvement Programme:**

Members received a report from Fiona Wise, Chief Executive of North West London Hospitals NHS Trust, which set out an outline of the proposals to reduce costs and increase income for the Trust. In so doing, the Trust was mindful of the need to minimise the impact on staff and to ensure that reductions in the pay bill were enduring and sustainable.

Fiona Wise stated that savings of £32m needed to be identified, and that all Trusts were required to make efficiency savings of £10m in the context of their budgets. Additionally, a redistribution of revenue into Teaching Hospitals would reduce the Trust's budget by £4m. The Trust had identified a saving of £16m, and consultations with staff were continuing. Whilst the Trust was looking to reduce the number of staff employed, it was also actively seeking to recruit some specialist staff.

Members were concerned about the impact of the proposals on junior doctors and pharmacy posts, whether care for the elderly would be affected, the cost associated with employing temporary and agency staff, the support available to staff to find employment elsewhere and the changes proposed to Information Technology. Fiona Wise was also asked if comparisons with other hospitals had been undertaken, and to provide brief comments on the outcomes of any bench-marking exercises carried out. A co-opted member was concerned as to how the Trust intended to ensure that it remained clinically and patient focussed during these challenging times.

Fiona Wise informed the Committee that the Trust would not fund the training of junior doctors, as this was the responsibility of the Deanery, which had recently announced that, because of a lack of funds available, it could not support junior doctor posts. The Trust employed 110 pharmacists and would examine processes to ensure that resources were used as efficiently as possible. There was scope to become more efficient in the provision of care for the elderly. The Trust was looking to provide care for the elderly in two wards at Northwick Park Hospital instead of the three at present. The proposals were expected to enhance patient care and there were no proposals to introduce a charging policy for patients. £10m was spent on 'bank' staff and £5m was spent on agency staff, such as midwives who were in short supply nationally. Ms Wise undertook to provide data and targets.

The Committee was informed that an employee assistance programme was in place to support staff who were seeking alternative employment. Costs associated with the provision of services to other Trusts would be reviewed in order to ensure that actual costs were charged.

A number of changes in the IT system were envisaged, such as automated responses and booking-in systems. Support services would also be reviewed. The number of managers and administrative staff employed by the Trust was low. These posts were considered necessary to provide support to other staff.

Fiona Wise stated that the North West London NHS Trust compared favourably with similar Trusts but it needed to improve its communication. Procurement of services was shared with neighbouring Trusts. A key issue was whether services ought to be provided at both Northwick Park and Central Middlesex Hospitals.

Fiona Wise was pleased to report that the Trust would achieve Accident and Emergency targets for the first time in recent years and that its mortality rates were good. She was not able to respond on the impact on the Trust's financial position should it be successful or unsuccessful in its bid to provide new stroke care services as part of the Healthcare for London proposals. However, it was essential that the Trust had implementation plans in place.

RESOLVED: That (1) the report be noted;

(2) the Chief Executive for North West London Healthcare NHS Trust provide data on 'bank' and agency staff it employed and associated costs to the Committee.

508. **Interim Report on Fire Incident on 11 February 2009:**

Fiona Wise, Chief Executive of North West London Hospitals NHS Trust, introduced the report on the fire at Northwick Park Hospital on 11 February 2009. She informed Members that the Trust's Board would consider a further report on this matter in late-March. She described the lessons learnt and stated that these would be discussed with other agencies, including the emergency services, which had provided support during the incident. Some independent sectors had helped with the carrying out of routine operations.

Fiona Wise described how the fire had occurred in one of the three main electrical sub-stations at the hospital, as a result of which the safety of the other two sub-stations had been examined and essential repairs undertaken.

Members were concerned about the general safety of electrical sub-stations and queried whether the damage done by the fire would be covered by insurance. They asked what alternative arrangements had been put in place and whether a Continuity Plan had been drawn up. The charging policy of the hospitals that had helped during the emergency and whether the cost would be covered by insurance were queried by Members. Health and safety concerns within the perimeter of the Hospital blocks were raised by a co-opted member, who also asked if the Children's Ward had re-opened.

In response, Fiona Wise stated that the Children's Ward would re-open on 1 May 2009. A Continuity Plan was in place but the public needed to be mindful that these were exceptional circumstances faced by Northwick Park Hospital. A number of bed-spaces had been reduced at the Hospital following the fire. She requested details of the health and safety issues raised by a Member and undertook to investigate these concerns. Members were informed that, during the emergency, staff had also been moved to other hospitals to care for patients that had been transferred and this had proved challenging. It was hoped that additional costs incurred during the emergency would be covered by insurance.

Members were informed that the final report would be issued in due course but that no date could be given at this stage.

A Member stated that during such times, it was important to acknowledge that the NHS was the best service in the world. Staff at Northwick Park Hospital had excelled, particularly during the fire incident.

Fiona Wise thanked the Member for the recognition, which she would pass to the staff at the Hospital.

RESOLVED: That the report be noted.

509. **Provision of Primary Care Services in Harrow East:**

Sarah Crowther, Chief Executive of Harrow Primary Care Trust (PCT), introduced a report, which updated Members on the development work being undertaken on the proposals for a new model of care for Harrow East, following approval by the PCT Board to proceed with the planning of a programme and preparation of a consultation plan. A further report would be submitted to the PCT Board at the end of March 2009 and it was expected that consultation would commence in May 2009. The PCT Primary and Community Care Strategy outlined the model of care proposed for Harrow and, as part of its proposals, had identified the need for polyclinics to be located in Harrow Town Centre and Wealdstone Centre. Discussions with the Council's Corporate Director of Place Shaping were continuing with regard to the suitability of various sites.

Sarah Crowther informed Members that, whilst lessons had been learnt from the establishment of a polyclinic at Alexandra Avenue, the project, on the whole, had been

a success. The opening hours had been extended and, whilst the PCT continued to lobby the Transport for London (TfL) for better public transport facilities, it was mindful that, when compared to many other sites, Alexandra Avenue Polyclinic was situated on a bus route and the premises were within walking distance from a tube station. She acknowledged that easy access was desirable and the demographics of areas ought to be taken into account when siting similar services. However, all public sector bodies, including the PCT, were restricted in the number of parking spaces that could be made available due to planning policies.

A Member who was back-benching and speaking on behalf of his constituents stated that the lack of information on the proposals for Harrow East was causing anxiety in the community. It was essential that information on the proposals, the timetable for redevelopment and details of engagement with local residents be in the public domain.

In response, Sarah Crowther stated that there were no specific proposals for Harrow East and for the future redevelopment of the closed Kenmore Clinic site, but she reiterated that the PCT Board would consider proposals in April 2009 for a Harrow East Poly-system and would take the Kenmore Clinic site into consideration as there had been a clear commitment from the PCT to redevelop the site. A Clinical Reference Group had been established and would advise the Board on these matters. It was not possible to predict timescales beyond the procurement timetable or comment on the size and design of the proposals at this early stage.

A Member pointed out that it was not always convenient for patients to travel by bus, particularly the elderly and those with young children. A waiting area for those collecting patients by car and disabled parking spaces ought to be provided. In response, Sarah Crowther stated that broader modes of transport needed to be considered. It was important that the correct levels of services were available, for example in a GP-led Health Centre and in polyclinics. A mix of services was essential to stop people from accessing these at hospitals unnecessarily.

Members asked about the proposals in respect of the closed Mollison Way Surgery. In response, Sarah Crowther identified the various milestones. In addition to the existing site, alternative sites would also be examined with a view to relocating the Surgery. It was intended to commence full service in November 2009 and the PCT was looking to ensure that massive improvements were in place including extended opening hours as, previously, the Surgery had only opened for 3 hours a day.

RESOLVED: That the report be noted.

510. **Draft Sustainable Community Strategy:**

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to enable consideration of the report prior to its consideration by Cabinet on 26 March 2009. A paper setting out the responses to the consultation together with officer comments and recommendations about the inclusion of the comments was tabled at the meeting. This was not available at the time the agenda was despatched as the end of the consultation period was after its despatch. Officers also needed to give consideration to the comments received from the consultation before making their recommendations.

An officer introduced the draft Sustainable Community Strategy and referred to the paper tabled at the meeting. He added that from the 161 comments received, 56 had been taken on board by officers and would be recommended to Cabinet.

The officer described the level of consultation carried out and was pleased to report that more interest had been received in the draft Strategy than in previous years.

A Member asked questions about the link between the Sustainable Community Strategy and the Sustainable Communities Act 2007 and whether the Strategy was driven by the Act. He asked whether any attempt had been made to link submission of proposals required by the Act with the Strategy. Another Member questioned the number of penalties issued by the Council for littering.

In response, the officer stated that the Strategy and the Act were not directly linked, but the Council should have regard to the Strategy in considering whether to forward submissions under the Act to the Local Government Association.

In relation to the question on penalties issued for littering, the officer undertook to make enquiries and respond to Members. He noted that the penalties issued might require publicity.

Members sought clarification on some of the many actions recommended in the paper tabled at the meeting. In relation to Wealdstone Town Centre, officers were recommending that the Strategy did not require amending further. A great deal of energy had been spent recently in re-opening Wealdstone High Street to 2-way traffic to increase passing trade for shops and there was no capacity at present for further regeneration. The comment that Wealdstone needed investment in attracting small businesses was considered to be an unrealistic aspiration in the current economic climate.

RESOLVED: That the report be noted.

511. **Councillor Call for Action:**

In accordance with the Local Government (Access to Information) Act 1985, a report of the Assistant Chief Executive was admitted late to the agenda in order that the Committee could consider the new the Councillor Call for Action (CCfA) provisions before they came into effect on 1 April 2009. The report had been produced after the main agenda was despatched to enable the inclusion of further detail about CCfA, which was provided at an Improvement and Development Agency (IDeA) event hosted by Harrow Council on 6 March 2009, and in light of the fact that the CCfA provisions would come into effect on 1 April 2009.

An officer introduced the report, which proposed a mechanism for adoption of a CCfA in line with that envisaged in the Local Government and Public Involvement in Health Act 2007 and the Police and Justice Act 2006. The officer stated that the process of CCfA should always be viewed as a measure of last resort and should be considered after the Council's robust Corporate Complaint Policy had been exhausted. She drew Members' attention to the process map for CCfA.

Members asked questions about the role of the Scrutiny Lead Members in the CCfA process, and the impact of the CCfA on community safety issues. With regard to the latter, the Policy Scrutiny Lead Member for Safer and Stronger Communities had requested a briefing from the Council's Crime Reduction Unit.

The officer responded that fear of crime was an issue for the borough and that the CCfA process identified the Joint Agency Tasking Co-ordination Group (JATCG) as an appropriate forum for the raising of community safety issues. She added that the Scrutiny Lead Members would serve as a filter in the first instance for CCfA referrals.

A Member stated that it was important that the process was used effectively and that this new opportunity was publicised. Training was an essential component and ought to be included in the Member Development Programme.

RESOLVED: That (1) the report be noted;

(2) the officer working group be advised of any local issues around the implementation of the Councillor Call for Action, which might affect its practical implementation;

(3) the officer working group be authorised to progress local plans around the implementation of CCfA; and

(4) training be included in the Member Development Panel for 2009/10.

512. **Overview and Scrutiny Committee Terms of Reference:**

Further to Recommendation 1, it was

RESOLVED: That the revised terms of reference be agreed.

513. **Report of the Scrutiny Lead Members:**

The Committee considered a written report of the issues considered by the Scrutiny Lead Members for Children and Young People, Safer and Stronger Communities and Adult Health and Social Care at their quarterly meetings in January and February 2009. The Lead Members had considered various issues, as follows:

Scrutiny Lead Members for Children and Young People

Overview and Scrutiny Committee Meetings held on 10 February and 21 April 2009, the latter focusing on Children and Young People Issues
Transition from Children to Adults
Safeguarding

Scrutiny Lead Members for Safer and Stronger Communities
Community Safety

Harrow Strategic Assessment 2008/09
Community Cohesion

Scrutiny Lead Members for Adult Health and Social Care
Adults and Housing Transportation Programme Plan
Safeguarding Adults
Local PCT Issues
Scrutiny Work Programme.

The Scrutiny Policy Lead Member for Adult Health and Social Care provided an update on the work undertaken since the report was written. As the Council's representative on the pan-London Joint Overview and Scrutiny Committee, she had recently attended a meeting, which had considered the Healthcare for London proposals on acute stroke services and major trauma care. The Royal Free and Imperial Hospitals had attended the meeting to give evidence and a number of issues had been highlighted at the meeting. There had been some discussion on running an international campaign similar to the one that had been run in the USA.

The same Member stated that, together with the Scrutiny Performance Lead Member for Adult Health and Social Care, she had visited the Central and North West London NHS Foundation Trust's unit at Northwick Park Hospital. The 25-bed acute in-patient unit was well managed and they were pleased to see that a complaint procedure was in place.

In response to a question about a blue badge scheme, the Scrutiny Policy Member for Adult Health and Social Care stated that discussions about the abuse of the system had taken place with the Corporate Director of Adults and Housing who had undertaken to investigate the situation.

RESOLVED: That (1) the transition from children's to adults' services be included in the Committee's work programme for 2009/10 with a view to work, starting in September 2009 and that, in the meantime, research be undertaken to identify good practice elsewhere;

(2) in relation to safeguarding children, further meetings be held with the Head of Service for Safeguarding and Family Support, the Joint Head of Learning Disability Services and other key officers;

(3) the evaluation of the Individual Budgets scheme be presented to the Committee after its consideration by Cabinet in March 2009 and that, in the meantime, the Scrutiny Lead Members for Adult Health and Social Care receive a briefing from the Divisional Director of Community Care on the findings which had informed the report to Cabinet;

(4) a report and action plan on the joint commissioning of the learning disabilities service be included on the scrutiny work programme and submitted to the April 2009 meeting of the Committee.

514. **Report from the Performance and Finance Sub-Committee Chairman:**

The Chairman of the Performance and Finance Scrutiny Sub-Committee introduced the report, which set out the items that had been considered by the Sub-Committee at its meeting on 21 January 2009.

A Member, referred to recent press reports alleging that Kier Group Ltd, the Council's Partner in delivering the asset management programme, had traded in the illegal exchange of builders' personal data, and suggested that these ought to be examined as the allegations impacted on the reputation of the Council. The Chairman of Performance and Finance Scrutiny Sub-Committee agreed to discuss the concerns expressed by the Member outside the meeting.

RESOLVED: That the issues set out in the report of the Performance and Finance Sub-Committee meeting held on 21 January 2009 be noted.

515. **Any Other Business:**

(i) Cabinet Decisions

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to allow Members to comment on the circulation of Cabinet decisions following the receipt of a letter dated 12 March 2009 from the Legal and Governance Services Directorate.

A Member informed the Committee that a hard copy of Cabinet decisions

would no longer be circulated to Members. He advised that the letter stated that Members would continue to receive email notification that the Cabinet minutes had been published.

The Member was of the view that this decision was detrimental to the scrutiny function and to Members who did not use email. Those Members would lose the power to call-in Cabinet decisions. Additionally, it would adversely affect the role of the Overview and Scrutiny Committee and back-benching Members. He stated that in future more consultation should be carried out before similar decisions were made. The Chairman agreed to raise this matter with the Leader of the Council.

RESOLVED: That the Chairman of the Overview and Scrutiny Committee raise the above concerns with the Leader of the Council.

(ii) Care Matters – Harrow's response to the Children and Young Person's Bill 2007 – Mandatory Training Sessions

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to ensure that a previous decision of the Committee would be implemented.

A Member commented that the Member Development Programme 2009/10 did not include reference to the mandatory training session for Councillors on their corporate parenting role which the Committee had previously requested be held by July 2009.

Another Member, speaking in her capacity as the Chairman of Corporate Parenting Panel, undertook to make enquiries and confirm that the training had been arranged and that it was mandatory.

RESOLVED: To note that Chairman of the Corporate Parenting Panel would make the necessary enquiries with regard to the training session for Councillors on their corporate parenting role and report back.

(iii) Overview and Scrutiny Committee – October 2009

In accordance with the Local Government (Access to Information) Act 1985, this item was admitted late to the agenda to allow Members to be updated on the Committee's decision in December 2008 to re-arrange the 7 October 2009 meeting, which was scheduled to be held during the Conservative Party Annual Conference Week.

An officer apologised that no progress with rearranging this meeting had been made.

RESOLVED: That the previous decision of the Overview and Scrutiny Committee meeting to re-arrange the 7 October 2009 meeting be progressed.

516. **Extension and Termination of Meeting:**

In accordance with the provisions of Overview and Scrutiny Committee Procedure Rule 6.6(ii) (Part 4B of the Constitution) it was

RESOLVED: At 10.00 pm to continue until 10.20 pm.

(Note: The meeting, having commenced at 7.00 pm, closed at 10.09 pm).

(Signed) COUNCILLOR STANLEY SHEINWALD
Chairman

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Meeting:	Overview and Scrutiny Committee
Date:	21 st April 2009
Subject:	Report from Lead Scrutiny Members
Responsible Officer:	Tom Whiting Assistant Chief Executive
Portfolio Holder:	Cllr Paul Osborn Communication and Corporate Services Portfolio Holder
Exempt:	No
Enclosures:	Appendix One: Report from the Sustainable Development and Enterprise Scrutiny Lead Councillors

Section 1 – Summary and Recommendations

This report sets out the items that have been considered by the scrutiny policy and performance leads at their quarterly briefing in March, and details the recommendations they would like the committee to consider with regard to further action/escalation.

Recommendation:

Councillors are recommended to:

- consider the report from the Scrutiny policy and performance leads and
- consider recommendations as included therein.

Current situation

Not appropriate to this report.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report

Recommendation:

To consider and endorse the reports from the scrutiny policy and performance leads.

Considerations

Resources, costs and risks

Any costs associated with these recommendations will be met from within existing resources. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific implications of these projects will be considered during the scoping process

Staffing/workforce

There are no staffing or workforce considerations specific to this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific staffing implications of these projects will be considered during the scoping process.

Equalities impact

There are no specific equalities implications in this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific equalities implications of these projects will be considered during the scoping process.

Legal Implications

None

Financial Implications

Any costs arising from the recommendations will be contained from existing budgets.

Performance Issues

There are no performance considerations specific to this report. Where specific projects are escalated for more detailed consideration in the scrutiny process, specific performance implications of these projects will be considered during the scoping process.

Risk Management Implications

There are none specific to this report.

Section 3 - Statutory Officer Clearance

N/A

Section 4 - Contact Details and Background Papers

Contact: Ofordi Nabokei, Scrutiny Officer 020 8420 9205,

ofordi.nabokei@harrow.gov.uk

Background Papers: None

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Corporate Priorities	YES / NO

APPENDIX ONE

REPORTS FROM THE SCRUTINY POLICY AND PERFORMANCE LEAD COUNCILLORS

SUSTAINABLE DEVELOPMENT AND ENTERPRISE

The Scrutiny Lead Members for Sustainable Development and Enterprise Councillor Jerry Miles and Councillor Dinesh Solanki, met on 09 March 2009.

Issues discussed and key points arising

Housing

The lead members discussed the council's performance in respect of Decent Homes and the Sustainable Building Design Supplemental Planning Document due to be considered in May 2009. It was decided that as Performance and Finance sub-committee were already looking into the issue of Decent Homes they would not investigate it further and that they would wait until the supplemental planning document was issued in May before considering if any issues arise from it.

Recommended Action: Lead members to monitor progress on Decent Homes issue and the Sustainable Building Design Supplemental Planning Document.

Sustainability

The leads looked at and discussed the Sustainable Communities Act (SCA) 2007. The SCA is seen as being a tool to re-engage people / communities with a focus is on what Central Government can do to assist Local Government and their communities. The leads had a discussion about the ways in which this could potentially be incorporated into the sustainability review.

Recommended Action: Leads and other members involved in the review group to consider the Sustainable Communities Act during the sustainability review.

Economic Development / Enterprise

The lead members received a briefing on national policy and issues as well as what steps the council has taken with regards to the current economic climate.

Harrow:

- The briefing focused on the Council's approach to understanding the current and likely impact of the recession and how to respond to it. It looked at several projects that are undertaken in conjunction with the council's partners to help small to medium enterprises (SMEs) deal with the current economic climate as well as an internal working group that will provide advice and support to protect local residents, businesses and the voluntary and community sector; ensure that the impact on council services is carefully managed to minimise impact on delivery offer help during the downturn and plan for the eventual economic upturn.

Nationally

- The leads looked at the new programme put forward by the Department for Business, Enterprise & Regulatory Reform (BERR) which aims to make it easier for companies and entrepreneurs to understand and access government funded grants, subsidies and advice with which to start and grow their businesses.
- In addition at work being done by the London Development Agency and the Learning Skills Council (LSC) to integrate skills and business support brokerage in London.
- The leads also briefly discussed the news that the Chief Secretary to the Treasury has safeguarded a number of public investments in procurement which is said assure the future of a broad range of public infrastructure projects such as transport, environmental projects and schools projects. This is also meant to create jobs and support the economy.

Recommended Action: *Lead members to monitor what is being done by and within the council, as well as nationally, to provide assistance to enterprises and regarding economic development.*

Comprehensive Area Assessment

The members were briefed on certain aspects of the CAA that related to Sustainable Development and Enterprise. Namely, that the CAA will look at prospects for sustainable improvement and at the Council and their partner's response to the economic downturn.

Recommended Action: *Lead members to take the issues raised at the briefing regarding the council and their partners' response to the economic down turn and sustainable improvement into account during the sustainability review.*

Update on a Complaint which was sent to Scrutiny in February.

A complaint was passed to the Lead members after scrutiny received notification of the matter on 27th February 2009. As this was a singular complaint outside of scrutiny's gift, the matter was passed on to the Corporate Complaints Officer with a request by the Leads to be updated on the matter. A briefing was passed on to the leads by the Complaints Officer which informed them that as the matter was currently going through a formal appeals process the matter had not been take up by the corporate complaints section.

Recommended Action: *Lead members to contact the Corporate Complaints Officer if there are any further queries or if they require further information regarding the complaint or the complaints process.*

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Meeting:	Overview and Scrutiny Committee
Date:	21 st April 2009
Subject:	Delivering a strengthened voluntary and community sector
Key Decision:	No
Responsible Officer:	Javed Khan Director of Community and Cultural Services
Portfolio Holder:	Cllr Chris Mote Portfolio Holder for Community and Cultural Services
Exempt:	No
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out Cabinet's detailed response to the report and recommendations of the scrutiny review entitled "Delivering a Strengthened Voluntary and Community Sector for Harrow".

Recommendations:

To note Cabinet's responses to the 22 recommendations.

Reason:

Cabinet's response to the scrutiny report and recommendations.

Section 2 – Report

2.1 Introductory paragraph

- 2.1.1 The Overview and Scrutiny committee undertook a review entitled “Delivering a Strengthened Voluntary and Community Sector for Harrow”, as part of its 2008/09 work programme.
- 2.1.2 The December 2008 Cabinet meeting noted and welcomed the report and requested a further report setting out a more detailed response to the scrutiny review and its recommendations.

2.2 Options considered

- 2.2.1 The recommendations from the scrutiny review have been considered in detail through a cross directorate officers’ working group. Officers from across the Council have been involved in providing the detailed responses against each recommendation as listed later in this report.
- 2.2.2 In addition, representatives from the voluntary sector have been kept informed and involved in this work through the work of the National Indicator 7 working group, the Voluntary Sector Forum and through informal contact.
- 2.2.3 The PCT has been involved through their involvement in the NI 7 working group and through informal discussion with the Director of Commissioning.
- 2.2.4 A presentation was also made at the Voluntary Sector Forum, which broadly welcomed the approach being taken by the Council. The Forum also agreed to consider its representation in the implementation phase and has since nominated some individuals to be involved in this stage. The Forum was particularly supportive of the need to prioritise work on the Third Sector Strategy and the Council’s commitment to fully involving the sector in its development.
- 2.2.5 The Voluntary Sector Adviser to the Grants Advisory Panel has also been kept informed and will continue to have a role in future developments.
- 2.2.6 The Portfolio Holder for Community and Cultural Services also met with the Chair of the Overview and Scrutiny Panel, the Adviser to the Grants Advisory Panel and the Chief Executive of HAVS to discuss the scrutiny review recommendations and the possible ways forward.
- 2.2.7 Of all the recommendations proposed, the Third Sector Strategy is a vital element that will help set out the vision for the relationships between the public and voluntary and community sectors in Harrow and provide the context for a new approach to grant making and commissioning.
- 2.2.8 It has been agreed that the strategy is co-sponsored by the Director of Community and Cultural Services and the Chief Executive of HAVS,

and developed as a borough wide strategy. The development of the strategy will by necessity involve consultation across the Council departments, partner agencies and across the voluntary and community sector.

2.2.9 The development of the strategy will be supported through a multi-agency working group with broad representation from the across the council, the voluntary sector (nominated through the voluntary sector forum) and the PCT.

2.2.9 It is envisaged that the development of the strategy will encompass the principles of commissioning as set out in Government guidance, as below:

The Government believes that all commissioners of services should:

- Develop an understanding of the needs of users and communities, by ensuring that, alongside other consultees, they engage with third sector advocates to access their specialist knowledge
- Consult potential provider organisations, including those from the third sector and local experts, well in advance of commissioning new services, working with them to set priority outcomes for that service.
- Put outcomes for users at the heart of the strategic planning process.
- Map the fullest practicable range of providers with a view to understanding the contribution they could make to delivering those outcomes.
- Consider investing in the capacity of the provider base, particularly those working with hard-to-reach groups.
- Ensure contracting processes are transparent and fair, facilitating the involvement of the broadest range of suppliers, including considering sub-contracting and consortia building where appropriate.
- Seek to ensure long-term contracts and risk-sharing wherever appropriate as ways of achieving efficiency and effectiveness.
- Seek feedback from service users, communities and providers in order to review the effectiveness of the commissioning process in meeting local needs.

Cabinet Office, Partnership in Public Services (2006)

2.3 Response to recommendations

2.3.1 The scrutiny review made 22 specific recommendations, and of these recommendations Cabinet has agreed the following:

- 17 are agreed for implementation now;
- 4 will be further developed within the Third sector Strategy;
- 1 is not agreed

2.3.2 The 4 recommendations where the response **will be developed further** within the Third Sector Strategy are:

Recommendation 12

To move towards three-year funding commitments through grants so as to encourage stability and more scope for planning ahead within the sector.

Recommendation 13

To consider a longer-term approach (5-10 year funding) for SLAs awarded to VCS infrastructure organisations.

Recommendation 21

To establish a Community Trust for the Council's grants administration processes and carry out further work on how this can best be achieved - the feasibility of a community trust model for grant-giving in Harrow should be fully explored, scoped and costed, using the scrutiny proposal as a basis. To include developing a better understanding of realistic timescales with regard to implementation and the ability to serve future needs of the borough, for example with regard to the Comprehensive Area Assessment.

Recommendation 22

To conduct a feasibility of the Strategic Relationships Model for commissioning, using the scrutiny proposal as a basis. To include developing a better understanding of realistic timescales with regard to implementation, cultural/organisational shifts required, costs and the ability to serve future needs of the borough.

2.3.3 The one recommendation **not agreed** is:

Recommendation 7

To consider outsourcing the management of the 'Harrow Heroes' awards ceremony to the VCS so that it is a peer-led awards scheme, recognising the contribution of groups as well as individuals.

2.3.4 **Detailed response to each recommendation**

2.3.5 **Recommendation 1**

To have a Council-financed funding support officer within the voluntary and community sector to support groups in a variety of ways e.g. grant applications, adapting to any changes in the grants process, developing funding strategies, meeting monitoring requirements, procurement processes, community assets. To work closely with the Council's external funding officer.

Agreed.

The Council and HAVS will each fund 50% of the salary costs for this post, to be based at HAVS.

2.3.6 **Recommendation 2**

To have a relationship manager at the Council to act as the main channel of liaison with groups in the voluntary and community sector.

Agreed.

However, whilst we recognise the need to ensure a streamlined approach to co-coordinating VCS contact with the Council, we also know that the Council interacts with the VCS in all sorts of ways and at all levels.

Whilst there is some merit in having a Relationship Manager to act as a main channel of liaison, the Council is also committed to ensuring a Council-wide understanding of and respect for the sector that is embedded in working practices across the organisation and its partners. As a result, the Council will further reflect on the best way forward to address these issues.

2.3.7 Recommendation 3

To develop a third sector strategy for Harrow that seeks to help define the local relationship with the VCS and invests in VCS development in line with partnership priorities. The third sector strategy should also seek to address the recognised gaps in the models developed and proposed by the scrutiny review - Community Trust model (for example gaps in commissioning and premises) and further work on the model of commissioning in the Strategic Relationships model.

Agreed

The Third Sector Strategy should address the role and contribution of the third sector in the short, medium and long-term, in relation specifically to the delivery of public services. It should also address the support that the sector will need to get there, in terms of capacity, governance, monitoring and the relationship(s) with the Council and other public bodies. This will also involve the development of a commissioning strategy and a view in terms of economic development of the part that the sector can play in the development of Harrow's economy through, for example, work experience, apprenticeships and employment.

The strategy, by its very nature, will need to be borough-wide, and widely owned. Its development will be co-sponsored by the Chief Executive of HAVS and the Director of Community and Cultural Services.

A representative group selected by the VCS Forum will work with the Council/partner agencies to develop the strategy, with an aim to bring an update report to Cabinet in October 2009.

2.3.8 Recommendation 4

To ask VCS representatives on the HSP to feed back more systematically to sector colleagues through regular emails or as updates in existing newsletters.

Agreed.

Policy and Partnerships to discuss with HSP Reps the support they need to ensure that this can be achieved.

2.3.9 Recommendation 5

To recognise the real opportunity to develop volunteering in Harrow where supply of volunteers outstrips demand – investing more resource to build the capacity of Harrow Volunteer’s Centre to provide an infrastructure and support to small voluntary groups in recruiting and training volunteers and coordinating skills for day-to-day management of groups.

The current Service Level Agreement (SLA) with HAVS expires in March 2009. The Community Development team will work with HAVS to review how next year’s grant funding can be used more effectively to build the capacity of the Harrow Volunteer’s Centre, and so improve support small groups in recruiting and training volunteers.

2.3.10 Recommendation 6

To advertise the Volunteers Centre on the Harrow Council website.

Agreed

2.3.11 Recommendation 7

To consider outsourcing the management of the ‘Harrow Heroes’ awards ceremony to the VCS so that it is a peer-led awards scheme, recognising the contribution of groups as well as individuals.

The Harrow’s Heroes awards ceremony was developed by the Council to recognise the valuable contribution of volunteers in Harrow. The event was delivered for the first time last year with great success attracting over 100 nominations as well as sponsorship and active involvement from the Harrow Observer newspaper. An excellent delivery model that includes active involvement of the VCS sector and partners has been developed and changing this at this relatively early stage could damage its success. In addition, the event is delivered with the organisational costs being subsumed within existing Council resources. It is unlikely that a voluntary organisation would be able to deliver this event without additional resources.

It is therefore recommended that this event continue to be run by the Council in its current format, with extensive involvement of VCS partners as before.

2.3.12 Recommendation 8

To develop robust governance arrangements for the Compact, to include refreshing the document every two years, promoting the Compact and its way of working, formalising conflict resolution (providing a framework for stage 1 complaints). To be the responsibility of a new Compact Board of representatives to feed up to the HSP, and therefore not reliant on individuals.

Agreed

Compact development including mediation and, where necessary, mutual external investigation and reporting is underway.

2.3.13 Recommendation 9

To produce a reader-friendly summary of the new compact document and distribute this to Councillors, officers and colleagues in the voluntary and community sector.

Agreed

A summary of the Compact including the four refreshed Codes to be launched by the end of March 2009. Document to be updated and re-launched when the funding code has been refreshed.

2.3.14 Recommendation 10

To roll out training on the Compact and what it means to partnership working. To be included in members' training, management/officer training and training within the VCS and other partner organisations within the HSP, to raise awareness and understanding.

Agree that Member development for the Grants Advisory Panel be undertaken to increase awareness of the principles of the Harrow Compact and to support Members in developing a fuller understanding of the pressures and challenges faced by the sector.

Agreed

Training for the Grants Advisory Panel was delivered in February/March 2009.

This training is to be offered to other members and senior officers throughout 2009.

2.3.15 Recommendation 11

To rationalise the grant-giving process – to clearly define processes, appeals mechanisms and adherence to these in order to improve consistency and transparency.

Agreed

The Council is committed to reviewing the current process in conjunction with the Voluntary Sector. The Community Development team will aim to make recommendations on improving the current process to the Grants Advisory Panel in June 2009. This will include reviewing the guidance available to applicants including how information will be used in the assessment process, the consideration of setting an upper limit for grant applications, clarity on the criteria for agreeing Service Level Agreements and three-year funding, a review of the appeals criteria and process for appeals.

The Community Development team has implemented a number of changes over the last 12 months to the current process. Further guidance will be sought through Legal Services to consider how any remaining adherence issues can be addressed.

2.3.16 Recommendation 12

To move towards three-year funding commitments through grants so as to encourage stability and more scope for planning ahead within the sector.

The decision to move towards three-year funding commitments for all VCS organisations requires consideration in the context of an overall Third Sector Strategy (Recommendation 3). The strategy should help determine the rationale for making three-year funding commitments that not only encourages stability and future planning of the VCS but also supports the Council's medium term priorities and longer-term objectives.

2.3.17 Recommendation 13

To consider a longer-term approach (5-10 year funding) for SLAs awarded to VCS infrastructure organisations.

As with Recommendation 12 this would need to be considered in the context of an overall Third Sector Strategy rather than in isolation of other issues. In addition there is a need to establish an agreed definition for an 'infrastructure organisation' so that we can determine which organisations fulfil this role and be clear about what these organisations deliver and their role within a third sector strategy.

2.3.18 Recommendation 14

To agree that the 2009-10 grants round should be conducted in full compliance with the existing criteria and process and in a transparent way.

Agreed.

Members of the Grants Advisory Panel will be reminded of the need for full compliance within the existing criteria.

2.3.19 Recommendation 15

For the Grants Advisory Panel to engage with the VCS to consider the criteria for the 2010/11 grants round and take account of the concerns raised through this scrutiny review about the current system. To bring these proposals to a scrutiny challenge panel in preparation for the 2010/11 grants application process.

Agreed

The Grants Advisory Panel through the Portfolio Holder for Community and Cultural Services is committed to considering the criteria for the 2010-11 grants applications, taking into account the concerns raised through the scrutiny review. The criteria will be reviewed with the engagement of the VCS and proposals will be presented to a scrutiny challenge panel in May 2009.

2.3.20 Recommendation 16

To ensure that all procurement exercises and available premises are advertised in a regular email/newsletter and that the VCS are on that distribution list. To also raise awareness with the VCS that the Council's Web pages for procurement include much help and advice on accessing procurement routes.

And

2.3.21 Recommendation 17

To optimise the VCS access to procurement exercises through thorough and fair assessment of the procurement requirements necessary for each tendering exercise.

The Council's Procurement team is introducing changes to its procurement process to enable more Voluntary & Community Sector procurement for contracts.

Some of the changes are: -

- a) Encourage Managers to purchase low value, low risk goods and service, where appropriate, directly from the local Voluntary & Community Sector
- b) Revise the Contract Procedure Rules so that at least one quotation should be from a local and /or Voluntary & Community Sector.
- c) Raising Awareness Improving communication - the Council to advertise all low to medium tenders on the Harrow website, Local media, and Supply2gov as well as publishing forward procurement plan on the website.
- d) Voluntary & Community Sector electronic newsletter to have a link to the Harrow procurement web site to offer open access to all tender notices.
- e) Economic Development and Procurement will continue to work with the voluntary and community sector to enable them to become suppliers, by: - offering training and capacity building opportunities, via the Championing Harrow regular workshops e.g. sessions on PQQ submissions - offering Voluntary & community sector, information on London wide expertise and resources e.g. supply London, www.supplylondon.com (<http://www.supplylondon.com/>) Business Link, www.businesslink.gov.uk (<http://www.businesslink.gov.uk/>) and Supply2gov.

Also, HAVS has been commissioned to develop a comprehensive database of local VCS groups, and this should be ready by May of this year.

2.3.22 Recommendation 18

To ask the HSP partners to compile a register of their community premises/rooms and develop a protocol for their use by the VCS. To encourage a fairer and more transparent system of community lettings.

Agreed.

Policy and Partnership will ask all HSP Partners for details of accommodation that could be used by voluntary and community sector organisations. The Community Development team has already undertaken some work to streamline the community lettings process including amending the criteria so that it is in line with the current grant criteria. There is scope to further improve the process to encourage a fairer and more transparent system. Recommendations will be presented to the Grants Advisory Panel meeting in September 2009.

2.3.23 Recommendation 19

To ask the relevant Council directorate(s) (concerned with lettings especially of schools) to assess the current issues around

community lettings (of schools and Council buildings such as the Teachers' Centre and community centres) and offer possible solutions to these. To articulate this assessment and present possible solutions to a scrutiny committee and concurrently feed into scrutiny's review of extended schools.

Community Development and Children's Services will undertake an analysis of the issues relating to community lettings and explore possible solutions to these. This will include consultation with Headteachers and voluntary sector organisations. A report with recommendations on the way forward will be presented to a scrutiny committee and other stakeholders in June 2009.

2.3.24 Recommendation 20

To task the HSP with creating an environment where creative people can thrive and make best use of community assets. To seek people with a passion for developing social entrepreneurship and social capital.

The HSP will be asked, through the Policy and Partnerships team, to embrace this challenge as part of its forward planning.

2.3.25 Recommendation 21

To establish a Community Trust for the Council's grants administration processes and carry out further work on how this can best be achieved - the feasibility of a community trust model for grant-giving in Harrow should be fully explored, scoped and costed, using the scrutiny proposal as a basis. To include developing a better understanding of realistic timescales with regard to implementation and the ability to serve future needs of the borough, for example with regard to the Comprehensive Area Assessment.

The community trust model is noted as a possible way forward for focusing the Council's support to the third sector. This will require considerable further work – including mapping out exactly how it will work, what it will do and how it will be resourced, drawing up a detailed specification and carrying out a procurement exercise to identify a provider - to ensure it will be effective when it is established. An initial feasibility study will be an integral part of the Third Sector Strategy development (Recommendation 3) work and to the same timetable of reporting to Cabinet not later than October 2009

2.3.26 Recommendation 22

To conduct a feasibility of the Strategic Relationships Model for commissioning, using the scrutiny proposal as a basis. To include developing a better understanding of realistic timescales with regard to implementation, cultural/organisational shifts required, costs and the ability to serve future needs of the borough.

The Third Sector Strategy (Recommendation 3) will explore the commissioning framework and will present the opportunity to examine this and other models for progressing commissioning.

2.4 Financial Implications

Some of the recommendations, most notably the proposal to appoint a funding officer, have costs associated with them. The Council has agreed as part of its medium term funding strategy to part fund (0.5) a voluntary sector fund raising officer from 2009/10.

The costs associated with setting up a Community Trust model will be examined through a feasibility study and will then be reported to Cabinet along with the Third Sector Strategy.

2.5 Equalities Issues

Once the Third Sector Strategy has been developed, an equalities impact assessment will be carried and presented alongside it to Cabinet.

2.6 Performance Issues

The detailed responses to scrutiny recommendations outlined in this report and in particular the proposed Third Sector strategy have the potential to impact on a number of LAA national indicators including:

National Indicator (NI) number 7, which relates to creating an environment in which the voluntary and community sector can thrive. Results from the first national Third Sector Survey indicate that Harrow's performance against this indicator is 10.4%. The NI 7 Working Group has agreed a target for this indicator of 14.8%.

The proposals outlined have the potential to contribute to NI 1 '% of people who believe people from different backgrounds get on well together in their local area'. Current performance against this indicator is 48% and target performance is 61%.

The proposals outlined in this report also have the potential to contribute to NI 6 'Participation in regular volunteering'. The target increase in numbers volunteering is 300 'socially excluded' volunteers and 1,200 'other volunteers'. The current position against this indicator shows that we have achieved the target on 'socially excluded' volunteers and that there is a slight under-achievement against 'other volunteers'.

Section 3 - Statutory Officer Clearance

Name: Sheela Thakrar	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 2 nd March 2009		
Name: Helen White	<input checked="" type="checkbox"/>	on behalf of the* Monitoring Officer
Date: 3 rd March 2009		

Section 4 - Contact Details and Background Papers

Contact: Kashmir Takhar, Interim Head of Service, Community Development

EXTRACT FROM THE MINUTES OF THE CABINET MEETING HELD ON 26 MARCH 2009

MINUTE NO. 591 - DELIVERING A STRENGTHENED VOLUNTARY AND COMMUNITY SECTOR

Following an initial report to Cabinet in December 2008, the Portfolio Holder for Community and Cultural Services advised that this report set out a more detailed response to the final report and recommendations of the scrutiny review entitled "Delivering a Strengthened Voluntary and Community Sector for Harrow".

The Portfolio Holder for Community and Cultural Services advised that the voluntary sector had been kept up to date in relation to the work being carried out on the scrutiny review recommendations. A cross directorate group had been established to consider the recommendations.

The Portfolio Holder advised that he had met with the Chairman of Overview and Scrutiny Committee, the adviser to the Grants Advisory Panel and the Chief Executive of Harrow Association for Voluntary Service to discuss the review recommendations and possible ways forward. He added that there had also been an informal discussion with the Director of Commissioning.

The Portfolio Holder concluded that of the 22 review recommendations, it was proposed that 17 be agreed for implementation now, a further 4 be developed within the Third Sector strategy and that one recommendation, relating to Harrow Heroes, not be agreed.

RESOLVED: That the proposed responses to the 22 recommendations be agreed.

Reason for Decision: To respond to the scrutiny report and recommendations.

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Meeting:	Overview and Scrutiny Committee
Date:	21st April 2009
Subject:	Children's Trust
Responsible Officer:	Paul Clark, Corporate Director of Children's Services
Portfolio Holder:	Councillor Christine Bednell, Portfolio Holder for Children's Services
Exempt:	No
Enclosures:	None

Section 1 – Summary and Recommendations

1.0 Introduction:

This report sets out the key recommendations of a Children's Trust and the work in progress to deliver it.

Recommendations – Report for Information

Reason for recommendation: to inform Councillors of progress on this issue.

Section 2

2.0 Report

The Children's Trust enables and ensures agencies work together for the benefit of children and families in their area. In Harrow, the existing CYPSP, a successful organisation, will together with a Children's Trust board become the formal Children's Trust, which conducts needs assessment and ensures delivery of our priorities.

The CYPSP, hereafter called **The Harrow Children's Trust**, has a wide membership of approximately thirty persons. This group at the frontline embeds the Children's Plan in reality.

2.1 Children's Trust: key issues in the Government guidance:

- The local Children's Trust is the embodiment of the local partnership between all commissioners and current and potential providers of services for children, young people and their families. It exists to help make a reality of our commitment to make Britain the best place in the world for children to grow up; improving their prospects for the future and redressing inequalities between the most disadvantaged children and their peers.
- The Children's Trust is in part a planning body that informs commissioning decisions and ensures (through a range of sometimes agency-specific approaches) that front line services work together to improve outcomes. It is underpinned by the duties in section 10 (1) and (5) of the Children Act 2004 on local authorities and their 'relevant partners' to cooperate in the making of arrangements to improve well-being for local children. Well-being is defined as the five Every Child Matters outcomes: that all children should be healthy, stay safe, enjoy and achieve, make a positive contribution and enjoy economic well-being.
- In practise this means better integrated and outcome focused ways of working on a whole range of issues. These are some examples:
 - o Having a specialist early intervention and prevention service organised around a central hub which both enables information to be shared and acts as the central referral point for all children and young people identified as having additional needs.
 - o Having strategy in place to reduce child poverty which includes targeting the most marginalised families and, through local schools, raising aspirations and attainment of the whole family.
 - o Using a multi-agency team, working through the local Children's Centre, to address the needs of children underachieving at the Early Years Foundation Stage.

There are many variations but the aim is the same – to work across professional and agency boundaries to tackle complex problems proactively to make a real difference to the experience and life chances of children, young people and their families.

- Lord Laming's recent report, *The protection of Children in England: A progress report March 2009* (TSO) outlines specific arrangements for Children's Trusts and improvements in collaboration with regard to keeping children safe. This report recommends that the Children's Trust Board and the LSCB are not chaired by the same person.

3.0 Membership

The new Children's Trust Board will be made up of leaders at the highest level in our agencies. The Chief Executive of the Council, the Chief executive of the Primary Care Trust, the Borough Commander and the Chief executive of Harrow Association of Voluntary services. We also aspire to having young people represented.

4.0 A Children's Trust board

The Children's Trust Board is the small group of most senior leaders that ensure the advice of the Trust is turned into effective spending (commissioning) decisions.

The board will meet only 3 times each year to:

- Agree the Children's plan and outline resource and spending plan.
- Review at mid-year point the progress and any adjustment to spend.
- End of year to sign off completed work and the process for next years priorities.

The government guidance sets this out as:

- The role of the Children's Trust Board is to put in place the five 'essential features' of the Children's Trust. This means:
 - o Developing and promulgating a child and family-centred, outcome-led vision for all children and young people via the CYPP, clearly informed by their views and those of their parents and the Joint Strategic Needs Assessment;
 - o Putting in place robust arrangements for inter-agency governance (through the Children's Trust Board);
 - o Developing integrated strategy; joint planning and commissioning; pooled and aligned budgets; and the Children and Young People's Plan;
 - o Supporting this via integrated processes; effective joint working sustained by a shared language and shared processes; and
 - o Developing and promoting integrated front line delivery organised around the child, young person or family rather than professional or institutional boundaries.
 - o Champion the needs of children as a priority at all times.
 - o Work together to support, enhance and empower local agencies to combine their resources where based on the evidence of local needs together agencies can have greater impact.

The formal terms of reference of the Children's Trust Board are to be finalised with the partner agencies, following the release of government guidance.

5.0 The Children's Trust: The emerging structure

The Children's Trust will be made up of the Children's Trust Board and the Children and Young People Strategic Partnership.

The board will develop the commissioning element of the Children's Trust and the CYPSP will work to develop locally agreed priorities, the Children and Young People's plan and ensure effective multi-agency delivery and information sharing.

Together, this forms the infrastructure of the Children's Trust. This formal partnership system will report to the HSP as a thematic element of the HSP.

6.0 Options for political support:

In order to achieve minimum disruption to the workload of politicians and to ensure best use of available time, the following principles can be applied;

- We need to ensure a proportionate and equitable balance of representation of agencies, so as not to overload one group with politicians and leave the remaining groups without support.
- We need to move swiftly to a fair and equitable decision so that they can be incorporated into our negotiations with partners as early as possible.
- We need to present a clear and visible democratic system.
- The input from politicians needs to be consistent with the governance arrangements of the new Children's Trust.

Children's' Trust Board and Voting

The children's trust board will agree on final arrangements for voting as part of the multi-agency negotiations process. Membership of the Children's trust board will extend to Police, the Voluntary Sector and Children and young people, as well as the primary care trust and the Local Authority.

All joint commissioning arrangements will be supported by detailed legal agreements, so that any area of contention or dispute is eliminated before reaching the Board.

Board members will be prepared and briefed in advance of all meetings. This will help to anticipate disagreement, and allow for resolution in advance of the meeting.

The Board chair will lead the group to develop consensus about decisions and this will be successful in most cases.

In rare exceptions, where agencies are not in agreement, the status quo will remain. Agencies will not have authority to vote to spend others money without their agreement.

The portfolio holder, and the Director of Children's services will work with the representatives in dispute to negotiate an agreement.

This may include consultation with the Children and Young People Strategic partnership and /or creating a stakeholders group to support the decision-making.

Why Change is Needed

Over the last two years there have been a number of government guidance documents.

Most recently following the 'Laming Review' government has stated it will produce further guidance in the 'Spring'.

The Harrow approach is to:

- Build on existing strong partnership arrangements.
- Minimise meetings and bureaucracy and focus on clear support for the delivery of the Children's Plan (copy of the draft is an appendix).
- Involve portfolio holders in the Children's Trust – large multi-agency meeting (CYPSP)
 - Small Children's Trust Board
- Focus on practical delivery arrangements, e.g.:
 - Co-location of staff
 - Spending money in an aligned way
 - Agree priorities and combined action to deliver them
 - Consistent focus on outcomes for children

Resources

All activity will be within existing resources. The trust is funded by all agencies contributing in cash, kind, staff and enthusiasm.

Section 3 - Contact Details and Background Papers

Contact: Betty Lynch, Strategic Development Manager, 020 8424 1370
betty.lynch@harrow.gov.uk

Background Papers:

- Children's Trust Guidance
- Laming Report
- CYP Plan (draft)

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Corporate Priorities	YES / NO

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Committee:	Overview and Scrutiny Committee
Date:	21 st April 2009
Subject:	Adoption Service
Responsible Officers:	Gail Hancock, Head of Service - Safeguarding, Family Placement & Support Peter Tolley, Service Manager Placements
Portfolio Holder:	Councillor Christine Bednell, Portfolio Holder for Children's Services
Exempt:	No
Enclosures:	None

Section 1 – Summary

This report outlines the Adoption Services provided by Harrow Council Children's Services.

REPORT FOR INFORMATION ONLY

Section 2 – Report

Statement of Purpose for the Adoption Service is as follows:

Aims

1. To ensure that the needs, wishes, welfare and safety of the child are at the centre of the adoption process
2. To ensure that where it is not possible for Looked After Children to be reunited with their birth families they are provided with a permanent, stable

- alternative family
3. To ensure that people who are interested in becoming adoptive parents (including those wishing to adopt a child from overseas) are welcomed without prejudice, responded to promptly and given clear information.
 4. To ensure that birth families are treated fairly, openly and with respect throughout the adoption process and have access to adoption services

Objectives

1. To ensure that all Looked After Children have permanency plans in place by their second Statutory Review
2. To ensure permanency plans are robustly monitored and implemented in line with legislation and National Standards
3. To work with our partner agency "Coram Family" to ensure all Looked After Children, where the plan is adoption, are matched with suitable adopters within an appropriate timeframe
4. To develop a range of adoption support services including practical, financial and therapeutic services, in partnership with other agencies
5. To ensure that Harrow Adoption Service employs staff with appropriate and sufficient skills, knowledge and experience to deliver the adoption service

Principles

1. The needs, rights and welfare of children are our paramount concern
2. Every child is entitled to a permanent family throughout their childhood, which should meet all their needs in terms of religion. Ethnicity, language, physical, social and emotional development and that promotes a supportive lifelong relationship.
3. We recognise the lifelong implications of adoption for all parties and, in partnership with other agencies, offer comprehensive support services to adopters, carers and adopted children and adults
4. We understand the importance of birth parents and relatives of the children we place. We promote a practice where children grow up with the knowledge and understanding of their birth family so as to have a complete sense of their identity. Unless there are serious safeguarding issues we support direct and indirect contact with birth relatives and provide them with support to enable this to take place.

Legal Framework

The Legal Framework governing the Local Authority's responsibilities to provide adoption services is the Adoption and Children Act 2002. The Cabinet Office introduced this following a complete review of adoption in February 2000. A Government White Paper "Adoption – a new approach" was published in December 2000. This outlined a commitment to modernise the adoption system, make it work more consistently and promote greater use of adoption where appropriate. It replaced all previous adoption legislation

The key principles of the Adoption and Children Act 2002 are as follows:

1. The needs and welfare of children must be at the centre of the adoption process.
2. The need to avoid undue delay in planning for permanence and adoption when children cannot be cared for by their own birth family.
3. The Act widens the options for permanence by extending Residence Orders to 18 years and by introducing a new permanence option called Special Guardianship Orders.
4. The Act widens the range of people who can be considered as prospective adopters by allowing unmarried couples to adopt jointly and also places a duty on local authorities to ensure that the support and financial assistance needed is available to people affected by adoption.
5. The Act also states that local authorities have to take a life long view of adoption and sets out clear responsibilities regarding post adoption support and the release of sensitive and identifying information held in adoption records.

Permanency Planning

All Looked After Children are required to have a permanency plan by their second CLA Review i.e. 4 months after becoming looked after. This is to ensure that there is minimal delay in decision-making and to enable children to develop appropriate attachments to their carers and a sense of security, stability and identity

Permanent options include the following;

1. Reunification home with birth family
2. Adoption
3. Special Guardianship
4. Residence Order
5. Long term Fostering

Parental Responsibility

Adoption, Special Guardianship and Residence Orders are legal orders granted by the Court and these give the carers/guardians parental responsibility (PR).

An Adoption Order gives absolute and exclusive parental responsibility which would mean the birth parents would lose their PR whereby the adopters become the legal parents

With Special Guardianship Orders and Residence Orders the carers gain PR but this is not totally exclusive to them as birth parents retain nominal PR.

Adoption is a life long arrangement whereas Special Guardianship Orders and Residence Orders expire when a child is 18 years old.

Long term fostering is an arrangement where a child remains looked after by the

local authority. The identified foster carers continue to care for the child on a long term basis. In this situation the local authority may have acquired PR as a result of a Care Order or may continue to work in partnership with the birth parents who retain their PR.

The Harrow - Coram Adoption Partnership

Harrow has entered into an unique partnership with Coram Family (a voluntary adoption agency) regarding the provision of domestic adoption services. The partnership began on 1st March 2007 following a successful pilot phase, which began on 1st September 2006

Coram provide a Team Manager, a Senior Practitioner and a administrator who work together with Harrow socialcare staff.

The terms of the service specification of the partnership are as follows;

1. Residents of Harrow Council who wish to adopt children in the UK are referred to Coram. They will be counselled and given information about adoption and the children available for adoption through Coram (including Looked After Children in Harrow for whom adopters are sought). Where appropriate they will then offer preparation, training and assessment via Coram.
2. Coram are responsible for family finding for Harrow's Looked After Children in respect of whom a 'should be placed for adoption' decision has been taken. This will involve working closely with the child's social worker in Harrow to ensure that the child is prepared, necessary work with the birth parents and other relatives has been undertaken and all assessments are up to date and complete
3. Matches with adoptive families will be first sought among the families approved by Coram adoption teams which cover a wide geographic area and which recruit adopters from a range of ethnic, racial, religious and cultural backgrounds. Where necessary, matches will be sought via interagency placements using the West London Adoption Consortium, the National Adoption Register and focussed advertising and family finding.
4. The Coram Team Manager will be closely involved in the permanence planning process for children looked after by Harrow where there is a possibility of an adoption plan being made. She will chair all Permanency Planning Meetings in respect of these children and monitor the progress of assessments and counselling of birth parents, relatives and the children concerned. These meetings occur on a six weekly basis. She will also attend Harrow's monthly Care Proceedings & Permanency Tracking Panel to which she will provide written up-dated reports on all the children Coram are working with.
5. Harrow's Placement Service Manager will chair all selection meetings where adoption is the plan and Coram will provide clear reports and will attend alongside the child's social worker to help determine the selection

- where more than one family is being considered for a child
6. The selected family will be presented for a match with the child (ren) concerned to Harrow's Adoption and Permanency Panel where a formal recommendation will be made to Harrow's Agency decision maker who is Paul Clark, Corporate Director - Children's Services.
 7. Support during introductions, and once children are placed, should be clearly documented in the Adoption Support Plan which is presented to the Adoption & Permanency Panel alongside the matching report. Coram will provide a range of post adoption support services to their adopters. Harrow retains responsibility for providing financial support and for provision of education and health resources. Harrow also retains responsibility for providing adoption support services to residents of the borough who need an adoption support service but where Coram were not involved in making the placement.

Concurrent Planning

Harrow also has access to Coram's Concurrent Planning Project which enables babies to be placed with a foster carer who may become the child's eventual adoptive parent if reunification is not possible. Concurrent carers are approved as both foster carers and adopters so as to enable babies to be placed early and to remain with their carers.

Evaluation

The contract with Coram Family is initially for three years with provision for a review after two years. Service Managers from both agencies meet regularly to monitor the partnership and to address any practice issues as they arise.

This is a unique partnership, which has attracted national interest. The DCSF has funded a research project into the partnership. Julie Selwyn from the Hadley Centre for Adoption and Foster Care Studies at University of Bristol, has recently published her evaluation report about the Harrow - Corama Adoption Partnership which is very positive. This is likely to be used by other local authorities considering a similar partnership arrangement.

The Adoption Support and Kinship Care Team

Harrow Council also has its own in house Adoption Support and Kinship Care Team (ASK Team). The ASK Team consists of one Team Manager, four Social Workers and one Life Story and Letterbox Coordinator.

The ASK team are responsible for the following areas of work:

1. Inter-country Adoption

The ASK Team Manager is responsible for coordinating all enquiries, preparation training and assessments regarding Inter-country adoption. If the team have capacity to undertake the assessments they will allocate within the team. If not they will be allocated to a sessional worker. All

assessments will be managed by the ASK Team Manager. All intercountry adopters attend the preparation group facilitated by the Intercountry Adoption Centre. The financial arrangements for intercountry adoption are agreed with the West London Adoption Consortium

2. Kinship Care

The ASK Team is responsible for all kinship assessments for Looked After children and for taking these assessments to the appropriate panels for approval. All permanent arrangements, Adoption, Special Guardianship and Long Term Fostering need to be presented to the Adoption and Permanency Panel

3. Special Guardianship Order Assessments

The ASK Team is responsible for all SGO assessments whether Kinship or non kinship and for completing the reports for Panel and Court.

4. Relinquished Babies

The ASK Team have case responsibility for relinquished babies and the counselling work with birth mothers and family. They are also responsible for liaising with CAF/CASS, so that formal consent to adoption can be obtained, and for completing all the appropriate reports so a 'should be placed for adoption' decision can be obtained. Once the Duty and Assessment Team have identified that there is a relinquished baby for adoption they transfer the case to the ASK Team who take over responsibility for the aforementioned casework

5. Post Adoption Support Assessments

All requests for post adoption support assessments are managed by the ASK Team Manager who allocates them within her team. These include requests from approved adopters who live in Harrow and those who have had children placed by Harrow within the last three years.

6. Long Term Fostering Assessments

All assessments of Long-Term Foster Carers are undertaken by the ASK Team and are taken to the Adoption and Permanency Panel for approval. The ASK Team are also responsible for all the family finding for children where long term fostering is the plan. The ASK Team Manager will chair regular Permanency Planning Meetings for all children awaiting long term fostering.

7. Support to Birth Families & Birth Relatives

The ASK Team are responsible for offering support to birth parents or birth relatives affected by adoption. We may also use the expertise of other agencies, such as After Adoption or the Post Adoption Centre, where necessary and appropriate.

8. Birth Record Counselling

The ASK Team are responsible for undertaking all Section 51 counselling and all work regarding birth record counselling

9. Coordination of Contact

Within the ASK Team there is a specialist Contact Coordinator who coordinates all post adoption contact arrangements. They liaise with all parties to ensure all forms of contact, direct and indirect, are managed appropriately and are in the best interests of the child. Following the refurbishment of the ground floor of the former Silverdale Children's Residential Unit, we now have an in-house Contact Centre. This provides a family friendly environment with experienced contact supervisors.

This centre is being further developed to become a Children's Centre, in partnership with Early Years and Extended Community Services, to provide specific and targeted services for children in Harrow. Additional services will be provided at the centre following the refurbishment of the first floor of the building.

10. Advice to Other Professionals

The ASK Team provide advice, support and training to other professionals in all aspects of adoption and permanency planning and promote robust and timely care planning.

The Adoption and Permanency Panel

The Adoption and Permanency Panel is constituted to meet the requirements of both the Adoption and Fostering Regulations so as to consider all forms of permanency ,adoption, special guardianship, residence orders and long term fostering

The Panel will consider the following;

- Recommendations for children to be placed for adoption
- Approval of adopters
- Matching children where the plan is adoption with approved adopters
- Recommendations regarding other forms of permanency – Special Guardianship, Residence orders and Long term fostering
- Significant changes to a child's adoption/ permanence decision eg from adoption to long term fostering

The Panel can also give advice regarding care planning and permanency

The Panel membership consists of an independent Chair and both independent and agency members. An elected member is also on the panel

The Care Proceedings and Permanency Tracking Panel

This Panel monitors the progress of all care proceedings and tracks each looked after child requiring adoption, or other forms of permanency, to monitor the progress of their plans and to avoid drift and delay. The Panel considers legal issues, care & permanency planning casework arrangements and resource/placement management issues. The Panel identifies through an early alert system children who may become subject to care proceedings, those that are subject to care proceedings and those where a final care hearing has taken place and where the Care Plan for adoption and permanency needs to be implemented.

The West London Adoption Consortium

Harrow is a member of the West London Adoption Consortium along with Ealing, Hillingdon, Brent, Hammersmith and Fulham, Kensington and Chelsea, Westminster and Hounslow. The Consortium meets six times a year to discuss shared areas of development and exchange ideas and good practice. There is a rotating chair of the Consortium and Harrow are currently chairing.

Ofsted's Adoption Inspection

All adoption agencies have regular inspections by Ofsted. These occur every three years. The last inspection in Harrow was in September 2008. The service was judged to be satisfactory with the management and organisation being up-graded and judged as good.

It was noted that all the previous inspection recommendations and requirements had been addressed. We have an action plan in place for the requirements and recommendations from the September 2008 inspection

There were two new statutory requirements following the inspection. These were as follows;

- 1) That all sessional staff are subject to the same robust recruitment procedures as permanent staff. *This is now in place.*
- 2) That staff who prepare reports on adopters are suitably experienced in adoption work. *We have since appointed a Senior Practitioner in the ASK Team who is supervising all this work. This requirement is now met*

We had ten recommendations as follows;

- 1) That all assessments are rigorous and analytical. *All members of the ASK Team have been on assessment training and all assessments are supervised by the Senior Practitioner or Team Manager to ensure standards are maintained. We have also appointed a Training and Development Officer in the Fostering and Adoption Service.*
- 2) Develop the Health and Safety questionnaire to cover weapons, poisonous plants and hanging cords. *This has been completed.*
- 3) To implement the system for renewal of CRB checks. *This has now been agreed with Shared Services.*

- 4) Implement a strategic approach to adoption support. *The new Senior Practitioner is developing these services. We now have an Adoption Support Group and an Adoption Newsletter for distribution to adopters. We also have membership of the Post Adoption Centre.*
- 5) Implement a more effective service for birth parents, which addresses the need for support independent of the child's social worker. *The Post Adoption Centre offers this service and we have ensured that this service is offered to all parents whose children have a plan of adoption.*
- 6) Ensure that all children have a high quality life storybook, which clearly explains the reasons for their adoption. *This is now in place and is addressed through the Permanency Planning Meetings and the Lifestory and Letterbox Coordinator.*
- 7) Implement a more strategic approach to the support and services offered to birth relatives and adopted adults. *We now have a clear system regarding these services which is managed by the ASK Team Manager.*
- 8) Ensure our policies and procedures are updated in line with our current practice. *These are currently being reviewed and updated.*
- 9) Ensure the nominated manager has a suitable management qualification. *This is in place for April 2009.*
- 10) Ensure files on sessional workers contain all the required information. *These have all been updated.*

Harrow's Performance - Successful Outcomes for Children

The partnership with Coram Family, the success of the Panels and the benefits of having a permanent staff group has led to significant progress in our adoption performance.

Our Key performance indicator relates to the percentage of Looked After Children who become adopted, or who were made subject to a Special Guardianship Order. The following illustrates the significant progress made over the last 3 reporting years;

- In 2006/07 Harrow's performance was 2.73%
- In 2007/08 Harrow's performance was 14%
- In 2008/09 Harrow's performance was 20%

The 2008/09 performance is now one of the highest in the country and has meant that Looked After Children in Harrow are having permanency secured for them within reasonable timeframes and benefitting from the opportunity to develop lifelong attachments and a sense of security and identity which are prerequisites for fulfilling their potential.

We have also developed our post adoption services for young people, adopters and birth parents to ensure that everyone involved in adoption will receive reasonable assistance and support

Section 3 – Further Information

None provided

Section 4 – Financial Implications

The Harrow - Coram Adoption Partnership is funded via the existing Placement Service budget. Effective management and robust financial monitoring of the contract have ensured value and no overspend year on year. The 2009/10 allocated budget for the Harrow – Coram Adoption Partnership is £265,000.

Name: Emma Stabler, Finance Business Partner – Children’s Services	on behalf of the Chief Financial Officer
Date: 7 th April 2009	

Section 5 - Contact Details and Background Papers

Contact:

Gail Hancock, Head of Service - Safeguarding, Family Placement & Support
020 8863 5544

Peter Tolley, Placement Service Manager – 020 8863 5544

Background Papers:

Executive Summary of Evaluation of the Harrow - Copram Adoption Partnership undertaken by the Hadley Centre for Adoption and Foster Care Studies at Bristol University (2009) funded by DCSF

Meeting:	Overview and Scrutiny Committee
Date:	21st April 2009
Subject:	Children Looked After Pan London Pledge
Responsible Officer:	Paul Clark, Corporate Director of Children's Services
Portfolio Holder:	Councillor Christine Bednell, Portfolio Holder for Children's Services
Exempt:	No
Enclosures:	None

Section 1 – Summary and Recommendations

- 1.1. This report sets out the progress on the London Pledge, which aims to ensure that children and young people in care across London have equal access to the same range of key services.
- 1.2. Reports on the cost implications if the Pledge is fully implemented and the ways by which this may be funded

Recommendations:

- 1.3 This report is for Committee to consider and to provide direction.

Reason: (For recommendation)

- 1.4 The London Pledge was signed off on behalf of the Local Authority at a London wide launch on 25th November 2008.
- 1.5 The London Pledge has been developed by way of a number of consultation events involving London Local Authorities, Members, Senior Officers and Young People. It is seen as providing a consistent service framework to all Children looked after irrespective of their locality

Section 2 – Report

2.1 The London Pledge addresses a number of principles as well as the 5 Every Child Matters outcomes.

2.2. Harrow Council will honour a number of **Principles** to our Children Looked After. It states that as Harrow Council:

- *We will only promise you things that we know we can do.*
- *We will care for you as an individual person with your own specific needs, which we will plan to meet.*
- *You will have the opportunity to talk to your social worker alone every time he/she visits you.*
- *We will always involve you in the decisions we take for you.*
- *We aim to be the best as parents and to make your experience of being looked after a positive one.*
- *We want you to be healthy, safe, have fun and gain achievements for yourself, to make a positive contribution to your community and to leave care able to make your way successfully in life. We will support you to achieve all this.*
- *We will have expectations of you as well and we will make these clear to you.*
- *We will listen to you as individuals and as a group and we want you to tell us when you meet us whether we are keeping our promises.*
- *We will take account of your particular needs, especially those relating to disability, race, culture, religion and sexuality. We will take account of anything that is leading to you being treated unfairly and will give you support to overcome it.*
- *We will ensure that you receive your full set of rights, as set out in relevant legislation, regulations and guidance and the UN Convention on the Rights of the Child.*
- *We will also ensure that you receive your London Pledge entitlements, wherever you live. Any failure on the part of Councils and their partners to deliver this will be promptly resolved*

2.3. In relation to **Health** Harrow Council will work to ensure that children looked after have access to a range of relevant health services, which promote and support their emotional, physical and mental health and support them to make healthy and positive choices with your lives. It states that as Harrow Council:

- *We will work to make sure that doctors, dentists and other health professionals are trained to understand your individual needs and listen to your problems so that they can give you the best possible support and treatment.*
- *We will work with others to ensure that you get better access to the information you need and the right support to help you with any health or emotional difficulties that you may have, especially if you live outside your home authority.*

- *We will ensure that we have good systems in place to share information across borough boundaries so that you do not miss out on medical appointments because you move areas.*
- *Parents or carers will have access to information, services and support that will help them to care for you and give them with the skills they need to ensure that you have the best chances in life and are healthy and safe*
- *We will ensure that you receive your vaccinations, dental checks and other health checks at the right time and that you and your carers are given the relevant information to support you in accessing healthcare services*
- *When appropriate we will ensure that you have access to the relevant sexual health information and support to enable you to make positive choices about your future.*
- *We will make sure that you have opportunities to develop your personal and social skills to care for your health and well-being now and in the future*

2.4 In relation to staying **Safe**, Harrow Council will work to keep children looked after safe from harm by individuals and their environment. Harrow Council will ensure that children looked after know how and where to access help if they feel threatened or are hurt in any way and will ensure that professionals and carers know how to support those children looked after who have been harmed or hurt. It states that as Harrow Council:

- *All agencies will work to prevent you suffering harm and to promote your welfare, provide you with the services you require to address your needs and to safeguard those of you who are being or who are likely to be harmed.*
- *We will have clear arrangements and protocols in place to safeguard you if you run away or go missing from care. These arrangements will be regularly reviewed.*
- *We will involve you in the selection of staff working with or for children and young people and the training of new social workers and foster carers.*
- *We will ensure that you get good information about your placement and a proper introduction to your carers (unless you have to move in an emergency). When you are moved to a new area you will receive information about the area and how to access services.*
- *We will ensure that you have access to youth support services and a Connexions adviser. If you need it additional guidance relating to your personal health and safety is available.*
- *If you get into trouble with the police and end up in custody we will make sure that the most suitable person comes along to support you.*

- *We will do our best to give you a choice in the selection of your own foster carer or placement.*
- *We will do our best to reduce the number of changes of social worker that you experience while you are in care*

2.5. In terms of **Enjoy and Achieve**, Harrow will work to ensure that children looked after have access to a broad range of positive activities and opportunities that provide them with places to go and things to do wherever they are. It states that as Harrow Council:

- *We will encourage and help you to access good quality affordable social, cultural and leisure activities, both in your community and across London.*
- *By 2011 we will provide you with a free leisure card to access facilities across London up to the age of 21. This will include free access to gyms and major cultural attractions.*
- *We will support you to purchase a bike and safety equipment and we will organise proficiency training if it is something that you would like and that your carers agree.*
- *We will work together across London to support you to achieve five A* to G at GCSE or equivalents. We will ensure that you have better access to personal computers and other materials that you may need for your education and that you are able to access the full range of educational opportunities open to your peers. We will pay particular attention to supporting you at key transition stages in your lives and ensure that you and your carers have access to high quality information, advice and guidance that supports you to make the right choices about your future.*
- *We will work with schools, colleges and universities to ensure that you are championed to succeed in your education. In school you will have the support of your designated teacher and a governor champion and you will have a high quality, clear and up to date Personal Education Plan that will meet your needs and push you to succeed.*
- *If you are leaving care for university or vocational training we will ensure that your Pathway Plan is clear about the support you will receive, including our financial contribution to your studies.*
- *We will make sure that you have access to a computer and materials needed for your education and training. We aim to provide you with a laptop or computer at Key Stage 3 and beyond and appropriate software, providing you remain in education and training.*
- *Where appropriate we will support you to access vocational opportunities and/or apprenticeships that will enable you to achieve your full potential*

2.6. In terms of **Empowering to make a Positive Contribution**, Harrow will work to ensure that CLA voices are heard and that they are able to participate fully in decision making about their lives and the services that affect them. It states that as Harrow Council:

- *We will consult you about all our services that affect you.*
- *We will make sure that you know your rights and what services you are entitled to by putting this down in writing for you. We will also agree with you what we expect from you and put it down in writing.*
- *We will organise meetings for children and young people who are looked after by a Council in London so that we can hear from you about how you think we can best plan to meet your needs as a group and you can tell us whether we are keeping our promises.*
- *We will celebrate and promote your achievements with you, as well as the contribution you make to the community. This will also include marking your birthday; your religious festivals and making sure you have a copy of your school photo and reports.*
- *In cooperation with your parents or carers we will ensure that you have a passport or know why you don't have one.*
- *Once you get to 16 years old we will ask you whether you want a mentor (e.g. 16+ worker) and arrange one for you if this will be helpful.*
- *We will also offer you the chance to set up and participate in a peer-mentoring programme for London. This will involve care leavers supporting young people still in care to grow and achieve.*
- *In addition to your social worker, carer, family member, independent reviewing officer and designated teacher, we will make sure that there is another way to tell us if you are unhappy about anything or have a complaint. We will let you know how to contact this person (an advocate) in writing and they will speak for you if you want them to.*
- *We will also support you to contact your lead Member, Director of Children's Services and senior managers as necessary and you will be listened to by them.*
- *We will work with others to provide you with information about volunteering and access to opportunities to help others.*

2.7 In terms of **Achieving Economic Wellbeing** Harrow will support CLA to achieve economic independence and well-being as they progress into adulthood, recognising that CLA need certain skills and support to live independently. Harrow will take the relevant steps to prepare CLA

- *We will open a savings account for you if you have been in care for more than 12 months and will make agreed payments into your*

account for you¹. You will have a say about how your money is managed and you will be able to start taking money out once you reach the age of 18.

- We will support you to learn to drive where this will help you get into training and the right job.*
- When the time comes for you to leave care we will listen to and act on your views about the services and support you need to help you become an independent adult (including accommodation, further/higher education, training and employment).*
- We will ensure that when you leave school you will receive an offer of education, employment or training. This will include access to a careers adviser and an information and guidance session.*
- We will provide work experience opportunities and training or apprenticeships to help young people in and leaving care to develop their CV and find employment. This will include young people over the age of 18 and a range of different types of work experience and advice.*

Background (if needed)

Current situation

3.1 A briefing was provided to the Corporate Parenting Panel on 13th January 2009 and a progress report will be provided for 7th April 2009. The information is summarised in the body of this report.

3.2 The Life Chances Forum, chaired by Gail Hancock, Head of Service, Safeguarding and Family Support, has taken on the responsibility for ensuring that the London Pledge is implemented at a local level. This has been on a number of levels.

3.3 The Life Chances Forum has asked that the Virtual Children Looked After Team project manage the implementation with particular reference to:

- Producing a guide for staff as to how every relevant child looked after has his or her own pledge. This will inevitably require a framework as to when, how, and who will provide particular aspects of the pledge
- Identifying how the progress of each pledge can be tracked on Frameworki
- Considering any outstanding financial commitments
- Considering how the pledge may merge with the Care Leavers charter

3.4 We have, by way of the Life Chances Forum, considered how we will meet the financial costs inherent in the pledge. The initial report to Corporate Parenting highlighted an approximation of the cost to implement the pledge and that a grant has been provided by way of Care Matters which will partly meet that cost.

3.5 The Life Chances Forum has agreed that the following costs, which were identified by the previous report to the Corporate Parenting Panel, will be financed by way of grants.

- The cost of ensuring that children looked after receive information about their rights and expectations of the Council, both in hard copy and online.
- Laptops for CLA will be covered by a successful bid for IT monies from the Department of Children, Schools and Families. A manager has been identified to manage this process

3.6 We are awaiting the outcome of the work undertaken by the CLA Virtual Team meeting to decide how we:

- Allocate free leisure passes
- Allocate bicycles and the criteria to use

3.7 We have earmarked the next Life Chances Forum to look at what budget we have to set aside to the finance the above and other “bids”

3.8. We take the view that the London Pledge should not be used as a tick box of what we provide to CLA. Rather, like our own children, the individual pledge will consider with each child/young person what he or she needs now, in the near future and in the distant future. The pledge will be reviewed at each Child Care Review with the expectation that it be amended with the changing circumstances of the child/young person.

Why a change is needed

4.1. Harrow, in line with all other London Authorities, has signed up to the London Pledge. It is, as already indicated, a way of providing a consistent and transparent service to all children looked after.

4.2 Harrow is well placed to meet the demands of the pledge in that it already provides much that is expected of the Local Authority

Main options

5.1. All children looked after will be provided with their own individual pledge which will be reviewed at each Child Care Review

Other options considered

6.1 There is an initial resource impact in that the Virtual Children Looked After Team has been tasked with implementing the Pledge. However, when up and running this will become part of the direct work undertaken with each child looked after

6.2 In terms of the equalities impact the pledge, as already stated, will act to provide a consistent service to all children looked after.

6.3 There are no specific or community safety issues, other than to note that we will need to show that we have effective and relevant pledges for all children looked after.

Financial Implications

7.1 Officers will endeavour to meet the demands of the pledge and as already stated the Life Chances Forum will lead in mapping out what will be required.

7.2. It has been estimated that in order to meet all the demands of the pledge the following outlay will be required, in addition to what has already been funded by way of the Care matters Grant

- 2k for printing
- 32k for leisure and swimming passes
- 8k for bicycles
- **A total of 42k**

7.3. However, the above estimation supposes that every child will be provided with passes and bicycles at the same time. This will not be the case as the needs of children and young people will be different at different times. It is envisaged that a pledge will be developed once a child or young person becomes looked after, together with the Social Worker, which is unique to the child and which may cover agreed periods of time. The pledge is then formally reviewed at the 6 monthly Children Looked After review and a decision is made as to whether it should be changed or amended to reflect any changes in circumstances.

7.4. The process will encompass the following elements:

- The child or young person will be provided with a copy of the London Pledge
- The Social Worker, with the child or young person, and in consultation with the parents, carers and other significant colleagues, will identify which specific areas of the pledge need to be addressed for that period
- For example, the child or young person may be interested in *“the selection of staff working with or for children and young people and the training of new social workers and foster carers.” (Stay Safe)*. The pledge will identify what they are particularly interested in doing, the training they will require, who will be responsible for supporting the child or young person and the timeframe.
- A further example is in relation to the provision of bicycles. The individualised pledge will identify when the child will have a bicycle and the period it will cover. It does not mean that the child or young person will have a bicycle all the time that they are looked after. If the young person has a specific interest it may be that a trade off is made. So, for example, the pledge will state that, rather than a bicycle, the child or young person is helped with fishing equipment.
- The pledge will also identify what is expected of the child or young person to ensure that they benefit positively
- For the older child looked after an agreement will be reached, in consultation with the carers, as to whether and how monies set aside for birthdays and festivals may contribute to the cost
- A similar discussion will take place internally

7.5. The additional cost to the Council will be determined by the individual needs of the relevant Children Looked After and will become clearer as the individual pledges are formulated. The process will begin in the next 2–3 months. The Life Chances Forum will ‘take stock’ of what funds it will have to finance this commitment. It is accepted that this commitment was made in tandem with all other London Local Authorities. Members will be advised and asked for further direction if further funds are required

Section 3 - Contact Details and Background Papers

Contact:

Andreas Kyriacou, Senior Professional, Children Looked After, Practice, Review and Scrutiny

0208 424 7642

andreas.kyriacou@harrow.gov.uk

Background Papers: None

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Corporate Priorities	YES / NO

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Committee:	Overview and Scrutiny Committee
Date:	21 st April 2009
Subject:	Safeguarding
Responsible Officers:	Paul Clark Corporate Director of Children's Services
Portfolio Holder:	Councillor Christine Bednell, Portfolio Holder for Children's Services
Exempt:	No
Enclosures:	Lord Lamming - Recommendations

Section 1 – Summary

This report sets out the key actions taken by the LSCB following the death of 'Baby P'.

This report is to inform overview and scrutiny.

The sad death of 'Baby P' has prompted a range of actions from central and local government, and considerable media comment.

Actions have been taken to audit cases, brief councillors, support staff, respond to draft guidance and to the 'Laming report'.

Section 2 – Report

The sad death of 'Baby P' plus the deaths of other children in Doncaster and other local authorities has focussed the spotlight on the multi-agency actions taken to protect the most vulnerable of children.

The work of safeguarding is taken forward by the LSCB and the council, in

particular Children's Services have a major part to play in that work.

Since the initial report of the death, criminal trial, serious case review and other actions the LSCB has:

- Asked agencies to check their work with children with similar characteristics as 'P'.
- Set up a special version of the Audit Committee of the LSCB –
 - Chaired by the vice chair of LSCB, a GP.
 - Tasked to review agencies response to a more detailed request for safeguarding practice review.
- Issued good practice leaflets to all agencies
- Reviewed the representation and governance of the LSCB membership
- Briefed Cabinet
- Briefed Chief Executive, Portfolio Holder and leaders of the opposition
- Issued a practice note to staff
- Invited portfolio holders to visit and talk through practice with social workers

Current Situation

- Children's Services has through its workforce strategy maintained a high level of permanent qualified social workers.
- A small growth in the workforce is in the budget for 2009/2010.
- Practice development seminars are held with staff.
- All cases are allocated, and supervision and monitoring are up to date.
- Workloads are high and the referrals have increased and stay at a high level.
- Members Safeguarding training is in progress.
- The government response to the Laming Report (*recommendations attached*) is being developed, beyond the initial acceptance to detailed requirements expected in May 2009.

WHY Change is Needed?

The level of public concern at the apparent failure of the Safeguarding system has provoked a government enquiry and response.

The response suggests the basic system is sound, but detailed attention to :

- Social work staffing and training
- Multi-agency information sharing
- Speedy evidence based action in cases, with clear multi-agency agreed plans
- Training for senior managers not trained in Child Protection
- Adequate resources
- Health - clearer focus on safeguarding
- Reviewed governance for Officer, Portfolio Holders and Chief Executives.

Summary

Harrow LSCB and Harrow Council have taken action to review:

- Practice
- Co-operation
- Support
- Monitoring

The outcomes suggest that whilst never being complacent a good multi-agency system is in place and works well to protect children.

The system is under pressure due to increased workload & media pressure on staff.

The detail of practice and process will be reviewed after the LSCB audit is complete and government guidance is issued.

Section 3 – Further Information

None provided

Section 4 - Contact Details and Background Papers

Contact:

Paul Clark, Corporate Director of Children's Services, 020 8424 1356

Background Papers:

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Recommendation

The Home Secretary and the Secretaries of State for Children, Schools and Families, Health, and Justice must collaborate in the setting of explicit strategic priorities for the protection of children and young people and reflect these in the priorities of frontline services.

A National Safeguarding Delivery Unit be established to report directly to the Cabinet Sub-Committee on Families, Children and Young People. It should have a remit that includes:

- Working with the Cabinet Sub-Committee on Families, Children and Young People to set and publish challenging timescales for the implementation of recommendations in this report;
- Challenging and supporting every Children's Trust in the country to implement recommendations within the agreed timescales, ensuring improvements are made in leadership, staffing, training, supervision and practice across all services;
- Raising the profile of safeguarding and child protection across children's services, health and police;
- Supporting the development of effective national priorities on safeguard for all frontline services, and the development of local performance management to drive these priorities;
- Leading a change in culture across frontline services that enables them to work more effectively to protect children;
- Having regional representation with expertise on safeguarding and child protection that builds supportive advisory relationships with Children's Trusts to drive improved outcomes for children and young people;
- Working with existing organisations to create a shared evidence base about effective practice including evidence-based programmes, early intervention and preventative services;
- Supporting the implementation of the recommendations of Serious Case Reviews in partnership with Government Offices and Ofsted, and put in place systems to learn the lessons at local, regional and national level;
- Gathering best practice on referral and assessment systems for children affected by domestic violence, adult mental health problem, and drugs and alcohol misuse, and provide advice to local authorities, health and police on implementing robust arrangement nationally; and
- Commissioning training on child protection and safeguarding and on leading these services effectively for all senior political leaders and service managers across those frontline services responsible for safeguarding and child protection.

The Cabinet Sub-Committee on Families, Children and Young People should ensure that all government departments that an impact on the safety of children take action to create a comprehensive approach to children through national strategies the organisation of their central services, and the models they promote for the delivery of local services. This work should focus initially on changes to improve the child-focus of services delivered by the Department of Health, Ministry of Justice and Home Office.

Lord Laming - Recommendations

<p>Government should introduce new statutory targets for safeguarding and child protection alongside the existing statutory attainment and early years targets as quickly as possible. The National Indicator Set should be revised with new national indicators for safeguarding and child protection developed for inclusion in Local Area Agreements for the next Comprehensive Spending Review.</p>
<p>The Department of Health must clarify and strengthen the responsibilities of Strategic Health Authorities for the performance management of Primary Care Trusts on safeguarding and child protection. Formalised and explicit performance indicators should be introduced for Primary Care Trusts.</p>
<p>Directors of Children's Services, Chief Executive of Primary Care Trusts, Police Area Commanders and other senior services managers must regularly review all points of referral where concerns about a child's safety are received to ensure they are sound in terms of the quality of risk assessments, decision making, onward referrals and multi-agency working.</p>
<p>All Directors of Children's Services who do not have direct experience or background in safeguarding and child protection must appoint a senior manager within their team with the necessary skills and experience.</p>
<p>The Department for Children, Schools and Families should organise regular training on safeguarding and child protection and on effective leadership for all senior political leaders and managers across frontline services.</p>
<p>Every Children's Trust should ensure that the needs assessment that informs their Children and Young People's Plan regularly review the needs of all children and young people in their area, paying particular attention to the general need of children and those in need of protection. The National Safeguarding Delivery Unit should support Children's Trust with this work. Government Offices should specifically monitor and challenge Children's Trusts on the quality of this analysis.</p>
<p>Ofsted should revise the inspection and improvement regime for schools giving greater prominence to how well schools are fulfilling their responsibilities for child protection.</p>
<p>The DCSF should revise <i>Working Together to Safeguard Children</i> to set out clear expectations at all points where concerns about a child's safety are received, ensuring intake/duty teams have sufficient training and expertise to take referrals and that staff have immediate, on-site support available from an experienced social worker. Local authorities should take appropriate action to implement these changes.</p>
<p>The Department of Health and the DCSF must strengthen current guidance and put in place the systems and training so that staffs in Accident and Emergency departments are able to tell if a child has recently presented at any Accident and Emergency department and if a child is the subject of a Child Protection Plan. If there is any cause for concern, staff must act accordingly, contacting other professional, conducting further medical examinations of the child as appropriate and necessary, and ensuring no child is discharged whilst concerns for their safety or well-being remain.</p>

Lord Laming - Recommendations

<p>Children's Trust must ensure that all assessments of need for children and their families include evidence from all the professionals involved in their lives, take account of case histories and significant events (including previous assessments) and above all must include direct contact with the child.</p>
<p>Local authorities must ensure that 'Children in Need', as defined by Section 17 of the Children Act 1989, have early access to effective specialist services and support to meet their needs.</p>
<p>The Social Work Task Force should establish guidelines on guaranteed supervision time for social workers that may vary depending on experience.</p>
<p>The DCSF should revise <i>Working Together to Safeguard Children</i> to set out the elements of high quality supervision focused on case planning, constructive challenge and professional development.</p>
<p>The DCSF should undertake a feasibility study with a view to rolling out a single national Integrated Children's System better able to address the concerns identified in this report, or find alternative ways to assert stronger leadership over the local systems and their providers. This study should be completed within six months of this report.</p>
<p>Whether or not a national system is introduced, the DCSF should take steps to improve the utility of the Integrated Children's System, in consultation with social workers and their managers, to be effective in supporting them in their role and their contact with children and families, partners, services and courts, and to ensure appropriate transfer of essential information across organisational boundaries.</p>
<p>The DCSF must strengthen <i>Working Together to Safeguard Children</i>, and Children's Trusts must take appropriate action to ensure:</p> <ul style="list-style-type: none">• All referrals to children's services from other professionals lead to an initial assessment, including direct involvement with the child or young person and their family, and the direct engagement with, and feedback to the referring professional;• Core group meetings, reviews and casework decisions included all the professionals involved with the child, particularly police, health, youth services and education colleagues. Records must be kept which must include the written views of those who cannot make such meetings; and• Formal procedures are in place for managing a conflict of opinions between professionals from different services over the safety of a child.
<p>All police, probation, adult mental health and adult drug and alcohol services should have well understood referral processes with priorities the protection and well-being of the children. These should include automatic referral where domestic violence or drug or alcohol abuse may put a child at risk of abuse or neglect.</p>
<p>The National Safeguarding Delivery Unit should urgently develop guidance on referral and assessment systems for children affected by domestic violence, adult mental health problems, and drugs and alcohol misuse using current best practise. This should be shared with local authorities, health and police with an expectation that the assessment of risk and level of support given to such children will improve quickly and</p>

significantly in every Children's Trust.
The DCSF should establish statutory representation on LSCB's from schools, adult mental health and adult drug and alcohol services.
Every Children's Trust should assure themselves that partners consistently apply the Information Sharing Guidance published by the DCSF and the Department for Communities and Local Government to protect children.
<p>The Social Work Task Force should:</p> <ul style="list-style-type: none">• Develop the basis for a national children's social workers supply strategy that will address recruitment and retention difficulties, to be implemented by the DCSF. This should have particular emphasis on child protection social workers;• Work with the Children's Workforce Development Council and other partners to implement, on a national basis, clear progression routes for children's social workers;• Develop national guidelines setting out maximum case loads of children in need and child protection cases, supported by a weighting mechanism to reflect the complexity of cases, that will help plan the workloads of children's social workers; and• Develop a strategy for remodelling children's social work which delivers shared ownership of cases, administrative support and multi-disciplinary support to be delivered nationally.
Children's Trusts should ensure a named, and preferably co-located, representative from the police service, community paediatric specialist and health visitor are active partners within each children's social work department.
<p>The General Social Care Council, together with relevant government departments, should:</p> <ul style="list-style-type: none">• Work with higher education institutions and employers to raise the quality and consistency of social work degrees and strengthen their curriculum's to provide high quality practical skills in children's social work;• Work with higher education institutions to reform the current degree programme towards a system which allows for specialism in children's social work, including statutory children's social work placements, after the first year; and• Put in place a comprehensive inspection regime to raise the quality and consistency of social work degrees across higher education institutions.
The DCSF and the Department for Innovation, Universities and Skills should introduce a fully-funded, practise-focused children's social work postgraduate qualification for experienced children's social workers, with an expectation they will complete the programme as soon as is practical.

Lord Laming - Recommendations

<p>The DCSF working with the Children's Workforce Development Council, General Social Care Council and partners should introduce a conversion qualification and English language test for internationally qualified children's social workers that ensures understanding of legislation, guidance and practise in England. Consideration should be given to the appropriate length of a compulsory induction period in a practise setting prior to formal registration as a social worker in England.</p>
<p>Children's Trust should ensure that all staff who work with children receive initial training and continuing professional development which enables them to understand normal child development and recognise potential signs of abuse or neglect.</p>
<p>All Children's Trusts should have sufficient multi-agency training in place to create a shared language and understanding of local referral procedures, assessment, information sharing and decision making across early years, schools, youth services, health, police and other services who work to protect children. A named child protection lead in each setting should receive this training.</p>
<p>The Department of Health should prioritise its commitment to promote the recruitment and professional development of health visitors (<i>made in Healthy lives, brighter future</i>) by publishing a national strategy to support and challenge Strategic Health Authorities to have a sufficient capacity of well trained health visitors in each area with a clear understanding of their role.</p>
<p>The Department of Health should review the Healthy Child Programme of 0-5 year olds to ensure that the role of health visitors in safeguarding and child protection is prioritised and has sufficient clarity, and ensure that similar clarity is provided in the Healthy Child Programme for 5-19 year olds.</p>
<p>The Department of Health should promote the statutory duty of all GP providers to comply with child protection legislation and to ensure that all individual GPs have the necessary skills and training to carry out their duties. They should also take further steps to raise the profile and level of expertise for child protection within GP practice, for example by working with the DCSF to support joint training opportunities for GPs and children's social workers and through the new practise accreditation scheme being developed by the Royal College of General Practitioners.</p>
<p>The Department of Health should work with partners to develop a national training programme to improve the understanding and skills of the children's health workforce (including paediatricians, midwives, health visitors, GPs and school nurses) to further support them in dealing with safeguarding and child protection issues.</p>
<p>The Home Office should take national action to ensure that police children protection teams are well resourced and have specialist training to support them in their important responsibilities.</p>
<p>The Care Quality Commission, HMI Constabulary and HMI Probation should review the inspection frameworks of their frontline services to drive improvements in safeguarding and child protection in a similar way to the new Ofsted framework.</p>
<p>Ofsted, the Care Quality Commission, HMI Constabulary and HMI Probation should take immediate action to ensure their staff have the appropriate skills, expertise and</p>

Lord Laming - Recommendations

capacity to inspect the safeguarding and child protection elements of frontline services. Those Ofsted Inspector responsible for inspecting child protection should have direct experience of child protection work.
The DCSF should revise Working Together to Safeguarding Children so that it is explicit that the formal purpose of Serious Case Reviews is to learn lessons for improving individual agencies, as well as for improving multi-agency working.
The DCSF should revise the framework for Serious Case Reviews to ensure that the Serious Case Review panel chair has access to all of the relevant documents and staff they need to conduct a thorough and effective learning exercise.
The DCSF should revise Working Together to Safeguarding Children to ensure Serious Case Reviews focus on the effective learning of lessons and implementation of recommendations and the timely introduction of charges to protect children.
Ofsted should focus its evaluation of Serious Case Reviews on the depth of the learning a review has provided and the quality of recommendations it has made to protect children.
The DCSF should revise Working Together to Safeguarding Children to underline the importance of a high quality, publicly available executive summary which accurately represents the full report, contains the action plan in full, and includes the names of the Serious Case Review panel members.
LSCB should ensure all Serious Case Review panel chairs and Serious Case Review overview authors are independent of the LSCB and all services involved in the case and that arrangement for the Serious Case Review offer sufficient scrutiny and challenge.
All Serious Case Review panel chairs and authors must complete a training programme provided by the DCSF that supports them in their role in undertaking Serious Case Reviews that have a real impact on learning and improvement.
Government Offices must ensure that there are enough trained Serious Case Review panel chairs and authors available within their region.
Ofsted should share Serious Case Review executive summaries with the Association of Chief Police Officers, Primary Care Trusts and Strategic Health Authorities to promote learning.
Ofsted should produce more regular reports, at six-monthly intervals, which summaries the lessons from Serious Case Reviews.
The DCSF must provide further guidance to LSCB on how to operate as effectively as possible following the publication of the Loughborough University research on LSCB later this year.
The Children's Trust and the LSCB should not be chaired by the same person. The LSCB chair should be selected with the agreement of a group of multi-agency partners and should have access to training to support them in their role.
LSCB should include membership from the senior decision makers from all safeguarding partners, who should attend regularly and be fully involved as equal partners in LSCB decision-making.
LSCB's should report to the Children's Trust Board and publish an annual report on the effectiveness of safeguarding in the local area. LSCBs should provide robust challenge to the work of the Children's Trust and its partners in order to ensure that the right systems and quality of services and practice are in place so that children are properly

Lord Laming - Recommendations

safeguarded.
The DCSF, the Department of Health, and the Home Office, together with HM Treasury, must ensure children's services, police and health services have protected budgets for the staffing and training for child protection services.
The DCSF must sufficiently resource children's services to ensure that early intervention and preventative services have capacity to respond to all children and families identified as vulnerable or 'in need.'
A national annual report should be published reviewing safeguarding and child protection spend against assessed needs of children across the partners in each Children's Trust.
The Ministry of Justice should lead on the establishment of a system-wide target that lays responsibility on all participants in the care proceedings system to reduce damaging delays in the time it takes to progress care cases where these delays are not in the interests of the child.
The Ministry of Justice should appoint an independent person to undertake a review of the impact of court fees in the coming months. In the absence of incontrovertible evidence that the fees had not acted as a deterrent, they should then be abolished from 2010/11 onwards.

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Meeting:	Overview and Scrutiny Committee
Date:	21 April 2009
Subject:	Progress report on Harrow scrutiny's response to Healthcare for London consultation on stroke and major trauma services in London
Responsible Officer:	Tom Whiting, Assistant Chief Executive
Exempt:	Part 1
Enclosures:	<ol style="list-style-type: none">1) Update reports from the pan-London Joint Overview and Scrutiny Committee and Harrow's scrutiny working group2) Project plan for Harrow's Healthcare for London scrutiny working group

Section 1 – Summary and Recommendations

This report follows the report presented to Overview and Scrutiny Committee on 26 January 2009 on the Healthcare for London (HfL) consultation on proposals for stroke and major trauma services in London. This report provides an update on the work of the pan-London Joint Overview and Scrutiny Committee (JOSC) and also that of the Harrow HfL scrutiny working group.

Recommendations:

It is requested that the Overview and Scrutiny Committee:

- 1) Note the progress of the pan-London JOSC and Harrow scrutiny working group.
- 2) Identify any local issues that it would like given particular consideration, by the working group, in developing Harrow scrutiny's response to the HfL consultation.
- 3) Agree that the Harrow scrutiny response to the HfL consultation, be 'signed off' by the Chairman of Overview and Scrutiny Committee, in liaison with members of the scrutiny working group.

Section 2 – Report

Background

In *Healthcare for London: A Framework for Action*¹, Professor Lord Ara Darzi set out a vision for the transformation of health and healthcare in London. The public consultation on the principles for change and models of healthcare in London *Consulting the Capital* ran from November 2007 to March 2008.

A second consultation² proposes some of the first steps to make the vision reality, by focusing on particular clinical areas that have been identified as needing immediate attention – adult services for acute stroke care³ and adult services for acute major trauma care⁴. 64% of respondents from the first consultation had agreed with the proposal for specialised trauma centres and 67% had agreed with specialised stroke centres. The proposals contained within the second consultation have been developed based on clinical evidence and examples of best practice.

As the proposals are considered a ‘substantial variation or development’ to local healthcare services, a public consultation statutorily requires the affected authorities’ Overview and Scrutiny Committees to form a pan-London Joint Overview and Scrutiny Committee (JOSC) to consider the implications and the consultation process from a scrutiny perspective. Therefore a pan-London JOSC will look at both acute stroke and major trauma care proposals, to work in the same way as the JOSC which responded to the consultation on the models of healthcare.

Current situation

Each Overview and Scrutiny Committee participating in the pan-London JOSC is represented by one elected member of their authority. Harrow’s representative is Councillor Vina Mithani and the reserve member is Councillor Margaret Davine. Harrow scrutiny has reconvened its scrutiny working group for Healthcare for London, which is charged with facilitating the Harrow representative’s contribution and input at the JOSC, as well as drafting Harrow scrutiny’s individual response to the Healthcare for London consultation.

The terms of reference for this working group⁵ are to:

- Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London’s Improving Stroke and Major Trauma Services in London consultation.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow’s residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.

¹ *Healthcare for London: A Framework for Action*, NHS London, July 2007.

² *The Shape of Things to Come – Consultation on developing new, high-quality major trauma and stroke services in London*, Healthcare for London, January 2009.

³ A stroke is a type of brain injury. There are two types of strokes. Almost three-quarters of all strokes are ischaemic caused when blood flowing to the brain is blocked. The other type of stroke is haemorrhagic - when blood vessels burst.

⁴ ‘Trauma’ includes injuries such as fractured hip or ankle or minor head injury. ‘Major trauma’ describes the most life-threatening injuries or when people suffer from multiples injuries. This can include arm or leg amputations, severe knife or gunshot wounds, and major spinal or head injuries.

⁵ Agreed by Overview and Scrutiny Committee at its meeting on 26 January 2009.

- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- Support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

Appendix 1 provides update reports on the deliberations of the pan-London JOSC and also the Harrow scrutiny working group. This is updated as meetings take place and is not intended to provide formal minutes of events, but rather the key points arising from each meeting.

Appendix 2 gives the project plan for the Harrow HfL scrutiny working group. This was agreed at the first meeting of the working group on 2 April 2009.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report.

Implications of the Recommendation

Resources, costs and risks

Scrutiny work on responding to the Healthcare for London proposals are contained within the agreed scrutiny work programme for 2008/09 and draft work programme for 2009/10. Any costs associated with the delivery of the work programme will be met from within the existing resources/budget.

Staffing/workforce

There are no staffing/workforce considerations specific to this report.

Equalities impact

There are no equalities considerations specific to this report.

Community safety (s17 Crime & Disorder Act 1998)

There are no community safety considerations specific to this report.

Legal Implications

There are no legal implications arising directly from this report.

Financial Implications

There are no financial implications arising directly from this report.

Performance Issues

There are no performance issues directly associated with this report.

Section 3 - Statutory Officer Clearance

No longer required for reports to scrutiny.

Section 4 - Contact Details and Background Papers

Contact:

Nahreen Matlib, Senior Professional - Scrutiny

Email: nahreen.matlib@harrow.gov.uk

Tel: 020 8420 9204

Background Papers:

Healthcare for London website pages giving the background for the consultation and relevant documents:

<http://www.healthcareforlondon.nhs.uk/consultation-on-developing-new-high-quality-major-trauma-and-stroke-services-in-london>

Harrow scrutiny's own pages on Healthcare for London, including all agenda papers for the JOSC:

http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Corporate Priorities	YES / NO

APPENDIX 1: Update reports on Healthcare for London (Stage 2 – stroke / major trauma) Joint OSC and Harrow’s scrutiny working group

OVERVIEW & SCRUTINY COMMITTEE 2008/09

HEALTHCARE FOR LONDON 2 (STROKE AND MAJOR TRAUMA) SCRUTINY WORKING GROUP



Pan-London Joint Overview and Scrutiny Committee on Healthcare for London Consultation on Developing New, High-Quality Major trauma and Stroke Services in London⁶

Preliminary informal meeting – 17 December 2009 (at Marylebone Town Hall)

- Informal meeting of the JOSC aimed at providing a networking opportunity for new JOSC members and to discuss some of the preparations for developing the Stage 2 JOSC work programme e.g. favoured mode of operation, draft terms of reference, meeting times/venues, witnesses to call.
- Members also discussed the possibility of establishing a standing pan-London committee for health matters and the financing of future joint work, for example through a support officer from the Centre for Public Scrutiny. It was decided that it was best place to continue these ongoing discussions through the London Scrutiny Network.
- The officer group remained in place to support the work of the JOSC, with again each region providing an officer. For NW London, this role is shared between Gavin Wilson (Kensington and Chelsea) and Deepa Patel (Hounslow).

Meeting 1 – 4 February 2009 (at Kensington Town Hall)

- The first formal meeting of the JOSC agreed the terms of reference and mode of operation (one pan-London JOSC to consider stroke and trauma proposals).
- Councillor Buckfield (Kensington and Chelsea, Conservative) was elected as Chairman, with Councillor McShane (Hackney, Labour) as one of the vice-chairs. One vacancy for vice-chair remains.
- The public consultation on the stroke and major trauma models will run from 30 January to 8 May 2009.
- The JOSC hopes to have completed its evidence gathering by the end of April and publish its report by early June. Thereafter the Joint Committee of London PCTs will respond to the JOSC findings and recommendations, making its final decisions by the end of July.
- The JOSC identified a number of witnesses it would like to attend JOSC meetings.
- The meeting heard from the Healthcare for London (HfL) project lead officers for stroke and major trauma – powerpoint presentations on these are available from Nahreen in the Scrutiny Unit.

⁶ Please note that provided here is a brief summary of the key points covered at JOSC meetings. Full minutes of formal proceedings and any actions arising can be found on Harrow scrutiny’s webpages: http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3

- There are about 1600 major trauma incidents per year in London so they are very specific and rare events. International evidence shows the benefits of major trauma centres (concentrating clinicians' skills and equipment) on mortality rates.
- The closest London has to a major trauma centre (MTC) is at the Royal London Hospital. The consultation consults on three options with the preferred model of a configuration of four hospitals as MTCs.
- Stroke is the second biggest killer in the UK. Vital to treating stroke successfully is the '3 hour pathway to treatment'.
- No trust currently provides stroke care to the clinical standards specified by Healthcare for London. £23mill has been set aside by PCTs as investment in improving stroke care.

Meeting 2 – 5 March (at Redbridge Town Hall)

- The meeting heard from the Kings Fund as a policy critique of the HfL proposals. It is not always the case reconfiguration proposals are supported by an evidence base showing that critical mass leads to better clinical outcomes. However where stroke care and major trauma networks are concerned the evidence base is there, especially for major trauma. Stroke care is currently very poor in some areas.
- Hospitals do not work in isolation so HfL is to be applauded for looking at the bigger picture more strategically.
- The Kings Fund would raise the following pointers to look out for in evidence around major trauma – ensuring that evaluation takes place, acknowledging the critical dependence on the London Ambulance Services and ensuring that resource commitments are followed up through steady investment. There is widespread clinical support for 4 MTCs which have been working informally in London to some extent.
- For stroke, concerns raised include the transfer of ill patients early on in their treatment (need to evaluate the impact of transfers on patients), the protocols and processes required to ensure quick transfers (hospitals must have the beds). There is no international evidence on this model of stroke care of rapid access followed by transfers to other stroke units.
- The JOSOC received two presentations from 1) Royal Free Hospital and 2) Imperial College Healthcare Trust (of which St Mary's Hospital is a part). Both of these trusts are bidding to provide the 4th MTC should a 4-MTC model be accepted.
- Royal Free Hospital (RFH) put its case forward highlighting its uniqueness in linking cardiac and stroke in the same clinical pathway. The Hospital could be ready for 2010. The Hospital already operates a HASU and the HfL proposals would disestablish that. RFH believe that 5 MTCs would be a better option for London. With regard to stroke, in discussions numbers varied between 5 and 14 HASUs and therefore 8 HASUs may fit short-term needs only.
- St Mary's is part of the largest NHS trust in England. A major trauma accounts for about 0.1% of A&E admissions so a MTC in one hospital should not adversely impact on others' A&E functions.
- A strength of the St Mary's bid include accessibility for the NW London sector which is otherwise poorly covered in the 3-MTC model. This could be delivered by October 2010. St Mary's has worked in established NW London networks for a number of years.
- The St Mary's stroke bid was put together in conjunction with NW London Hospitals Trust who would provide for those in the outskirts on NW London. St Mary's could have provided 100% of care for the NW London sector however chose to develop a bid with NWLH, building in flexibility across sites. If Northwick Park Hospital could not get all the stroke services off the ground immediately, St Mary's could pick up the slack in the interim.

Meeting 3 – 23 March (at Lambeth Town Hall)

- The first witness session was with the Royal College of Nursing (RCN). In general, RCN supports the direction of travel of the HfL proposals. The nursing workforce is crucial to the success of the HfL proposals and the RCN feels that this has not been emphasised enough. RCN has concerns about staffing HASUs. The projection of an additional 600 nurses required by April 2010 to meet the HfL proposals has implications for the workforce and opportunities for training and development. Historically, stroke nursing has not been seen as attractive so there may be a challenge in recruiting. In the long-term, stroke nursing may become attractive to new recruits. Recurring investment is required.
- RCN concerns include aligning the demographics of stroke sufferers with HASU locations, investing in rehabilitation and ongoing care, bringing the workforce on stream rapidly and securing a commitment to predictive spending.
- The Royal London Hospital gave evidence as a hospital that had been designated as a trauma centre since 1988. The determining factors for good outcomes in trauma are time to operation and also critical mass. There is clear clinical evidence that better clinical outcomes are associated with the increased number of cases a hospital sees every year.
- There is a risk of diluting critical mass by having too MTCs as has been demonstrated in Sydney (9 MTCs) and New York (18 MTCs) where they are now trying to decommission the MTCs. RLH has enough to perform well.
- Headway provided evidence from a patient's perspective as a support group for people suffering major head injuries. 60% of major trauma is a brain-related injury. Current procedures are not adequate. Much more investment in rehabilitation services to reflect the proposals to improve the acute care stage.
- The last witness represented the Association of Directors of Social Services. In general they support the proposals as they will lead to better clinical outcomes. However the proposals focus on specific pathways and do not give similar detail to the end of the process (i.e. the rehabilitation end after acute care). More attention also needs to be given to the transferring between stages where often patients can get frustrated. Changes in the community service offer needs to be considered in a whole system redesign. Health and social care need to continue to work together to keep people out of hospital.

Meeting 4 – 7 April (at Camden Town Hall)

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Meeting 5 – 24 April

-

Meeting 6 – 7 May

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Healthcare for London 2 (Stroke and Major Trauma) Scrutiny Working Group

Terms of reference (as agreed by Overview and Scrutiny Committee, 26 January 2009) to:

- Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London's Improving Stroke and Major Trauma Services in London consultation.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow's residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.
- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- Support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

Meeting 1 – 2 April 2009

- It was agreed that Councillor Mithani would chair this scrutiny working group. Councillor Mithani is also Harrow's member representative on the JOSC.
- A project plan for the working group was agreed. This aligns Harrow scrutiny's own activities around Healthcare for London (HfL) with that of the pan-London JOSC and HfL consultation on stroke and major trauma. The HfL public consultation deadline for responses is 8 May 2009 and the working group will tailor its work to this deadline. Please note that the deadline for a JOSC response extends beyond the public consultation deadline.
- With the 8 May deadline in mind, the working group agreed to hold a challenge session with local health stakeholders near the end of April so that evidence to frame a local response could be gathered and a Harrow scrutiny perspective submitted to HfL.
- The challenge session will be the main source of evidence gathering (face-to-face dialogue) although the working group will also ask for written submission where appropriate and of course continue to draw upon pan-London JOSC evidence.
- The working group decided to invite the following witnesses to a challenge session: NHS Harrow (PCT), NW London Hospitals Trust, Regional London Ambulance Service representative, local GP representative, Harrow LINK, plus written evidence from Imperial Healthcare Trust (for stroke and major trauma) and the Royal Free Hospital (for major trauma only).
- Some draft lines of enquiry for the challenge session had been prepared by the Scrutiny Officer. These will form the basis of the challenge session following expansion on some areas as identified by members.
- It should be noted that two members declared interests: Councillor Versallion as a non-executive director of NW London Hospitals Trust and Councillor Mithani as an employee of the Health Protection Agency.

Meeting 2 – Date tbc

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OVERVIEW & SCRUTINY COMMITTEE 2008/09

HEALTHCARE FOR LONDON 2 (STROKE AND MAJOR TRAUMA) SCRUTINY WORKING GROUP



MEMBERSHIP:

Councillor Vina Mithani – Harrow’s representative on the JOSCC
Councillor Margaret Davine – Harrow’s reserve on the JOSCC
Councillor Rekha Shah
Councillor Stanley Sheinwald
Councillor Dinesh Solanki
Councillor Mark Versallion

SCRUTINY OFFICER SUPPORT:

Nahreen Matlib
Senior Professional – Scrutiny
Email: nahreen.matlib@harrow.gov.uk
Telephone: 020 8420 9204

BACKGROUND TO HEALTHCARE FOR LONDON CONSULTATION

In *Healthcare for London: A Framework for Action*⁷, Professor Lord Ara Darzi set out a vision for the transformation of health and healthcare in London. The public consultation on the principles for change and models of healthcare in London *Consulting the Capital* ran from November 2007 to March 2008.

A second consultation⁸ proposes some of the first steps to make the vision reality, by focusing on particular clinical areas that have been identified as needing immediate attention – adult services for acute stroke care⁹ and adult services for acute major trauma care¹⁰. 64%

⁷ *Healthcare for London: A Framework for Action*, NHS London, July 2007.

⁸ *The Shape of Things to Come – Consultation on developing new, high-quality major trauma and stroke services in London*, Healthcare for London, January 2009.

⁹ A stroke is a type of brain injury. There are two types of strokes. Almost three-quarters of all strokes are ischaemic caused when blood flowing to the brain is blocked. The other type of stroke is haemorrhagic - when blood vessels burst.

of respondents from the first consultation had agreed with the proposal for specialised trauma centres and 67% had agreed with specialised stroke centres. The proposals contained within the second consultation have been developed based on clinical evidence and examples of best practice.

As the proposals are considered a 'substantial variation or development' to local healthcare services, a public consultation statutorily requires the affected Overview and Scrutiny Committees to form a pan-London Joint Overview and Scrutiny Committee (JOSC) to consider the implications and the consultation process from a scrutiny perspective. The favoured mode of operation is a pan-London JOSC to look at both acute stroke and major trauma care proposals, to work in the same way as the JOSC which responded to the consultation on the models of healthcare.

TERMS OF REFERENCE FOR SCRUTINY WORKING GROUP

Each Overview and Scrutiny Committee participating in the pan-London JOSC is represented one elected member of their authority. Harrow Council at its Full Council agreed that Harrow's representative is Councillor Vina Mithani, reserve member Councillor Margaret Davine. Harrow scrutiny has reconvened its scrutiny working group for Healthcare for London, which is charged with facilitating the Harrow representative's contribution and input at the JOSC, as well as drafting Harrow scrutiny's individual response to the Healthcare for London consultation.

The terms of reference for this working group¹¹ are to:

- Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London's Improving Stroke and Major Trauma Services in London consultation.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow's residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.
- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- Support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

¹⁰ 'Trauma' includes injuries such as fractured hip or ankle or minor head injury. 'Major trauma' describes the most life-threatening injuries or when people suffer from multiples injuries. This can include arm or leg amputations, severe knife or gunshot wounds, and major spinal or head injuries.

¹¹ Agreed by Overview and Scrutiny Committee at its meeting on 26 January 2009.

DRAFT CALENDAR OF ACTIVITY – Pan-London JOSc and local activities

Date	Activity	Intended Aim/Outcome	Type ¹²
17 December 2008	<u>Informal JOSc meeting (Westminster)</u>	<ul style="list-style-type: none"> • To prepare for Stage 2 JOSc work • To offer networking opportunities, especially for members new to the JOSc 	PL
26 January 2009	<u>Harrow O&S</u> Report from Scrutiny Officer on Stage 2 Healthcare for London work	<ul style="list-style-type: none"> • To inform members around Stage 2 of Healthcare for London proposals – consultation on stroke and major trauma • To agree to reconvening the local scrutiny working group and its terms of reference 	H
30 January	Public consultation on Healthcare for London's proposals for stroke and major trauma care begins		PL
4 February	<u>JOSc meeting 1 (Kensington & Chelsea)</u>	<ul style="list-style-type: none"> • To appoint Chairman and Vice-Chairmen • To finalise operational arrangements • To receive overview presentations from Healthcare for London project groups on Stroke Services and Major Trauma 	PL
5 March	<u>JOSc meeting 2 (Redbridge)</u> Models of care	<ul style="list-style-type: none"> • To receive evidence on both proposed models • To consider in-depth impact of travel times • To further explore the fourth option for trauma 	PL
16 March	<u>Harrow O&S</u> Health themed meeting – includes attendance from all 4 NHS trusts to discuss their Annual Health Check declarations		H
23 March	<u>JOSc meeting 3 (Lambeth)</u> Trauma proposals and Stroke care proposals	<ul style="list-style-type: none"> • To receive evidence from clinicians (trauma), nurses, aftercare support group on the trauma proposals • To explore the impact of the stroke model on aftercare providers, for example local authority 	PL

¹² PL = Pan-London activity; H = local Harrow-specific activity

Date	Activity	Intended Aim/Outcome	Type
2 April	<u>Scrutiny Working Group meeting 1</u> Planning for evidence gathering	social services <ul style="list-style-type: none"> • To receive update from the JOSc meetings and pan-London evidence to date • To agree working group's project plan • To identify ways in which to gather local evidence (e.g. oral evidence through meetings or invite written submissions) and from whom to do so (e.g. service providers – NHS/Council, service users – LINKs, HAVS)¹³ • To identify question areas to raise with local witnesses 	H
7 April	<u>JOSc meeting 4 (Camden)</u> Stroke care proposals and Trauma proposals	<ul style="list-style-type: none"> • To explore the stroke model, especially focusing on the views of users and support groups • To explore the models and figures on which the trauma network model is based, taking account of international comparisons 	PL
w/c 20 April	<u>Scrutiny Working Group meeting 2</u> Local evidence gathering	<ul style="list-style-type: none"> • To gather the views of local stakeholders so as to identify Harrow concerns/aspirations • Reflect upon the evidence so as to arrive at a Harrow perspective – with a view to drafting Harrow scrutiny's individual response to the Healthcare for London consultation 	H
21 April	<u>Harrow O&S</u> Final meeting of 2008/09 municipal year and last committee meeting before Healthcare for London consultation ends	<ul style="list-style-type: none"> • To inform O&S of progress on the Healthcare for London scrutiny working group • To include a draft Harrow response – if available at that time 	H
w/c 27 April	<u>Scrutiny Working Group meeting 3</u>	<ul style="list-style-type: none"> • To finalise Harrow scrutiny's individual response to the Healthcare for London consultation 	H

¹³ See list of suggested stakeholders in the next section.

Date	Activity	Intended Aim/Outcome	Type
		Please note: it is highly unlikely that the draft response will be available for presentation at O&S 21 April, therefore the responsibility for 'signing off' Harrow's response can be given to the O&S Chairman, in liaison with the Working Group	
24 April	<u>JOSC meeting 5 (Westminster)</u> Aftercare issues	<ul style="list-style-type: none"> To explore the impact of the stroke model on aftercare providers, for example local councils and carers 	PL
7 May	<u>JOSC meeting 6</u>	<ul style="list-style-type: none"> To address any outstanding issues To discuss proposed JOSC report 	PL
8 May	Public consultation ends		PL
June (date tbc)	<u>JOSC meeting 7</u> Possible further date to discuss draft JOSC report	<ul style="list-style-type: none"> To finalise JOSC report 	PL
Early June	JOSC to have published its final report to the Joint Committee of PCTs	<ul style="list-style-type: none"> To publish and submit final report to JCPCT 	PL
End of July 2009	The Joint Committee of PCTs to decide upon the stroke and major trauma proposals, taking account of the outcomes of consultation and the JOSC report	<ul style="list-style-type: none"> To decide upon future stroke and major trauma provision for London 	PL

GATHERING LOCAL EVIDENCE

Suggested stakeholders from whom to gather local evidence include:

- NHS colleagues:
 - Harrow Primary Care Trust (as a local NHS provider/commissioner and also the body with the responsibility to carry out local consultation on behalf of NHS London)
 - North West London Hospitals Trust
 - Royal National Orthopaedic Hospital
 - Central and NW London Foundation Trust
- Patient and public involvement:

- Local Involvement Network
- Harrow Association of Voluntary Services
- Any local stroke care users groups
- Council:
 - Corporate Director Adults and Housing
 - Adults and Housing Portfolio Holder

Evidence could be gathered either through a meeting or asking for written submissions, which the Working Group could compile to inform Harrow's JOSC representative in JOSC deliberations, as well as inform Harrow scrutiny's individual response to the Healthcare for London consultation.

USEFUL WEBSITES

Healthcare for London website pages giving the background for the consultation and relevant documents: <http://www.healthcareforlondon.nhs.uk/consultation-on-developing-new-high-quality-major-trauma-and-stroke-services-in-london>

Harrow scrutiny's own pages on Healthcare for London, including all agenda papers for the JOSC: http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3

The national Stroke Organisation:
www.stroke.org.uk

Nahreen Matlib
Senior Professional – Scrutiny
March 2009



Meeting:	Overview and Scrutiny Committee
Date:	21 st April 2009
Subject:	Report from the Performance and Finance Scrutiny Sub-Committee Chairman.
Exempt:	No
Enclosures:	Appendix One: Report from the Performance and Finance Sub-Committee Chair.

Section 1 – Summary and Recommendations

This report sets out the items that have been considered by Performance and Finance Sub-Committee at the 31st March 2009 meeting.

Recommendation:

Councillors are recommended to:

- Note the issues as set out in the report of the Performance and Finance Sub-Committee meeting held on 31st March 2009.
- Consider and approve:
 - I. an investigation into the Housing Revenue Account, dependent upon information received from Housing in July 2009, following on from P&F Sub-Committee on 21/01/09 and subsequent discussions with the Divisional Director of Housing; and
 - II. An in-depth Performance and Finance scrutiny investigation into the Kier partnership.

These items are further detailed in the Work Programme Report.

Section 2 – Report

Current situation

Not appropriate to this report.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report

Considerations

Resources, costs and risks

None

Staffing/workforce

None

Equalities impact

None

Legal Implications

None necessary.

Financial Implications

None necessary.

Performance Issues

These are considered in the report attached below.

Risk Management Implications

There are none specific to this report.

Section 3 - Statutory Officer Clearance

This is no longer required.

Section 4 - Contact Details and Background Papers

Contact: Ofordi Nabokei, Scrutiny Officer, 020 8420 9205 or
ofordi.nabokei@harrow.gov.uk

Background Papers: None

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Corporate Priorities	YES / NO

Meeting:	Performance and Finance
Date:	31 March 2009
Subject:	Chairman's report
Key Decision: (Executive-side only)	No
Responsible Officer:	Ofordi Nabokei, Strategy and Improvement Tom Whiting, Assistant Chief Executive
Exempt:	No
Enclosures:	None

SECTION 1 – SUMMARY AND RECOMMENDATIONS

This report sets out issues considered by the Chairman since the last meeting of the Performance and Finance Committee.

RECOMMENDATIONS:

The Committee is requested to:

- 1) Note and endorse the content of the report
- 2) Identify any potential issues for Performance and Finance to investigate in the future.
- 3) Nominate the Chairman to submit a summary of Harrow-wide performance issues, as identified through the Chairman's Meetings and at this meeting, to the next convenient meeting of Overview and Scrutiny.

SECTION 2 - REPORT

Background

Under the protocols established for the agenda planning process of the Performance and Finance Committee, the Chairman receives detailed performance information from a wide variety of sources – both internal and external – on a monthly basis.

At the monthly meeting, assisted by officers, the chairman considers the scorecards on a “by exception” basis, identifying those where questions exist about current performance.

Individual performance indicators are then selected, and cross-cutting trends are identified. The background to the performance is considered in more detail. The agenda is then built around these issues.

Current situation

Members are being asked to note and endorse the agenda items for this meeting as outlined below.

The table indicates the origin of items for this meeting’s agenda; members are being asked to endorse these decisions, which were made by the Chairman and Vice-Chairman following a briefing provided by the scrutiny officer.

They are also being asked to identify any additional items which can be considered by the Chairman and Vice-Chairman in the course of planning for the next meeting.

Additionally, members are requested to nominate the Chairman to provide a summary of Harrow-wide performance issues, as a component of the scrutiny leads’ report, to the next meeting of Overview and Scrutiny.

Why a change is needed

Not applicable.

Main options

It is recommended that members endorse the proposals, which are reflected in the rest of the committee papers and which were circulated to members immediately after the chairman’s meeting to which they refer. They are also recommended to task the Chairman with submitting a summary of performance issues to the next meeting of Overview and Scrutiny.

Other options considered

No other options are being presented.

Recommendation: - To note and endorse the contents of the report, and to identify any potential issues for P&F to investigate in the future.

CONSIDERATIONS

Resources, Costs and Risks: Failure to endorse the Chairman’s decision will not prevent the meeting from continuing and the agenda provided being considered. However, it will damage the principle of collegiate decision-making in terms of the agenda planning process.

Staffing/workforce:

None

Equalities impact:

None specific

Legal comments:

None

Community safety:

None

Financial Implications

None specific.

Performance Issues

The below issues were considered:

Issue	Chairman's Proposal	Timescale
<u>6 Month Update: On Obesity Review</u>	This issue came to committee on 21/01/09 therefore this should be considered at committee in 6 months time, as agreed in the reports.	To come to P&F in 6 months time – 20 th July 2009.
3 Month Update on the Right to Manage	This item came to Overview and Scrutiny on 10/02/09 and therefore should be considered at Committee on a three monthly basis. However the next committee is in July.	To come to P&F on 20 th July 2009.
<u>Kier Review Update</u>	Due to the sensitive nature of this issue the Chair and Vice Chair have received regular updates on the investigation. <u>The Chair is proposing an in-depth performance and finance scrutiny investigation into the Kier partnership</u>	
<u>Decent Homes</u> was considered in November. Whilst there has been an improvement, further information is necessary to ascertain whether the improvement was as a result of improvement action that has been undertaken. This is a cross cutting issue and	This issue came to P&F on 21/01/09 however it was felt that this matter should return to P&F for further investigation. The discussion is to focus on the slowing down of the rate of work and any issues around the standard of the work.	To come to P&F on 20 th July 2009

other factors can and may affect the ability to attain the decent homes target.		
<u>Healthy schools</u> 'Healthy schools' has been below target for some time. Harrow is said to be performing worse than our neighbours. In November it was said that Harrow would achieve the national target of 90% by late 2009.	For an update to come to P&F and to consider the issue further at committee.	To come to P&F on 31 st March 2009
<u>Bed-Blocking</u> Concerns have been raised that the Council maybe keeping people in local hospitals for longer than would be possible if there were provisions for them in terms of care at home or care accommodation	When this was investigated at the chairman's meeting, it became clear that there was no issue regarding bed blocking and therefore should not be looked at further or come to committee.	N/A
<u>Chlamydia Screening</u> whilst this has moved from 'Red' to 'Amber' and therefore does not entirely fit the 'by exception' criteria. Compared with the data presented at the Chairman's briefing on 25/11/08, there has not been a significant improvement. It is unlikely that by the end of the year the PCT will meet its trajectory In the PCT performance report this has also been highlighted as an area of concern.	For this item to come to P&F sub-committee	Will come to P&F Committee on 31 st March 2009
<u>Childhood Immunisations</u> – have been under performing in all six of the immunisations provided. This matter has also been highlighted as an area of concern in the PCT performance report.	This item warrants further investigation and therefore will come to committee.	Will come to P&F Committee on 31 st March 2009
<u>Ambulance Response Times</u> Looking at the figures from the pervious scorecard as well as this current scorecard, there has been no change since the last performance scorecard in October 2008. Targets are under trajectory	Further information is required on this issue (via a short report and question and answer session at a chairman's briefing) – it is requested that the Chair and Vice Chair receive further information from Ambulance	To come to Chairman's meeting 21/04/09

Both the performance and the trajectory remains the same.	drivers regarding congestion on Harrow's streets. To come to Chairman's briefing and depending on the information the issue may come to committee.	
<u>Early Intervention services(EIS)</u> There has been a shift in the required trajectory which will make it difficult for the PCT to hit its target. There may well be a significant impact if EIS is poor as it could cause a greater drain on resources for both the PCT and the council.	Continue to monitor this item against the year end target to see if the target is met and in order to ascertain what strategies have been put in place to mitigate.	At the Chairman's meeting on 21/04/09
<u>Complaint Handling</u> Whilst there has been an improvement since the last quarter, both scorecards have the performance at red – failure to meet target. Whilst there has been an improvement there does not appear to have been a significant one.	This is a Governance issue rather than a Performance issue therefore this tem will not be taken up by the committee.	To continue to loosely monitor the issue through the Chairman's meeting.
<u>Failure to improve and communicate the value for money of service within Community & Environment:</u> The risk ratings and discussion are the same (no improvement) as they were in the previous scorecard. There has been little or no change / development in this area. This issue could affect overall performance.	This item and the item below have been monitored at the Chairman's briefing for some time and it is felt that there has been no improvement. Therefore the Head of Service will be asked to attend the next Chairman's meeting to discuss the matter further and provide specific things that are being done to improve this. If this is a viable issue that warrants it, it will come to committee	Chairman's meeting 21/04/09
<u>Work pressures lead to low staff morale impacting on delivery of service within Community & Environment</u> This was cross referenced with the same item in the Q2 report. The risk ratings are also the same (no improvement) There has been little or no change / development in this area.	This item and the item above have been monitored at the Chairman's briefing for some time and it is felt that there has been no improvement. Therefore the Head of Service will be asked to attend the next Chairman's meeting to discuss the matter further.	Chairman's meeting 21/04/09
<u>Improved street and</u>	Whilst there has been some	

<p><u>environmental cleanliness</u> Whilst there has been an improvement in performance and performance is considered adequate. Nevertheless, it is recommended performance has been below target for at least 2 quarters. It is not yet clear whether or not it will meet the year end target.</p>	<p>improvement, this issue will continue to be monitored to see if this meets the end of year target. Dependant on the out come this issue may come to committee for further investigation.</p>	
<p><u>Inadequate recruitment, retention / staff morale</u> These items were cross referenced with the same items in the Q2 report. The risk ratings are also the same (no improvement) There has been little or no change / development in this area.</p>	<p>As there is a workforce strategy in place this strategy will be monitored to see what impact it has on the service.</p>	<p>At the Chairman's briefings.</p>
<p><u>A&E 4-Hour waits performance year to date</u> The PCT has flagged this as an issue of concern as there have been an increasing number of weeks where the 98% target has not been achieved due to increased pressure on resources. There is concern on the part of the PCT that if there is a continuation of this there is a significant risk that the PCT will not be able to deliver the full year 98% target.</p>	<p>This item warrants further investigation and therefore will come to committee.</p>	<p>Will come to P&F Committee on 31st March 2009</p>
<p><u>CIP & CPA</u> Update from the CIP Challenge Panel and a discussion about how the CPA scores will translate under CAA</p>	<p>Following a discussion with the Portfolio Holder and officers, this item to come to committee</p>	<p>Will come to P&F Committee on 31st March 2009</p>
<p><u>Annual Health Checks</u> Formal assessment of the PCT which includes assessment against a number of targets</p>	<p>This has been to Overview and Scrutiny (16/03/09) and therefore will not come to Performance and Finance Committee.</p>	<p>N/A</p>
<p><u>Children Looked After in residential accommodation</u> This has gone over the targeted level since the last quarter – it has gone from amber in Q2 to red in Q3. The service states that is due</p>	<p>Both the Chair and Vice Chair are of the view that this issue will continue to come under review at the Chairman's meeting and may come to committee</p>	<p>Chairman's meeting</p>

to a small number of necessary placements. Management overview of all placements continues. Nevertheless this was flagged as an issue by Children's Services		
<u>Timeliness of adoption</u> This indicator dipped in Q3 because of adoption finalisation on historical cases but all new adoption processes are being carried out in a timely way. Indicator is back up to 75% post end of Q3	This item will not be considered further.	
<u>Core Assessments (Children's Services)</u> The % of core assessments completed in time dropped in Q3 Robust management action has been taken to minimise further late assessments and this has already impacted at the end of Q3 and into Q4.	This item will not be considered further	
<u>Care leavers in suitable accommodation</u> Leaving care team are working to ensure that the maximum number of care leavers are in suitable accommodation The target is challenging as status of each care leaver has a significant effect on performance and the % can be determined by factors beyond the control of children's services.	This item will not be considered further	
<u>IT failure and/or lack of timely support impacting on service delivery.</u> Awaiting corporate developments and definite arrangements regarding back up sites. Looking to obtain back-up site agreements with other Councils. Corporate IT disaster recovery project in progress.	Explanation from IT of the salient points of why this matter still appears to be an issue.	To come to 21/04/09 Chairman's meeting.
<u>Reviews for clients 18+ as % of total service users</u>	Information requested for the Chairman's briefing as to why	Chairman's meeting 21/04/09

	this matter has been amber for two quarters.	
<u>% urgent repairs to council housing completed within government time limits</u>	This item to come with the decent homes item to the next committee. This issue came to P&F on 21/01/09 however it was felt that this matter should return to P&F for further investigation.	To come to P&F on 20 th July 2009 with Decent Homes.
<u>Average length of stay in hostel accommodation (weeks)</u> This has been amber for Q1-3. The target is over the quarters has increased Taken with the PI below, it shows that there may well be a significant problem with regards to re-housing.	It was felt that this item should come to the next Chairman's briefing and potentially committee in July along site the decent homes item. This is a potentially serious issue in light of the economic down turn.	21/04/09 Chairman's meeting.
<u>Average time in B&B (weeks)</u> This indicator has been red for the last 3 quarters and meets the 'by exception' criteria and should be read with the item above (Average stay in hotel accommodation)	It was felt that this item should come to the next Chairman's briefing and potentially committee in July along site the decent homes item. This is a potentially serious issue in light of the economic down turn.	21/04/09 Chairman's meeting.

These issues arise from a number of PIs which, on the basis of an analysis, have been distilled down into these items, some of which are cross-cutting.

Legal and Financial Implications

There are no legal or financial implications to this report.

SECTION 3 - STATUTORY OFFICER CLEARANCE

This is no longer required

SECTION 4 - CONTACT DETAILS AND BACKGROUND PAPERS

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Background Papers:

None.